Introduction and overview

Introduction

Everyone working at Barts Health has a common goal: to make sure the care we provide is as good as it can be. We want patients to have access to high quality care when they need it; we want our staff to feel valued and supported at all times and we want our local community and partner organisations to be confident in Barts Health as a provider of excellent care and an employer of choice.

Our staff are rightly proud of the many things we do well, but are also keen to make sure that we make the necessary improvements to provide excellent care across all of our services. The Care Quality Commission (CQC) reports published in spring 2015 found that the care provided at Whipps Cross, Newham and The Royal London hospitals was inadequate and we are sorry that we have let our patients down.

We have reflected on the challenges facing the Trust and what we need to do to address these and bring about improvements in patient and staff experience. In September 2015, we published an ambitious improvement plan to ensure we consistently deliver safe and compassionate care across our hospitals and community services.

We have made considerable progress towards achieving the goals we set for ourselves, but we recognise that we are at the start of our journey and know we can't do it alone. We are already receiving welcome support under the 'special measures' regime to help us to make these improvements. We also value the support of our stakeholders, our partner organisations and, critically, our staff, as we work together to deliver the necessary improvements for our patients.

This is a critical time for Barts Health. By working together now we can deliver lasting improvements that will benefit staff, patients and communities for years to come.

<signed>

John Bacon, Chair of the Board

Alwen Williams, Chief Executive

About us

2.5 million people living in east London and beyond look to the services run by the Barts Health group of hospitals to provide them with the healthcare they need. We are the biggest NHS teaching trust in the country, and our challenges are those of a large and complex organisation. Yet the scale on which we operate also brings significant medical and managerial benefits that enable us to run specialist services that are among the best in the NHS. We also serve a population with high levels of deprivation, putting us in the forefront of the national effort to tackle health inequalities. Our ambition is to be renowned throughout east London for delivering

safe and compassionate care, and we are on a journey to improve the quality of all our services for patients.

Our top priority is ensuring the safety and quality of services for our patients, many of whom come from some of the most diverse and deprived communities in Britain. More than half our patients are classified black or minority ethnic, more than 60 languages are spoken in our hospitals, and there are high levels of poverty, overcrowding, unemployment and health inequalities in their catchment areas. For example, more than one third of patients admitted for treatment to our hospitals are suffering from malnutrition.

Three of our hospitals, Whipps Cross, Newham, and The Royal London each provide district general hospital services to upwards of 1,500 people a day. Each offers the full range of modern acute medicine, including accident and emergency and maternity care, for people living in the three boroughs of Waltham Forest, Newham and Tower Hamlets respectively. Whipps Cross is noted for having the lowest rate of risk-adjusted Caesarian section births in London, while the orthopaedic centre at Newham was cited as an example of outstanding practice by the Care Quality Commission (CQC).

Our biggest hospital, The Royal London, is one of the most modern purpose-built medical facilities in the country, and offers a wide range of specialist services for a wider population. It is home to the capital's air ambulance and has leading trauma, stroke and renal units. The survival rate at the trauma centre is twice the national average, and this pioneering service regularly attracts international visitors wanting to learn from its success. The site also hosts one of the largest children's hospitals in the UK, not to mention a major academic dental hospital. It also manages community services for Tower Hamlets, based at Mile End hospital.

In addition, local people across east London have access to the specialist heart and cancer services provided by St Bartholomew's Hospital in the City for patients from all over London and beyond. More heart patients are being treated, faster and with better health outcomes, following the establishment of the Barts Heart Centre. This is now the largest cardiovascular centre in the UK, and a major research facility which is attracting some of the country's top clinicians to work here.

Barts Health NHS Trust in numbers

Our local population is growing: within 15 years it is estimated there will be another 270,000 residents living locally, equivalent to the size of another London borough.

We have 16,000 committed and dedicated staff, caring for almost 6,000 patients who pass through our doors every single day.

During a year, our staff deliver 15,000 babies, treat 150,000 inpatients, look after 445,000 emergency cases, and care for 1.4 million outpatients.

We recruit 30,000 patients into research trials.

Our performance from 2015-16

Delivering safe and compassionate care in our hospitals

Overview of our performance

Since we were rated as "inadequate" and placed into special measures by the Care Quality Commission (CQC) in March 2015, we have begun a journey to ensure that all our services achieve the same high standards as those which are already nationally and internationally recognised. We are not only taking steps to make rapid improvements in care for patients, but also to enhance our operational performance, and put our finances on a firmer footing for the future. We know that delivering safe, high quality and well-organised care for our patients goes hand-in-hand with being efficient and providing value for money.

Safe	Effective	Caring	Responsive	Well led	Overall
Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate

Summary of Care Quality Commission findings published in May 2015

Publication of the CQC reports a year ago found that our staff were caring and compassionate, but the organisation and its procedures had let them down and allowed standards to slip. We recognised the need to renew and reshape our leadership team to lead our ambitious improvement plan, *Safe and Compassionate*. Our new Chair, John Bacon, and new Chief Executive, Alwen Williams, have recruited a top-class team with a view to maintaining discipline and control over short-term operational performance as we developed a long-term clinical strategy.

Monthly reports on *NHS Choices* and our website chart this journey to ensure the care our patients receive is safe and compassionate as a matter of course. They show how we are empowering and supporting clinical teams to improve care, ensuring the patient voice is heard throughout the organisation, and embedding a zero-harm safety culture in the way we work. This report demonstrates how far we have come since in the past year, outlining our achievements alongside a blueprint for delivering further improvements in our hospitals and community services in 2016-17.

We prioritised action to address the CQC warning notices and ensure compliance with failings. For example at Whipps Cross, we reduced non-clinical cancellations by 40% in six months, trained four out of five staff in techniques that were previously lacking, and raised nurse staffing levels.

Across the Trust, we adopted the *Sign up to Safety* campaign, made safety huddles a daily feature of hospital life, trained 40 safety champions to spread best practice, and launched a monthly bulletin to disseminate learning. As a result of an internal campaign, 69 wards have achieved 30 days free of hospital-acquired pressure ulcers. The number of outstanding complaints and serious incidents has fallen, and

staff compliance with statutory and mandatory training requirements has risen. We recently adopted *iWantGreatCare* as part of new arrangements to track patient experience, and listen and respond to what patients are telling us.

Part of our challenge is maintaining the operational standards laid down in the NHS Constitution. We are now meeting all nine cancer standards, where previously we only met four. We have met the diagnostics standard consistently for a year. And we continue to meet the trajectory we have agreed with local commissioners for getting back on track with waiting times for operations. However, we are not reporting how many patients are waiting longer than 18 weeks for treatment because of problems with data quality. We are validating the data and rebuilding our patient tracking list with a view to resuming reporting against the standard later in the year. We are also implementing a recovery plan in our emergency departments to raise the proportion of patients seen within four hours from 88 per cent to the 95 per cent standard.

It is crucial for the good running of our hospitals that we have an accurate picture of our operational performance. Although it has been a major undertaking, we are well on the way to rebuilding an effective and robust way for reporting patient waiting list data that holds good across all of our hospitals.

Our staff know better than anyone what can be improved and how, so we adopted a new staff-led approach to change. Conversations about what staff felt was necessary to provide our communities with high quality care inspired the measures in *Safe and Compassionate,* and made it a plan for profound and fundamental changes to services, structures and systems. Our staff are now at the centre of change, and challenges leaders not only to listen to them, but also to give them permission and support to fix the problems they find at a local level for the benefit of their patients.

One of the issues that staff raised in the Big Conversations was their dissatisfaction with our IT equipment and customer service arrangements. In response, we have invested £2million in upgrading IT equipment at Whipps Cross and using a triage system for channelling calls to the helpdesk to improve the service staff receive. In addition, small hospital-based teams have been deployed to fix faults, and so far they have reduced the accumulated backlog of unresolved incidents by half.

Providing quality healthcare is expensive, and like all other NHS organisations the biggest single element of our finances is the wages and salaries of our doctors, nurses and support staff. This accounts for 60per cent of our annual turnover. Recruiting and retaining sufficient numbers of clinical staff is crucial to maintaining the quality of our services to patients.

Like other NHS trusts, we have a statutory duty to break even. However like many other NHS providers in the current economic climate, we are spending more money than we receive. Since we are the biggest NHS trust in the country, it is not surprising we have the largest deficit, forecast to be £135m for 2015-16. Some of this is accumulated debt, such as the £53m of fines and penalties imposed by local commissioners for failing to meet national standards in 2014-15, particularly on waiting times for treatment. But we also fell short of our own commitment to make efficiency savings, a failing that only worsened in 2015-16. This means we are effectively losing more than £11m a month, and are dependent on cash support from central government to stay in business.

Nevertheless, the new leadership team is taking concerted steps to stabilise our financial position in the months ahead. We instigated a turnaround programme,

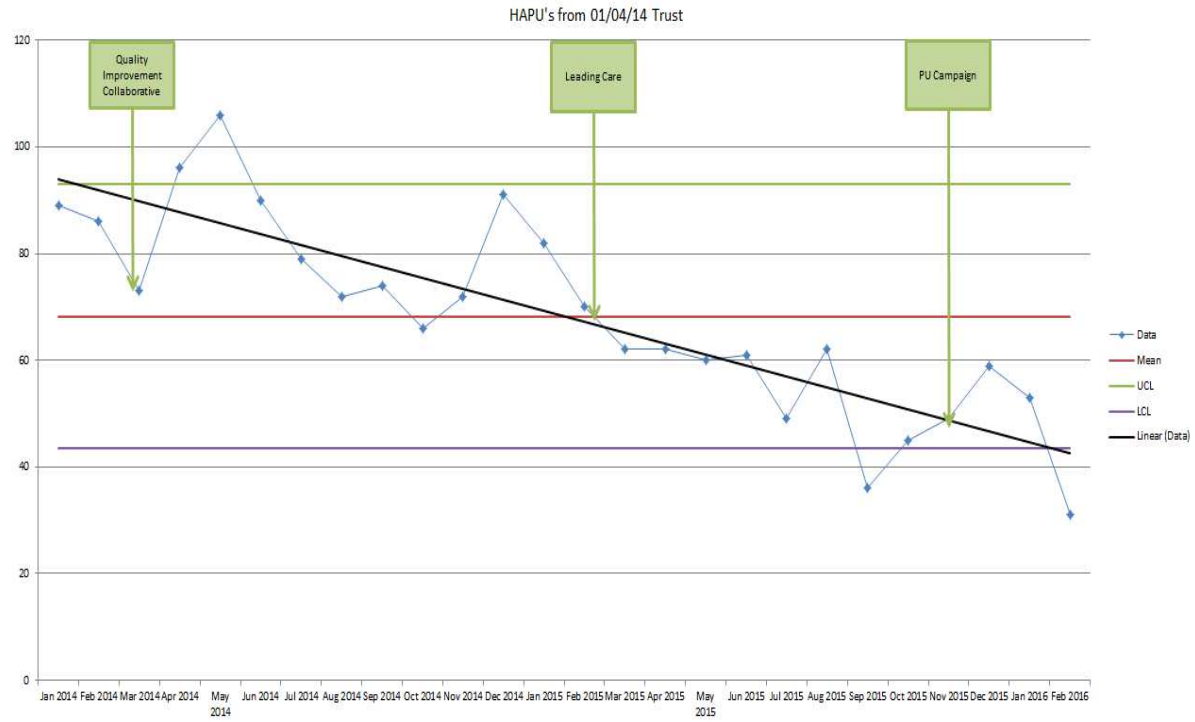
supported by experts from Deloitte and paid for by NHS Improvement, that is helping us reduce unnecessary costs and improve productivity.

