



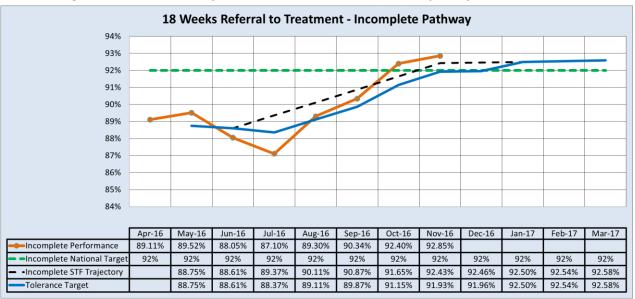
Operational Performance Metrics and Quality Indicators Month 9 2016/17 – period ending 31th December 2016

	NH	S Improve	ment - Single	Oversight Framework; Quality Indicators	
Clostridium difficile	M9 1	YTD M9 10	YTD M9 Cases under review 2	Performance Standard Dept. Health Trajectory = 23	Variance from Threshold -23 YTD
MRSA Bacteraemia		19 O	YTD M9 0	Zero tolerance	0 cases reported to PHE for M9
Indicator	M9			M9 Target	Variance from Target / Trajectory M8 Position
18 weeks RTT Incomplete	91.98%			M9 Trajectory = 91.96%	+0.02
52 week breaches		0		Zero tolerance	Zero breaches for M9
Number of diagnostic tests waiting 6 weeks+ (%)		0%		1%	1% target met for M9
Cancer - 62 day Urgent GP referral to first definitive treatment	12 patients 76.92%			M9 Trajectory = 59.50%	+17.42%
Cancer - 62 day Urgent GP referral to first definitive treatment - shadow reporting	12 patients 83.33%			M9 Trajectory = 59.50%	+23.83%

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		NHS England	d - NHS Standard Contract				
Urgent operations cancelled for the 2nd time		0	Zero tolerano	e	Zero breaches for M9		
Cancelled Operations; not carried out within 28 days		0	Zero tolerance of no readmiss	ion within 28 days	Ze	ro breaches for M9	
Cancelled Procedures; (Catheter Labs, Transplant Assessment and Bronchoscopy Suite); not carried out within 28 days		0	Zero tolerance of no readmiss	Zero breaches for M9			
Cancer – 14 day Urgent GP Referral	No. of c	cases M9 2016/17 = 0	93%	Т	Target met for M9		
Cancer – 31 day 1st treatment		27 patients 96.30%	96%	Target met for M9			
Cancer – 31 day subsequent treatment		16 patients 93.75%	94%	-0.25%			
			Incidents				
	16/17 M9	15/16 Total Incidents	15/16 YTD Incidents at M9	16/17 YTD Inciden	nts at M9	Δ	
Outbreaks of Infection	0	2	1	2		+1	
Serious Incidents	3	24	17	10		-7	
Never Events	0	0	0	0		0	

1.3.1 18 week Referral to Treatment Time Targets

Performance against the Sustainability and Transformation Fund (STF) trajectory



18 weeks RTT by National Specialty – Incomplete Pathways December 2016

			Incom	ıplete	
National Specialty	Specialty	< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,173	114	1,287	91.14%
	Cardiology (Harefield)	1,677	159	1,836	91.34%
Cardiology		2,850	273	3,123	91.26%
Thoracic Medicine		1,215	18	1,233	98.54%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	236	75	311	75.88%
	Cardiac Surgery (Harefield)	294	117	411	71.53%
	Thoracic Surgery	177	6	183	96.72%
Cardiothoracic Surgery		707	198	905	78.12%
Other	Other	121	5	126	96.03%
	Paediatrics	973	16	989	98.38%
	Transplant	65	6	71	91.55%
	Unknown	0	1	1	0.00%
Other		1,159	28	1,187	97.64%
		5,931	517	6,448	91.98%

- The way that the new 'Lorenzo' PAS records RTT information is significantly different to the old PAS, capturing pathways that were not captured before, thereby remedying a pre-existing data quality problem and resulting in an initial increase of >2,600 'open' pathways.
- The 'new normal' for the number of open pathways is likely to fall somewhere between the two figures. As validation proceeds, greater certainty will be achieved over the quality of the data and the expected number of open pathways in the new system will be defined.
- Validation of the patient records has been identified as a high priority task, is being overseen by the PAS Implementation Group, and is beginning to bring the number of open pathways down – but it is too early to assess the likely end-point of this work.
- Fortnightly meetings are continuing 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 M9; the STF trajectory target for 18 week Referral to Treatment Time performance (91.96%) has been met.

