

Introduction

This report details the Trust's M6 and M7 2018/19 position against key quality and performance measures.

The report also provides an overview on initiatives happening across the Trust to maintain high standards of clinical care and, for this month, there is a focus on patient experience.

In line with changes made to the M3, the report continues to be structured around the five CQC domains:

- **Safe** Protecting patients from abuse and avoidable harm;
- **Effective** Ensuring care, treatment and support achieves good outcomes, helps patients to maintain quality of life and is based on the best available evidence;
- **Caring** Staff involve and treat patients with compassion, kindness, dignity and respect;
- **Responsive** Services are organised so that they meet patient needs.
- **Well led** The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around a patient's individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Section 1: Safe

1.1 Infection prevention and control

HCAI mandatory surveillance

The reporting of Gram-negative blood stream infections to the Board is in accordance with NHS Improvement's campaign to reduce healthcare associated Gram-negative blood stream infections by 50% by March 2021.

The table below shows the infections reported to Public Health England (PHE), by the Infection Prevention and Control team, under the requirements of the HCAI mandatory surveillance requirements.

	Total reported to PHE		Hospital onset		Year to date reported to PHE	Year to date total hospital-onset	Lapses in care confirmed
	M6	M7	M6	M7			
M6 C. difficile	4	1	2	0	9	6	No lapses in care identified of the 4 cases reviewed.
M6 MRSA BSI	0	0	0	0	1	1	
M6 MSSA BSI	0	1	0	1	8	5	
M6 E. coli BSI	1	3	1	3	16	14	
M6 Klebsiella species BSI	2	5	2	5	16	15	
M6 Pseudomonas BSI	1	0	1	0	4	3	

Post infection reviews are undertaken for all Hospital Onset MRSA, MSSA, E. coli and Klebsiella sp. BSI and all C. difficile infections and are led by the Infection Prevention and Control team. Outcomes and learning from these reviews are presented to the Infection Control Committee and also to the divisional quality and safety committees, who have oversight of the implementation of local action plans.

In addition to the post infection reviews, specific actions have been implemented by the Infection Prevention and Control team to focus on addressing E. coli BSIs including:

- Link Practitioner Education – General IPC Practice and ward-based teaching sessions to educate staff.
- Linked In - a newsletter to all ward areas highlighting the importance of catheter care and of the assessment, review and management of catheter placed.
- Infection Control Awareness week saw the focus on Hand Hygiene and Catheter Care. The representative from BD Bard (key supplier) attended for 2 days; 1 at RBH and 1 day at HH. There was an educational quiz and there were over 70 participants at the last count. There were ward based visits to meet with staff and offer support and educational material.
- A Trust wide point prevalence audit of catheter care was undertaken in October and results are currently being analysed.
- The 2nd Link Practitioner Day this year will be presenting the catheter audit results, delivering a training presentation and preparing the Link Practitioners to take their learning back to the wards.

1.2 Incident management and reporting

Serious incidents and Never Events

The divisional quality leads have confirmed that no serious incidents were reported during M6 and that 2 were reported during M7. Both of these are currently being investigated in accordance with Trust policy.

The Trust declared a Never Event w/c 5th November 2018, involving the misplacement of a nasogastric tube. The patient has since sadly died. There was a detailed discussion with the family at the time and a RCA is underway.

All serious incidents and Never Events are presented to Risk and Safety Committee where there is a detailed discussion on the incident, learning and any necessary actions. Two Trust-wide actions taken following the learning from recent serious incidents are:

- Revision of the Trust’s transport request form to record if a patient is at risk of falling and to recommend the most appropriate vehicle for each patient, depending on their falls risk assessment;
- Revision of the Trust’s cardiac arrest policy to incorporate guidance on the use of automated external chest compression devices during imaging in cardiac catheter laboratories or during patient transportation.

1.3 Nurse safe staffing

The national reporting template, including care hours per patient day (CHPPD) is located in section 7 of this report. The Board is advised that this is a snapshot only of staffing levels recorded at midnight.

The lead nurse and senior matrons have confirmed that safe staffing levels were maintained throughout M6 and M7.

Where staffing levels were lower than planned this was primarily due to reduce clinical activity or reduced acuity of patients. The senior nurses confirm that no red flags are triggered as per NICE red flag definitions.

Where staffing levels were higher than planned this was due to higher clinical activity, higher acuity of patients or supernumerary staff such as new starters receiving orientation/training.

As reported in the M5 clinical quality report, the national programme for CHPPD is now being implemented in specialist trusts. Once this work is complete a more meaningful report on safe staffing levels can be presented in this report

1.4 NHS Safety Thermometer

The Trust continues to submit data to the national NHS Safety Thermometer programme. The Board is asked to note that this is a snapshot of care across the Trust at a given time, on a given day.

NHS Safety Thermometer is just one tool used by the Trust to measure harm free care and is used alongside other measures to help understand themes, analysis findings and plan improvements in care delivery.

The care of 319 patients was audited in M5 and the care of 333 patients was audited during M6. This snapshot audit indicated that 97% of patients received harm free care as defined by the audit tool.

Harms	M5 Trust Monthly %	M6 Trust Monthly %	National %
All Pressure Ulcers	0.94%	0.90%	4.5%
Falls with Harm	0%	0%	1.6%
Catheter & UTI	0%	0%	0.7%
New VTE*	1.88%	2.10%	0.4%
Harm Free	97%	97%	94.1%

* A patient may be defined as having a new VTE if they are being treated for a deep vein thrombosis (DVT), pulmonary embolism (PE) or any other recognised type of VTE with appropriate therapy such as anticoagulants.