We are also ensuring that we correctly code and capture all the activity that takes place in our hospitals. The creation of Barts Health from three former NHS trusts brought particular challenges in bringing together three separate operating systems and sets of data, and the process of aligning them is still not complete. One of the consequences is that we are failing to adequately capture and code all activity, and until this is resolved we will receive less income than we are entitled to.

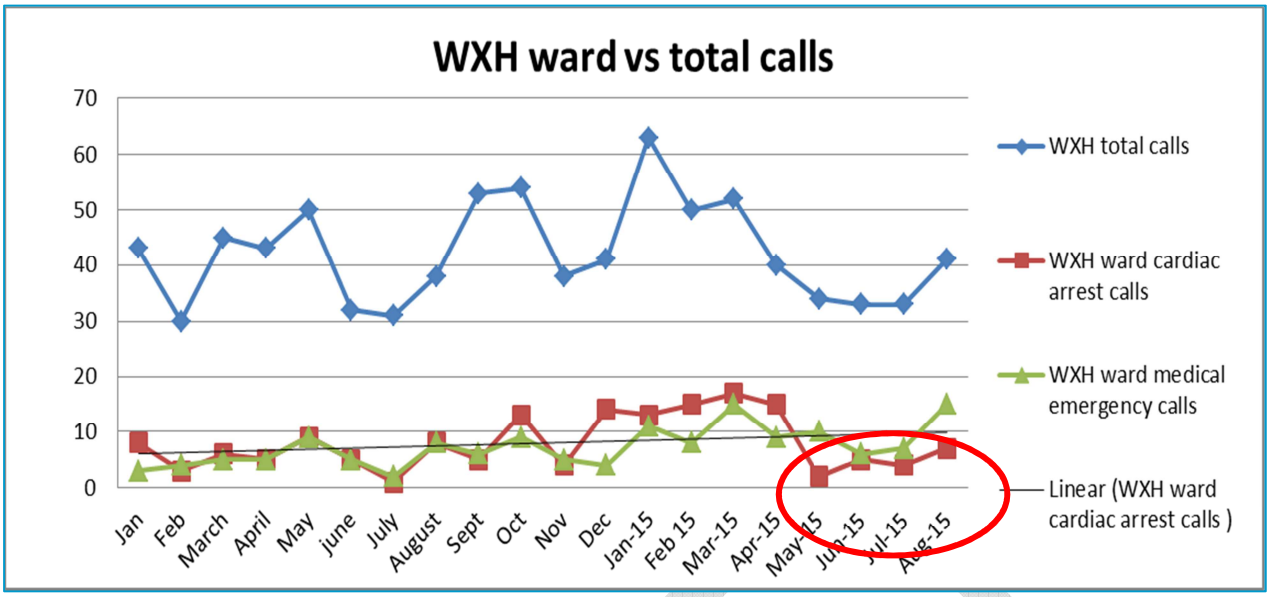
Safe and effective care

A number of concerns were raised in relation to the safety of our care from the Care Quality Commission (CQC) report published in May 2015. The CQC inspections found that we didn't place safety at the heart of everything we do – for example, we didn't always use best practice guidelines in the delivery of our care, the management of our medicines could have been improved, and we didn't always learn from the mistakes we made.

Improving the safety of our care, and responding to the concerns raised by the CQC, has been a key priority over the past year and we are pleased that the impact of the changes we've made has led to some improvements in safer care for our patients. For example, we saw a 37% reduction in grade 2-4 hospital acquired pressure ulcers between January 2015 and January 2016 and we have seen a xxx% reduction in cardiac arrests at Whipps Cross.



We're seeing a reduction in hospital acquired pressure ulcers (January 2014-February 2016)



We're seeing a reduction in cardiac arrests at Whipps Cross Hospital (April 2015-March 2016)

In responding to the concerns raised about our care, we are making sure that our staff have the right skills in place to deliver the best care to our patients. At the end of March 2016, 91.27% of our 15,000 staff were compliant with their statutory and mandatory training – this is a record high for the Trust. We're also improving the skills of our staff to focus on reducing harm to patients including reducing pressure ulcers and falls, and identifying deteriorating patients. One hundred safety champions are leading on initiatives to embed safe care, and a further 200 staff have received training in improvement methods which are helping them work with their teams to support safer care.

Over the past year, we have made sure that our staffing levels are safe by recruiting an additional 186 registered nurses and 132 non registered nurses.

We have embedded escalation processes to raise concerns, and hold daily safety huddles to respond to issues in a timely manner, and support staff to deal with complex issues. We have also set up governance teams and quality and safety boards at each of our hospitals to drive improvements locally, respond to incidents and complaints, and escalate risks and issues. Importantly, these teams are helping us learn from our patients' complaints.

We have 'signed up to safety', a national campaign that supports implementation of the latest evidence based practice in patient care, and established foundations for delivering safe care consistently across our hospitals. We are responding rapidly to issues and share learning from the mistakes that we've made. Thanks to grants received by the NHS Litigation Authority, we have increased training to teams to deliver harm free care in pilot wards across our hospitals, focusing specifically on reducing pressure ulcers, falls, cardiac arrests, sepsis, deteriorating patients and obstetrics and intrapartum safety and care.

We are starting to screen for sepsis, which causes patients significant harm and deterioration. A simple screening form introduced at Whipps Cross maternity and A&E departments increased the number of patients with severe sepsis that received

antibiotics within an hour – 33% and 23% respectively. We launched the screening form at Newham's A&E department in January 2016.

Improving care for mothers

We have implemented a cardiotocograph (CTG) analysis for mothers who require continual monitoring in labour. We are the first to implement the newly designed monitors, enabling touch screen review and central station second eyes analysis. The ability of the system to only enable thumb print recognition further improves safety in documentation.

In addition, the care bundle 'triggers' staff to follow steps for consideration and instruction of escalation when abnormalities occur. This development is attracting external interest, and collaborations are planned.

A review of the care pathway and the required facilities for the highest risk women in labour has been conducted, and improvements are being implemented.

In November, we held a Mental Capacity Act Awareness Week, including raising awareness of The Deprivation of Liberty Safeguards (DoLS). In addition to an internal campaign, an open lecture on legal issues relating to DoLS was delivered by our solicitors. We also launched a new "Capacity to Consent to Admission and Treatment" form across our hospitals for all admitted adult patients.

A set of metrics has been developed and agreed with our local authorities to monitor safeguarding activity. Each of our directors of nursing receives monthly reports on these metrics, which include compliance with our training. Last year, 97% of our staff were compliant with level 1, and 80% of our staff were compliant with level 2 adult and children safeguarding training. 81% of our staff were compliant with level 3 children safeguarding training.

Key to instilling a culture of safety across the Trust is to improve communication and raise awareness of the resources available to deliver safe care. Over the past year, we have launched a monthly safety newsletter that shares learning and signposts our staff to resources; promoted safety issues through campaigns, events and our staff intranet; and improved the accessibility of our policies and procedures on the intranet so that they can be found easily at the point in which they're needed. We have held campaigns that have focussed specifically on reducing harm, including reducing pressure ulcers, implementing national safety standards for invasive procedures (NatSSIPs), preventing falls and eliminating never events from nasogastric tubes. These harm free care events and mini conferences will continue in 2016-17.

Measuring the impact of the improvements we've put in place has been an important aspect of our work over the past year. To help us do this, we have established a quality and safety dashboard for wards that is used to view and track our performance at a team, ward and Trust level. We've also run training programmes for our staff so that they can use the dashboards effectively to run their wards and ensure the care we're providing is consistently safe and issues are responded to effectively.

We have seen improvements to our incident reporting culture and reported 25,943 patient safety incidents during 2015-16. This is an increase of 2,197 incidents compared to last year, placing us in the middle range of reporters across the NHS. We have provided investigation training to 269 staff and developed a handbook that

will be launched in early 2016-17 to improve the quality of serious incident investigations.

We reported 377 serious incidents in 2015-16 (36 were de-escalated as they didn't meet the criteria) in comparison with 459 last year, where 31 were de-escalated as they didn't meet the criteria. During 2014-15, our commissioners raised concerns regarding the 100 overdue SI investigations; we have now reduced this to 19. We have however had an increase of never events – reporting 15 over the year, compared with 5 last year – and we have held a risk summit and shared an action plan with our local commissioners to make sure we can eliminate these.

When things go wrong it is important to our patients that we are open and honest regarding what has happened. We have a duty to do this – the duty of candour. The duty of candour is now a statutory requirement, complementing the existing professional duty for healthcare professionals. Our aim is that in all cases where duty of candour is applicable we will discharge our obligation to:

- notify the relevant person that the incident has occurred
- apologise
- provide reasonable support to the relevant person in relation to the incident
- provide details of any investigations that will be required
- provide results of any further enquiries into the incident
- write to the relevant person detailing all of the points above.

Mechanisms have been put in place to support our site teams to fulfil the duty. Our risk management database provides a dashboard containing live information on all applicable incidents and the database is also used to record progress. Every two weeks we provide tailored site reports detailing all qualifying incidents to ensure that no incidents have been missed.

We monitor our progress with monthly and quarterly reports and the Trust Board are informed of how well we are doing in discharging our obligations under the duty.

We will review our processes in the coming year to ensure that we continue to embed a culture of openness and honesty throughout the organisation as well as making sure that we share learning and improvements.

Compassionate care and patient experience

Our patients deserve respectful, compassionate care and a positive experience when they visit our hospitals.

We have developed the skills of our nurses by introducing a number of training and support programmes. These include face to face training, e-learning packages and a skills passport where nurses record the skills they have learnt and developed. 1,300 nurses have completed e-learning training, and 500 nurses attended face to face training. 1,000 nurses have completed the clinical skills passport. Targeted support teams have also been introduced to wards where expert nurses support the ward to focus on improving the fundamentals of care that our patients receive. Staff concentrate on several key areas of care such as preventing falls, pressure area care and nutrition and hydration.

A new nursing documentation pack has been developed that draws on best practice from across the NHS. The packs support our nurses to deliver high quality care by ensuring individualised assessments and person centred care plans are in place and carried out.

It is very important to us to make sure that we are measuring the improvements we are making at a ward level. To help us do this, we have introduced a ward dashboard that highlights the performance of individual wards by measuring quality indicators such as the number of incidents recorded, number of pressure ulcers, patient falls, complaints, infection rates and other key indicators that affect patient care. Each ward will be able to see information weekly and monthly and will be able to take immediate steps to address any of these issues. Ward managers and senior nurses monitor this information closely to ensure any improvements are made if required. Since we introduced these dashboards, we have seen real improvements. There have been reductions in numbers of complaints received and pressure ulcers acquired whilst in hospital as well as improvements in infections such as MRSA.

Spotlight on improving care for patients with dementia

Supporting our elderly patients is important to us, and we have made significant improvements for our patients with dementia.

