A lifetime of specialist care

Royal Brompton & Harefield NHS
NHS Foundation Trust

Operational Performance Metrics and Quality Indicators
Month 6 2017/18 – period ending 30th September 2017

NHS Improvement - Single Oversight Framework					
Clostridium difficile	M6 2	YTD M6 13	YTD M6 Cases under review 8	Performance Standard Dept. Health Trajectory = 23	-22 Met
MRSA Bacteraemia	M6 0		YTD M6 0	Zero tolerance	Met
Indicator	M6			M6 Target	Variance from Target / Trajectory M6 Position
18 weeks RTT Incomplete	93.29%			92.0%	Met
Number of diagnostic tests waiting 6 weeks+ (%)	0%			1%	Met
Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	12 patients 69.23%			M6 Trajectory = 67.30%	Trajectory met for M6
VTE Risk assessments	Q1 = 95.85%			95%	Target met for Q1
Never Events	M6 0	YTD M6 1		Zero tolerance	Zero breaches for M6

NHS England - NHS Standard Contract			
Urgent operations cancelled for the 2nd time	0	Zero tolerance	Zero breaches for M6
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	0	Zero tolerance of no readmission within 28 days	Zero breaches for M6
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0	Zero tolerance of no readmission within 28 days	Zero breaches for M6
52 week breaches	1	Zero tolerance	1 breach reported in M6 Unify return
Cancer – 14 day Urgent GP Referral	No. of cases M6 2017/18 = 0 100%	93%	Target met for M6
Cancer – 31 day 1st treatment	28 patients 100%	96%	Target met for M6
Cancer – 31 day subsequent treatment	8 patients 100%	94%	Target met for M6

Incidents					
	17/18 M6	16/17 Total Incidents	16/17 YTD Incidents at M6	17/18 YTD Incidents at M6	Δ
Outbreaks of Infection	0	4	1	1	0
Serious Incidents	2	11	7	4	-3

Report Generation Date 19/10/2017

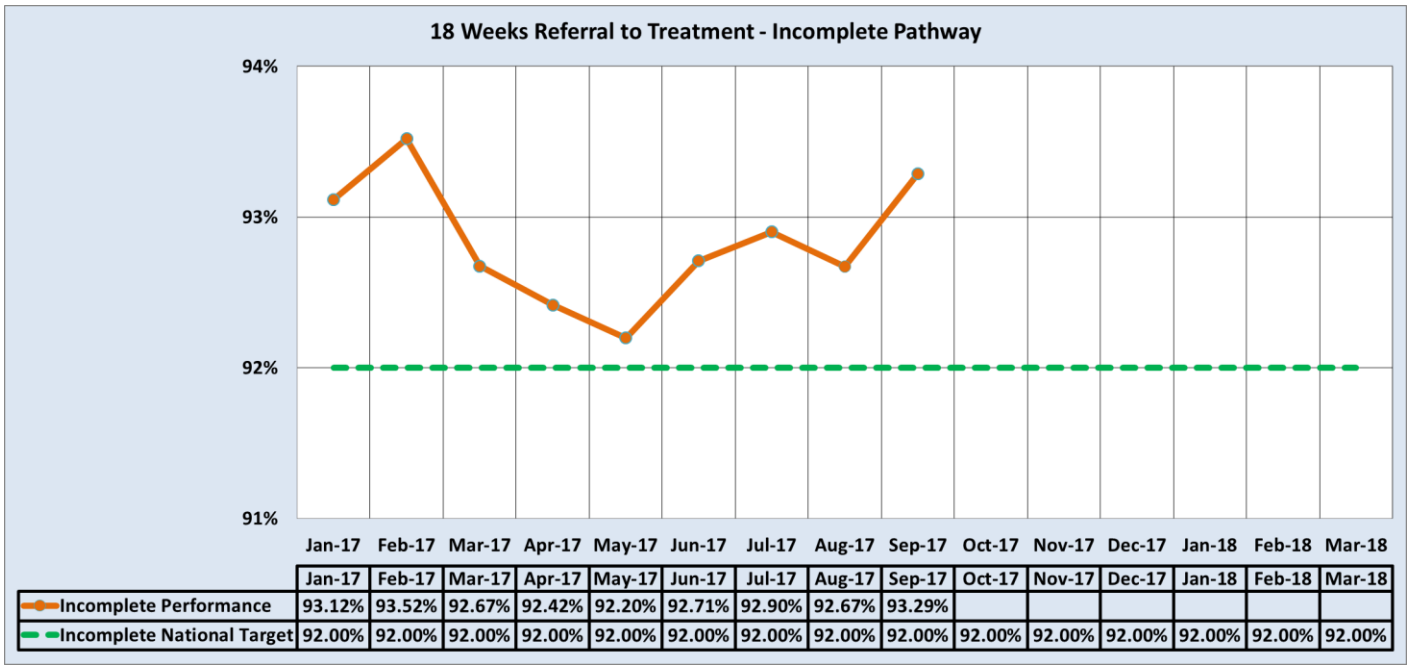
1.1 *Clostridium difficile*

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

- Thirteen cases of *Clostridium difficile* have been reported to Public Health England in the first 6 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:
- Only lapses in infection control procedures identified by NHS England will count against the NHS Improvement target trajectory of 23.
- Eight 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