The performance table in Section 6 of this report confirms that the Trust exceeded the NHS VTE risk assessment target for Q2.

VTE Risk assessments	Q2 = 97.71%	NHS target 95%	Target met for Q2 18/19
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1.5 Ionising Radiation (Medical Exposure)

No CQC reportable exposures to ionising radiation were reported by the radiology services during M6 or M7.

Section 2: Effective

2.1 Clinical Genetics and Genomics

The Trust's Clinical Genetics and Genomics service has joined a new genetic testing network that is set to revolutionise the way rare genetic diseases are identified across South London and the south east.

A group of expert laboratories, of which the Trust's clinical genomics service is a member, has won a five-year contract to carry out genetic testing services for the whole of South London, Kent, Surrey and Sussex – an area with around eight million residents. The contract starts in April 2019 and the network will be one of the largest providers of its kind in the UK.

The Trust's Clinical Genetics and Genomics laboratory will specialise in detecting cardiac and respiratory genetic diseases; under the new contract, it will be one of four centres nationwide commissioned by NHS England to provide cardiac genetic testing, and one of only three for respiratory testing.

The partner organisations in the Trust's network are: Guys and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, and Maidstone and Tunbridge Wells NHS Trust.

The scale of the new service means that clinicians will be able to access testing for more than 500 different conditions seven days a week, increasing the number of rare genetic diseases and cancer types that can be tested for and enabling results to be delivered much quicker.

Section 3: Caring

3.1 Patient Experience monthly update

Friends and Family Test - In-patients & Day Cases

M6	M7
918 responses from 2948 discharges Trust FFT Response Rate – 31% Trust Recommendation score for FFT – 96% Negative Response – 2%	1098 responses from 3359 discharges Trust FFT Response Rate – 34% Trust Recommendation score for FFT – 96% Negative Response – 2%
Positive Comments – 1099 Negative Comments - 8	Positive Comments - 1098 Negative Comments - 19

The number of volunteers collecting in-patient FFT data has now increased and further volunteers are being recruited. In addition, work is underway with all FFT leads across the Trust to explore data usage with a view to developing Trust-wide systems for recording and sharing patient-led service improvements more effectively.

To note: NHS England are reviewing and revising FFT with a view to publishing new guidance in spring 2019. Any changes will be reported when published.

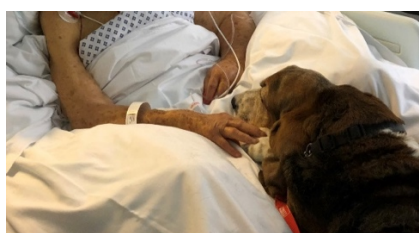
Complaints

The Trust received a total of 13 new complaints in M6, including 2 complaints led by other organisations and 1 private patient complaint.

The Trust received a total of 9 new complaints in M7, including 2 complaints being led by other organisations.

3.2 Trust Initiatives

Animal therapy



The Staff in AICU and the end of life care champions have been working together to introduce animal therapy for AICU patients who would like this to happen and where appropriate. The first pet visit to the unit has now taken place with owner and best friend being reunited one last time. Staff reported that this was an extremely moving and valuable experience for all involved.

Silver Sunday Fun Palace, 12 to 4pm, Sunday 7 October



This October RB&H Arts team took part in both the Silver Sunday and Fun Palaces campaigns to celebrate older people and promote active engagement in culture. It was advertised by RBKC (in a brochure delivered to every home) and Cllr Walaa Idris attended on behalf of the borough.

The event offered a wide and diverse range of arts and health activities including Singing for Breathing, South Asian dancing by Akademi and Virtual Reality by SDNA. A host of activities were also led by artists, staff and volunteers including health checks, crafts, photography and morris dancing.



Throughout the afternoon 40 people attended and feedback included:

“It was really nice. I really enjoyed myself. It is refreshing especially in hospital” - Patient Victoria Ward.

“I spoke to loads of different people all with such different stories and experiences. Really enjoyed facilitating the origami workshop - everyone was brilliant” - Pharmacy Staff and RB&HArts Volunteer.

Celebrating Volunteering with the Helpforce Champions National Health Volunteer Awards 2018



Helpforce, a new charity set up to increase the number of volunteers supporting healthcare providers, are running a new initiative - the National Health Volunteer Awards. One of the Trust’s volunteers, Margaret Williams, has been shortlisted for the Volunteer of the Year Award. The award celebrates an individual who has gone above and beyond expectations in their volunteering role and made a noticeable impact on the experience of a staff, or patients, or both.

The Award will be announced at a gala on 8 November 2018 in central London and attended by Margaret Williams and Eve Cartwright, Head of PALS.

Giskin Day Research Residency

Giskin Day, a principle teaching fellow at Imperial College, will be joining the Trust as ethnographer-in-residence (honorary position). Giskin has received Wellcome funding for her doctoral study at King’s College on the expression and reception of gratitude in healthcare. Once she has received research ethics approval, she will be interacting with staff and patients to explore concepts of gratitude, with a view to making recommendations for the health sector on how to better use positive patient feedback to enhance workplace culture and boost staff morale.

Patient Engagement & Improvement initiatives - Harefield Hospital Outpatient Department

The Outpatient Team at Harefield Hospital manage (on average) 2,000-2,500 outpatient appointments every month, covering a variety of services. Main OPD has consistently high FFT completion levels, regularly achieving a 90%+ recommendation score.