We have developed a “dementia-friendly" ward, with dedicated easy-to-understand signage, matt flooring and curved furniture to protect people from hurting themselves on sharp corners. New bathroom facilities such as toilet seats and hand rails painted in bold colours improve visibility and safety, and a dining table and chairs is encouraging people to eat as well as giving patients and relatives a relaxing space away from the bedside. Since the changes, the safety of patients has improved with no one on the ward having suffered injury by falling or developed a pressure ulcer.

We are collecting feedback from our carers of those living with dementia via a questionnaire to help make improvements in dementia care. It has already generated new ways of working, including new dementia and delirium information leaflets. We are also recruiting volunteers known as ‘Dementia Buddies’ who can provide activities and opportunities for social engagement for patients with dementia on the wards.

Our dementia team have developed the "Forget Me Not" form which aims to improve communication, interaction and the whole patient experience. It provides important

information about the individual, such as their likes and dislikes and things the individual may need help with. The team have found that understanding the patients' preferences can significantly reduce the agitation experienced by patients that find it difficult to communicate.

A key measure of whether we are treating our patients well is listening to what our patients are telling us. To help us do this, we have developed a new patient experience strategy that will establish a framework for engaging with our patients and formalises our commitment to listening and responding to the needs of our local people. It will ensure that our patients, carers and the communities we serve are at the heart of everything we do, supported to proactively engage and contribute to decisions that impact on their care, engaged in a dynamic way that reflects the diverse needs of our communities, and offered support so that they can inform and shape our services.

Over the coming year, we will be establishing compassionate care and patient experience groups at each of our hospitals. These groups will include patient panel members and Healthwatch representatives to ensure local issues are captured and acted upon. We are also establishing a patient experience committee at a Trust level, which will report to the quality assurance and improvement committee.

As part of our patient experience strategy, we launched iWantGreatCare in March 2016 which provides us with real-time feedback from patients. iWantGreatCare will be used in conjunction with our already established patient feedback channels, including the national patient experience survey, Friends and Family Test, PALS, NHS Choices and the NHS National Cancer Patient Experience Survey, to analyse and respond to the needs of our patients.

Capturing patient feedback in 'near real time'

We incorporated additional questions, taken from the national inpatient survey, for patients on the reverse side of the Friends and Family Test (FFT) cards until February 2016. Overall, large numbers of our patients continue to think we provide good quality care and meet their needs. We have seen small improvements from the 2014-15 scores, particularly in relation to confidence in nurses, finding someone to discuss worries and fears with, and an overall feeling of being treated with respect and dignity.

Question	**Percentage of patients who agreed 2014/15**	**Percentage of patients who agreed 2015/16**
Did you have confidence and trust in the doctors treating you?	88%	88% —
Did you have confidence and trust in the nurses treating you?	89%	90% ↑
Did you find someone on the hospital staff to talk to about your worries and fears?	68%	69% ↑

Did you feel you were involved in decisions about your discharge from hospital?	75%	75% —
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	91%	92% ↑

Patient Advice and Liaison Service (PALS)

Over the last year, we have seen an increased number of patient enquiries and concerns to PALS – 7,512 in comparison with 7,196 in 2014-15. The complexity of cases has also increased as we attempt to resolve concerns before these become a formal complaint.

To improve the continuity of service provided to patients and our colleagues, we now have dedicated staff working at Whipps Cross, Newham and The Royal London hospitals. This has helped us resolve concerns promptly, prevented issues from escalating and created a more integrated service. Over the next year, we are planning on establishing a base at St Bartholomew's Hospital and improving our office at Whipps Cross to create a better experience for our patients.

We have also focused our efforts on strengthening our reporting processes and sharing the lessons we've learnt from patient feedback, including attending the daily safety huddles.

We recognise that patients can experience difficulties in accessing our service by telephone and we are working to rectify this.

Patient complaints

We have also improved our handling of patient complaints over the past year. We want our patients to feel heard, so we are dealing with concerns at the earliest opportunity. This has been made possible by a new complaints model that places the handling of complaints at a local hospital level, supported by a central team to acknowledge and triage complaints, and to provide leadership, support and training. We have also improved awareness of how patients can make a complaint, including improved leaflets, posters and promotional banners.

Responding to the complaints of our patients as they arise has led to a 17% reduction in the number of formal complaints we've received, and positive feedback from patients. We have also responded to an average of 81% of our formal complaints within three working days this year, and over the past few months, this is being consistently achieved for more than 90% of complaints.

Number of formal complaints	
2014-15	2015-16
3,028	2,505

Acknowledgement of complaints within 3 working days (average figure over the year)	
2014-15	2015-16
73%	81%

We have seen a reduction in the number of complaints we've received in all subject categories, with the exception of 'surgical/invasive procedures' and 'transport'. We have implemented national safety standards for invasive procedures (NatSSIPs) to respond to our patients' feedback about surgical/invasive procedures. We have also been working with our transport provider, ERS Medical, to improve the experience our patients are receiving and we expect to see a reduction in complaints in this area next year.

Responding to feedback has reduced the number of complaints we've received in key areas	
Appointments and clinics	55% reduction
Advice and information	49% reduction
Security and behaviour	31% reduction

Tell us how we're doing

Visit NHS Choices: www.nhs.uk

Visit our website: bartshealth.nhs.uk/your-visit/advice-and-support/patient-feedback/

Visit Patient Opinion: www.patientopinion.org.uk/

Write to us: Central Complaints Team, 3rd Floor, 9 Prescot Street, London, E1 8PR

Email us: complaints@bartshealth.nhs.uk

End of life care

All people nearing the end of their life and their families should expect good care. In addition to physical symptoms such as pain, breathlessness, nausea and fatigue, they may experience anxiety, depression, social and spiritual difficulties. It is important that we work with our local health partners to ensure that we can compassionately support and care for our patients at this time of their life.

However, information about patients at the end of life is not always shared across our health and social care systems which results in uncoordinated care, inappropriate admissions to hospital, and inappropriate interventions. Families, friends and carers can also have difficulties during this time and their needs should be addressed too. Many patients experience good care at our hospitals, but some patients wish to die at home. We need to increase the number of patients that are able to die in the place of their choice.

The Care Quality Commission (CQC) found that our staffing levels were not adequate to provide good end of life care, and the care we delivered was not always measured in line with national quality standards. Patients nearing the end of their life were not necessarily identified, their needs were not always assessed and met, and complaints were not always acknowledged or dealt with appropriately. There was little evidence of clear leadership or the development and implementation of an end of life care strategy. The CQC also found that the Margaret Centre at Whipps Cross was not fit for purpose and needed refurbishment.

In response to these findings, we have established a clear leadership and accountability structure for our end of life care strategy to deliver improvements to the care and experience our patients receive at the end of their life at both a local hospital and Trust-wide level. Our chief medical officer and the end of life care team are working collaboratively with local health and social care partners to improve the delivery of a more joined up experience.

We have a clear training plan to improve the skills of our staff to deliver compassionate care that meets the needs of our patients, identified link nurses for each ward, and started working with wards to create quiet spaces for families and carers. We have made progress towards creating a system that identifies patients nearing the end of their life, including attending daily safety huddles, to help us provide a better, coordinated approach to the care we provide, as well as helping us have care and consent discussions at the right time in the right way with patients and their families.

We’re proud of the improvements we’ve made to the Margaret Centre following a £180,000 refurbishment – which included £73,000 generously donated by patients’ families, supporters and Barts Charity. The refurbishment has created a safer place for patients, and a better environment for our patients, families, carers and staff. We’ve built new bathrooms and a day room for relatives and carers to provide a comfortable private space with new kitchen facilities. A secure medicines storage area has also been created, a welcoming reception area designed and new flooring laid throughout the centre to make the building cleaner and brighter.

Our workforce

In order to provide a high quality service to our patients at all times, we need the right number of staff with the right skills in each of our wards and departments. A stable, largely permanent workforce improves the quality of care we provide because people working in our hospitals understand our ways of working, build positive relationships with their colleagues and local communities, and share a stake in our future success.

Over the past year we have been focusing on making sure our staffing levels are safe, our turnover is low, we are recruiting high quality candidates to at least 95% of our posts and our use of agency staff is reduced.

Improving our workforce in numbers

Safe staffing levels were at an average of 102% during 2015-16, against a target of 100%

At the end of March 2016, 87.1% of our staff were permanently employed, against a target of 95%

Annual voluntary turnover within the Trust was 13.9% of our workforce at the end of February 2016, against a target of 14%

We have increased our use of Bank staff by 40% in the past 18 months (to February 2016), reducing our reliance on expensive agency staff

The workforce across our hospitals

Newham

We have increased our staffing in maternity, including additional midwives to meet a birth ratio of 1 midwife to 28 women and increased our consultant cover. We have also increased the number of nurses across our hospital, many of whom are local Newham residents. At the end of February 2016, 86.6% of our staff were permanent.

Whipps Cross

We are improving our permanent workforce – by the end of February 2016, 82.2% of our workforce were permanent, a growth of 60 whole time equivalent staff in post.

St Bartholomew's

The opening of the Barts Heart Centre in May 2015 led to a large number of vacancies due to an inherited nursing vacancy rate as well as the increased staffing requirements to manage the new centre effectively. The hospital had a fill rate of 84.1% at the end of February 2016, and a key focus for 2016-17 is to recruit people to the hospital.

The Royal London Hospital

At the end of March 2016, 85.4% of our staff were permanent. We have implemented a plan to recruit high quality candidates to our vacant posts. We are

also improving the experience our staff have at work so they are more likely to stay employed with us. We have increased opportunities for learning and development and new career pathways.

Emergency pathway and patient flow

Our patients have a right to have their healthcare needs met within a reasonable amount of time. Having our patients 'flow' through our hospitals efficiently improves the service we provide, increases patient safety and is essential to ensuring that patients receive the right care, in the right place, at the right time, all of the time.

In May 2015, the Care Quality Commission reported a number of issues that impacted on our ability to treat our patients within good time. Our hospitals had a high bed occupancy rate of above 90% which affected our ability to admit, treat and move patients because there was a shortage of beds. Patients well enough to leave hospital were being delayed due to staffing and transport issues, and there wasn't a consistent practice of seven day working across our hospitals, limiting our capacity to treat the number of patients required. Operations were cancelled due to a lack of available beds, delays in treatment, and patients being cared for in inappropriate clinical areas given the complexity of the patients' needs. We also failed to meet key national targets, meaning that patients were experiencing unacceptable delays, including waiting more than 18 weeks from referral to treatment.

Over the past year, we have improved the way we manage our emergency departments and we have reduced delays faced by patients waiting to go home. This has led to reductions in our bed occupancy rate – in February and March 2016, it was an average of 92.8%. The experience of our patients requiring emergency treatment has improved and the number of patients waiting in the emergency department at any one time has reduced, improving overall patient safety.

Despite improvements to our emergency departments, demand from patients and ambulances continues to increase, and we have not met the national target of 95% of patients being seen, treated, admitted or discharged in under four hours. Across the Trust, 88.38% of patients were treated within the four hour standard.

We have also not met our target for theatre cancellations due to lack of bed availability in wards and the high dependency units, patient cancellations, out of theatre time cancellations and patients who do not attend their appointments. Over the next year, we will be addressing these issues through the re-establishment of the theatre improvement plan, led by clinical leads and matrons at our hospitals.

