



A lifetime of specialist care

Operational Performance Metrics and Quality Indicators

Month 7 2017/18 – period ending 31st October 2017

NHS Improvement - Single Oversight Framework

<i>Clostridium difficile</i>	M7 0	YTD M7 13	YTD M7 Cases under review 8	Performance Standard Dept. Health Trajectory = 23	-22 Met
MRSA Bacteraemia	M7 0	YTD M7 0		Zero tolerance	Met
Indicator	M7		M7 Target		Variance from Target / Trajectory M7 Position
18 weeks RTT Incomplete	94.08%		92.0%		Target met for M7
Number of diagnostic tests waiting 6 weeks+ (%)	0%		1%		Met
Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	15 patients 70.83%		M7 Trajectory = 68.40%		Trajectory met for M7
VTE Risk assessments	Q2 = 95.24%		95%		Target met for Q2
Never Events	M7 0	YTD M7 1		Zero tolerance	Zero breaches for M7

NHS England - NHS Standard Contract

Urgent operations cancelled for the 2nd time	1	Zero tolerance	1 breach for M7
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	1	Zero tolerance of no readmission within 28 days	1 breach for M7
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0	Zero tolerance of no readmission within 28 days	Zero breaches for M7
52 week breaches	0	Zero tolerance	Zero breaches for M7
Cancer – 14 day Urgent GP Referral	No. of cases M7 2017/18 = 2 100%	93%	Target met for M7
Cancer – 31 day 1st treatment	33 patients 100%	96%	Target met for M7
Cancer – 31 day subsequent treatment	19 patients 100%	94%	Target met for M7

Incidents

	17/18 M7	16/17 Total Incidents	16/17 YTD Incidents at M7	17/18 YTD Incidents at M7	Δ
Outbreaks of Infection	0	4	1	1	0
Serious Incidents	0	11	8	4	-4