1.3.2 Cancer Target - 62 days to 1st Treatment

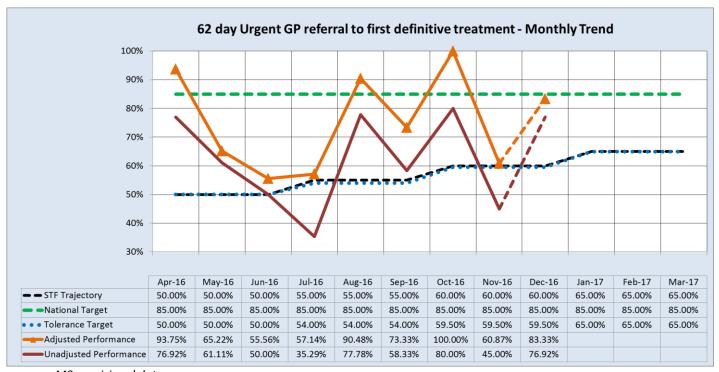
Trust Actions - Update:

• The Trust's Cancer Action Plan continues to be reviewed at the Lung Division Quality and Safety Meeting.

Referral Centre Actions – Update:

- A plan is being developed for each of the main referring centres. Visits / VCR meetings will have been completed by 31st March 2017.
- There is a meeting on 26th January 2017 with the National Lung Cancer Audit and National Cancer Registry to discuss resection rates associated with referring centres to seek assurance that patients are receiving surgery where this is the best treatment.

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



M9 provisional dataM9 provisional data

For M9; the STF trajectory target for urgent GP referral for suspected cancer to first definitive treatment (59.50%) was met when measured using shadow reporting (including breach allocations), and was also met if breach allocations are excluded.

Cancer Target - 62 days to 1st Treatment Detail of all 62 Day Urgent GP referral (breach + non breach) M9

		No. of days			Allo	cation Sta	tus	
Referring Trust & Hospital	Day Referral Received by RBHFT	from receipt of referral at RBHFT to treatment	No. of days from GP referral to treatment	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Buckinghamshire Healthcare	21	5	26		\checkmark			
NHS Trust Stoke Mandeville	46	10	56	\checkmark				
Hospital	59	3	62	✓				
Buckinghamshire Healthcare	28	14	42		✓			
NHS Trust Wycombe Hospital	43	14	57	✓				
East And North Hertfordshire NHS Trust Lister Hospital	41	21	62	✓				
Frimley Health NHS Foundation Trust King Edward Vii Hospital	91	14	105				✓	
Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	7	19	26		\			
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	49	13	62	✓				
	12	15	27		\checkmark			
West Hertfordshire Hospitals NHS Trust Watford General	28	40	68			✓		
Hospital	98	25	123					✓
	33	26	59		✓	_		-

During M9, three patients experienced waiting times at the Trust of more than 24 days.

One patient wanted to speak to an Oncologist regarding potential treatment options before deciding whether to have surgery. The delay was therefore due to patient choice and thinking time regarding the way they wished their condition to be managed.

The other two patients were on complex diagnostic pathways and required further diagnostic tests Trust before surgery could be advised to be the right treatment. Part of the 24 days allocated for surgical treatment was therefore dedicated to diagnostic testing which led to the wait from the receipt of referral to treatment being more than 24 days.

Clinical outcomes were good in all three cases.

Performance using pre breach allocation \ national breach allocation up to the end of month 9 (Q3) NHS Improvement guidance requires reporting of:

i) Performance without breach allocation:

Period	Total treated	Total treated in time	Unadjusted Performance
Oct-2016	5	4	80.00%
Nov-2016	10	4.5	45.00%
Dec-2016	6.5	5	76.92%

ii) Performance using national breach allocation guidance published April 2016.

P	eriod	Total treated	Unadjusted Performance	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Adjusted Performance
	Oct-2016	5	80.00%	1	3	0	1	0	100.00%
	Nov-2016	10	45.00%	2.5	2	1	2	2.5	60.87%
	Dec-2016	6.5	76.92%	2.5	2.5	0.5	0.5	0.5	83.33%

- 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 13 patients treated during M9, 10 were treated in time (scenario 1 + scenario 2).
- Of 13 patients treated during M9, under the new breach allocation guidance, 1 was allocated to the referring provider (scenario 4).
- The data for M8 November is drawn from the Open Exeter report generated on Monday 9th January 2017.
- The data for M9 (December 2016) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 6th February 2017.