We have shown significant progress in all aspects of our cancer performance and achieved all nine standards in October and December 2015. This is the first time we have achieved all cancer targets in over two years. We have also made progress towards reducing the waiting lists for elective care within the 18 week referral to treatment standard, and stabilised the number of patients waiting too long for treatment.

Work has also commenced on a co-located midwifery-led birthing centre at The Royal London, providing additional choice and capacity for 1,500 mothers giving birth every year.

The quality of our data continues to impact on our ability to make sound decisions; improving the accuracy and availability of real-time data will be a key priority for 2016-17.

Outpatients and medical records

We want our patients to have access to efficient and well run outpatient care supported by a medical records service that delivers full sets of patient notes to staff when and where they are needed. The Care Quality Commission (CQC) reported in May 2015 that while our patients were treated with compassion, dignity and respect, they did not always feel fully involved in decisions about their care and treatment. Patients experienced difficulties in contacting the hospital and receiving appointments, resulting in delays accessing care and treatment. Medical records were not always delivered in a timely manner for appointments, and IT systems – the computers as well as data collection – led to delays and risks to patient care.

Following the inspection by the CQC, we have prioritised improving the accessibility of our services for patients. In particular, we wanted our patients' phone calls to our central appointments departments to be answered within 60 seconds – at the end of March 2016, this now happens for 54% of our patients who call. In November 2015, we were only able to answer 44% of phone calls within 60 seconds.

To allow us to provide a more timely summary for GPs of those patients who were unable to attend, we wanted to reduce the number of instances where this summary was delayed. At the end of March 2016, 99.2% of patients who didn't attend were being summarised within five working days, compared to only 98.5% in November 2015. We are proud that the impact of the improvements we've made to date in outpatients has seen a reduction in outpatients related complaints from 33 in April 2015 to 3 in March 2016.

We have made considerable effort to reduce the number of patients that do not turn up to their appointment as this leads to delays to clinics, wasted resources and impacts on the accessibility of our service for other patients. In January this year, we introduced a call reminder service at Whipps Cross to remind patients of their appointments. Early indications suggest that the service is effective and we are planning to roll it out across our other hospitals.

While we have made positive improvements for patients attending our clinics, we still have improvements to make. When the hospital cancels and then rebooks a patient's appointment, patients are much less likely to attend on the rebooked date, so we want to keep the number of hospital cancellations to a minimum. Hospital initiated cancellations were 16% in March 2016 – higher than we would like – so we will be working hard to reduce this overall figure by March 2017.

Medical notes availability reached 97% in February 2016 moving us close to our overall target of 98%. The medical records team will continue to deliver and sustain performance improvement over the coming months to ensure that this target is achieved.

The feedback of our patients is important to us as it helps us prioritise what needs improving, and what we're doing well. Overall, response rates have remained lower than we'd hoped over the last few months of the year. It is expected that we will see response rates improve with the launch of the new I Want Great Care (IWGC) Friends and Family Test service in March 2016.

Leadership and organisational development

The Care Quality Commission reports published in March and May 2015 found that our staff were caring and compassionate, but the organisation and its procedures had let them down and allowed standards to slip. Performance and practice was not universally poor, but there was too much variation between sites, teams and wards, and not enough corporate support for those who were struggling to do their best. In response, we have resolved to raise our game as a Trust and ensure that in future the whole was more than the sum of its parts.

The most significant change was to renew and reshape the leadership team within a new organisational structure. Our new Chair, John Bacon, and new Chief Executive, Alwen Williams, recruited a top-class team with a view to maintaining discipline and control over short-term operational performance as we developed a long-term clinical strategy. As well as a chief medical officer, Professor Alistair Chesser, and a chief nurse, Caroline Alexander, the team now includes a deputy chief executive responsible for quality, Dr Tim Peachey, and a chief operating officer responsible for performance, Jacqueline Totterdell.

Refreshing the corporate centre was combined with devolving power to the front-line. Each hospital was made accountable for the operational delivery of high quality care, while the network of clinical academic groups focused on strategic change and Trust-wide clinical standards. Each hospital now has its own expert managing director, supported by a medical director, a director of nursing, and an operations director responsible for day-to-day delivery. A similar triumvirate of lead clinician, lead nurse and lead manager manages each department and runs each service line.

Each hospital also manages its own budget and has dedicated support with finance, HR and other corporate functions. The new structure means staff and stakeholders know who to go to at each hospital to get things done. It also means that, in effect, Barts Health is already running a chain of hospitals while other parts of the NHS are still experimenting with new models of care. The top team sets the strategic direction, decides policy, and provides a consistent and coherent framework of corporate support for shared functions; while the hospital teams get on with the business of treating patients on the front-line and are held to account for their performance.

Changing the way our hospitals are run has enabled us to better support our staff and hear their views. Our staff know better than anyone what can be improved and how, so we adopted a new staff-led approach to change. Conversations about what staff felt was necessary to provide our communities with high quality care inspired the measures in our *Safe and Compassionate* improvement plan*,* and we have delivered profound and fundamental changes to services, structures and systems as a result.

In order to deliver this improvement programme, we started to change the way we did things around the Trust by signing up to an approach to improving how we all work together called *Listening into Action*. This was tried and tested by many other NHS organisations, and enables frontline staff to influence and shape the care and services they provide. It puts the staff who know most at the centre of change, and challenges leaders not only to listen to them, but also to give them permission and support to fix the problems they find at a local level for the benefit of their patients.

Many clinicians and managers have enthusiastically embraced this way of working in order to tackle a range of specific issues at each hospital. More than 40 clinical teams are turning their ideas into positive results, making the *Listening into Action* approach a primary vehicle for empowering staff to make the improvements to patient care set out in *Safe and Compassionate*.

We have implemented a number of Professor Duncan Lewis' recommendations in relation to effectively tackling the ill-treatment at work being experienced by many of our staff. We have provided training on promoting diversity and civility in the workplace, and delivered specific training for managers on promoting health and wellbeing practices. We are also using our data to inform targeted interventions. The combination of these improvements is driving forward a positive workplace culture.

We are making progress in creating a diverse and inclusive workforce and promoting equality of opportunity in career progression. We have seen some encouraging testimonies and promotions achieved from the first cohorts of staff through our career development programme that supports staff from BME groups and women into more senior positions – groups that are underrepresented in bands 7 and above. This work has been agreed to continue in 2016-17. Focused work will also start in relation to training our recruiting panels in relation to unconscious bias. A new equality and inclusion board launched in March 2016, chaired by Alwen Williams, chief executive, will further strengthen our ambitions to promote diversity and inclusion.

These changes to the way we run as a Trust has led to a significant improvement in our overall engagement score, as measured by the NHS 2015 Staff Survey. While we remain below average for our benchmark group (3.79), our 2015 position was higher than our 2014 position. While this shows positive signs, our staff survey results demonstrate that we have considerable progress still to make for our staff, particularly in relation to reducing bullying, harassment and abuse from colleagues; work related stress; discrimination at work; and promoting equal opportunities for career progression and promotion.

Staff survey indicator	**2014**	**2015**
Staff engagement	3.62	3.68 ↑
Bullying, harassment and abuse from colleagues (KF19)	34	37 ↑
Work related stress	44	43 ↓
Discrimination at work	20	21 ↓
Promoting equal opportunities for career progression and promotion (KF27)	71	70 ↓

One of the many things that came out of our Big Conversations last year was how we treat each other as colleagues. Many people felt that we could do better to be kinder, more compassionate and more professional. Among the suggestions that staff put forward to address this was to revisit our values to see what more we could do to help guide the way we do things across the Trust.

During 2016-17, we will be refreshing our values to align them with our purpose to be a consistently safe and compassionate organisation for patients and staff, to respond to staff feedback that we don't treat colleagues consistently well, and to work constructively on treating each other better in light of the high levels of work place stress, bullying, harassment and discrimination reported in the 2015 staff survey results. Our aim is to set organisational values shaped by our staff and patients that are simple, memorable and inspiring and to recognise and appreciate these values as they are practised.

Supporting our staff in numbers

700 of our managers and supervisors participated in the leading changing lives workshops

1,500 staff participated in our Listening into Action big conversations

36 people used our new Guardian Service at Whipps Cross

1,197 people used our employee assistance programme provided by CiC

118 people used our SpeakinConfidence

67 trained mediators are available to resolve reported cases of bullying and harrassment

200+ people participated in new leadership development and management training opportunities, including a programme to support the transition of new leaders joining Barts Health

100+ people participated in leading care for ward nurses and matrons

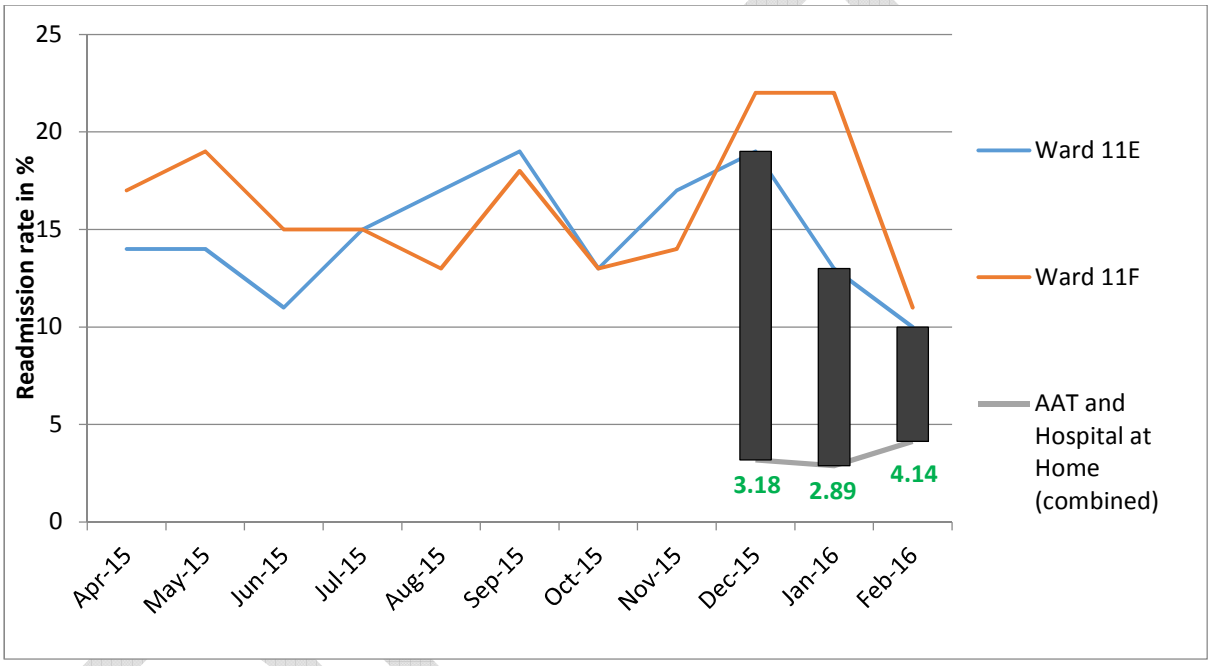
25 people participated in our clinical director development programme with the King's Fund

Delivering safe and compassionate care in our communities

Community Health Services

We are proud to deliver care in the community for people living in Tower Hamlets and audiology services in Newham and Waltham Forest. These services – provided in people's homes as well as in a number of community settings such as GP surgeries and community health centres – had more than 700,000 patient contacts last year.