FFT data is reviewed in OPD monthly and negative comments tend to be focused on “waiting times” and “parking”. As a result of this feedback, the Trust is in discussions with the local Council to try to improve the car parking facilities at Harefield.

The department team are keen to ensure patients have a voice in the direction of improvements and are currently conducting a survey into patient views on potential improvements to services through the incorporation of electronic systems. The service survey will run until the end of October and should provide further insight on how best services can be improved for patients.

Waiting times at Harefield Hospital can vary as patient journeys may be across multiple services. Patients are therefore generally told to allow 3-4 hours for out-patient appointments. Patient-led service improvement suggestions for the out-patient service included a request for a drinks machine in the waiting area. The department team are in discussion with the catering supplier to have a drinks machine installed in the waiting area.

Pizza Night for older Children on Rose Ward



Pizza night was piloted 6 months ago to support teenage patients increase their calorie intake and enjoy a takeaway once every couple of weeks, creating a sense of home. It is funded by the Brompton Fountain and managed by the Trust's Play Team. Unsurprisingly, it has proven to be very popular with young inpatients and their families.

RB&H Arts received an email with the following poem. It was written by Brian Wakeman, a patient in for a procedure in September on Maple Ward. He observed Harefield Nurses and, using his poetry skills, wrote the piece below.

Some nurses are really caring
Attentive and personable
Smiling, friendly and obliging,
As well as medically able.

They have their academic degree
Some even have an M.A.,
For an exorbitant fee
But they have a lamentable pay.

Their theory is impressive
With their practical learning
With their dedication to give
Best care in their serving
There are few straight-faced and cold
Practitioners with an authoritarian air
Members of the technician fold
Health care an objective affair.

Patients have emotional needs
The skilled nurse addresses and heeds.

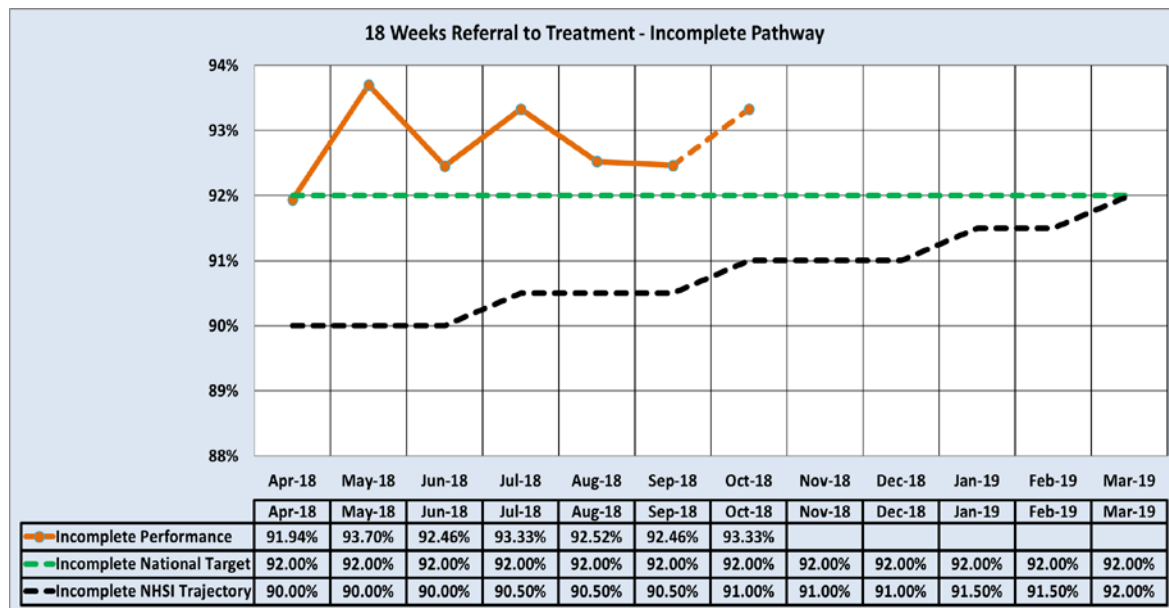
Section 4: Responsive

4.1 18-week Referral to Treatment Time Targets

Performance against the NHS Improvement Trajectory

The graph below presents that Trust's year to date position against the 18-week Referral to Treatment (RTT) performance measure.

The M7 *provisional* performance is 93.33%, exceeding the national threshold of 92% for RTT and the Trust threshold of 91.0% agreed with NHSI during the annual activity planning exercise.



18 weeks RTT by National Specialty – Incomplete Pathways October 2018

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	772	43	815	94.72%
	Cardiology (Harefield)	1,068	160	1,228	86.97%
Cardiology		1,840	203	2,043	90.06%
Thoracic Medicine		1,896	54	1,950	97.23%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	168	21	189	88.89%
	Cardiac Surgery (Harefield)	220	62	282	78.01%
	Thoracic Surgery	179	3	182	98.35%
Cardiothoracic Surgery		567	86	653	86.83%
Other	Other	146	7	153	95.42%
	Paediatrics	732	19	751	97.47%
	Transplant	68	6	74	91.89%
Other		946	32	978	96.72%
		5,249	375	5,624	93.33%

Year to date, a total of 3 patients have waited longer than 52 weeks for the start of their treatment. Each case relates to a referral to Harefield Hospital and each has been investigated by the general manager, with oversight by the consultant, divisional director and the Trust's medical director.

