

Clinical Quality Report

Month 1 2016/17 – period ending 30th April 2016

Section 1 - Key Performance Indicators



1.1 NHS Improvement; Risk Assessment Framework

Indicator	Threshold	15/16 Performance M1	16/17 Performance M1	QTD	Variance from Threshold	Q1 Forecast	
<i>Clostridium difficile</i>	M1 0	YTD M1 0	YTD M1 Cases under review 0	YTD M1 Confirmed lapses of care; to count against the threshold 0	Performance Standard NHSI threshold = 12	Variance from Target -12 YTD	Met
18 weeks RTT Incomplete Pathway	92%	92.71%	89.11%	89.11% ¹	▼ -2.89%	Not Met	
Cancer – 14 day Urgent GP Referral	93%	No. of cases Q1 2016/17 = 0; Not Assessed if 5 cases or fewer in the quarter				Not Assessed	
Cancer – 31 day 1st treatment	96%	100%	100%	100% ²	◆ 0%	Met	
Cancer – 31 day subsequent treatment	94%	100%	100%	100%	◆ 0%	Met	
Cancer - 62 day Urgent GP referral to first definitive treatment (<i>pre allocation</i>)	85%	53.85%	70.59%	70.59%	▼ -14.41%	Not Met	



1.2 CQC Registration

CQC – Planned Inspection	14 th -17 th June 2016
CQC Inspection – Royal Brompton Hospital	13 th /14 th August 2013 – Fully Compliant
CQC Inspection – Harefield Hospital	3 rd February 2014 – Fully compliant
Intelligent Monitoring – May 2015	Band 3

¹ Monitor; Risk Assessment Framework (March 2015); 'any failure in one month is considered to be a quarterly failure'.

² 31 day decision to treat to first definitive treatment performance is the average monthly performance in the quarter.

Section 1 - Key Performance Indicators

1.3 NHS Standard Contract (NHS England) ▼

Clostridium difficile	M1 0	YTD M11 0	YTD M1 Cases under review 0	YTD M1 Confirmed lapses of care; to count against the threshold 0	Performance Standard Dept. Health Trajectory = 23	YTD M1 Threshold = 2	Variance from Threshold -2 YTD	
Indicator	M1		M1 YTD		M1 Target		Variance from Target	M1 Position
MRSA	0		0		Zero tolerance		0	Met
Mixed Sex Accommodation	0		0		Zero tolerance		0	Met
Urgent operations cancelled for the 2nd time	0		0		Zero tolerance		0	Met
Cancelled Operations; not carried out within 28 days	3		3		Zero tolerance of no readmission within 28 days		+3	Not Met
Cancelled Procedures; (Catheter Labs, Transplant Assessment and Bronchoscopy Suite); not carried out within 28 days	1		1		Zero tolerance of no readmission within 28 days		+1	
52 week breaches	1		1		Zero tolerance		+1	Not Met
18 weeks RTT Incomplete National Specialty Level	See page 16 for details		Not applicable		92%			TBC
Cancer - 62 day Urgent GP referral to first definitive treatment	70.59%		Not applicable		85%		-14.41%	Not Met
Cancer – 62 day Consultant Upgrade to first definitive treatment	No. treated 2	No. treated in time 1	No threshold set in NHS Contract				Not applicable	Not assessed

Incidents

	16/17 M1	15/16 Total Incidents	15/16 YTD Incidents at M1	16/17 YTD Incidents at M1	Δ
Outbreaks of Infection	0	2	0	0	0
Serious Incidents	1	24	4	1	-3
Never Events	0	0	0	0	0
Radiation Safety incident's	0	7	0	0	0

1.4 Clinical Outcomes

HSMR Ratio	93.48 (1 Year Period : Feb 2015 – Jan 2016)	Slightly below average, but within the expected range published by Dr Foster
Complaints	<i>The Q3 Complaints Report was reviewed by the Risk and Safety Committee on 22nd February 2016</i>	

1.5 Workforce Targets (set by the Trust)

	Current Year Target	14/15 YTD Position	15/16 Position	Δ	YTD Variance from Target	M12 Position
Staff Sickness	3%	Mar 15 2.59 %	Mar 16 2.64 %	+ 0.05 %	-0.36%	Met
Staff Turnover	12%	Apr 15 9.9 %	Apr 16 10.5 %	+ 0.6 %	-1.5%	Met

Section 2 – Exception Reports

Note: Exception reports are included where performance for indicator falls outside the expected range, or where there is a particular need for focus. The numbering of exception reports follows the same hierarchy as given in the key performance indicator tables in section 1 in order to facilitate cross referencing of sections 1 and 2.

