

Royal Brompton & Harefield NHS NHS Foundation Trust



**Trust Board** 

30th November 2016

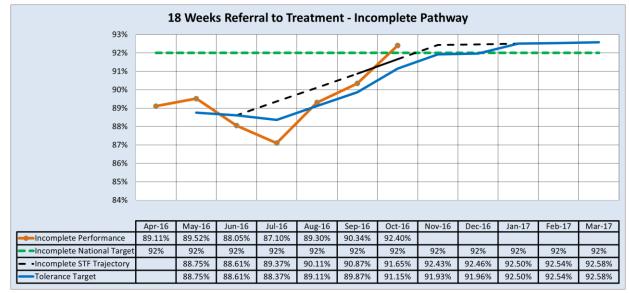
# **Clinical Quality Report**

Month 7 2016/17 – period ending 31st October 2016

### **Performance Indicators**

NH	S England -	NHS Stan	dard Contract	: / NHS Improvement - Sin	gle Oversight Fr	amework		
Clostridium difficile	M7 2	YTD M7 9	YTD M7 Cases under review 9	Performance Star Dept. Health Traject	Vari	ance from Threshold -23 YTD		
MRSA Bacteraemia	M7 0	7	YTD M7 0	Zero toleranc	1 case of MRSA reported to Public Health England by the Trust Known to be a contaminated sample rather than MRSA Bacteraemia			
Indicator		M7		M7 Target		Variance	from Target / Trajectory M7 Position	
Urgent operations cancelled for the 2nd time		0		Zero toleranc	e	Ze	ro breaches for M7	
Cancelled Operations; not carried out within 28 days		0		Zero tolerance of no readmissi	ion within 28 days	Zero breaches for M7		
Cancelled Procedures; (Catheter Labs, Transplant Assessment and Bronchoscopy Suite); not carried out within 28 days		0		Zero tolerance of no readmissi	Zero breaches for M7			
52 week breaches		0		Zero toleranc	Zei	ro breaches for M7		
Number of diagnostic tests waiting 6 weeks+ (%)		0%		1%	1% target met for M7			
18 weeks RTT Incomplete		92.40%		M7 Trajectory = 9	+1.20%			
Cancer - 62 day Urgent GP referral to first definitive treatment		80.00%		M7 Trajectory = 59	+20.50%			
Cancer - 62 day Urgent GP referral to first definitive treatment - shadow reporting		100%		M7 Trajectory = 59	9.50%		+41.50%	
				Incidents				
	16/17 M7	15/16 T	otal Incidents	15/16 YTD Incidents at M7	16/17 YTD Incide	nts at M7	Δ	
Outbreaks of Infection	0		2	1	1		0	
Serious Incidents	0		24	15	8	8		

### 1.3.1 18 week Referral to Treatment Time Targets



### Performance against the Sustainability and Transformation Fund (STF) trajectory

Table below sets out the proposed tolerance levels that will be applied to the Improvement Trajectories relating to 18 week Referral to Treatment.

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

- The Lorenzo Patient Administration System (PAS) went live over the weekend 15<sup>th</sup> 17<sup>th</sup> July 2016. Data was migrated to the new PAS and direct data entry to Lorenzo began.
- Since go live the number of open pathways has increased from 3,800 migrated pathways to 6,471 open pathways, at the end of October 2016.
- The way that the new PAS records RTT information is significantly different to the old PAS and a proportion of the increase is likely to be due to capturing pathways that were not captured before, thereby remedying a pre-existing data quality problem.
- Recent validation of pathways confirms that significant data quality risks exist for pathways administered using Lorenzo PAS, resulting in a larger number of open pathways. Validation of the total volume of open pathways has been identified as a high priority task and is being overseen by the PAS Implementation Group.
- Fortnightly meetings are held with NHS England and NHS Improvement in order to monitor the Remedial Action Plan (RAP) which is designed to deliver the STF trajectory. Both NHSE and NHSI have been made aware of the data quality risks following implementation of the Lorenzo PAS.

For M7; the STF trajectory target for 18 week Referral to Treatment Time performance (91.15%) has been met.

### 1.3.2 Cancer Target - 62 days to 1st Treatment

### **Trust Actions – Update:**

• The 2016 update on the Trust's Cancer Action Plan was presented to the Risk and Safety Committee on 17<sup>th</sup> 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

## Performance against the Sustainability and Transformation Fund trajectory agreed with NHSI with breach allocations taken into account (Shadow Reporting)

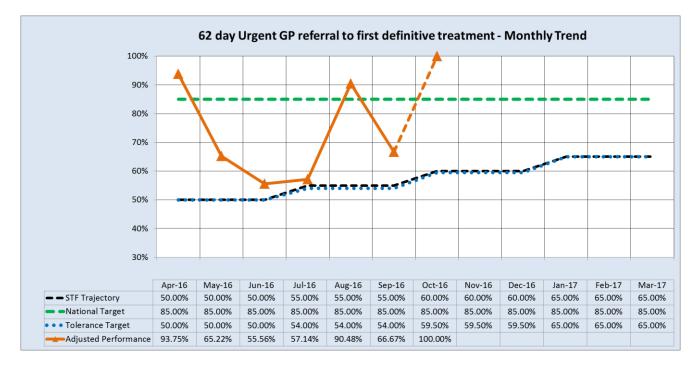


Table below sets out the proposed tolerance levels that will be applied to the Improvement Trajectories relating to 62 day Cancer.

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 M7; the STF trajectory target for urgent GP referral for suspected cancer to first definitive treatment (59.50%) has been met.