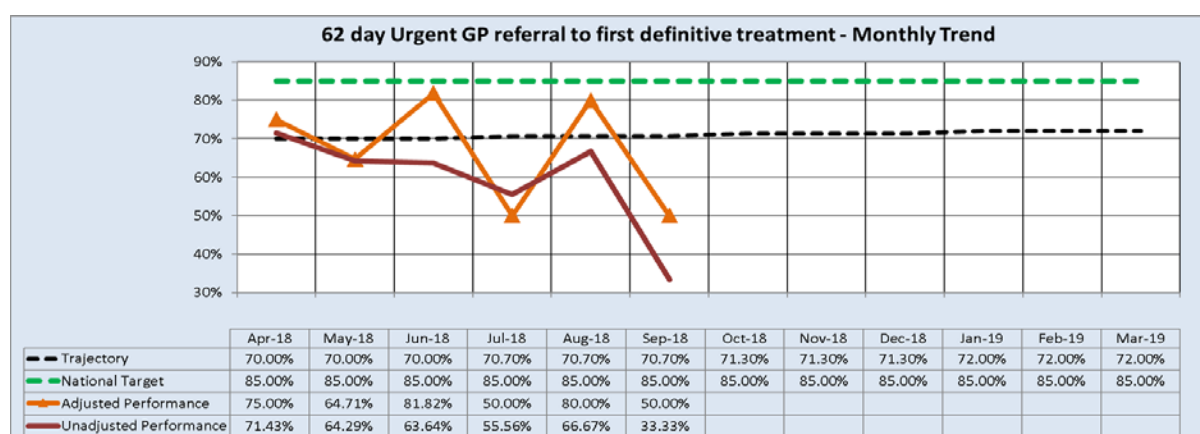
As shown in the table below, one of these patients - Patient C was still awaiting surgery at the end of M7. This patient was referred to Harefield Hospital 9 months after the RTT clock started. In addition, the patient requested surgery to be deferred and underwent surgery on November 18th.

M1	M2	M3	M4	M5	M6	M7
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
No breach reported	No breach reported	Patient A - X24-NHS England	Patient C - X24-NHS England	Patient C - X24-NHS England	Patient C - X24-NHS England	Patient C - X24-NHS England
		Patient B -8G - NHS Hillingdon CCG	Patient B -8G - NHS Hillingdon CCG	Patient B -8G - NHS Hillingdon CCG		

4.2 Cancer Targets

62 days to 1st Treatment

Shown below is year to date performance against the trajectory agreed with NHSI with breach allocations taken into account (Shadow Reporting) and without breach allocations.



For M5, the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (70.70%) is met based upon the published figures from the NHS Digital Cancer Waiting Times system however, in M6 the trajectory target was not met.

62 Day Urgent GP referral breaches Aug (M5)

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
West Hertfordshire Hospitals NHS Trust Hemel Hempstead Hospital	56	25	81
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	63	12	75
East And North Hertfordshire NHS Trust Queen Elizabeth II Hospital	63	60	123
Buckinghamshire Healthcare NHS Trust Wycombe Hospital	85	34	119
Chelsea And Westminster Hospital NHS Foundation Trust Chelsea And Westminster Hospital	90	6	96

There were five 62-day breaches in M5. The detail for these breaches has been agreed and is shown below:

- One patient referred on day 56 was delayed due to having several investigations before referral however was treated within 25 days;
- One patient referred on day 63 was treated within 12 days;
- One patient referred on day 63 decided to delay treatment due to being on holiday and choose to delay the OPA – this caused an elongated pathway before treatment would be offered;
- One patient referred on day 85, also delayed attending their OPA with the surgeon and this again elongated the pathway before treated would be offered;
- One patient referred on day 90 has a difficult diagnostic pathway and was not ready to be referred until this time in the pathway, this patient was operated on within 6 days of referral.

62 Day Urgent GP referral breaches Sept (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
The Hillingdon Hospitals NHS Foundation Trust Hillingdon Hospital	143	9	152
East And North Hertfordshire NHS Trust Hertford County Hospital	58	12	70
West Hertfordshire Hospitals NHS Trust Watford General Hospital	93	29	122
Buckinghamshire Healthcare NHS Trust Wycombe Hospital	49	27	76
Buckinghamshire Healthcare NHS Trust Stoke Mandeville Hospital	60	9	69
Milton Keynes Hospital NHS Foundation Trust Milton Keynes Hospital	24	39	63
Great Western Hospitals NHS Foundation Trust The Great Western Hospital	48	29	77
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	58	18	76

As of 2nd November 2018, there were eight 62-day breaches in M6. Of these eight breaches, four of the patients were treated within the 24-day referral to TCI timeframe. A summary of the details relating to the remaining four patients is shown below:

- One patient was referred on day 48 during the period of annual leave for the consultant surgeon and the patient chose not to change to another surgeon. This added 14 days to the 29 days in total for referral to treatment.
- One patient was referred on day 93 having had a complex diagnostic pathway with previous prostate cancer. The patient was offered a sooner TCI date however declined this for personal reasons. This extended the referral to TCI by 10 days however the patient was operated on within 31 days.
- One patient was referred on day 49 and had the option of two types of surgery. The patient needed time to consider the treatment options and was treated within 27 days. Within the breach rules no allowances are made for patient thinking time.
- One patient referred on day 24 was admitted well within the breach date however upon admission was found to have various complex health issues which meant they were unsuitable for surgery. The patient was discharged, treated locally and admitted 39 days later once they had recovered and were fit for surgery.