2.1 NHS Improvement; NHS Provider Licence Compliance

2.1.1 *Clostridium difficile*

	Apr-16	16/17 YTD Total
Total Cases reported to PHE	0	0
No. Cases attributable to Trust	0	0
No. Cases not attributable to Trust (community related)	0	0
Cases under review	0	0
Cases due to lapses of care	0	0
Variance against target of 12	-12	-12

- 0 cases of *Clostridium difficile* were reported to Public Health England for M1.
- The 2016/17 YTD total number of cases reported to PHE is 0.
- For 2016/17 YTD, total number of cases involving a lapse of care is 0.
- Only lapses in infection control procedures identified by NHS England will count against the NHS Improvement de minimis of 12.

2.1.3 Cancer Target - 62 days to 1st Treatment

A. Delivery of the Clinical Service

Trust Actions – Update:

- The review of cancer services undertaken by Dr Shah and Dr Popat is being revisited one year on from the original report and a follow up report is expected.

Referral Centre Actions – Update:

- Further recommendations are being considered as part of the cancer services review.

B. Measurement

Following publication of the National Cancer Breach Allocation Guidance, trusts are expected to develop and implement breach allocation policies and local data collection by 1st October 2016. Nationally, there will be no IT system to capture the transfer data until at least April 2017 when Open Exeter is due to be replaced. At that point it is the intention to mandate this reporting nationally.

Day 38 has been chosen as the cut-off date for referral to specialist centres, so specialist centres have 24 days to treat.

Breaches will be allocated thus:

Scenario	Referral timeframe	Total timeframe	Allocation
1	> 38 days	< 62 days	100% of success allocated to the treating provider
2	< 38 days	< 62 days	50% of success allocated to the referring provider and 50% allocated to the treating provider
3	< 38 days	>62 days	100% of breach allocated to the treating provider
4	> 38 days	> 62 days, but treating trust treats within 24 days	100% of breach allocated to the referring provider
5	> 38 days	> 62 days and treating trust treats in >24 days	50% of breach allocated to the referring provider and 50% allocated to the treating provider

Richard Connett; Director of Performance & Trust Secretary
John Pearcey; Assistant General Manager Lung Division

12th May 2016

Performance against the Monitor Target up to the end of month 1 (Q1)
NHS Improvement guidance requires reporting of:

i) Performance pre local breach reallocation:

Period	Total treated	Total treated in time	Unadjusted Performance
Q1	8.5	6	70.59%
Apr-16	8.5	6	70.59%
YTD	8.5	6	70.59%

ii) Performance reported using national breach allocation guidance published 24th March 2016.

Period	Total treated	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Adjusted Performance
Q1	8.5	2.5	3.5	0	1	1.5	85.00%
Apr-16	8.5	2.5	3.5	0	1	1.5	85.00%
YTD	8.5	2.5	3.5	0	1	1.5	85.00%

- 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 drawn up in conjunction with the London Cancer Alliance. Initial review by NHS Improvement and NHS England has indicated satisfaction with the methodology, although NHS England plan to undertake more work and will draw up a 'Frequently Asked Questions (FAQ)' for distribution nationally.
- NHS Improvement has indicated that the Trust can comply with the Risk Assessment Framework by using this methodology when making its declaration for Q1 2016/17. Written confirmation of this understanding is currently awaited.
- Of 17 patients treated during Q1, 12 were treated in time (scenario 1 + scenario 2).
- Of 17 patients treated during Q1, 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 May 2016.
- The data for April 2016 will be made available for report generation by the national system, Open Exeter, on 7th June 2016.

Detail of all 62 Day Urgent GP referral (breach + non breach) M1

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
Buckinghamshire Healthcare NHS Trust Wycombe Hospital	39	23	62	B				
	94	18	112				B	
Chelsea And Westminster Hospital NHS Foundation Trust Chelsea And Westminster Hospital	17	39	56		B			
East And North Hertfordshire NHS Trust Lister Hospital	47	13	60	B				
	69	18	87				B	
Frimley Health NHS Foundation Trust King Edward Vii Hospital	42	0	42	B				
Great Western Hospitals NHS Foundation Trust The Great Western Hospital - Rn325	9	43	52		B			
	41	54	95					B
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	37	15	52		B			
	42	19	61	B				
	86	64	150					B
	256	245	501					B
Milton Keynes Hospital NHS Foundation Trust Milton Keynes Hospital	30	2	32		B			
	51	6	57	B				
The Hillingdon Hospitals NHS Foundation Trust Hillingdon Hospital	13	5	18		B			
	24	5	29		B			
West Hertfordshire Hospitals NHS Trust Watford General Hospital	25	34	59		B			