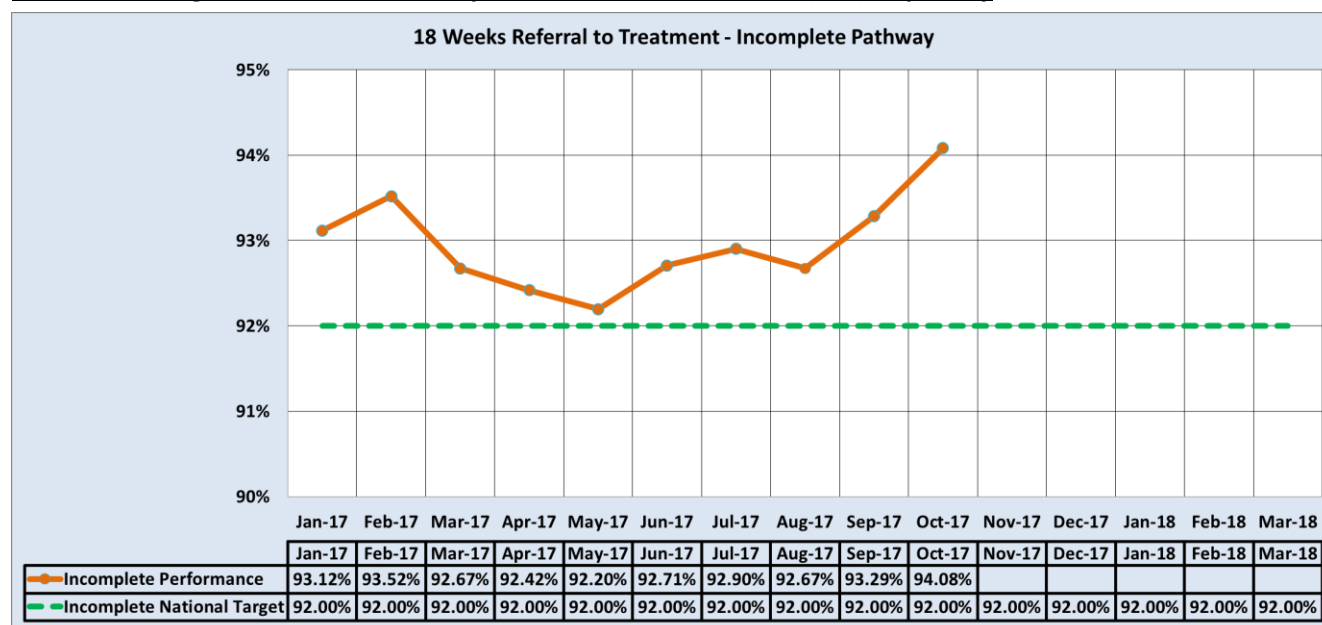
1.1 *Clostridium difficile*

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	17/18 YTD Total
Total Cases reported to PHE	0	3	2	5	1	2	0	13
No. Cases apportioned to Trust	0	3	2	0	1	2	0	8
No. Cases apportioned as non-Trust (other Trust or community related)	0	0	0	0	0	0	0	0
Cases under review	0	0	0	5	1	2	0	8
Cases due to lapses of care	0	1	0	Pending review	Pending review	Pending review	0	1
2016-17 cumulative monthly trajectory	2	4	6	8	10	12	14	23
Variance against cumulative monthly trajectory	-2	-3	-5	-7	-9	-11	-13	-22

- There were no cases of *Clostridium difficile* during M7
- Thirteen cases of *Clostridium difficile* have been reported to Public Health England in the first 7 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



18 weeks RTT by National Specialty – Incomplete Pathways October 2017

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,159	37	1,196	96.91%
	Cardiology (Harefield)	1,529	129	1,658	92.22%
Cardiology		2,688	166	2,854	94.18%
Thoracic Medicine		1,391	10	1,401	99.29%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	263	69	332	79.22%
	Cardiac Surgery (Harefield)	295	114	409	72.13%
	Thoracic Surgery	204	0	204	100.00%
Cardiothoracic Surgery		762	183	945	80.63%
Other	Other	259	8	267	97.00%
	Paediatrics	962	14	976	98.57%
	Transplant	92	6	98	93.88%
Other		1,313	28	1,341	97.91%
		6,154	387	6,541	94.08%

Performance against the 18-week Referral-to-Treatment (RTT) standard is reported as approx. 94.08% for October 2017. The M7 RTT Unify submission deadline is 17th November 2017.

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

- Standard Operating Procedures have been updated and an associated training programme is due to commence soon;
- The Trust has undertaken a DQ self-assessment as part of a national NHS Improvement programme, with resulting recommendations for further, targeted pieces of work
- The Trust has asked the NHSI Elective Care Intensive Support Team (IST) to get involved in our work to take forward the report's recommendations, and this will commence in early December.