To note: *Following re-validation and updates on the NHS Digital web portal, the Cancer Service team queried why the changes were not reflected for the fourth pathway breach reported for M4 in the M5 clinical quality report; The NHS Digital Lead noted that this is due to 'the new revisions policy, any changes to April to September 2018 data will be processed by the system in December 2018' – it is therefore expected that the results of the re-validation process will be reflected at that point. (<https://digital.nhs.uk/services/screening-services/cancer-waiting-times/report-generation-dates>)*

Cancer Target – 31-day decision to treat to subsequent treatment

As shown in the table below, six patients have breached the 31-day pathway performance measure. A further validation review of these patients is underway to ensure the published data is accurate on an ongoing basis.

	Total Treated	No. Treated within time	Performance (Target 94%)
July	16	14	87.50%
Aug	18	16	88.89%
Sept	24	22	91.67%

4.3 Cancelled Operations - Urgent operations cancelled for a second time

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	YTD Total
Brompton	0	0	0	0	0	0	0	0	0	0
Harefield	0	0	0	0	0	0	1	1	3	4
Trust Total	0	0	0	0	0	0	1	1	3	4

In M6 one patient had their urgent operation cancelled for a 2nd time.

- No critical care bed available on the day of surgery therefore surgery was rescheduled for the following day. Once again, the patient's surgery could not go ahead as no intensive care bed was available. This patient has now undergone surgery.

Impact on patient outcome: Consultant has confirmed that the patient recovered well from the surgery and was discharged home.

In M7 three patients had their urgent operations cancelled for a 2nd time. All 3 patients underwent surgery during M7 and will be followed up in clinic where impact on outcome will be determined.

Patient 1: No ward bed available for admission and second operation cancelled to enable an emergency transplant to take place;

Patient 2: Initially cancelled to allow an emergency to be managed and then there was no ITU bed available on the rescheduled date;

Patient 3: No theatre time available and then no ITU bed available.

The flow of patients through ICU is currently being reviewed as part of a larger hospital patient flow project. Several actions are being taken to specifically optimise the flow of patients through ICU. One of these is the introduction of a new daily Consultant led ICU MDT meeting which will specifically focus on patient flow.

4.4 Cancelled Operations - E.B.S.6

Darwin have been asked to refocus efforts and revisit initiatives in theatres to address cancellations and overall theatre utilization; a staff consultation has begun to address extending hours of operation as almost half of cancellations are related to running out of time. The new theatre scheduling tool introduced at HH has helped to identify and quantify this issue.

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

Numerator: No. of operations and procedures not rescheduled and carried out within 28 days.

Zero 28-day rescheduling breaches occurred during M6 and M7 2018/19.

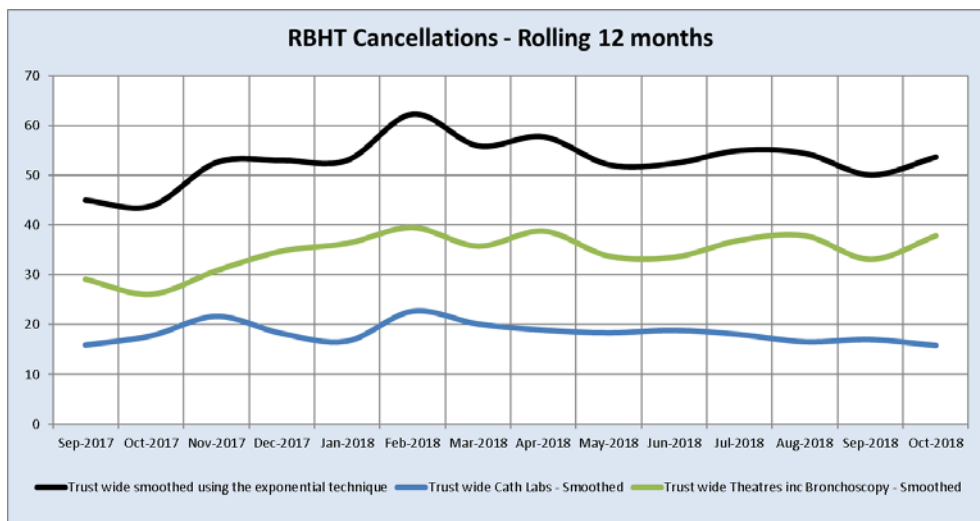
Detail of Denominator – Cancelled Operations and procedures

Denominator: The number of patients whose operation was cancelled at the last minute by the hospital, for non-clinical reasons.

There were 60 patients whose operation or procedure was cancelled in September 2018; 22 at Royal Brompton Hospital and 38 at Harefield Hospital.

There were 73 patients whose operation or procedure was cancelled in October 2018; 25 at Royal Brompton Hospital and 48 at Harefield Hospital.

Cancellation trend in rolling 12 months



Exponential Smoothing is a statistical technique that uses a weighted mean to remove the peaks and troughs from past values. More recent values are given higher weights. So, the older data is smoothed while the variation within the more recent data is preserved.