Over the last year, we have been working closely with our colleagues at The Royal London Hospital to prevent unnecessary hospital admissions and help our patients leave hospital earlier. This reflects the needs of our patients who want their care closer to home, and helps our hospital run more efficiently.



We have built strong links with multi professional community health teams and clinical teams in the hospital. This is helping us provide better, coordinated care to patients resulting in better outcomes and a better experience, as evidenced by the positive feedback we have received through the patient reported experience measures. For example, we are liaising with our colleagues in the clinical commissioning group to make sure that if patients require medication at home in their last days of life, staff are able to dispense it. We have also established training with colleagues in our hospitals and social care to raise awareness of pressure ulcers and how these can be prevented.

Last year, we were proud to be awarded national Vanguard status with our partners – Tower Hamlets GP Care Group Community Interest Company (representing primary care); East London NHS Foundation Trust (our local mental health trust) and London Borough of Tower Hamlets (representing our local council and social care).

By working together as the Tower Hamlets Integrated Provider Partnership (THIPP), patients in Tower Hamlets will benefit from having straightforward, easy to access, health and social care services and a positive patient experience.

This new model of community care will now ensure a single shared assessment and plan for patients. Services will be coordinated around the needs of the patient, rather than the patient and their carers having to navigate themselves through numerous health and social care services.

As a group, we have submitted a bid to manage the community services in Tower Hamlets over the next five years. If we are successful, we will be in a position to deliver the transformational change needed for residents in Tower Hamlets, meeting the aims of our Vanguard status.

Community health services for children

Our community children's nursing team provide a service to children either at home, or in an educational setting. We are proud of the service we provide, which is recommended by 100% of our families and was recognised for being caring and compassionate in the 2016 Barts Health Hero Awards.

Over the past year, we have been working in collaboration with our colleagues in acute wards to increase referrals to our service, which is having a particularly positive impact on children with asthma who are now seen within 48 hours of leaving hospital. We have also worked together to develop a new enteral feeding pathway to decrease the waiting time experienced by children and their families from having a nasogastric tube to a gastronomy and reduced A&E attendances.

We are focusing on recruiting specialist expertise to the team, and have appointed a clinical psychologist and a paediatric nurse trainer. Our clinical psychologist offered support to 13 children and families who are receiving a continuing care package as well as support to staff. Our paediatric nurse trainer is training staff from the local authority so that they can support children with complex health needs access services.

Public health

The people living in East London are some of the most diverse and deprived in the country, putting us in the forefront of the national effort to tackle health inequalities. More than half our patients are classified black or minority ethnic, more than 60 languages are spoken in our hospitals, and there are high levels of poverty, overcrowding, unemployment and health inequalities in our catchment areas.

We want to help our patients and visitors make healthy choices, help our staff have positive health and wellbeing outcomes and we want to address health inequalities though providing employment and training to local communities.

Smoke free

We officially went Smoke Free on all of our Trust sites on 1 October 2015. This means that smoking is no longer tolerated in hospital grounds and staff are encouraged to remind smokers that while this was not allowed, we can offer support to stop smoking.

We referred over 3,500 patients to stop smoking services in 2015-16, particularly from pre-operative assessment and maternity, where we tried to ensure that all expectant mums were tested for carbon monoxide for evidence of smoking – this test led to our Royal London maternity team being awarded for their good practice and innovation by the London Clinical Senate in March 2016.

Promoting health screening

We have worked closely with some of our screening programmes to support their improvement and strategic development, most notably breast screening this year. We will be putting in place a new screening board within the Trust to have oversight of all of our screening programs.

Over the last three years, we have helped nearly 10,500 people to give up smoking.

Reducing alcohol-related injuries and disease

A quarter of people arriving at A&E do so due to alcohol-related injuries or disease. To help us screen patients for possible risk factors, we have implemented the Alcohol Use Disorder Identification Tool (AUDIT) which is a series of questions to assess whether they would benefit from finding out more information about alcohol use, advice or further support from the community alcohol services team. We have trained our staff to carry out the screening and the results have been incorporated within our care records service. A new alcohol care pathway is also being developed.

Getting physical

Over 2,000 staff took part in on-site exercise classes across the Trust, including zumba, yoga, circuits, boxercise and Pilates. We also held our third annual staff and families sports day in Queen Elizabeth's Olympic Park, supported by Skanska plc. and Carillion plc. Over 500 staff and their families took part and this year there were number of fiercely contested sporting contests including five-a-side football, badminton, table tennis and netball, as well as more gentle activity such as walking and kids' activities.

Eating well

We have developed a healthy food strategy and made significant improvements in the food offer in our hospitals, including the reduction in profile and sale of sugary drinks and healthier options at the point of sale.

Mental health and wellbeing

We have introduced a new mental health and wellbeing policy, which has led to awareness training for managers, and stress management training for staff. We were recognised for our work in this area, winning the 'Achievement' award from the Health and Wellbeing Charter, validated by the Greater London Authority.

Supporting the local community

We are committed to employing local people with over 160 local residents supported into work though the Community Works for Health (CWfH) programme. The apprenticeship programme also continued to expand with 142 new apprentices starting their training in 2016-16, including 81 new recruits to the Trust. This year also saw the full flourishing of the East London Careers Project, now working with over 40 schools.

Our public health in numbers

10,500 people helped to stop smoking in the last three years

2,000+ supported to be more active in the workplace

150+: the highest apprenticeship numbers of any NHS organisation in the Health Education North Central and East London (HENCEL) region.

20+ trainees from the Tower Hamlets Working Start scheme have been supported with placements leading to employment

30 people have participated in Project Search, a scheme to help people with learning difficulties find employment at Whipps Cross, Newham and Mile End hospitals

130 successful candidates from our Community Works for Health programme were celebrated at the Barts Health Awards

800 school students engaged in career talks through the East London health careers project; 500 were provided with work experience

456 young people accessed experience in health settings over summer school that will support their application to health related degrees

Kaylie Devlin was recognised as the Apprentice of the Year for the HENCEL area

Innovation in healthcare

Our Education Academy

We want our staff to have access to high quality education and training resources to help them deliver safe and compassionate care to our patients. The income we receive to deliver education across the Trust is significant at £80million last year, which is the largest contract nationally, and our second largest income line as a Trust.

Over the past year, we have received excellent feedback from the student nurses, nurses, midwives, allied health professionals, medical and dental students and trainees who have accessed education through the Academy. We were also formally reviewed by Health Education England who were impressed by our commitment to widening participation and encouraging local people from East London to take up careers in healthcare.

We have continued to listen and engage with our external partners and colleagues to identify and resolve concerns that are raised. We hear from our learners in many ways, including formal forums, face-to-face, national student and GMC surveys, real time feedback, student stories and from a range of online survey channels. As a result of our engagement we are increasing learner satisfaction specifically in relation to support supervision and mentorship.

Last year we launched a new online database called WIRED to help us understand completion of statutory and mandatory training courses. This reporting tool has enabled us to promote training compliance in a transparent way and resulted in us achieving a record high compliance rate of 91.3% across the Trust. We have also launched an education app to promote more than 120 resources for staff to aid their development.

New developments for our staff

Site based education leads

Increase in multi-professional simulated learning in the workplace

End of life care training available to all staff

Supporting continuing professional development and revalidation, including investment in the Nursing Times e-learning and revalidation resources for every registered nurse and midwife

Development of clear career pathways

Development of systems and processes to provide easily accessible data to evidence the quality of educational delivery and outcomes

Use of technology to support virtual and interactive education

During 2016-17, we will be launching the Leadership, Management and Improvement Faculty to bring all of our learning and development from across the Trust into one place. It will shift our focus on learning in a classroom to learning on the job, and help our staff and managers know where to go to access the development they need to deliver safe and compassionate care to our patients.

Research and development

Still to come

Working with Barts Charity

Barts Charity is our dedicated charity, helping to fund extraordinary healthcare in our five hospitals and associated medical school.

The Charity provide funding for innovative research, equipment and community projects that all make a significant difference to the care we can provide. The funding from Barts Charity helps our staff go above and beyond in their treatment of patients, with all projects demonstrating clear, tangible benefits.

Barts Charity administers all charitable donations given for the benefit of our hospitals, and makes sure that all funds are allocated according to our donors' wishes. The Charity doesn't deduct anything for administration costs, meaning 100% goes directly to the donor's chosen cause. They also offer support to anyone looking to fundraise for the benefit of our hospitals, and have places in a number of challenge events across London.

Last year Barts Charity awarded 48 grants to the Trust and our associated medical school.

A £10.2m grant to the new Barts Heart Centre at St Bartholomew's is helping to combine research and clinical care as part of the Centre's aim to save 1,000 lives each year. While helping to tackle the most pressing cardiovascular healthcare issues facing our community, the grant and outcomes of the research will have broad global relevance.

Another large-scale investment from the Charity was the £6.8m grant to build a bespoke centre for children and young people at Newham Hospital. The centre will serve both Newham's local population as well as our wider patient population. This will vastly improve facilities for children and teenagers.

Barts Charity helped the Trust achieve a first for Europe in lung cancer diagnosis, with a £118,000 grant. New technology – 3D lung navigation bronchoscopy software – is helping to detect and diagnose lung cancer at an earlier stage.

Many small project grants and funding schemes provided by the Charity are also helping staff on a day-to-day basis. Examples from the last year include £9,155 to fund a cerebral function monitoring machine to assess the condition of newborns with suspected reduced oxygen and blood supply to their brains; £9,000 for "MotoMed" equipment, a rehabilitation aid for patients who are confined to bed-rest due to critical illness; and £2,069 for enhanced malnutrition training for staff working with older people.

In addition to these, grants were awarded across a wide range of our services – from cancer and cardiac to trauma and children's. This incorporates small- and large-scale community outreach projects, such as £250,000 for studies (from which the resource *East London Genes & Health* began) into advancing the understanding of human disease and human gene function to improve healthcare in our local population.

The Charity's Christmas (*Send a Smile with Santa*) and Easter (*Egbert's Eggstraordinary Challenge*) appeals were successful in fundraising for children's and elderly services, and gave our patients staying in hospital during the holiday periods a gift or Easter egg to open.

We look forward to continuing our partnership with Barts Charity next year to promote the best outcomes for our patients.

You can see more projects funded, the Charity's own Annual Reports, and how to support their work, at **bartscharity.org.uk**.

Sustainable healthcare

Our sustainability programme has saved the NHS over £9.2million and nearly 50,000 tonnes of carbon.

Our approach to sustainability focuses on building trusting and lasting partnerships, breaking down barriers, sharing knowledge and celebrating success as we mobilise change. In healthcare, there has never been a more important time to do this. With resources being pushed to their limits and an increasing drive for operational and financial efficiencies to be met, the ever increasing reality of population growth, and the impact climate change is having on our health, we need long-term, sustained change to create a health system that is fit for both today and for the future. We recognise we must actively seek to innovate, to work together, and to engage with our patients, staff and the public to start the conversations that will drive this change.

Waste

In our partnership with Skanska, we have crushed and segregated 3,500 items ready for recycling through the installation of the first reverse vending machines in a hospital. We have also developed and installed two machines in our renal units which compact and crush plastic waste, reducing transportation costs and carbon. This year our waste programme has saved the Trust £1.03million.