1.3.3 Cancer - 31 day decision to treat to first definitive treatment

M9 (December) - Provisional data drawn from Trust sources

	Total Treated	No. Treated within time	Performance
Dec	27	26	96.30%

- The target was met for M9.
- Of 27 patients treated in M9, 26 were treated in time.
- Out of 27 patients, 14 were solely on a 31 day first definitive treatment pathway and 13
 were on a 31 day first definitive treatment pathway and as well as the 62 day Urgent GP
 referral pathway.

1.3.4 Cancer - 31 day decision to treat to subsequent treatment

M9 (December) - Provisional data drawn from Trust sources

Cancer Targets	Total Treated (Patients)	No. Treated (Patients) within time	Performance
31 day decision to treat to subsequent treatment (Surgery)	16	15	93.75%

- The target was not met for M9.
- Of 16 patients treated in M9, 15 were treated in time.
- There was 1 breach of the 31 day subsequent treatment pathway. This patient breached the 31 day target by 5 days. The patient waited longer for their surgeon of choice to be available. The clinical outcome was good.

1.3.4 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 M9 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

M9, December 2016

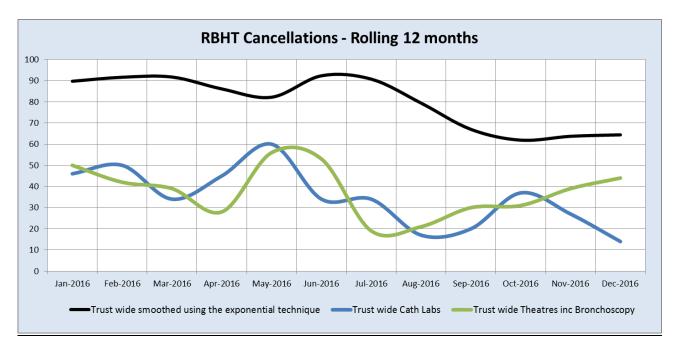
<u>Detail of Numerator – Cancelled Operations (28 day rescheduled bookings)</u>

During M9, 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 58 patients whose operation or procedure was cancelled in December 2016; 14 at Royal Brompton Hospital and 44 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 26th January 2017.

Numerator		Number of breaches of the pledge to offer another binding date within 28 days											
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	YTD
Theatres	3	0	0	0	0	0	0	3	0	6	0	3	6
Catheter Labs	0	0	1	0	0	0	0	0	0	1	0	0	1
Bronchscopy Suite	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
RBH Total	3	0	1	0	0	0	0	3	0	4	0	3	7
Theatres (inc Bronchoscopy)	0	0	0	0	1	0	0	0	0	1	1	0	1
Catheter Labs	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	0	0	0	1	0	0	1
HH Total	1	0	0	0	1	0	0	0	0	1	1	0	2
Trustwide	4	0	1	0	1	0	0	3	0	5	1	3	9

Denominator		Cancelled operations and procedures											
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	YTD
Theatres	14	22	15	8	3	10	16	20	4	51	21	40	112
Catheter Labs	22	37	23	19	10	13	16	15	10	82	42	41	165
Bronchoscopy Suite	1	2	2	0	2	1	0	1	0	5	3	1	9
RB Total	37	61	40	27	15	24	32	36	14	138	66	82	286
Theatres (inc Bronchoscopy)	13	32	36	11	16	19	15	18	40	81	46	73	200
Catheter Labs	23	23	11	15	7	7	21	12	4	57	29	37	123
Other	1	7	9	1	1	2	2	1	0	17	4	3	24
HH Total	37	62	56	27	24	28	38	31	44	155	79	113	347
Trustwide	74	123	96	54	39	52	70	67	58	293	145	195	633

	Performance against indicator E.B.S.2												
Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Q1	Q2	Q3	YTD
RB Total	8.11%	0.00%	2.50%	0.00%	0.00%	0.00%	0.00%	8.33%	0.00%	2.90%	0.00%	3.66%	2.45%
HH Total	2.70%	0.00%	0.00%	0.00%	4.17%	0.00%	0.00%	0.00%	0.00%	0.65%	1.27%	0.00%	0.58%
Trustwide	5.41%	0.00%	1.04%	0.00%	2.56%	0.00%	0.00%	4.48%	0.00%	1.71%	0.69%	1.54%	1.42%

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.