Quarter 2 Performance 2018/19

Cancelled operations data is reported to NHS Digital on a quarterly basis. The table below details the Trust's 2018/19 year to date data.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days											
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Q1	Q2	Q3	18/19 YTD	
Theatres (inc Bronchoscopy)	0	0	1	2	0	0	0	3	2	0	3	
Catheter Labs	0	0	0	0	0	0	0	0	0	0	0	
RBH Total	0	0	1	2	0	0	0	1	2	0	3	
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	0	0	1	2	0	0	0	1	2	0	3	

Denominator	Cancelled operations and procedures											
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Q1	Q2	Q3	18/19 YTD	
Theatres (inc Bronchoscopy)	4	11	19	16	10	14	15	34	40	15	89	
Catheter Labs	10	10	12	7	9	8	10	32	24	10	66	
RB Total	14	21	31	23	19	22	25	66	64	25	155	
Theatres (inc Bronchoscopy)	18	22	26	24	12	35	34	66	71	34	171	
Catheter Labs	7	10	4	6	9	5	14	21	20	14	55	
HH Total	25	32	30	30	21	40	48	87	91	48	226	
Trustwide	39	53	61	53	40	62	73	153	155	73	381	

Site	Performance against indicator E.B.S.2											
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Q1	Q2	Q3	18/19 YTD	
RB Total	0.00%	0.00%	3.23%	8.70%	0.00%	0.00%	0.00%	1.52%	3.13%	0.00%	1.94%	
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	0.00%	0.00%	1.64%	3.77%	0.00%	0.00%	0.00%	0.65%	1.29%	0	0.79%	

A renewed focus on scheduling processes and theatre utilisation through the Darwin Programme is expected to have a positive impact on the number of cancellations during 2018/19.

4.5 Mixed sex accommodation breaches

The divisional quality teams confirm that there were no mixed sex accommodation breaches during M6 or M7.

Section 5: Well led

5.1 Skin integrity

The Skin Integrity Group is a Trust-wide group established in May 2015. It is a multi-disciplinary group that has been instrumental in focusing attention on the importance of skin integrity. The group is a forum for new ideas and leads on sharing and testing those new ideas. The group has been instrumental in standardising best practice across the Trust and in shifting the focus from simply counting numbers.

Overall, the Trust has low numbers of pressure ulcers compared to other Trusts and, since 2014, there has been a significant reduction of over 36% the occurrence of pressure ulcers across the Trust.

Recent and current initiatives include:

- A new bed contract has been in place since August 2018 resulting in a much greater variety and number of pressure-relieving options available. There are now 20 higher acuity bed systems available across the adult critical care units and, to date, no patient has developed a pressure ulcer associated with using this bed. In addition, there are also more dynamic and hybrid mattresses and chair cushions available to suit the needs of different patients on the wards. These changes have helped patients adhere to pressure ulcer prevention care plans.
- There is considerable recognition of the impact of long-lasting scars caused by 'corner of the mouth' and 'back of the head' pressure ulcers. To help reduce these types of pressure ulcers a trial is underway testing additional types of protective padding.

- Preventing deep tissue injuries of the heel for patients requiring ECMO treatment is a key focus of the Trust. Currently a boot which prevents both pressure ulcers and foot drop is being trialed.

Training continues to be the cornerstone of the Trust's zero tolerance approach to pressure ulcers. The tissue viability nurse specialists have developed a series of e-learning packages tailored specifically to different staff groups. This will be available through the new LMS system when that launches. New clinical guidelines for pressure ulcer management and prevention have also been launched, replacing a variety of previous documents and harmonising practice across the Trust.

The Trust is actively engaged in sharing best practice through the NWL Pressure Ulcer Clinical Network Steering Group. A new initiative currently is the implementation of the national protocol for Safeguarding and Pressure Ulcers across the network. This initiative requires assurance that safeguarding escalation plans considers pressure ulcers as a potential safeguarding concern. The initiative also ensures that staff work closely with colleagues in social care to support patients admitted with pressure ulcers.

Section 6: Operational Performance Metrics and Quality Indicators

Month 6 2018/19 – period ending 30th September 2018

NHS Improvement - Single Oversight Framework

Indicator	Total Reported to PHE M6	Hospital onset confirmed M6	Total Reported to PHE M6 YTD	Hospital onset confirmed M6 YTD	Target / Trajectory		Variance from Target / Trajectory M6 Position
<i>Clostridium difficile</i>	4	2	8	6	Lapses in care = 0 M6 YTD	Performance Standard Dept. Health Trajectory = 23	-23 Met
MRSA Bacteraemia	0	0	1	1	Zero tolerance		Met for M6
E coli	1	1	13	11	No Standard Set		
MSSA	0	0	7	4	No Standard Set		
Indicator	M6		M6 Target		Variance from Target / Trajectory M6 Position		
18 weeks RTT Incomplete	92.46%		90.50%		Target met for M6		
Number of diagnostic tests waiting 6 weeks+ (%)	0		1%		Target met for M6		
*Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	13 patients 80.00%		M5 Trajectory = 70.70%		Trajectory met for M5		
VTE Risk assessments	Q2 = 97.71%		95%		Target met for Q2 18/19		
Never Events	M6 0	YTD M6 0	Zero tolerance		Zero breaches for M6		

NHS England - NHS Standard Contract

Urgent operations cancelled for the 2nd time	1	Zero tolerance	1 breach for M6
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	0	Zero tolerance of no readmission within 28 days	Target not met 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 for M6
*Cancer – 14 day Urgent GP Referral	No. of cases M5 2018/19 = 0 100%	93%	Target met for M5
*Cancer – 31 day 1st treatment	34 patients 97.06%	96%	Target met for M5
*Cancer – 31 day subsequent treatment	18 patients 88.89%	94%	Target not met for M5

Incidents

	18/19 M6	18/19 YTD Incidents at M6
Outbreaks of Infection	0	0
Serious Incidents	0	5