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Incomplete Performance	93.12%	93.52%	92.67%	92.42%	92.20%	92.71%	92.90%	92.67%	93.29%						
Incomplete National Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

18 weeks RTT by National Specialty – Incomplete Pathways September 2017

		Incomplete			
National Specialty	**Specialty**	**< 18w**	**>= 18W**	**Total**	**% < 18w**
Cardiology	Cardiology (Brompton)	1,138	66	1,204	94.52%
	Cardiology (Harefield)	1,458	145	1,603	90.95%
Cardiology		**2,596**	**211**	**2,807**	**92.48%**
Thoracic Medicine		**1,557**	**19**	**1,576**	**98.79%**
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	246	67	313	78.59%
	Cardiac Surgery (Harefield)	340	116	456	74.56%
	Thoracic Surgery	200	0	200	100.00%
Cardiothoracic Surgery		**786**	**183**	**969**	**81.11%**
Other	Other	250	7	257	97.28%
	Paediatrics	936	23	959	97.60%
	Transplant	86	4	90	95.56%
Other		**1,272**	**34**	**1,306**	**97.39%**
		6,211	**447**	**6,658**	**93.29%**

Performance against the 18-week Referral-to-Treatment (RTT) standard is reported as approx. 93.29% for September 2017. The M6 RTT Unify submission deadline is 18th October 2017.

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

- Progress is being made with the development of Standard Operating Procedures and these will be used to inform the brief for further training.
- The Trust has commissioned an experienced, 3rd party RTT training provider to deliver a bespoke training package to staff, incorporating key Lorenzo RTT transactions.

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

One breach of the National Quality Requirement that no patients on an RTT pathway waits over 52 weeks was included in the M6 RTT return to Unify (Department of Health)[1].

The patient was referred to the Trust from a District General Hospital and required a full diagnostic assessment prior to Cardiac Surgery. The General Manager for the Division has undertaken a thorough investigation, and the wait has been reported via the Trust's risk management/patient safety system (Datix). The patient underwent surgery on 16th October 2017. The patient's surgeon will conduct an assessment of the impact of the extended pathway on the patient's outcome.

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

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

1.3 Cancer Target - 62 days to 1st Treatment

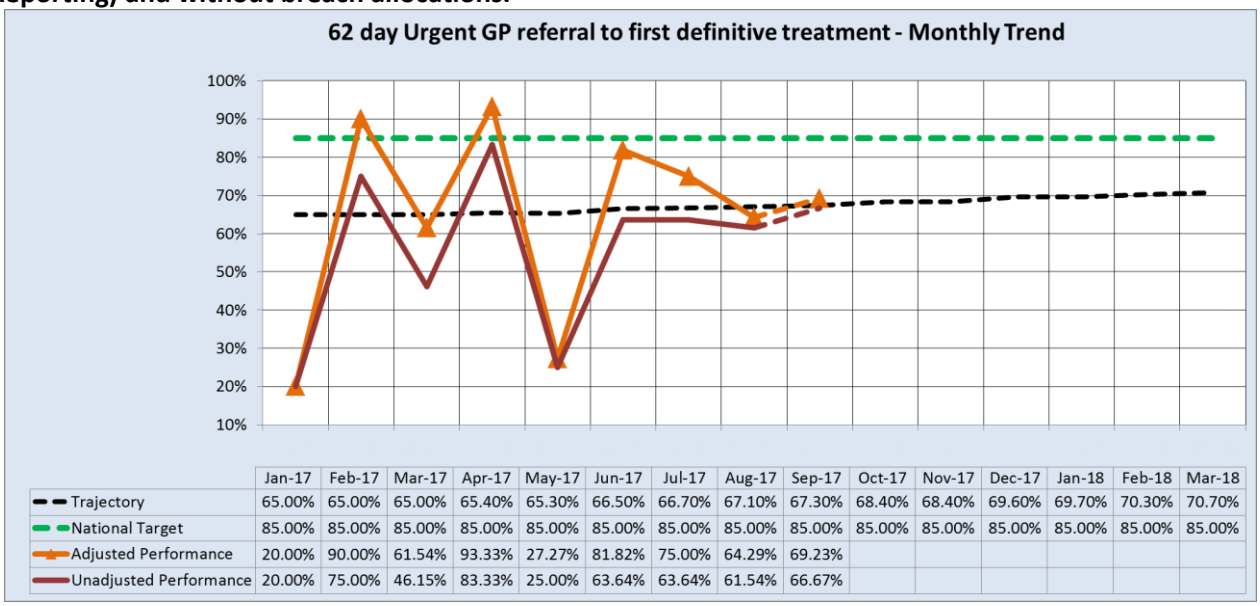
Trust Actions – Update:

- The Cancer Services Manager attended the 'Delivering Excellence in Cancer Services' conference on the 21st September 2017 in central London, which was set up to look at improving early diagnosis and setting out the delivery of the 28 day to diagnosis programme. This followed on from the 18th August 2017 letter from Professor Chris Harrison, National Clinical Director for Cancer, NHS England, and issuing new guidance for Trusts to work with. Whilst this mainly impacts on referring centres it did provide key contacts in Lung Cancer centres in Bournemouth and East Lancashire who were early adopters
- There is on-going work with RM Partners and the Trust delivering a pilot in 'low dose CT scanning' to assist in a proof of concept for early diagnosis. This involves working with the local CCGs and local Trust, and in particular working in collaboration with the Hillingdon Hospital Lung Cancer MDT Respiratory Leads – the team is due to meet in November 2017. The project is going to be funded for two years.

Referral Centre Actions – Update:

- Following the NHS England 28 day to cancer diagnosis directive all referring centres are working towards this for all cancer tumour sites, including lung cancer. The cancer service team will throughout this year, be engaged with the referring centres as they develop services to meet this need and to support where appropriate.
- In September 2017, Mr Steve Russell, Regional Director, NHS Improvement (London) and Dr Anne Rainsberry, Regional Director, NHS England wrote to all referring centres of tertiary units in London highlighting the opportunities to consider improved management of Inter-Trust Transfers within Cancer Services, this was a letter of support to try and further assist the 62 day pathway and the work involved with the 28 day diagnosis directive.

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



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trajectory	65.00%	65.00%	65.00%	65.40%	65.30%	66.50%	66.70%	67.10%	67.30%	68.40%	68.40%	69.60%	69.70%	70.30%	70.70%
National Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
Adjusted Performance	20.00%	90.00%	61.54%	93.33%	27.27%	81.82%	75.00%	64.29%	69.23%						
Unadjusted Performance	20.00%	75.00%	46.15%	83.33%	25.00%	63.64%	63.64%	61.54%	66.67%						

Provisional data for M6 (September)
Provisional data for M6 (September)

For M6; the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (67.30%) is met based upon the provisional figures from the Trust Infoflex system.

Cancer Target - 62 days to 1st Treatment

Detail of all 62 Day Urgent GP referral (breach + non breach) 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
East And North Hertfordshire NHS Trust Lister Hospital	54	28	82					✓
	31	26	57		✓			
Great Western Hospitals NHS Foundation Trust The Great Western Hospital	29	32	61		✓			
	35	21	56		✓			
Milton Keynes Hospital NHS Foundation Trust Milton Keynes Hospital	42	41	83					✓
West Hertfordshire Hospitals NHS Trust Watford General Hospital	44	27	71					✓
	51	49	100					✓
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	30	27	57		✓			
Buckinghamshire Healthcare NHS Trust Stoke Mandeville Hospital	23	6	29		✓			
The Hillingdon Hospitals NHS Foundation Trust Hillingdon Hospital	32	20	52		✓			
Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	51	3	54	✓				
Imperial College Healthcare NHS Trust St Mary'S Hospital	30	12	42		✓			

There were 4 breaches of the 62 day pathway in September: all four of these patients were referred after day 38.

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

- Patient 1 - Patient referred on day 54 – however wanted to delay his outpatient clinic appointment so that his family could attend, this therefore extended the pathway. This was patient choice.

- Patient 2 - Patient was referred on day 42, however was referred before all investigations were completed. A brain MRI was required and this was carried out at the local Trust for the patient. This therefore extended the patient pathway. The patient was admitted seven days after the brain MRI had been carried out.

- Patient 3 – Patient was referred on day 44 and declined the earliest outpatient appointment, which would have avoided a breach, as they were going on holiday. This was patient choice.

- Patient 4 - Patient was referred on day 51 was offered the choice of surgeons however wanted to wait and therefore declined to be seen sooner. This was patient choice.