1.3 Cancer Target - 62 days to 1st Treatment

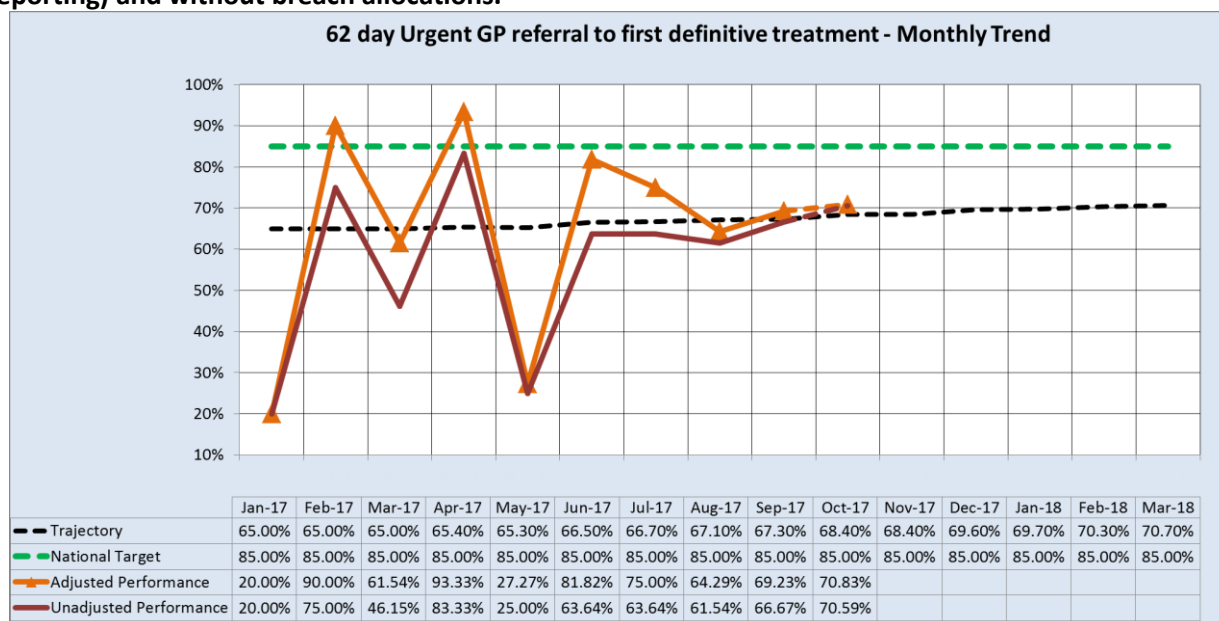
Trust Actions – Update:

- The project group for a pilot in 'low dose CT scanning' to assist in a proof of concept for early diagnosis met on 9th November 2017. Funding has been confirmed for the pilot and the planning of recruitment and the pilot design is under way to hopefully start in April 2018.
- The Cancer Team and IT leads met on the 26th October 2017 with the Infoflex Cancer Database Team Implementation Consultant lead to start the planning of required updates to enable the system to be fit for purpose for the April 2018 updates to the new CWT reporting system that is being commissioned by NHS Digital. Work is on-going and a separate meeting will be set in readiness for testing in January 2018.

Referral Centre Actions – Update:

- Mr Vladimir Anikin, Consultant Thoracic Surgeon at Harefield Hospital and the cancer manager have been invited to meet the new Chair of the Watford Lung Cancer MDT in December 2017. To look at ways of improving the current pathway.
- The Cancer Service Team and Operational lead for cancer at the Royal Free have arranged a meeting on the 23rd November 2017 with the RBH cancer manager to also discuss updates with regards to improving the lung cancer pathway.

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



▲▲▲▲ Provisional data for M7 (October)

■ ■ ■ Provisional data for M7 (October)

For M7; the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (68.40%) 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) M7

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
Colchester Hospital University NHS Foundation Trust Colchester General Hospital	34	25	59		✓			
East And North Hertfordshire NHS Trust Lister Hospital	53	7	6	✓				
Great Western Hospitals NHS Foundation Trust The Great Western Hospital	47	6	53	✓				
Milton Keynes Hospital NHS Foundation Trust Milton Keynes Hospital	3	2	5		✓			
	46	12	58	✓				
Royal Brompton & Harefield NHS Foundation Trust Harefield Hospital	0	6	6		✓			
	0	129	129			✓		
Royal Free London NHS Foundation Trust Royal Free Hospital	54	26	80					✓
West Hertfordshire Hospitals NHS Trust Watford General Hospital	67	27	94					✓
	45	14	59	✓				
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	25	13	38		✓			
	19	15	34		✓			
Royal National Orthopaedic Hospital NHS Trust The Royal National Orthopaedic Hospital (Stanmore)	42	49	91					✓
The Hillingdon Hospitals NHS Foundation Trust Hillingdon Hospital	57	4	61	✓				
Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	38	15	53		✓			

There were 4 breaches of the 62 day pathway in October: three of these patients were referred after day 38. One breach patient was a direct GP referral to Harefield Hospital.