Performance against the NHS Improvement Target up to the end of month 12 (Q4)

Q4 Performance post local breach reallocation reported to Trust Board on 27/4/2016

	Q4			
Cancer Targets	Total Treated	No. Treated within time	Reallocation to Referrer	Adjusted Performance
62 day Urgent GP referral to first definitive treatment	26.5	16	0.5	62.26%

Q4 Performance post local breach reallocation - reconciled after Open Exeter publication on 6/5/2016

	Q4			
Cancer Targets	Total Treated	No. Treated within time	Reallocation to Referrer	Adjusted Performance
62 day Urgent GP referral to first definitive treatment	26.5	15.5	0.5	60.38%

Due to a change in the final data published, one additional breach for M12 was identified when the national figures were published on Open Exeter on 6th May 2016.

2.5 Incidents

2.5.1 Outbreaks

- 0 outbreaks of infection were declared in April 2016.

2.5.2 Serious Incidents & Never events

One serious incident was reported in April 2016, detail below:

- *Candida auris* outbreak. *Note this serious incident was also declared as an outbreak of infection in the M10 CQR in 2015/16*

2.5.3 Serious Information Governance Incidents

None reported for April 2016

2.5.4 Radiation Safety Incidents

- No radiation incidents occurred in M1

1.7 NHS Standard Contract

2.7.1 *Clostridium difficile*

Cases identified through pathology tests are reported to Public Health England (PHE). There follows a regular review of cases by the Trust in conjunction with NHS England (NHSE) to decide whether cases reported to PHE should count against the commissioners' target of 23. Provided there has been no lapse in care and infection control standards, cases may be designated as non-trajectory through the Trust / NHS England review.

0 cases of *Clostridium difficile* was reported to Public Health England during M1.

	Apr-16	16/17 YTD Total
Total Cases reported to PHE	0	0
No. Cases attributable to Trust	0	0
No. Cases not attributable to Trust	0	0
Cases under review	0	0
Cases due to lapses of care	0	0
2016-17 cumulative monthly trajectory	2	23
Variance against cumulative monthly trajectory	-2	-23

Department of Health *Clostridium difficile* Monthly Trajectory 2015-16

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	16/17 Total
2016-17 Trajectory	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1	23

2.7.2 MRSA

- No cases were reported in M1.
- The number of reported MRSA cases for 2016-17 year is 0.

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

- The number of urgent operations cancelled for the 2nd time in M1 was 0.
- The number of urgent operations cancelled for the 2nd time YTD is 0.

2.7.4 Mixed Sex Accommodation

- No MSA cases were reported in M1.
- The number of reported MSA breaches for the 2016-17 year is 0.

2.7.5 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

M1, April 2016 as at 11/05/2016

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

There were 4 breaches of the pledge to offer another binding date within 28 days during M1.

Detail of Denominator – Cancelled Operations and procedures

- There were 74 cancelled operations and procedures in April 2016; 37 at Royal Brompton Hospital and 37 at Harefield Hospital.

Detail of Cancelled Operations (28 day rescheduled bookings) for M1 – all patients have since been treated or (Patient 4) assessed.

NB Patients 1 and 2 were affected by the same circumstances on the same day

Patient 1 (RB Cardiac Surgery) - Surgery was cancelled on 23/03/2016 as the surgeon had been undertaking an emergency operation the previous night. Efforts to re-schedule the operation before the surgeon went on leave a few days later were unsuccessful. The patient had surgery on 06/05/2016

Patient 2 (RB Cardiac Surgery) - Surgery was cancelled on 23/03/2016 as the surgeon had been undertaking an emergency operation the previous night. Efforts to re-schedule the operation before the surgeon went on leave a few days later were unsuccessful. The patient had surgery on 09/05/2016

Patient 3 (RB Cardiac Surgery) – Surgery cancelled as no AICU bed was available. The team did not flag the cancellation in line with current procedures, and the patient was not offered an alternative date with 28 days of original cancellation. Surgery was performed on 09/05/2016. The need to flag cancellations, and the consequences of not doing so, have been reinforced with the relevant teams.