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
Sep - 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
Sep - 2017	6	0.5	3.5	0	0	2	69.23%

- 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 12 patients treated during M6, 8 were treated in time (scenario 1 + scenario 2).
- Of 12 patients treated during M6, 0 were allocated to RBHFT (scenario 3).
- Of 12 patients treated during M6, under the new breach allocation guidance, 0 were allocated to the referring provider (scenario 4).
- Of 12 patients treated during M6, under the new breach allocation guidance, 4 shared allocations between the trust and referring provider (scenario 5).
- The data for M6 (September 2017) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 2nd November 2017.

1.3.1 Cancer Target -31 day Pathways

31 day decision to treat to first definitive treatment

Month	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	23	23	100%	29	29	100%
Sept (Provisional)	28	28	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	8	8	100%	4	4	100%
Sept (Provisional)	8	8	100%	N/A		

The review of data supporting the reporting of both 31 day targets was undertaken during August / September has been analysed by the Cancer Services Team – those breaches are correct and were due to individual patient conditions; for example the organising of a plastic surgeon at the same time as the thoracic surgery in theatre.

This will continue to be monitored in line with the current process of tracking of all cancers referrals.

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 M6 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.

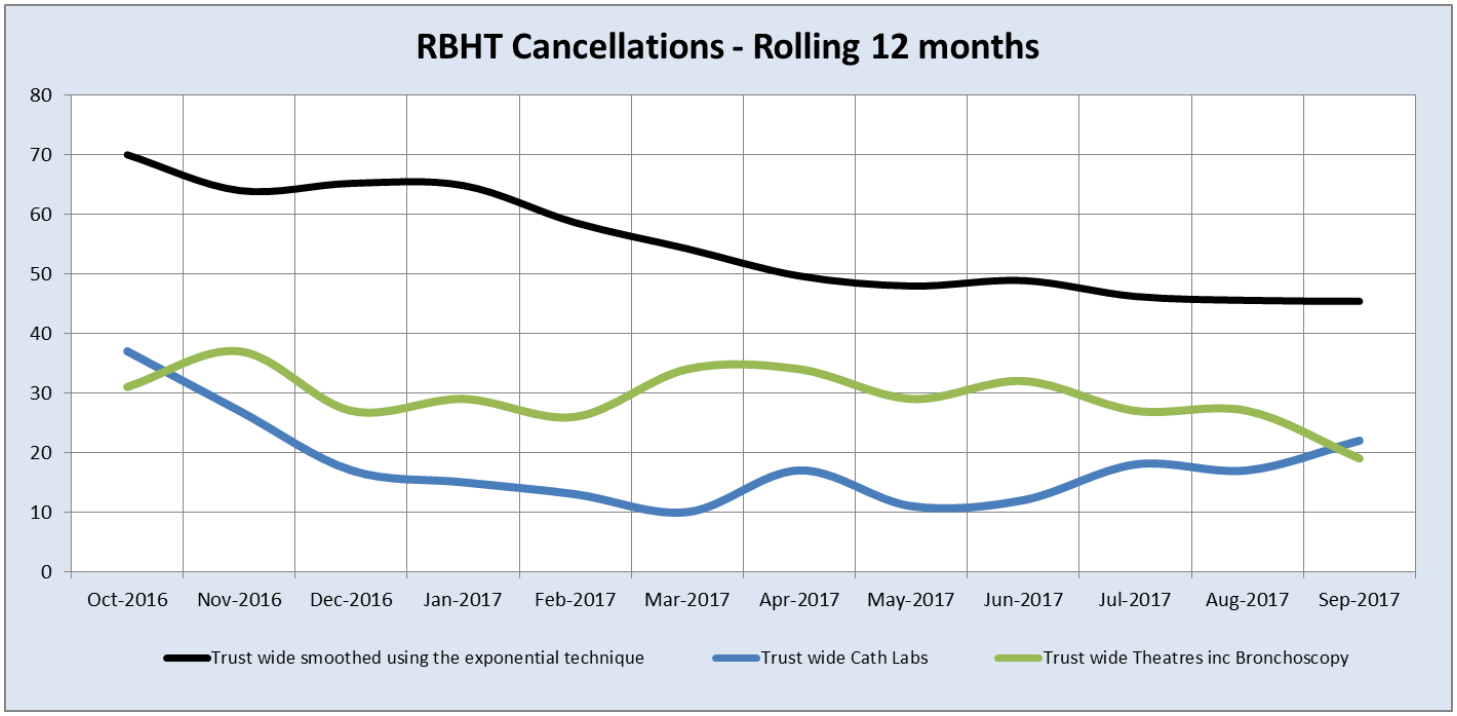
Numerator - No. of operations and procedures not rescheduled and carried out within 28 days.
Denominator - The number of patients whose operation was cancelled at the last minute by the hospital, for non-clinical reasons.