The direct GP referral breach was a complex patient and anxious around having surgery which impacted on the overall pathway. Patient has been treated and has made a good recovery.

Three of the four patients who breached were referred to the Trust after day 38:

- **Patient 1** - Patient referred on day 54 and treated within 26 days.
- **Patient 2** - Patient referred on day 67 – The main reason for breach was late referral and due to family bereavement meant surgery had to be delayed further.
- **Patient 3** - Patient was referred on day 42 - Complex patient who was anxious as well as joint complex procedure involving the plastics team.

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
Oct - 2017	8.5	6	70.59%

ii) Performance using national breach allocation guidance published April 216.

Period	Total treated	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Adjusted Performance
Oct - 2017	8.5	2.5	3.5	1	0	1.5	70.83%

- 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 .5.
- In making the breach allocations, the Trust has used an algorithm agreed with NHS Improvement for shadow reporting.
- Of 15 patients treated during M7, 11 were treated in time (scenario 1 + scenario 2).
- Of 15 patients treated during M7, 1 was allocated to RBHFT (scenario 3).
- Of 15 patients treated during M7, under the new breach allocation guidance, 0 were allocated to the referring provider (scenario 4).
- Of 15 patients treated during M7, under the new breach allocation guidance, 3 shared allocations between the trust and referring provider (scenario 5).
- The data for M7 (October 2017) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 4th December 217.

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 M7 was 1.
- The number of patients whose urgent operation was cancelled for the 2nd time YTD is 1.

M7 Breach – a patient was admitted to Harefield Hospital as an inter-hospital transfer for a coronary artery bypass grafting procedure. The procedure was cancelled because the surgeon undertaking the list had been involved in an urgent transplant case. The patient remained in the hospital and was rebooked for the next day. Unfortunately, this booking was also cancelled as the surgeon was again transplanting. The patient had their operation three days after the initial cancellation.

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.

M7, October 2017

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

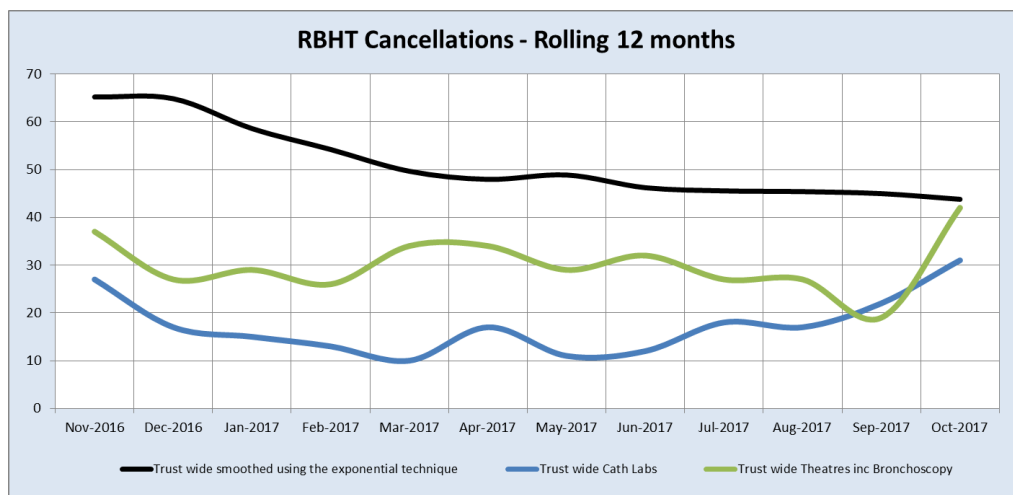
During M7, there was 1 breach of the pledge to offer another binding date within 28 days of the patient's operation being cancelled for the first time.

- **M7 Breach (Brompton Theatres)** - The original procedure, scheduled for the end of September 2017, was cancelled due to shortage of a Consultant skilled in Trans-oesophageal echocardiogram (TOE) who is integral part of the Tendyne procedure. The procedure also required the presence of personnel from the company supplying the device. These people were based in the USA and the next opportunity to schedule the case fell in mid-November. Unfortunately, this was outside the 28 day standard.