* Cancer Performance is based on published NHS Digital data and is reported a month in arrears on this report

Month 7 2018/19 – period ending 31st October 2018

NHS Improvement - Single Oversight Framework							
Indicator	Total Reported to PHE M7	Hospital onset confirmed M7	Total Reported to PHE M7 YTD	Hospital onset confirmed M7 YTD	Target / Trajectory		Variance from Target / Trajectory M7 Position
<i>Clostridium difficile</i>	1	0	9	6	Lapses in care = 0 M7 YTD	Performance Standard Dept. Health Trajectory = 23	-23 Met
MRSA Bacteraemia	0	0	1	1	Zero tolerance		Met for M7
E coli	3	3	16	14	No Standard Set		
MSSA	1	1	8	5	No Standard Set		
Indicator	M7		M7 Target		Variance from Target / Trajectory M7 Position		
18 weeks RTT Incomplete	93.33%		91.0%		Target met for M7		
Number of diagnostic tests waiting 6 weeks+ (%)	0%		1%		Target met for M7		
*Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	12 patients 50.00%		M6 Trajectory = 70.70%		Trajectory not met for M6		
VTE Risk assessments	Q2 = 97.71%		95%		Target met for Q2 18/19		
Never Events	M7 0	YTD M7 0	Zero tolerance		Zero breaches for M7		

NHS England - NHS Standard Contract				
Urgent operations cancelled for the 2nd time	3		Zero tolerance	3 breaches for M7
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	0		Zero tolerance of no readmission within 28 days	Target met 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	1		Zero tolerance	1 breach for M7
*Cancer – 14 day Urgent GP Referral	No. of cases M6 2018/19 = 1 100%		93%	Target met for M6
*Cancer – 31 day 1st treatment	28 patients 100%		96%	Target met for M6
*Cancer – 31 day subsequent treatment	24 patients 91.67%		94%	Target not met for M6
Incidents				
	18/19 M7		18/19 YTD Incidents at M7	
Outbreaks of Infection	0		0	
Serious Incidents	2		7	

* Cancer Performance is based on published NHS Digital data and is reported a month in arrears on this report

Section 7: Nurse staffing and CHPPD

Month 6 2018/19

Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Specialty 1	Specialty 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
			Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
PICU	171 - PAEDIATRIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	6210	6285	1446	518	6210	5717	345	150	101.2%	35.8%	92.1%	43.5%	530	22.6	1.3	23.9
Rose Ward	321 - PAEDIATRIC CARDIOLOGY	171 - PAEDIATRIC SURGERY	5175	5348	1446	518	5175	4372	345	150	103.3%	35.8%	84.5%	43.5%	1110	8.8	0.6	9.4
AICU	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	7245	6721	1260	534	7245	6393	330	97	92.8%	42.4%	88.2%	29.4%	459	28.6	1.4	29.9
Princess Alexandra Ward	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	2520	2915	1260	569	1650	1518	330	328	115.7%	45.2%	92.0%	99.4%	1097	4.0	0.8	4.9
Elizabeth Ward	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	4320	3329	1260	534	3960	2552	330	119	77.1%	42.4%	64.4%	36.1%	353	16.7	1.8	18.5
Paul Wood Ward	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	2280	2268	1260	534	1320	1199	330	119	99.5%	42.4%	90.8%	36.1%	684	5.1	1.0	6.0
Sir Reginald Wilson	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	3600	2651	1260	534	1650	1276	330	97	73.6%	42.4%	77.3%	29.4%	732	5.4	0.9	6.2
York Ward	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	2160	1723	1260	534	1650	1025	330	108	79.8%	42.4%	62.1%	32.7%	382	7.2	1.7	8.9
Foulis Ward	340 - RESPIRATORY MEDICINE	170 - CARDIOTHORACIC SURGERY	2040	2384	900	443	1650	1584	0	0	116.9%	49.2%	96.0%	-	844	4.7	0.5	5.2
Victoria Ward	340 - RESPIRATORY MEDICINE		2160	2462	450	315	1320	1421	220	88	114.0%	70.0%	107.7%	40.0%	611	6.4	0.7	7.0
Cedar Ward	170 - CARDIOTHORACIC SURGERY		2415	2319	690	679	1725	1578	690	679	96.0%	98.4%	91.5%	98.4%	1386	2.8	1.0	3.8
Rowan/Fir Tree	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	3795	3941	1178	688	2970	2673	714	613	103.8%	58.4%	90.0%	85.9%	1234	5.4	1.1	6.4
HDU Harefield Ward	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	2070	1888	0	0	2070	1932	0	0	91.2%	-	93.3%	-	300	12.7	0.0	12.7
ITU	170 - CARDIOTHORACIC SURGERY		8625	10917	1175	917	8625	9265	345	391	126.6%	78.0%	107.4%	113.3%	702	28.7	1.9	30.6
Maple Ward	170 - CARDIOTHORACIC SURGERY		1725	1492	690	622	990	978	690	656	86.5%	90.1%	98.8%	95.1%	862	2.9	1.5	4.3
Oak/Acorn	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	5400	4513	2340	1123	3630	2892	660	312	83.6%	48.0%	79.7%	47.3%	1153	6.4	1.2	7.7
Juniper	320 - CARDIOLOGY		2300	1983	1070	840	2415	1760	713	506	86.2%	78.5%	72.9%	71.0%	270	13.9	5.0	18.8