M6, September 2017

Detail of Numerator – Cancelled Operations (28 day rescheduled bookings)
During M6, there were zero breaches of the pledge to offer another binding date within 28 days of the patients operation being cancelled for the first time.

Detail of Denominator – Cancelled Operations and procedures
There were 41 patients whose operation or procedure was cancelled in September 2017; 25 at Royal Brompton Hospital and 16 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**	**Sep**	**Q1**	**Q2**	**YTD**
Theatres (inc Bronchoscopy)	2	1	1	0	1	0	4	1	5
Catheter Labs	0	0	0	0	0	0	0	0	0
RBH Total	**2**	**1**	**1**	**0**	**1**	**0**	**4**	**1**	**5**
Theatres (inc Bronchoscopy)	0	0	0	0	0	0	0	0	0
Catheter Labs	0	0	0	0	0	0	0	0	0
HH Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Trustwide	**2**	**1**	**1**	**0**	**1**	**0**	**4**	**1**	**5**

Denominator	Cancelled operations and procedures								
Area/Site	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Q1**	**Q2**	**YTD**
Theatres (inc Bronchoscopy)	20	16	22	7	13	13	58	33	91
Catheter Labs	7	4	7	5	4	12	18	21	39
RB Total	**27**	**20**	**29**	**12**	**17**	**25**	**76**	**54**	**130**
Theatres (inc Bronchoscopy)	14	13	10	20	14	6	37	40	77
Catheter Labs	10	7	5	13	13	10	22	36	58
HH Total	**24**	**20**	**15**	**33**	**27**	**16**	**59**	**76**	**135**
Trustwide	**51**	**40**	**44**	**45**	**44**	**41**	**135**	**130**	**265**

Performance against indicator E.B.S.2									
Site	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Q1**	**Q2**	**YTD**
RB Total	7.41%	5.00%	3.45%	0.00%	5.88%	0.00%	5.26%	1.85%	3.85%
HH Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Trustwide	3.92%	2.50%	2.27%	0.00%	2.27%	0.00%	2.96%	0.77%	1.89%

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

No Never Events were reported during M6.

For M6 (September) two serious incidents were reported to commissioners via the Strategic Executive Information System (STEIS).

- **Serious Incident 1** - Victoria Ward - a patient reported that they had fallen in the bathroom. X-ray followed by CT scan identified a hip fracture. The patient was transferred to Chelsea & Westminster Hospital for orthopaedic surgery and returned to Royal Brompton Hospital after 10 days. The patient has since been discharged. Initial review has identified that appropriate assessment and documentation had been completed, and that the bathroom facilities had the appropriate non-slop flooring in place.

- **Serious Incident 2** - AICU - A 78 year old man underwent major but uneventful aortic valve and root surgery. He initially progressed well but subsequently developed respiratory failure and renal complications. Whilst in AICU a VasCath was inserted, and during or shortly after this procedure the patient suffered a cardiac arrest. CPR was initiated promptly, but spontaneous cardiac output could not be re-established and sadly the patient died.

Both of these incidents will be reviewed through the Trust's clinical governance processes and any learning points will be identified, shared across the clinical teams, and reported through the Governance and Quality and Risk and Safety Committees.