Detail of Denominator – Cancelled Operations and procedures

There were 73 patients whose operation or procedure was cancelled in October 2017; 4 at Royal Brompton Hospital and 33 at Harefield Hospital.

Graph below: Cancellation trend in rolling 12 months



Quarter 3 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 3 data is 25th January 2018.

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

Denominator	Cancelled operations and procedures										
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Q1	Q2	Q3	YTD
Theatres (inc Bronchoscopy)	20	16	22	7	13	13	26	58	33	26	117
Catheter Labs	7	4	7	5	4	12	14	18	21	14	53
RB Total	27	20	29	12	17	25	40	76	54	40	170
Theatres (inc Bronchoscopy)	14	13	10	20	14	6	16	37	40	16	93
Catheter Labs	10	7	5	13	13	10	17	22	36	17	75
HH Total	24	20	15	33	27	16	33	59	76	33	168
Trustwide	51	40	44	45	44	41	73	135	130	73	338

Performance against indicator E.B.S.2											
Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Q1	Q2	Q3	YTD
RB Total	7.41%	5.00%	3.45%	0.00%	5.88%	0.00%	2.50%	5.26%	1.85%	2.50%	3.53%
HH Total	0.00%	0.00%	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%	1.37%	2.96%	0.77%	1.37%	1.78%

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.

Section 2 – The Friends and Family Test

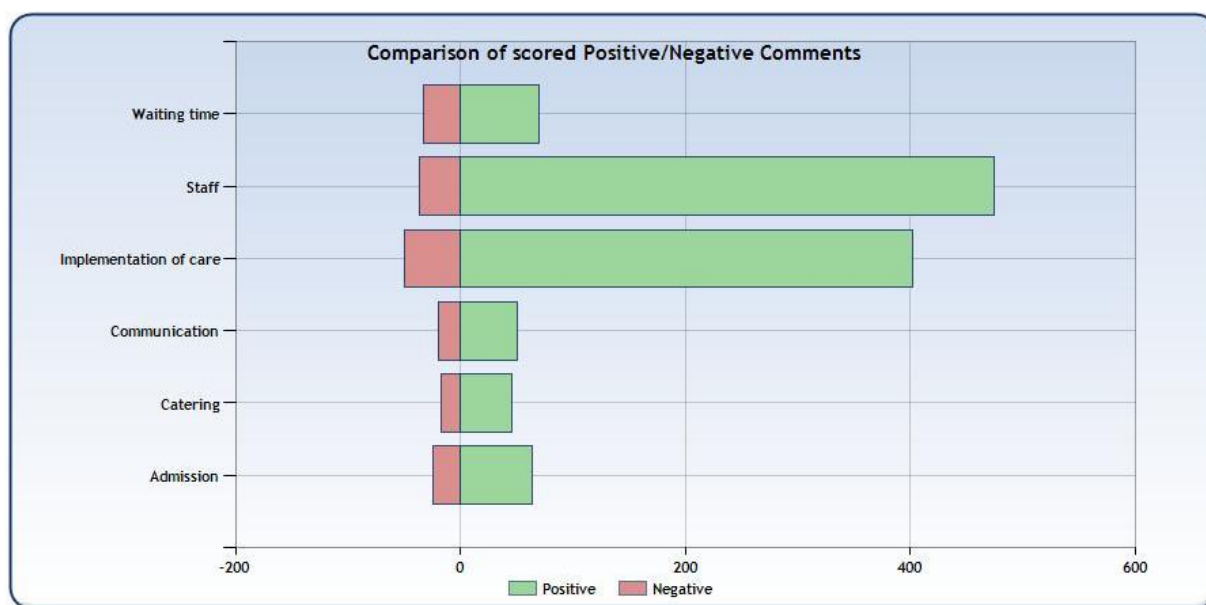
Patient Experience - Monthly update – October 2017

Trust Recommendation score for FFT - 96%

Negative Comments – 1.6%

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.