Patient 4 (HH Transplant Assessment) – Patient cancelled as no ward bed was available on 02/03/2016. Patients with more urgent clinical needs then took priority and a bed could not be made available until the patient was admitted for assessment on 04/04/2016.

Quarter 1 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 1 data is 25th July 2016.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days		
Area/Site	Apr	Q1	YTD
Theatres	3	3	3
Catheter Labs	0	0	0
Bronchoscopy Suite	0	0	0
Other	0	0	0
RBH Total	3	3	3
Theatres (inc Bronchoscopy)	0	0	0
Catheter Labs	0	0	0
Other	1	1	1
HH Total	1	1	1
Trustwide	4	4	4

Denominator	Cancelled operations and procedures		
Area/Site	Apr	Q1	YTD
Theatres	14	14	14
Catheter Labs	22	22	22
Bronchoscopy Suite	1	1	1
RB Total	37	37	37
Theatres (inc Bronchoscopy)	13	13	13
Catheter Labs	23	23	23
Other	1	1	1
HH Total	37	37	37
Trustwide	74	74	74

Performance against indicator E.B.S.2			
Site	Apr	Q1	YTD
RB Total	8.11%	8.11%	8.11%
HH Total	2.70%	2.70%	2.70%
Trustwide	5.41%	5.41%	5.41%

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.

Cancellation of admissions or procedures at RBHT

Introduction

The NHS England standard for cancelled operations is that when a patient's operation is cancelled by the hospital at the last minute (on or after the scheduled day of admission) for non-clinical reasons, the hospital offer another binding date within a maximum of 28 days. Due to the scale and nature of the Trust's clinical services the avoidance of cancellations has been a major challenge for a number of years. Common non-clinical reasons for cancellations include: ward beds unavailable (i.e. cancelled admission); surgeon unavailable (because of prior/intervening emergency); emergency case needing theatre time; theatre list over-run; staff or critical care bed unavailable because of allocation to a more urgent patient or emergency.

Current Position

As seen in the table below there was a 23% increase in procedures being cancelled in theatres across the Trust between reporting years 2014/15 and 2015/16. These include cardiac, thoracic and more minor procedures such as bronchoscopies³. The number of '28-day breaches' increased by one (although there were none between November 2015 and the end of the reporting period).

Table 1. 2014/15 Theatre Cancellation summary

Measure	Site	2014-15	2015-16
Reportable Cancelled Ops	Royal Brompton	140	153
	Harefield	282	365
	Trust	422	518
28-day breaches	Royal Brompton	4	7
	Harefield	6	4
	Trust	10	11

In reporting period 15/16 the Trust broadened the scope to include cancellation of catheter lab procedures and breach data, for which the baseline position is shown in the table below. There was a high number of 28-day breaches at the RBH site during the first 6 months (26), but this decreased markedly in the last 6 months for which there were only 2 reported.

Table 2. 2015/16 Catheter Lab / Bronchoscopy Suite Cancellations

Measure	Site	2015 - 16
Reportable Cancelled Procedures	Royal Brompton	278
	Bronchoscopy Suite	17
	Harefield	195
	Trust	560
28-day breaches	Royal Brompton	28
	Harefield	10
	Trust	38

³ NB Quality Priority 2 in the 2015/6 Quality Report focuses on cardiac surgery cancellations only

Table 3 Cancellation trend in 2015/6

During 2015/6, progress has been made to reduce catheter laboratory cancellations from the initial position. In theatres, after an increase in the 1st half of the year at Harefield, steady progress has been made since October 2015, which has continued into the first part of 2016/7.

Cancellation Reasons

Whilst some cancellations are unavoidable, many can potentially be avoided by addressing some of the more commonly reported causes. The most significant reasons for cancellations across the Trust are capacity constraints and emergency activity. The table below provides the top reasons for reportable cancellations across the Trust.

Table 3 Top Cancellation Reasons 15/16

Site	Reason	Number
RBH – Theatres	Capacity	45
	No theatre time	45
	Emergency	30
Total		120 (78% of cancellations)
RBH – Catheter Labs	Capacity	152
	Other non-clinical	130
Total		282 (97% of cancellation)
RBH - Bronchoscopy	Capacity	17
Total		17
HH - Theatres	Capacity	163
	Emergency	82
	No theatre time	34
Total		279 (76% of cancellations)
HH - Catheter Labs	Other non-clinical	137
	Capacity	66
Total		203 (96% of cancellations)