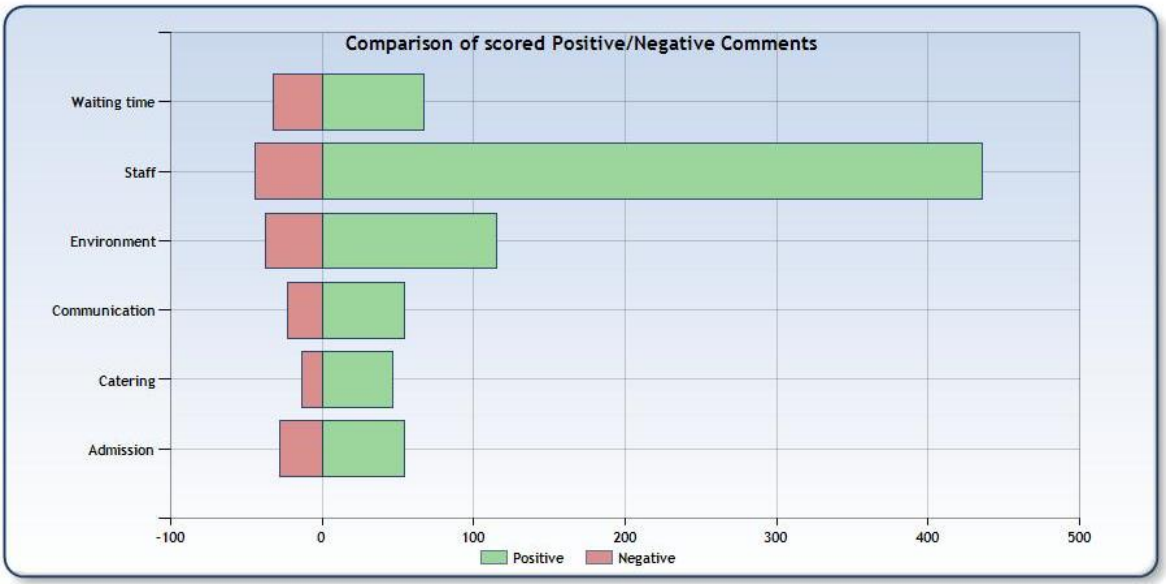
Section 2 – The Friends and Family Test

Friends and Family Test - Monthly update – September 2017

Trust Recommendation score for FFT - 95%
Negative Comments – 1.4%

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

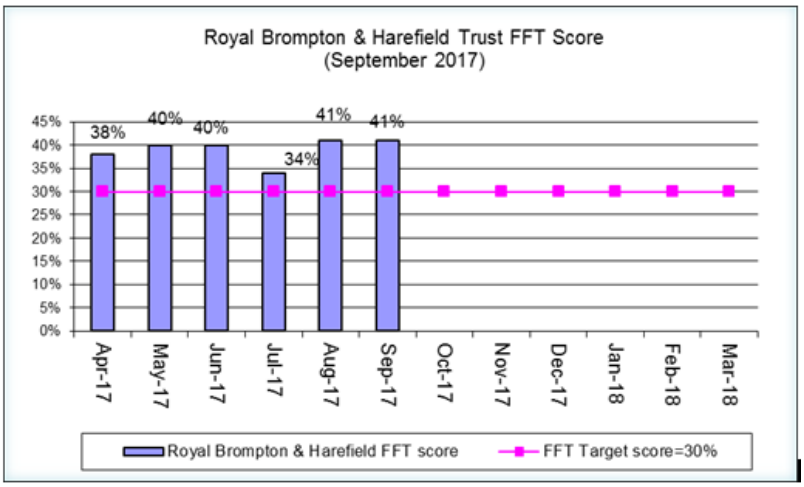
Positive		Negative	
1. Staff	448	1. Staff	7
2. Care	254	2. Nurse	7
3. Friendly	166	3. Treatment	6
4. Excellent	134	4. Nurses	6
5. Good	117	5. Time	5
6. Helpful	116	6. Care	4
7. Treatment	101	7. Tests	4
8. Nurses	94	8. Patient	4
9. Extremely	91	9. Communication	4
10. Received	90	10. Between	4

Top 10 Themes

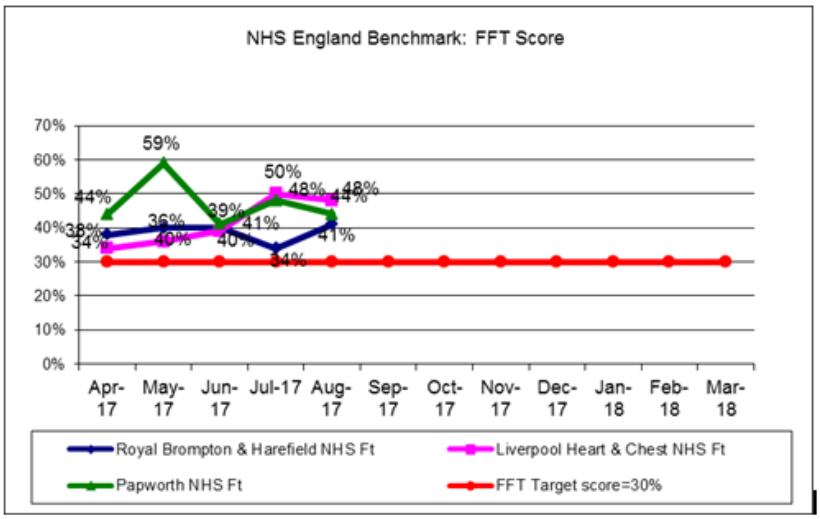
Positive		Negative	
1. Staff attitude	832	1. Staff attitude	23
2. Implementation of care	505	2. Staff	17
3. Staff	497	3. Implementation of care	14
4. Clinical Treatment	209	4. Clinical Treatment	12
5. Patient Mood/Feeling	181	5. Waiting time	11
6. Environment	152	6. Environment	11
7. Waiting time	91	7. Communication	7
8. Admission	78	8. Patient Mood/Feeling	6
9. Communication	64	9. Admission	5
10. Catering	64	10. Catering	2