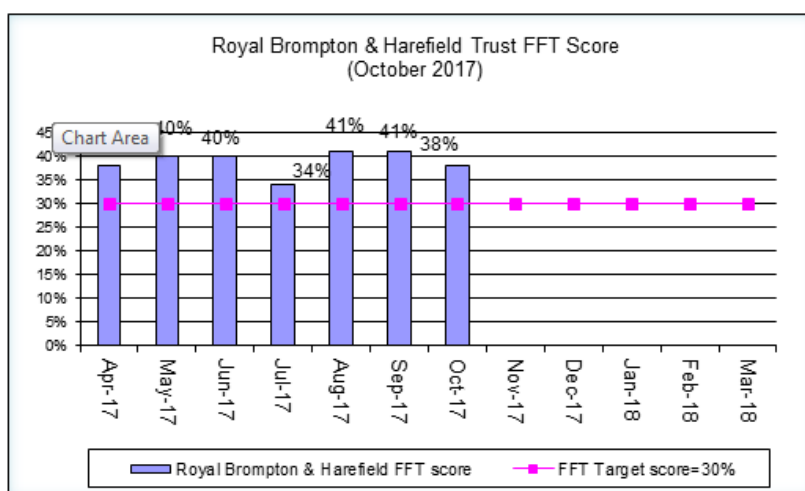


Top 10 Words			
+ Positive		- Negative	
1. Staff	506	1. Staff	12
2. Care	226	2. Doctor	9
3. Friendly	190	3. Receptionist	5
4. Helpful	167	4. Tests	4
5. Good	156	5. Treatment	4
6. Excellent	138	6. Wait	4
7. Caring	99	7. Patient	4
8. Treatment	91	8. Work	4
9. Nurses	87	9. Extremely	3
10. Professional	86	10. Eventually	3

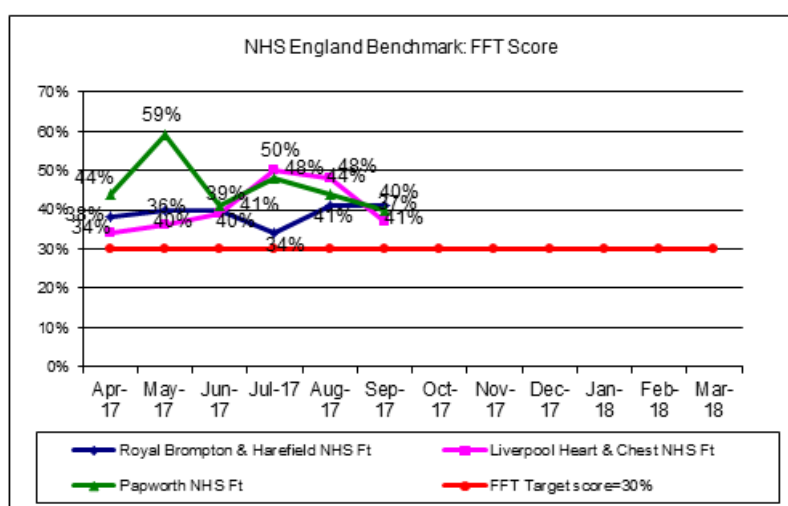
Top 10 Themes			
+ Positive		- Negative	
1. Staff attitude	912	1. Staff attitude	22
2. Staff	557	2. Staff	18
3. Implementation of care	499	3. Environment	12
4. Clinical Treatment	175	4. Implementation of care	12
5. Environment	147	5. Clinical Treatment	11
6. Patient Mood/Feeling	134	6. Waiting time	10
7. Waiting time	94	7. Patient Mood/Feeling	9
8. Admission	89	8. Admission	8
9. Catering	69	9. Communication	7
10. Communication	63	10. Catering	2

Friends and Family Test Update – October 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
675	0	266	161	22	1124

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
		188		102	290

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.