Cardiac Surgery

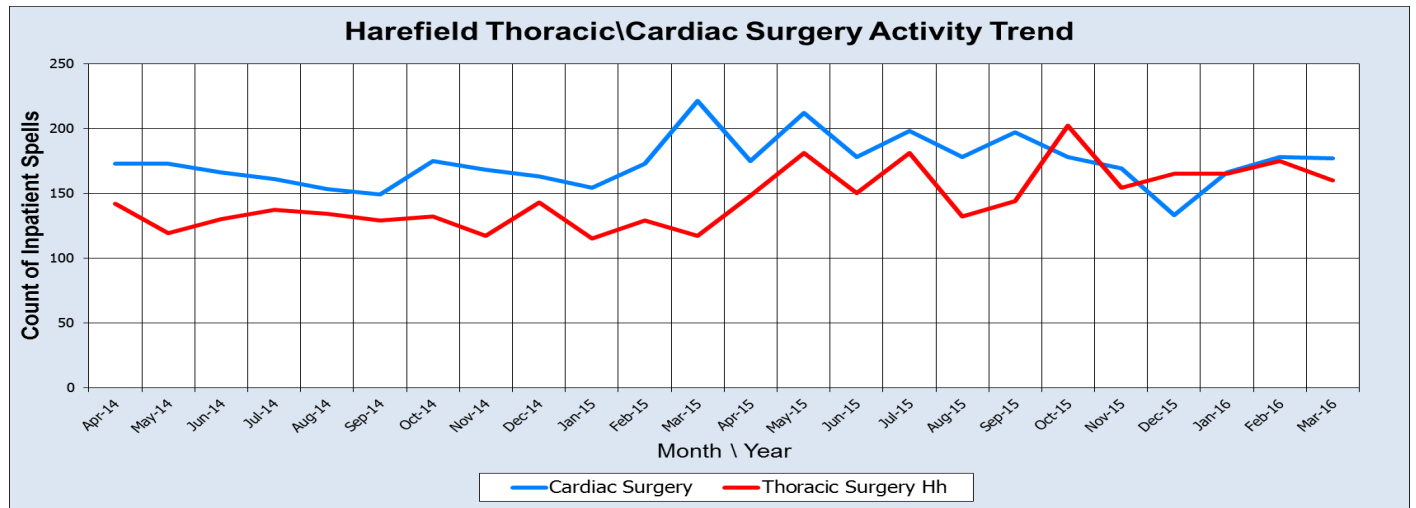
On the RBH site between April and February there were 48 cardiac surgery cancellations for non-clinical reasons in 2015/16, compared to 94 in the previous year, a 49% reduction. This improvement is a result of a focused effort and education to the clinical teams on patient experience and increased productivity and efficiency. The theatre schedule is reviewed throughout each day to ensure every effort is taken to prevent cancellations and the clinical and managerial leadership team holds a formal weekly review of all cancellations and related issues. There has been a slight increase of 6% in the number of incomplete patient pathways of 184 in 15/16 compared to 174 in 14/15. One challenging factor in 2015/6 was the conversion of an existing theatre into the new hybrid facility, which was completed in November 2015.

On the HH site between April and February there was a 43% increase in cardiac surgery non-clinical cancellations, to a total of 294. The main factor was an increase in cancelled admissions as a result of growing pressure on ward bed availability. Thoracic surgical activity on the Harefield site has increased (see below), bringing additional pressures as we strive to meet cancer waiting-time targets, with an adverse impact on bed availability for cardiac surgical patients. A formal surgical cancellations review has been

initiated; together with an increase in the number of day-of-surgery admissions in order to reduce length of stay for selected patients (and therefore release some ward beds to accommodate new admissions).

Thoracic Surgery

We have increased thoracic surgical activity by 50% in the past five years at Harefield to the current annual figure of just over 1500 cases. This has significantly increased the demands on wards, theatres and critical care (Recovery) services. Clinical outcome reports consistently demonstrate this work is done with low morbidity/mortality rates and minimal use of intensive care facilities. We are further working on an Enhanced Recovery Programme at both campuses to shorten hospital stays. At the Brompton campus activity has remained largely stable; however pressures on the 62-day cancer pathway turnaround remain a challenge.



The main reason for cancellations in Thoracic surgery is the availability of ward beds, as for cardiac surgery. The actions being taken for cardiac surgery will also benefit thoracic surgical patients.