Friends and Family Test Update – September 2017

1. Royal Brompton & Harefield NHS Ft: FFT Score



2. NHS England FFT Benchmark data: (*Source NHS England*)



Inpatient FFT Responses

Number of responses received via each mode of collection					
SMS/Text/Smartphone app	Electronic tablet/kiosk at point of discharge	Paper/Postcard given at point of discharge	Telephone Survey Once Patient is Home	Online Survey Once Patient is home	Total
632	0	355	137	62	1186

Outpatient FFT Responses

Number of responses received via each mode of collection					
SMS/Text/Smartphone app	Electronic tablet/kiosk at point of discharge	Paper/Postcard given at point of discharge	Telephone Survey Once Patient is Home	Online Survey Once Patient is home	Total
		233		40	273

We have received notice from the commissioners that we are now required to reach a response rate of 6% for outpatient services. We will monitor outpatient activity for the next few months and if no improvement is seen using the paper cards, other options will be discussed.

Section 4 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for Sep. 2017. This reflects what RBHT submitted to Unify. This information will eventually be published on NHS Choices.

Nurse staffing at Royal Brompton Hospital	
% of registered nurse day hours filled as planned (Hospital)	**90.9%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**41.0%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**85.0%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**40.2%** of planned level

Nurse staffing at Harefield Hospital	
% of registered nurse day hours filled as planned (Hospital)	**99.2%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**66.6%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**103.4%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**77.1%** of planned level

Registered nurse staffing at the Brompton site averaged 91% (days) and 85% (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.

Unregistered care staff levels were 41% (days) and 40% (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.

Staffing was maintained at safe levels throughout the month.

Registered nurse staffing at the Harefield site averaged 99% on days, and 103% on nights. This was the result of on plan ward activity across the site apart from on the transplant wards where activity and acuity remains high.

Unregistered care staff levels were 67% (days) and 77% (nights). Sufficient registered nurses (including supernumerary staff) were present to ensure that safe staffing was maintained.

Staffing was maintained at safe levels throughout the month.

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

Section 5 – CQC Insight Dashboards

CQC Insight brings together in one place the information that CQC have gathered together about the Trust. It contains information at provider, location, or core service level.

The CQC use CQC Insight to decide what, where and when to inspect.

The CQC Insight monitoring report was updated by CQC on 3rd October 2017 and the following pages contain the high level summary sections following this most recent update.

Extract 1

Royal Brompton and Harefield NHS Foundation Trust

Ratings overview

National Guardian Freedom to Speak Up

Insight

CareQuality Commission

03 October 2017

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

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

This page displays the latest ratings and the direction of travel for core service and trust level key question intelligence indicators. Click on the arrows to see the indicator detail.

Key messages

Intelligence indicates that

- Overall performance for this trust is about the same
- 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

		Safe	Effective	Caring	Responsive	Well led	Overall	
	Overall	RI 10/1/2017	G 10/1/2017	G 10/1/2017	RI 10/1/2017	G 10/1/2017	RI 10/1/2017	
Urgent and emergency care	Harefield Hospital	NA	NA	NA	NA	NA	NA	NA
	Royal Brompton Hospital	NA	NA	NA	NA	NA	NA	
Medical care	Harefield Hospital	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	↑
	Royal Brompton Hospital	G 10/1/2017	O 10/1/2017	G 10/1/2017	G 10/1/2017	O 10/1/2017	O 10/1/2017	
Surgery	Harefield Hospital	RI 10/1/2017	O 10/1/2017	O 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	→
	Royal Brompton Hospital	RI 10/1/2017	G 10/1/2017	G 10/1/2017	RI 10/1/2017	RI 10/1/2017	RI 10/1/2017	
Critical care	Harefield Hospital	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	NA
	Royal Brompton Hospital	RI 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	RI 10/1/2017	RI 10/1/2017	
Maternity	Harefield Hospital	NA	NA	NA	NA	NA	NA	NA
	Royal Brompton Hospital	NA	NA	NA	NA	NA	NA	
Children and young people	Harefield Hospital	NA	NA	NA	NA	NA	NA	NA
	Royal Brompton Hospital	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	O 10/1/2017	G 10/1/2017	
End of life care	Harefield Hospital	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	NA
	Royal Brompton Hospital	G 10/1/2017	RI 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	
Outpatients	Harefield Hospital	G 10/1/2017	NA	G 10/1/2017	RI 10/1/2017	G 10/1/2017	G 10/1/2017	→
	Royal Brompton Hospital	G 10/1/2017	NA	G 10/1/2017	RI 10/1/2017	G 10/1/2017	G 10/1/2017	