Waste in numbers

181 tonnes of cardboard was recycled – stacking higher than The Royal London Hospital

Diverted 3,500 tonnes of domestic waste away from landfill into Refuse Derived Fuel (RDF) – enough fuel to power the Royal London Hospital for four months

2,000 pieces of equipment were given a second life through our circular economy programme with Globechain, benefitting over 9,000 people through medical relief abroad. This represents 10% of our bulky waste on site.

We have trained over 3,000 front line staff in waste management

We have reduced our sharps waste costs by 10%

We have carried out £112,000 individual waste audits and provided 3,500 individually tailored audit reports to departments across the Trust

Our sharps awareness programme has helped us to receive zero needle stick injuries to waste portering staff this year – the first year this has ever happened

The Chinese Government visited the Royal London Hospital to learn about our waste management practices as we are seen as a global best practice exemplar

Operation TLC

Operation TLC is a behavioural change programme that focuses on creating healing environments for patients through environmental behaviour changes. It has not only improved the experience of our patients, it has saved the Trust £428,000 and 1,900 t/CO2.

Air quality in east London

Working in collaboration with The City of London, Newham, Tower Hamlets and Waltham Forest authorities, The Greater London Authority (GLA), Defra and supported by Global Action Plan, we are aiming to reduce some of the 9,500 deaths that are caused each year in London from air pollution by reducing emissions and exposure to the harmful pollutants they cause.

The programme focused on:

1. Keeping patients warm and well
2. Distributing air pollution maps through pharmacies and community health services
3. Creation of breathing spaces
4. Encouraging our staff to 'switch their trip' to a lower pollution option
5. Training drivers in low emission driving behaviours

Telling the story

This year we created a new film and infographic to demonstrate the impact our sustainability programme has made and to inspire others to prioritise sustainability to have a similar impact across the health system in the UK.

We held our annual NHS sustainability day, which was founded by us five years ago. A national day of action, we have travelled across the country to deliver six tailor made regional roadshows to demonstrate the efficiencies and health benefits from sustainable interventions.

Celebrating our success

This year we were Shortlisted for ICAEW Public Sector Finance for the Future Awards for our work on sustainability. We were also shortlisted for the HSJ Awards for Improving Environmental and Social Sustainability and Fiona Daly, associate director of sustainability and patient transport, was shortlisted, and highly commended, as the National Air Quality Champion at the National Air Quality Awards. In conjunction with Skanska, we also provided the winning bid for the British Institute of Facilities Management (BIFM) Awards for new product/service for our waste management service.

Our performance against CQUINS in 2015-16

Overall we achieved 81% of our CQUINs (Commissioning for Quality and Innovation Scheme) last year, resulting in £16.7m of a total £20.6m available. CQUINs have been challenging in both the range of national areas covered increasing and in some instances the level of realistic achievability.

Our overall performance is shown below:

Barts Health NHS Trust CQUIN 2015/16 Performance				
National CQUIN	Site	15/16 value available	15/16 value anticipated	% CQUIN achievement
Acute Kidney Injury	NUH/RLH/WX	£1,300,057	£758,359	58%
Dementia & Delirium	All	£1,300,057	£1,189,449	91%
Sepsis	NUH/RLH/WX	£1,300,057	£1,018,368	78%
Urgent & Emergency Care:				
- Improving A&E Diagnosis coding	NUH/RLH/WX	£1,300,057	£845,029	65%
- Reducing Avoidable Energency Admissions	NUH/RLH/WX	£1,300,057	£1,105,038	85%
Local CQUIN				
Cancer	All	£1,300,057	£845,037	65%
Integrated Care	NUH/RLH/WX	£1,820,080	£1,820,062	100%
Mental Capacity Act	All	£1,300,057	£1,300,057	100%
Patient Experience	All	£780,034	£624,028	80%
Service Alerts	All	£1,300,057	£686,430	53%
Specialised CQUIN				
Cancer:				
- Oncotype DX (Breast Cancer gene testing)	SBH	£750,140	£750,140	100%
- Systemic Anti-Cancer Therapy	SBH	£250,047	£250,047	100%
Clinical Utilisation Review Tool	RLH	£1,000,186	£250,000	25%
Hepatitis C	RLH	£1,000,186	£1,000,186	100%
HIV - reducing unnecessary monitoring	RLH	£1,000,186	£1,000,186	100%
Neonatal Intensive Care	NUH/RLH/WX	£750,140	£493,337	66%
Reducing Delayed Discharges from Critical Care	All	£1,000,186	£1,000,186	100%
Other CQUINs				
Community	ME	£1,011,070	£953,844	94%
Dental	RLH	£557,025	£557,025	100%
Public Health	ME	£287,471	£287,471	100%
Total		**£20,607,210**	**£16,734,278**	**81%**
Key:				
ME - Mile End Hospital				
NUH - Newham University Hospital				
RLH - Royal London Hospital				
SBH - St Bartholomew's Hospital				
WX - Whipps Cross Hospital				

Areas where performance was not as high as anticipated are noted below.

National CQUINs

Acute Kidney Injury
Acute Kidney Injury or AKI CQUIN is predicated on recording information on discharge summaries to aid GPs to treat patients with AKI once they're discharged from hospital care. Though 58% performance was noted overall, significant improvements have been made on discharge information provided throughout the year with 90% of all elements recorded in the latter quarter of the year.

Sepsis
This CQUIN is predicated on screening patients for sepsis and administering antibiotics within one hour for severe sepsis patients. Performance improvements have been made throughout the year, with a best practice model that was developed at Whipps Cross being rolled out to all of our hospitals from November.

Improving A&E diagnosis coding
This specifically relates to improving mental health diagnosis codes recorded for patients attending A&E.

Local CQUINs

Cancer
The main element of the CQUIN relates to safety-netting procedures to make sure patients with abnormal test results are seen rapidly. 100% of this three-part CQUIN has been achieved throughout the year on this aspect. Performance has been lower though around discharge process. Improvements have been made in the number of health needs assessments produced at patients discharge and we are reviewing with commissioners whether the discharge summary measure in the CQUIN is judged at the most appropriate point. We follow Macmillan guidelines in respect of cancer patients' discharge and summaries for some patients are not produced immediately as they can remain within the health system for a long period.

Service Alerts
Poor performance in this CQUIN relates to responding to patients' complaints in a timely manner. Though there have been some improvements, the benefits of a new complaints reporting process adopted from September 2015 won't be seen until later in the financial year.

Specialised CQUINs

Clinical Utilisation Review (CUR) Tool
The CUR Tool is a predictive tool which assesses information maintained about patients' treatment and welfare to aid assessing when they may be suitable for discharge. We didn't subscribe to this tool in 2015-16. Cerner, our patient administration system provider, is developing our ability to be able to use this in 2016-17 and beyond.

Neonatal Intensive Care
This CQUIN is predicated on babies being discharged from the NICU into community nursing when appropriate; however some babies were kept in longer as their consultant deemed they needed a longer period of specialised care. This resulted in lost CQUIN income.

Our year ahead: 2016-17

Our priorities for 2016-17

We are half way through a journey to ensure that all of our services achieve the same high standards as those which are already nationally and internationally recognised. We have taken steps to make rapid improvements in the care for our patients, to enhance our operational performance, and to ensure our finances are sustainable for the future.

Our priorities for 2016-17 further support the delivery of these ambitions. We are refreshing our *Safe and Compassionate* improvement plan with a greater focus on making improvements in our hospitals and we are aiming to exit special measures by April 2017 by scoring 'good' in all domains.

Our priorities

SO1 Safe and Compassionate Care

- Delivery of our safe and compassionate plan to address areas of improvement and improve our CQC rating
- Address WXH warning notices
- Delivery of trajectories to reach constitutional standards

SO2 Efficient and Effective Care

- Delivery of financial control totals agreed in 16/17 plan
- Delivery of 16/17 quality and cost improvement plan
- Delivery of 16/17 capital programme

SO3 Service Transformation

- Delivery of TST 16/17 priorities, particularly establishing acute and surgical hubs
- Maintain our role in the NMC vanguard programmes
- Development of trust-wide clinical strategy

SO4 A Strong Engaged Workforce

- Implement plans to reduce the reliance on agency staff
- Deliver plans to retain our substantive workforce
- Embed the new Leadership Operating Model and further embed the use of LiA to engage our workforce in our change programme

SO5 Developing our Infrastructure

- Redevelopment of the Whipps Cross Hospital estate
- Complete the final phase of the Barts Heart Centre
- Development of our ICT strategy and key infrastructure priority areas

SO6 Better research & education

- Development of plans to establish a life sciences campus in conjunction with QMUL
- Development of our research strategy
- Increase the number of patients participating in clinical trials

Our quality priorities

1. Reduce the incidence of pressure ulcers:
    - Grade 4 – reduce by 75%
    - Grade 3 – reduce by 50%
    - Grade 2 – reduce by 75%
2. Falls resulting in harm - 50% reduction
3. Deteriorating Patient
    - 50% reduction in cardiac arrests across all sites
    - Sepsis 6 - 90% compliance with Antibiotics in Sepsis in the first hour. Implementation of Sepsis 6

- AKI – Installation of a new real time AKI algorithm with automated notification to the Renal Service

4. Mortality Governance – all deaths will receive peer review to gain learning and assess avoidability
5. Medication Errors – Validate and Benchmark reporting methodology and occurrence and then set target for medication error reduction
6. Elimination of MRSA bacteraemias – 0 run rate by Q4
7. 90% Duty of Candour Compliance by end Q1
8. Statutory and Mandatory training compliance is at a Trust record high, with all hospital sites in the green > 90%, and overall training compliance on 31 March 2016 is 91.27%.
9. Achieve site specific trajectories for Patient Experience – to be aligned to our new strategy.

Our CQUINS for 2016-17

Income from CQUINS

The Commissioning for Quality and Innovation scheme in 2016-17 will represent in the region of potential £24m income for the Trust. This is broken down into £17m for CCG commissioned services, for both national and local schemes, and £7m for NHS England Prescribed Specialised Services (previously known as Specialised Commissioning).

CCG commissioned services

National schemes attracting 1.25% outcomes based premium include:

6. NHS staff health and well being
7. Antimicrobial review and stewardship
8. Timely indication and treatment of Sepsis

The scheme for sepsis will attract 10% of the total 2.5% applicable to CCG commissioned care.

A further 10% proportion or 0.25% CQUIN payment is in respect of the antimicrobial review. This CQUIN seeks a 1% reduction in Antibiotic usage.

The key change however relates to the introduction of a new three part CQUIN in respect of NHS staff health and well being. This CQUIN is worth 0.75% of the total 2.5% CQUIN monies available, and represents potential income of around £5m. The CQUIN is looking to improve outcomes in respect of:

9. Introduction of health and well being initiatives
10. Healthy food for NHS staff, visitors and patients
11. Improving uptake of flu vaccinations for frontline clinical staff

Local schemes

Local schemes will operate for:

12. Ambulatory Care
13. Delayed Transfers of Care
14. End of Life Care
15. Integrated Care
16. Maternity
17. Patient Safety
18. Smoking Cessation

Community Health Services

19. Integrated care

NHS England (NHSE) Prescribed Specialised Services (Specialised Commissioning)

Prescribed Specialised Services CQUINs have also been subject to significant change in 2016-17. In 2015-16, the overall CQUIN attributable to Specialised Commissioning was 2.5%. 0.1% of this was topsliced to deliver Operational Delivery Networks (ODNs) in specialised areas such as critical care.