Actions

Surgery

Formal planning reviews now take place on both sites to ensure that optimal use is made of available sessions without overbooking. Recent cancellations are also reviewed here to ensure a timely response to problems as they emerge. At Harefield where the highest rate of surgical cancellations is still seen, a full monthly review of cardiac surgical cancellations now takes place in addition to the weekly session. Cancellations are also reported to the surgical working groups on both sites. As described above, the final period of 2015/16 showed significant improvement and suggested that sustainable progress was being made. At Harefield the theatre dashboard is being revamped, with e.g. inclusion of ‘day-of-surgery’ admissions, length of stay and alterations to theatre utilisation methodology. If successful this change will be applied cross-site.

Cardiology

The improvements seen in 2015/16 have been driven by data reported via the cath lab dashboard. This has included detailed analysis of cancellations including factors such as consultant, procedure, day of the week etc, resulting in information used to deliver a consultant-specific, intelligent scheduling process. This approach will now be applied cross-site in cardiology as well as being incorporated into the surgical dashboards.

Summary

Cancelled admissions and procedures are distressing and inconvenient for patients, and reduce efficiency in a number of ways. They can result in financial penalties and increase the administrative workloads of key staff.

Recent months have seen improvements in the levels of cancellations in the Trust and whilst this gives cause for optimism, it is vital that activity levels are not compromised by the efforts made to reduce cancellations.

Measures to reduce cancellations rely on efficient reporting mechanisms and operational teams' collaboration. The dashboard reporting content and structure are developing in the Trust, with Harefield catheter laboratories providing a successful model to replicate. The general management team is optimistic that further improvements will be seen in 2016/17. Progress will be monitored via the operational management team reporting structure.

P Doyle / L Mack / R Ellis May16

2.7.6 18 week Referral to Treatment Time Targets

The report below provides information on performance against the incomplete pathway measure which remains in place since the abolition of the admitted and non-admitted operational standards:

i. 18 weeks RTT by National Specialty – Incomplete Pathways 19th May 2016

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	453	142	595	76.13%
	Cardiology (Harefield)	768	57	825	93.09%
Cardiology		1,221	199	1,420	85.99%
Thoracic Medicine		914	1	915	99.89%
General Surgery		0	0	0	N/A
ENT		14	0	14	100.00%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	150	85	235	63.83%
	Cardiac Surgery (Harefield)	186	54	240	77.50%
	Thoracic Surgery	74	0	74	100.00%
Cardiothoracic Surgery		410	139	549	74.68%
Other	Other	9	1	10	90.00%
	Paediatrics	480	21	501	95.81%
	Transplant	70	20	90	77.78%
Other		559	42	601	93.01%
		3,118	381	3,499	89.11%

- The percentage of current waiters for April 2016 is 89.11% against the 92% target, so the target is not currently met in aggregate, which is the metric used by Monitor.
- At specialty level this target is not currently met for National Specialty Cardiothoracic Surgery (74.68%) and the National Specialty Cardiology (85.99%); against the target of 92%
- Work continues to deliver the action plan agreed in conjunction with the Elective Care Intensive Support Team (IST).
- Negotiations are underway with NHS England to agree a trajectory for recovery of the 18 week RTT Standard.

2.7.7 52-week Referral-to-Treatment (RTT) breaches

2015-16 Breaches

- One patient's RTT pathway breached 52 weeks in February 2016. The breach occurred in the Royal Brompton Hospital Cardiology service and was due to a data error following the patient's unavailability for treatment in the autumn of 2015. The patient completed treatment successfully on 14th March 2016.
- There were 6 breaches of this standard in total for 2015-16.

2016-17 Breaches

- One patient's RTT pathway exceeded 52 weeks in April 2016. The breach occurred in the Royal Brompton Hospital cardiac surgery service. The patient suffers from a complex condition and has been kept under outpatient review throughout their RTT pathway. The patient was admitted on 18/5/2016.
- This is the first breach of the 52-week limit in 2016/7.

2.7.8 Cancer - 62 day Urgent GP referral to first definitive treatment

M1 Performance

Performance reported as required by NHS England under the NHS Standard Contract

Period	Total treated	Total treated in time	Unadjusted Performance
Apr-16	8.5	6	70.59%

- 17 patients were referred for urgent treatment in relation to suspected lung cancer during M1. Of these 12 were treated within 62 days. Five patients breached the target.
- The data is provisional for April 2016.
- Open Exeter will publish April data on 7th June 2016.
- A trajectory for performance measurement against this indicator is currently being negotiated with NHS England.

Section 3 – The Friends and Family Test

The FFT Inpatient & Daycase report below covers April 2016.