Extract 2

Royal Brompton and Harefield NHS Foundation Trust

Trust and core service analysis > Trust composite of key indicators

National Guardian Freedom to Speak Up

Insight

CareQuality Commission

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

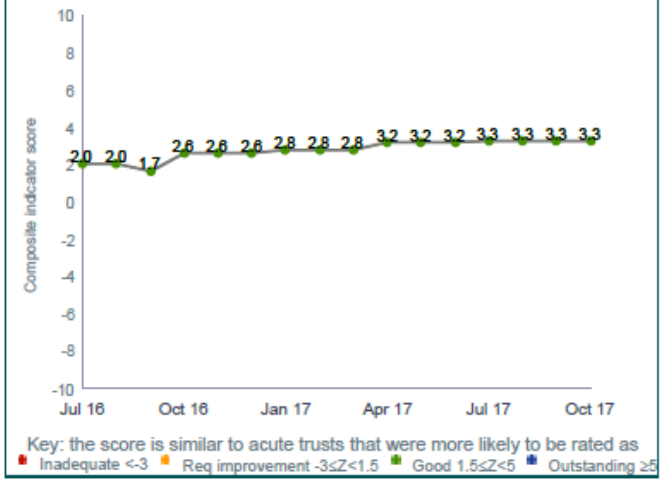
03 October 2017

OVERVIEW | TRUST COMPOSITE INDICATOR | TRUST WIDE | URGENT & EMERGENCY | MEDICAL CARE | SURGERY | CRITICAL CARE | MATERNITY | CHILDREN & YOUNG PEOPLE | END OF LIFE CARE | OUTPATIENTS

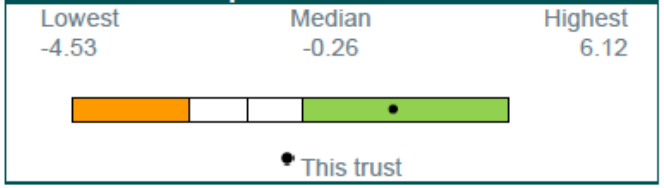
The trust composite is a pilot indicator created from 12 specific indicators within Insight. The composite indicator score helps to assess a trust's overall performance but it is not a rating nor a judgement. The composite should be used alongside other evidence in monitoring trusts.

- 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

Trust composite indicator score Jul-16 to Oct-17



Performance compared to acute trusts in Oct-17



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

Section 6 – Learning from Deaths

The following table shows Trust data on Learning from Deaths for the period 1st April – 30th September 2017.

This data was reviewed at the Risk and Safety Committee on 17th October 2017 and is included here to fulfil the requirement that it be reported to a public meeting of the Trust Board.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Please note: deaths are being graded according to Bristol Mortality Grading System, and then this grades are being retrospectively fitted to the new RCP methodology score

Bristol Scale Grade 1: < adequate care - different management would have made a difference to outcome = RCP Score 1 or 2 or 3: Definitely avoidable; Strong evidence of avoidability; Probably avoidable (more than 50:50)

Bristol Scale Grade 2: < adequate care - but different management might have made a difference to outcome = RCP Score 4: Probably avoidablebut not very likely

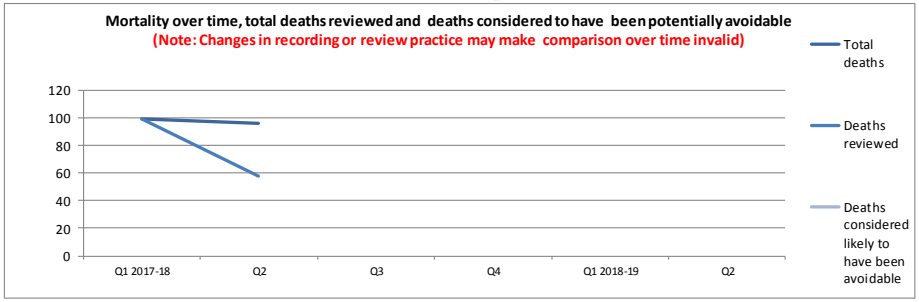
Bristol Scale Grade 3: < adequate care - but different management would have made no difference to outcome = RCP Score 5: Slight evidence of avoidability

Bristol Scale Grade 4: Adequate Care = RCP Score 6: Definitely not avoidable

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
35	25	0	23	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
96	99	58	99	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
195	0	157	0	0	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q2



Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	4	6.9%	This Quarter (QTD	54	93.1%
This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	2	1.3%	This Year (YTD)	10	6.4%	This Year (YTD)	145	92.4%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
0	1	0	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1	0	1	0	0	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q1