## Cancer Target - 62 days to 1<sup>st</sup> Treatment

### Detail of all 62 Day Urgent GP referral (breach + non breach) M7

	Day	No. of days	No. of days		AI	location Sta	atus	
Referring Trust & Hospital	Referral Received by RBHFT	from receipt of referral at RBHFT to treatment	from GP referral to treatment	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Buckinghamshire Healthcare NHS	31	12	43		$\checkmark$			
Trust Stoke Mandeville Hospital	43	14	57	$\checkmark$				
Buckinghamshire Healthcare NHS	25	35	60		$\checkmark$			
Trust Wycombe Hospital	24	32	56		$\checkmark$			
Colchester Hospital University NHS Foundation Trust Colchester General Hospital	35	24	59		$\checkmark$			
East And North Hertfordshire NHS Trust Lister Hospital	120	20	140				$\checkmark$	
Frimley Health NHS Foundation Trust King Edward Vii Hospital	27	5	32		$\checkmark$			
Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	37	21	58		$\checkmark$			
The Hillingdon Hospitals NHS Foundation Trust Hillingdon Hospital	49	5	54	$\checkmark$				
West Hertfordshire Hospitals NHS Trust Watford General Hospital	57	19	76				$\checkmark$	

Performance using pre breach allocation \ national breach allocation up to the end of month 7 (Q3) NHS Improvement guidance requires reporting of:

i)	Performance pre breach allocation:
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Period	Total treated	Total treated in time	Unadjusted Performance
Oct-2016	5	4	80.00%

ii)

Performance using national breach allocation guidance published 11<sup>th</sup> November 2016.

Period	Total treated	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Adjusted Performance
Oct-2016	5	1	3	0	1	0	100.00%

For M7; the Sustainability and Transformation Target (59.50%) has been met.

- 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 M7, 8 were treated in time (scenario 1 + scenario 2).
- Of 10 patients treated during M7, under the new breach allocation guidance, 2 were allocated to the referring provider (scenario 4).
- The data is provisional data from the Trust's Infoflex system sampled during November 2016.
- The data for M7 (October 2016) will be finalised and made available for report generation by the national system, Open Exeter, on 5<sup>th</sup> December 2016.

### 1.3.3 Cancelled Operations

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

- The number of urgent operations cancelled for the 2nd time in M7 was 0.
- The number of urgent operations 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 last minute cancellations by the hospital for non-clinical reasons

### M7, October 2016 as at 15/11/2016

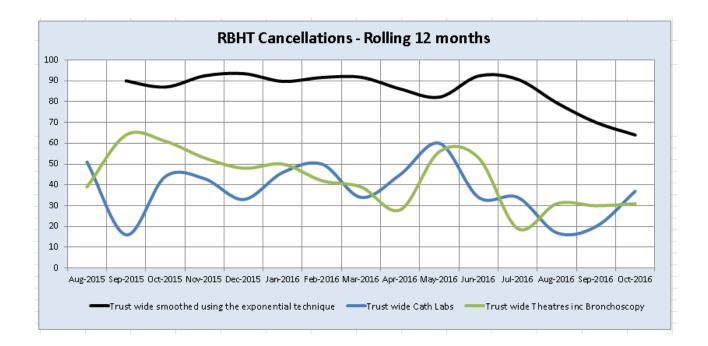
#### Detail of Numerator – Cancelled Operations (28 day rescheduled bookings)

There were zero breaches of the pledge to offer another binding date within 28 days during M7.

### Detail of Denominator – Cancelled Operations and procedures

• There were 70 cancelled operations and procedures in October 2016; 32 at Royal Brompton Hospital and 38 at Harefield Hospital.

### Graph below: Cancellation trend in rolling 12 months



### Quarter 3 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 3 data is 26<sup>th</sup> January 2017.

Numerator		Number of breaches of the pledge to offer another binding date within 28 days									8 days
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Q1	Q2	Q3	YTD
Theatres	3	0	0	0	0	0	0	3	0	0	3
Catheter Labs	0	0	1	0	0	0	0	1	0	0	1
Bronchscopy Suite	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
RBH Total	3	0	1	0	0	0	0	4	0	0	4
Theatres (inc Bronchoscopy)	0	0	0	0	1	0	0	1	1	0	1
Catheter Labs	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	0	1	0	0	1
HH Total	1	0	0	0	1	0	0	1	1	0	2
Trustwide	4	0	1	0	1	0	0	5	1	0	6

Denominator		Cancelled operations and procedures									
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Q1	Q2	Q3	YTD
Theatres	14	22	15	8	3	10	16	51	21	16	88
Catheter Labs	22	37	23	19	10	13	16	82	42	16	140
Bronchoscopy Suite	1	2	2	0	2	1	0	5	3	0	8
RB Total	37	61	40	27	15	24	32	138	66	32	236
Theatres (inc Bronchoscopy)	13	32	36	11	16	19	15	81	46	15	142
Catheter Labs	23	23	11	15	7	7	21	57	29	21	107
Other	1	7	9	1	1	2	2	17	4	2	23
HH Total	37	62	56	27	24	28	38	155	79	38	272
Trustwide	74	123	96	54	39	52	70	293	145	70	508

Performance against indicator E.B.S.2												
Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Q1	Q2	Q3	YTD	
RB Total	8.11%	0.00%	2.50%	0.00%	0.00%	0.00%	0.00%	2.90%	0.00%	0.00%	1.69%	
HH Total	2.70%	0.00%	0.00%	0.00%	4.17%	0.00%	0.00%	0.65%	1.27%	0.00%	0.74%	
Trustwide	5.41%	0.00%	1.04%	0.00%	2.56%	0.00%	0.00%	1.71%	0.69%	0	1.18%	

Under the NHS Standard contract, the penalty for each breach of the requirement to offer another binding date within 28 days is loss of income for that spell of care.

**Richard Connett; Director of Performance & Trust Secretary** 

24<sup>th</sup> November 2016