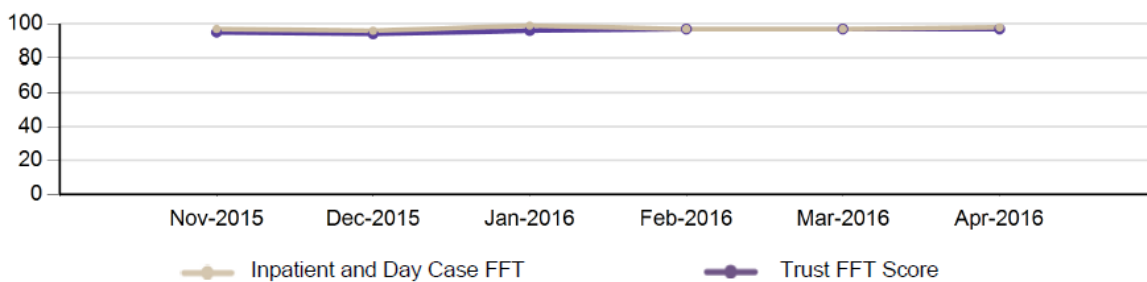


Friends and Family Test Results

April 2016

Survey Type Report for Inpatient and Day Case

Your Friends and Family Test Recommend Score is:	98%	Last month, your Recommend Score was:	97%
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This month's top 3 most improved wards / services / areas	Recommend Score last month	Recommend Score this month
Maple Ward	75%	91%
Rose Ward	90%	100%
Cedar Ward	93%	96%

Only wards/services with 5 or more responses show in the table above.

Male or Female	Age Profiles %	Patient Responses	Response Rate
58% 42%		847	34%

Patients 'Extremely likely' to recommend us said:

"Staff were professional, informative, friendly and caring."

"Everyone so helpful and freindly. "

"The care you receive from nurses, medical and care is exceptional."

Patients 'Extremely unlikely' or 'unlikely' to recommend us said:

No comments have been left this month.

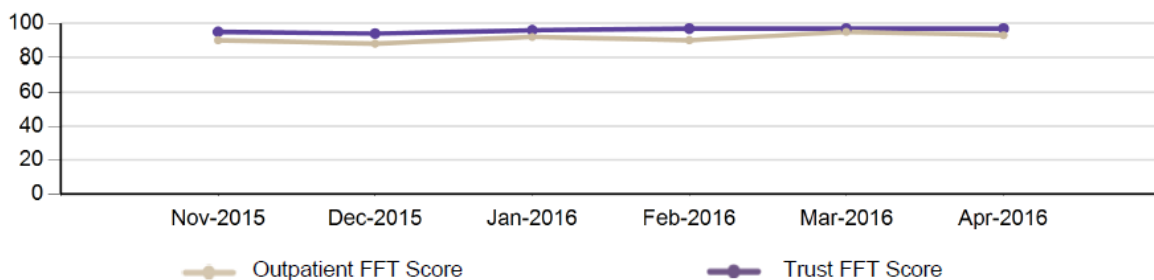
The FFT Outpatient report below covers April 2016.

Friends and Family Test Results

April 2016

Survey Type Report for Outpatient

Your Friends and Family Test Recommend Score is:	93%	Last month, your Recommend Score was:	95%
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This month's top 3 most improved wards / services / areas	Recommend Score last month	Recommend Score this month
PCD Paediatrics (Brompton)	71%	88%
Cardiology Paediatrics (Harefield)	94%	95%

Only wards/services with 5 or more responses show in the table above.

Male or Female	Age Profiles %	Patient Responses	Response Rate
59% 41%		122	N/A

Patients 'Extremely likely' to recommend us said:

- "All the treatment and care is excellent."
- "Because it was a great experience and I learned a lot."
- "Staff are very good and friendly. Excellent care from everyone."

Patients 'Extremely unlikely' or 'unlikely' to recommend us said:

- "Extremely friendly and well staffed department."

Patient Experience M1 (April 2016) Update

Listen to our Patients

1. Friends and Family Test – achieved 34% response rate in April 2016

- Expanded FFT volunteer program to HH and Fulham road inpatient wards. Continue to receive very positive feedback from the volunteers about how great it is to interact with patients; increases their own personal job satisfaction, find it very inspiring. Excellent support from the Charity and IT staff.

2. 2015 In-Patient Survey results continue to be shared and discussed across both sites

3. Planned Sessions with Patients and their families

- AICU at Royal Brompton held their second annual Patient and Family Experience Day on Saturday 16th of April 2016. Session was well attended with over 33 patients and their relevant partners attending. Highlights of the day included updates on progress made on improvement actions identified from last year's session (e.g. new larger waiting room, peer support group, and updated education materials).