In 2016-17, ODNs are funded as a separate entity, however the remaining 2.4% CQUIN has also been increased as we are a Hepatitis C Operational Delivery Network provider. For the first time, NHSE have issued a differential CQUIN with Hepatitis C ODN providers attracting 2.8% CQUIN and other providers attracting only 2.0% CQUIN.

Hepatitis C is the key feature of the NHSE scheme for Prescribed Specialised Services with 1.6% of the 2.8% CQUIN being apportioned to the operation and delivery of the Hepatitis C ODN. Hepatitis C has been subject to significant improvements in drug regimes offering marked benefit to patients and part of the Hepatitis C ODN role is to ensure NICE guidance in respect of these new drug advances is adhered to.

Further Prescribed Specialised Services CQUINs – new schemes

20. Haemoglobinopathy
21. Reducing cardiac surgery non elective inpatient waiting

Further Prescribed Specialised Services CQUINs – existing schemes

22. Clinical utilisation review tool
23. Reducing delayed discharges from critical care to ward care
24. Systemic anticancer therapy (SACT) chemotherapy

All CQUINs for 2016-17 have a defined link to our wider improvement journey as outlined in the *Safe and Compassionate* improvement plan. The achievement of the above CQUINs will ensure we continue to improve the outcomes for our patients as well as strengthening our work with partners as a wider health economy to ensure local, national and specialised priorities are met.

Quality Assurance

Our Quality Assurance Statement

In accordance with the Quality Account Regulations, Barts Health NHS Trust is required to include a set of prescribed assurance statements in the look back section of the Quality Account. These must cover:

- A review of services provided
- Details of participation in clinical audit and research
- Care Quality Commission regulation and registration status – included on page 42
- Income and performance through the Commissioning for Quality and Innovation payment scheme (CQUIN)
- Data quality and Information Governance assurance

Review of services

During 2015-16, Barts Health NHS Trust Board reviewed all the data available to it on the quality of care in 100 percent of its NHS services, as measured by individual service lines.

These service lines cover the range of regulated activities (as specified in the Care Quality Commission's registration statement of purpose) undertaken by the Trust in the period before 1 April 2016. The income generated by the services reviewed in 2015-16 represents 100 percent of the total income generated from the provision of NHS services by Barts Health NHS Trust for 2015/16.

Quality was reviewed by systematic data collection against a suite of quality and operational service line metrics which inform our performance management framework and Integrated Performance Report (IPR). The Trust operates a robust system of patient safety and risk management.

Quality governance is reviewed in depth through the Trust Executive and the Quality Assurance Committee. The latter provides assurance to the Barts Health NHS Trust Board.

Data Quality

Barts Health NHS Trust is currently ranked 15th in the London area, as represented via the HSCIC data quality dashboard, with an overall data quality performance of 97.5%. This performance is 1.3% above the national average of 96.2% and 1.4% above the London area team average of 96.1%.

Barts Health submitted records during 2015-16 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- 98.0% - for admitted patient care (an overall improvement of 2.4%)
- 99.2% - for outpatient care (an overall improvement of 2%)

- 92.9% - for accident and emergency care (an overall improvement of 3.6%)

In addition, to facilitate the delivery of streamlined patient care and integrated working with our commissioners and partner organisations we focused on improving our submitted performance of the recorded organisation of residence, which has increased from 22.3% to 97.8% and the patient's valid General Medical Practice Code, was:

- 100.0% for admitted patient care
- 100.0% for outpatient care
- 99.9% for accident and emergency care

The Trust continues to make improvements in the accuracy and completeness of patient records by proactively reviewing and resolving:

- potential duplicate records
- missing NHS numbers
- completeness of ethic category

The Trust is no longer subject to an annual external audit of clinical coding by the Audit Commission. These are now undertaken on an ad-hoc basis. However, in order to ensure that the Trust maintains a high standard of clinical coding, our internal team of accredited auditors carried out five detailed audits across the following specialties; interventional radiology, general surgery, orthopaedics, cardiology and general medical. All audits complied with Information Governance Toolkit standards. Future audits will cover other specialties.

Information Governance Toolkit attainment levels

Barts Health Information Governance Assessment Report overall score for 2015-16 was 76% and was graded satisfactory.

Participation in clinical audit

During 2015/16 there were 39 mandatory national clinical audits and two national confidential enquiries covered NHS services that Barts Health NHS Trust provides. During that period Barts Health participated in 97% of national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Barts Health NHS Trust participated in, and for which data collection was completed during 2015-16 are listed in on pages 41-42 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

To date, the reports of eight national clinical audits were reviewed by the provider in 2015/16 and Barts Health intends to take the following actions to improve the quality of healthcare provided:

Cancer Audits

- Appointed a clinical data lead and adopted use of the real time CancerStats tool.
- Appointed a new Lung Cancer Nurse Specialist.

Inflammatory Bowel Disease Audits

- Established patient involvement panels
- Developed patient satisfaction survey and adopted use of iwantgreatcare system

Trauma Research Audit Network

- Appointed two new trauma neurosurgeons and a consultant trauma plastic surgeon.

1,035 local clinical audits were registered by the provider in 2015-16 and Barts Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Development of a training programme in ICU physiotherapy
- Additional pre-assessments in Ophthalmology to reduce the risk of laser related complications
- Introduction of standardized outcome measures to assess pain prior to steroid injection in podiatry
- Development of training and education around cognitive assessment in stroke patients
- Establishment of collaborative working to improve pre-operative rehab planning for trauma patients requiring therapy.

Research and development

The number of patients receiving NHS services provided or sub-contracted by Barts Health NHS Trust in 2015-16 that were recruited during that period to participate in research approved by a research ethics committee was 30,000.

Goals agreed with Commissioners (CQUINS)

A proportion of Barts Health NHS Trust's income in 2015-16 was conditional on achieving 18 acute and two community services quality improvement and innovation goals agreed between Barts Health NHS Trust and our local commissioners.

Further details of our achievements and progress against the goals agreed for 2015-16 are provided on pages 34-35 of the Quality Account.

Care Quality Commission

Barts Health NHS Trust is required to register with the Care Quality Commission and its current registration status is full registration with no conditions.

The Care Quality Commission has taken enforcement action against Barts Health NHS during 2015-16. However Barts Health remains in special measures following publication of the CQC report on Whipps Cross in March 2015, when enforcement action was taken involving the issuing of four warning notices and four compliance

notices against the Trust in relation to Whipps Cross. More detail of the actions we have taken in relation to this is described in more detail in section xxx, our performance in 2015-16.

Mandated indicators

SHMI

Definition

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to— (a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period; and (b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. *The palliative care indicator is a contextual indicator

Data period 1 April 2015 – 31 March 2016

SHMI	Best	0.67	THE WHITTINGTON HOSPITAL NHS TRUST
	2nd	0.75	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST
	3rd	0.76	IMPERIAL COLLEGE HEALTHCARE NHS TRUST
	8th	0.87	BARTS HEALTH NHS TRUST
	Average	1.00	
	Worst	1.21	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST

The SHMI figures include patients who were coded as receiving 'palliative care' at either diagnosis or specialty level:

Patients receiving palliative care	Best	50.9	IMPERIAL COLLEGE HEALTHCARE NHS TRUST
	Barts Health	18.6	
	Average	26.0	
	Worst	10.1	CROYDON HEALTH SERVICES NHS TRUST

PROMS

Definition

The data made available to the National Health Service trust or NHS foundation Trust by the Health and Social Care Information Centre with regard to the trust's patient reported outcome measures scores for— (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.

Data period April 2015 - September 2015

PROMS i) groin hernia	Best	0.154	POOLE HOSPITAL NHS FOUNDATION TRUST
	2nd	0.149	BODMIN NHS TREATMENT CENTRE
	3rd	0.138	BMI - THE CHILTERN HOSPITAL
	189th	0.027	BARTS HEALTH NHS TRUST
	Average	0.084	
	Worst	0	LEWISHAM AND GREENWICH NHS TRUST
PROMS ii) varicose vein surgery	Best	0.154	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST
	2nd	0.143	WYE VALLEY NHS TRUST
	3rd	0.143	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST
	23rd	0.096	BARTS HEALTH NHS TRUST
	Average	0.096	
	Worst	0.046	IMPERIAL COLLEGE HEALTHCARE NHS TRUST

PROMS iii) hip replacement surgery	Best	0.524	SPIRE CLARE PARK HOSPITAL
	2nd	0.517	ST HUGH'S HOSPITAL
	3rd	0.508	BMI - THREE SHIRES HOSPITAL

	189th	0.414	BARTS HEALTH NHS TRUST
	Average	0.436	
	Worst	0.331	WALSALL HEALTHCARE NHS TRUST

PROMS iv) knee replacement surgery	Best	0.414	NUFFIELD HEALTH, CAMBRIDGE HOSPITAL
	2nd	0.413	BMI GISBURNE PARK HOSPITAL
	3rd	0.384	MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST
	212th	0.282	BARTS HEALTH NHS TRUST
	Average	0.314	
	Worst	0.204	SOUTH TYNESIDE NHS FOUNDATION TRUST

* Casemix - adjusted figures are not shown for organisations with fewer than 30 modelled records, as the underlying statistical models break down when counts are low and aggregate calculations based on small numbers may return unrepresentative results.

Readmission to hospital within 28 days of discharge

Definition

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged— (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.)

Data period April 2015 – November 2015

a) Overall

Overall	Best	3.41%	University College London Hospitals
	2nd		
	3rd		
		8.0%	Barts Health NHS Trust

	Average	5.8%	
	Worst	10.05%	Barnsley

b) Readmissions age 0-14

Readmissions 0-14	Best	1.95%	Sheffield Teaching
	2nd		
	3rd		
		6.5%	Barts Health NHS Trust
	Average	5.3%	
	Worst	17.73%	Barnsley

b) Readmissions age 15 and over

Readmissions 15 and over	Best	3.45%	University College London Hospitals
	2nd		
	3rd		
		8.2%	Barts Health NHS Trust
	Average	5.9%	
	Worst	9.92%	West Mids

Responsiveness to personal needs of patients – patient experience net promoter score

Definition

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.