Month 7 2018/19

			Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
PICU	171 - PAEDIATRIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	6417	6937	1515	602	6417	6126	357	178	108.1%	39.7%	95.5%	49.9%	505	25.9	1.5	27.4
Rose Ward	321 - PAEDIATRIC CARDIOLOGY	171 - PAEDIATRIC SURGERY	5348	5600	1515	602	5348	4627	357	178	104.7%	39.7%	86.5%	49.9%	1045	9.8	0.7	10.5
AICU	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	7487	6436	1302	674	7487	6049	341	70	86.0%	51.8%	80.8%	20.5%	439	28.4	1.7	30.1
Princess Alexandra Ward	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	2604	2970	1302	681	1705	1641	341	356	114.1%	52.3%	96.2%	104.4%	1136	4.1	0.9	5.0
Elizabeth ward	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	4464	3933	1302	674	4092	2607	341	81	88.1%	51.8%	63.7%	23.8%	505	13.0	1.5	14.4
Paul Wood Ward	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	2412	2412	1302	674	1364	1221	341	92	100.0%	51.8%	89.5%	27.0%	935	3.9	0.8	4.7
Sir Reginald Wilson	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	3720	2949	1302	674	1705	1452	341	81	79.3%	51.8%	85.2%	23.8%	751	5.9	1.0	6.9
York Ward	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	2316	1910	1302	674	1705	1034	341	202	82.5%	51.8%	60.6%	59.2%	549	5.4	1.6	7.0
Foulis Ward	340 - RESPIRATORY MEDICINE	170 - CARDIOTHORACIC SURGERY	2136	2755	930	353	1705	1969	0	0	129.0%	38.0%	115.5%	-	847	5.6	0.4	6.0
Victoria Ward	340 - RESPIRATORY MEDICINE		2232	2851	518	405	1364	1777	253	154	127.7%	78.2%	130.3%	60.9%	764	6.1	0.7	6.8
Cedar Ward	170 - CARDIOTHORACIC SURGERY		2496	2248	713	690	1785	1658	713	552	90.1%	96.8%	92.9%	77.4%	859	4.5	1.4	6.0
Rowan/Fir Tree	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	3922	4427	1178	816	3069	2961	714	672	112.9%	69.3%	96.5%	94.1%	1097	6.7	1.4	8.1
HDU Harefield Ward	170 - CARDIOTHORACIC SURGERY	320 - CARDIOLOGY	2139	2016	0	0	2139	2015	0	0	94.2%	-	94.2%	-	342	11.8	0.0	11.8
ITU	170 - CARDIOTHORACIC SURGERY		8913	12318	1258.5	1077	8913	9816	357	391	138.2%	85.6%	110.1%	109.5%	745	29.7	2.0	31.7
Maple Ward	170 - CARDIOTHORACIC SURGERY		1783	1564	713	408	1023	1059	713	622	87.7%	57.2%	103.5%	87.2%	539	4.9	1.9	6.8
Oak/Acorn	320 - CARDIOLOGY	170 - CARDIOTHORACIC SURGERY	5580	5429	2418	1084	3751	3221	682	346	97.3%	44.8%	85.9%	50.7%	1304	6.6	1.1	7.7
Juniper	320 - CARDIOLOGY		2404	2535	1150	691	2496	1893	713	507	105.4%	60.1%	75.8%	71.1%	437	10.1	2.7	12.9

Section 8: Patient comments

Positive

“The staff at both the Squires Centre, and York Ward were exceptional. They were professional, communicated clearly, had great humanity and humour, and were amazingly efficient. I had an ablation procedure, carried out by Dr Jarman and his team. I was cared for with great humanity and skill, from the nurses to the radiographer, from the anaesthetist to the porters. The Royal Brompton is certainly a centre of excellence, and I’m hugely grateful and proud of our national health service”, York Ward.

“The care from the nursing staff was exemplary, Rebecca McKeever went above and beyond as did Emma (practice educator) cannot remember surname. They have a way of making things so much easier when you are having the worst experience of your life. Dr Naqvi saved our sons life and we will be eternally grateful to her for ensuring he got his surgery when he did. But every member of staff is dedicated”, Rose Ward.

“All the staff are efficient and friendly and put you at ease from start to finish. Very professional - making the whole experience comfortable and instilling confidence and optimism. I cannot imagine better care”, Lind DCU.

“Very calming, clean environment. Really lovely, calming, professional care. SC is an angel, as I felt rather anxious. God bless you NHS. FE was very supportive too. Thank you”, Nuclear Medicine.

“The highly skilled and attentive care that I have received has been given thoughtfully, selflessly and with kindness - far and beyond the call of duty. I thank each and every person involved in my care from the surgeons to the porters from the nurses to the cleaners and kitchen staff. I am truly humbled by the brilliance of your work”, Maple Ward.

“If the rest of the NHS was run as well as the Transplant clinic - there wouldn't be so many problems. All the staff are just fantastic”, Anzac – Harefield Transplant Outpatients.

“Very well run hospital clinics. Waiting time kept to a minimum” and “Very friendly staff. Efficient, not long waiting times”, Harefield Outpatients.

Negative

“One and a half hour delay so far, and I am still waiting. I am an NHS consultant myself. Have a clinic to get to myself in the pm”, Harefield Outpatients.

“I was not referred to ACHD CNS after my discharge from hospital, and spent 5 weeks trying to obtain my appointment. My 6-week follow up eventually happened at week 9, and only thanks to my own efforts”, Paul Wood Ward.

All comments have been passed to the relevant service manager to undertake actions as required.