Improve the Patient Experience

The Imperial College Health Partners (ICHP) Innovation Diffusion program completed with the Trust's successful implementation of a monthly "Skype" MDT between Royal Brompton Adult CF program and HH Lung Transplant. This first MDT had a positive outcome with potentially 2 bed days saved and altered patient outcomes which include less waiting time for transplant assessment tests (i.e. 4 tests were identified that could be completed locally as opposed to as a HH inpatient).

RBHT participated in the ICHP program with 4 other Trusts in NW London. Our project has mainly focused on the challenges of patients with Cystic Fibrosis (CF) and their journey through the lung transplant referral process which can lead to a wait of several months (potentially a significant proportion of their life expectancy) for a lung transplant assessment.

The project has been about continual engagement with different members of the multi-disciplinary team (MDT) across both sites in the Trust – consultants, transplant co-ordinators, IT Specialist nurses, and most importantly the patients themselves, which has enabled the team to gain more insight about different experiences, perspectives and the how system works.

The project's aim has been to reduce the waiting time for lung transplant assessment by making the system easier and quicker to navigate for the patient and referring teams, as well as facilitating patient choice of assessment pathway (i.e. Streamlining the in-patient transplant assessment from a two day/overnight stay to a day case in appropriate circumstances). There is no current single solution that will resolve this complex challenge so the team did a number of experiments in waves, each with different team members, to explore the best possible solutions. RBHT Team Members included: Susan Talbot (CF Nurse Specialist), Dr Melissa Sanchez (Clinical Psychologist), and Katharine Scott (Occupational Therapist). The RBHT team's project will be highlighted in the ICHP brochure for next program intake. Next steps for the Trust are to explore the possibility of using a web-based platform (similar to the Hospital to Home LTV model) to support the referral pathway and expand to other CF referral centres.

Jan McGuinness

Director of Patient Experience and Transformation

11th May 2016

Section 4 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for March 2016. This reflects what RBHT submitted to Unify. This information will eventually be published on NHS Choices.

Quality of service at Royal Brompton Hospital		Quality of service at Harefield Hospital	
% of registered nurse day hours filled as planned (Hospital)	107.1% of planned level - This shows how well the ward's staffing requirements are being met	% of registered nurse day hours filled as planned (Hospital)	104.6% of planned level - This shows how well the ward's staffing requirements are being met
% of Unregistered care staff day hours filled as planned (Hospital)	51.3% of planned level - This shows how well the ward's staffing requirements are being met	% of Unregistered care staff day hours filled as planned (Hospital)	67.3% of planned level - This shows how well the ward's staffing requirements are being met
% of registered nurse night hours filled as planned (Hospital)	106.7% of planned level - This shows how well the ward's staffing requirements are being met	% of registered nurse night hours filled as planned (Hospital)	102.0% of planned level - This shows how well the ward's staffing requirements are being met
% of Unregistered care staff night hours filled as planned (Hospital)	61.3% of planned level - This shows how well the ward's staffing requirements are being met	% of Unregistered care staff night hours filled as planned (Hospital)	94.8% of planned level - This shows how well the ward's staffing requirements are being met
<p>The above information provides evidence to support the case that the appropriate level of registered nursing is available on each ward both day and night, achieving a fill rate of 107.1%. This is achieved by a combination of substantive staff and the employment of temporary bank and agency nurses to meet any identified shortfall.</p> <p>The fill rate for unregistered staff on both day and a night shift on the wards is routinely less than that of registered staff. This is due to senior nurses and ward staff identifying that there is sufficient registered nursing available to support the care needs of the patients. Therefore, minimising the employment of temporary unknown and unqualified healthcare.</p>		<p>The above information provides evidence to support the case that the appropriate level of registered nursing is available on each ward both day and night, achieving a fill rate of 104.6%. This is achieved by a combination of substantive staff and the employment of temporary bank and agency nurses to meet any identified shortfall.</p> <p>The fill rate for unregistered staff on both day and a night shift on the wards is routinely less than that of registered staff. This is due to senior nurses and ward staff identifying that there is sufficient registered nursing available to support the care needs of the patients. Therefore, minimising the employment of temporary unknown and unqualified healthcare.</p>	

Lorraine Campbell – Divisional Senior Nurse for Heart, Critical Care and Children's services
11th May 2016.