We have found that based on average of outpatient visits over the last 6 months we receive 10,000 patients a month. This gives us a target of 600 FFT response cards to work towards.

Section 4 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for Oct. 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)	95.1% of planned level	% of registered nurse day hours filled as planned (Hospital)	110.4% of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	43.5% of planned level	% of Unregistered care staff day hours filled as planned (Hospital)	69.1% of planned level
% of registered nurse night hours filled as planned (Hospital)	87.5% of planned level	% of registered nurse night hours filled as planned (Hospital)	103.3% of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	40.3% of planned level	% of Unregistered care staff night hours filled as planned (Hospital)	97.3% of planned level
<p>Registered nurse staffing at the Brompton site averaged 95% (days) and 87.5% (nights). This was the result of below plan activity in the heart division, particularly in critical care where refurbishment works continue. Acuity levels in the lung division were on higher than planned levels. Staffing was flexed to ensure the safe delivery of care.</p> <p>Unregistered care staff levels were 43% (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.</p> <p>Staffing was maintained at safe levels throughout the month.</p>		<p>Registered nurse staffing at the Harefield site averaged 110% on days, and 103% on nights. This was the result of high numbers of supernumerary staff due to a large influx of new staff. This fill rate percentage figure was minimised by reduced activity / capacity on the site due to a planned developments.</p> <p>Unregistered care staff levels were 69% (days) and 97% (nights). Sufficient registered nurses (including supernumerary staff) were present 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

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 11rd November 2017 and the following pages contain the high level summary sections following this most recent update.

Royal Brompton and Harefield NHS Foundation Trust

Ratings overview

National Guardian
Freedom to Speak Up



11 November 2017

FACTS, FIGURES & RATINGS			TRUST AND CORE SERVICE ANALYSIS		FEATURED DATA SOURCES		DEFINITIONS		11 November 2017	
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										
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Royal Brompton and Harefield NHS Foundation Trust

Trust and core service analysis > Trust composite of key indicators

National Guardian
Freedom to Speak Up

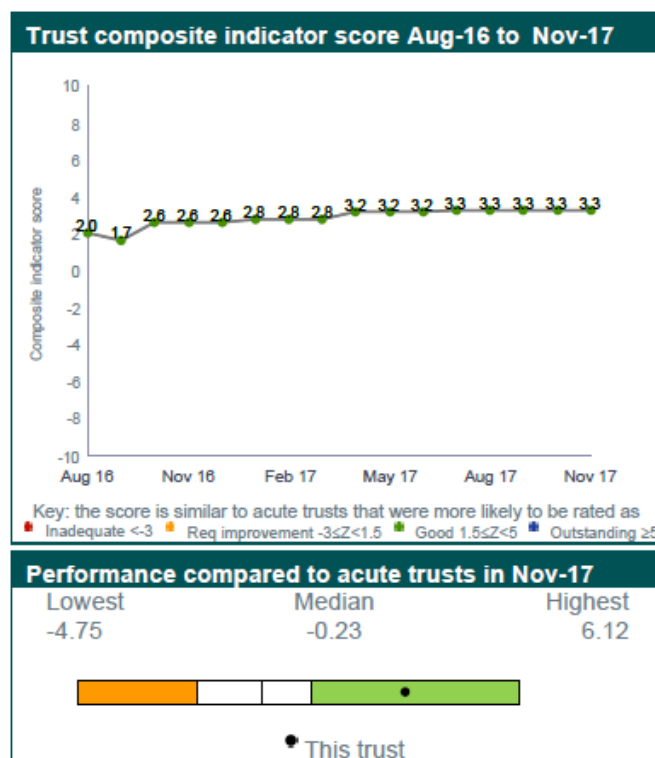


11 November 2017

FACTS, FIGURES & RATINGS		TRUST AND CORE SERVICE ANALYSIS			FEATURED DATA SOURCES		DEFINITIONS		11 November 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)
- 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