Recommended	Best	99.8%	LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST

percentage score	2nd	99.7%	ROYAL BERKSHIRE NHS FOUNDATION TRUST
	3rd	99.6%	THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST
		92.5%	Barts Health
	Average	95.6%	
	Worst	88.4	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST

VTE

Definition

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period)

Data period April to December 2015

Percentage of patients admitted to hospital who were risk assessed for VTE

Percentage of patients admitted to hospital who were risk assessed for VTE	Best	100%	South Essex University
	Average	95.6%	
		95.5%	Barts Health
	Worst	80.6%	Hull East Yorkshire

Rates of Clostridium Difficile

Definition

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

Data period Feb15 to Jan16

C Diff	Best	0	The Robert Jones & Agnes Hunt Orthopaedic Hospital

	2nd	0	Moorfields Eye Hospital
	3rd	0	Liverpool Women's
	150th	94	Barts Health
	Average	37.2	
	Worst	143	Leeds Teaching Hospitals

Patient safety incident reporting

Definition

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death)

Data period 1 October 2014 to 31 March 2015 (NRLS)

Rate of patient safety incidents reported in 2014-15 (a higher rate of incident reporting is seen as positive)

Rate of patient safety incidents reported in 2014/15 (a higher rate of incident reporting is seen as positive)	Best	82.21	WYE VALLEY NHS TRUST
		33.15	Barts Health
	Average	37.15	
	Worst	20.01	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

Definition

The data made available to the trust by the Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Data period 1 October 2014 to 31 March 2015 (NRLS)

Percentage of patient safety incidents which resulted in severe	Best	0.0%	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

harm or death		0.2%	Barts Health
	Average	0.3%	
	Worst	2.5%	THE DUDLEY GROUP NHS FOUNDATION TRUST

Friends and Family Test

Friends and Family Test - staff

Definition

Friends and Family Test - Question Number 12d – **Staff –** The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute & acute specialist trust who took part in the staff survey)

Data period 2015

FFT– staff Question 12	Best	3.48	Moorfields Eye Hospital NHS Foundation Trust
	2nd	3.39	Homerton University Hospital NHS Foundation Trust
	3rd	3.39	West Middlesex University Hospital NHS Trust
	68th	3.09	Barts Health NHS Trust
	Average	3.06	
	Worst	2.70	Pennine Acute Hospitals NHS Trust

Friends and Family Test - Patient

Definition

The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)

Data period April 15 to Feb 2016

FFT patient A&E	Best	42.9%	ROYAL FREE LONDON NHS FOUNDATION TRUST
	2nd	32.9%	GATESHEAD HEALTH NHS FOUNDATION TRUST
	3rd	27.7%	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST
	137th	1.8%	BARTS HEALTH NHS TRUST
	Average	14.2%	
	Worst	1.4%	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

Data period April 15 to Feb 2016

FFT patient Inpatient	Best	56.9%	PAPWORTH HOSPITAL NHS FOUNDATION TRUST
	2nd	55.1%	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST
	3rd	50.7%	MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
		18.0%	**BARTS HEALTH NHS TRUST**
	Average	27.5%	
	Worst	7.8%	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Participation in Mandatory Quality Account National Clinical Audit Projects 2015-16

Audit Title	National Clinical Audit supplier	CAG	Inclusion criteria - data submitted in 2015/16	Number of participating sites/number of eligible sites	Site coverage - number of cases submitted in 2015/16				
					Newham	Whipps Cross	Royal London	St Bartholomew's	Mile End
Acute coronary syndrome or Acute myocardial infarction	MINAP	Cardiovascular	Any acute coronary syndrome, including non-ST-elevation myocardial infarction and ST-elevation myocardial infarction.	4/4	Participating	Participating	Participating	Participating	Not eligible

			All consecutive patients. 1 January - 31 December 2014						
Bowel cancer	Health and Social Care Information Centre	Surgery and Cancer	All patients diagnosed from 1 April 2014 - 31 March 2015 undergoing major surgery.	3/3	Submitted as Barts Health for NUH, SBH and WXH				Not eligible
Cardiac Rhythm Management	Heart Rhythm UK, NICOR	Cardiovascular	Classes of devices included for 2015 calendar year are: Pacemakers	2/2	Not eligible	Participating	Not eligible	Participating	Not eligible

			(PM) for bradycardia (abnormally slow heart rates) and Implantable defibrillators (ICD) for life threatening ventricular arrhythmias which may otherwise cause sudden cardiac death. All EP ablation procedures in calendar						

			year 2013 (excluding diagnostic EP studies).						
Case Mix Programme	ICNARC Case mix programme	Surgery	All critical care patients in 2015/16 financial year. Audit of patient outcomes from adult general critical care units (intensive care and combined intensive care/hig	3/3	Participating	Participating	Participating	Not eligible	Not eligible

			h dependency units)						
Child Health Clinical Outcome Review Programme	NCEPOD	Children's			Participating	Participating	Participating		
Congenital heart disease (Paediatric cardiac surgery) (CHD)	CHD	Cardiovascular	All cardiac or intrathoracic great vessel procedures carried out in patients under the age of 16 years, and all adult congenital cardiac procedur	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

			es performed for a cardiac defect present from birth.						
Coronary angioplasty otherwise known as Audit of Percutaneous Coronary Interventional Procedures (PCI)	NICOR: National Institute of Cardiovascular Outcomes Research (also BCIS)	Cardiovascular	All PCI patients in the 2012 calendar year	2/2	Not required to participate - pts referred to other sites	Participating	Participating		Not eligible
Diabetes (Adult) ND(A)	NDA	ECAM	All patient diagnosed with diabetes and seen in in and outpatient care from 1 October	2/3	Participating	Participating	Participating	Not eligible	Not eligible

			2013 to 31 December 2013						
Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health	Children's	Patients that have been seen at paediatric diabetes clinics from 1 April 2012 to 31 March 2013 up to and including 24 years of age. **PREM:** Families who attend OPD from 2 September 2013	3/3	Participating	Participating	Participating	Not eligible	Not eligible

			to 31 January 2014.						
Elective surgery (National PROMs Programme)	HSCIC	Surgery	All groin hernia, varicose veins, hip fracture and knee fracture patients.	3/3	Participating	Participating	Participating	Not eligible	Not eligible
Falls and Fragility Fractures Audit Programme (FFFAP), including Hip Fracture Database	Royal College of Physicians	ECAM	All falls and hip fractures reported in the Hip Fracture Database.	3/3	Participating	Participating	Participating	Not eligible	Not eligible
Inflammatory bowel disease (IBD) Includes Paediatric Inflammatory Bowel Disease Services	Royal College of Physicians	ECAM and Children's	50 consecutive prospectively	4/4	Participating	Participating	Participating		Not eligible

			identified admissions for ulcerative colitis from 1 January to 31 December.						
Lung cancer	Health and Social Care Information Centre	Cancer	Patients first seen from 1 January 2012 to 31 December 2012	4/4	Participating	Participating	Participating		Not eligible
Severe trauma	TARN	ECAM	All trauma patients from 1 April 2013 to 31 March 2014	3/3	Participating	Participating	Participating	Not eligible	Not eligible

Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	MBRRACE-UK	Women's and Children's	Maternal deaths, stillbirths and infant deaths from 1 January 2013	3/3	Participating	Participating	Participating	Not eligible	Not eligible
Adult cardiac surgery audit (ACS)	ACS (Society of Cardiothoracic Surgeons)	Cardiovascular	Patients undergoing two major types of cardiac surgery aortic valve surgery and coronary bypass surgery from 1 April 2012 to 31 March 2013	1/1	Not required to participate - patients are referred to other sites	Not required to participate - patients are referred to other sites	Participating		Not eligible

National Audit of Dementia	Royal College of Psychiatrists	ECAM	to be confirmed	National audit to begin 2015/16	Participating	Participating	Participating	Participating	Participating
National Cardiac Arrest Audit (NCAA)	ICNARC	ECAM	All individuals (excluding neonates) receiving chest compressions and/or defibrillation and attended by the hospital-based resuscitation team (or equivalent) in response to the 2222 from 1	5/5	Participating	Participating	Participating	Participating	Not Participating as sample too small to be included (<2 per annum)

			April 2013 to 31 March 2013						
Chronic Obstructive Pulmonary Disease (COPD)	Royal College of Physicians	ECAM	Snapshot audits of admission to hospital from 1 February to 30 April 2014 with COPD exacerbation and outcomes at 30 and 90 days.	3/3	Participating	Participating	Participating	Not eligible	Not eligible
National Comparative Audit of Blood Transfusion	NHS Blood and Transplant	CSS		2/2	Participating				

Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Centre for Mental Health and Risk, University of Manchester	Not applicable	Mental health services are provided by East London NHS Foundation Trust and North East London NHS Trust, not Barts Health.	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
National Emergency Laparotomy Audit (NELA)	The Royal College of Anaesthetists	Surgery	All patients over the age of 18 year having a general surgical emergency laparotomy from	3/3	Participating	Participating	Participating	Not eligible	Not eligible

			1 January 2014 to 31 November 2015.						
Heart failure (HF)	NICOR: National Institute of Cardiovascular Outcomes Research	Cardiovascular	All heart failure patients from 1 April 2012 to 31 March 2013	4/4	Participating	Participating	Participating	Not eligible - no A&E department	Not eligible - no A&E department
Hip, knee, shoulder and ankle replacements	National Joint Registry	Surgery	All hip, knee and ankle replacements from 1 April 2014 to 31 March 2015.	3/3	Participating	Participating	Participating	Not eligible	Not eligible
National Prostate Cancer Audit	Royal College of Surgeons	Cancer	All patients	3/3	Participating	Participating	Participating	Not eligible	Not eligible

			newly diagnosed with prostate cancer from 1st April 2014						
National Vascular Registry	Royal College of Surgeons	Surgery	Patients undergoing vascular procedures including; abdominal aortic aneurysm (AAA) surgery, Infrainguinal Bypass, Amputation or Carotid surgery	1/1	Not required to participate - all patients referred to RLH	Not required to participate - all patients referred to RLH	Participating	Not eligible	Not eligible
Neonatal intensive and special care (NNAP)	Royal College of Paediatrics and	Children's	All babies	3/3	Participating	Participating	Participating	Not eligible	Not eligible

	Child Health		admitted to the neonatal unit in 2013, including term babies.						
Non-Invasive Ventilation	British Thoracic Society	ECAM	All patients treated with Non-Invasive Ventilation during the audit period	No data collection in 2014/15	Participating	Participating	Participating	Not eligible	Not eligible
Oesophago-gastric cancer	Health and Social Care Information Centre	Cancer	Patients diagnosed in the first and second years of the continuing audit (01 April 2012 to	3/3	Submitted as Barts Health for NUH, SBH and WXH				Not eligible

			31 March 2013) including patients with oesophageal high-grade glandular dysplasia (HGD)						
Paediatric Asthma	British Thoracic Society	Children's		3/3	Participating	Participating	Participating	Not eligible	Not eligible
Paediatric Intensive care	PICANet	Children's	All children and young people admitted to the paediatric intensive care unit from 1 January	1/1	Not eligible	Not eligible	Participating	Not eligible	Not eligible

			2012 to 31 December 2014.						
Prescribing Observatory for Mental Health (POMH)	POMH	Not applicable	Mental health services are provided by East London NHS Foundation Trust and North East London NHS Trust, not Barts Health.	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Renal replacement therapy	Renal Registry	ECAM	All patients starting renal replacement therapy	1/1	Not eligible	Not eligible	Ongoing Participation (100% submitted)	Not eligible	Not eligible

			(RRT) in 2013						
Procedural Sedation in Adults (care in emergency departments)	Royal College of Emergency Medicine	ECAM	Inclusion criteria: Adult patients past their 16th birthday, undergoing procedural sedation at all levels (minimal, conscious, moderate, dissociative and deep). Exclude: Patients aged 15 or under.		98 cases	36 cases	50 cases	Not eligible	Not eligible

			Patients receiving: * Entonox (50% nitrous oxide/oxygen) only *Opiates only * Entonox and opiates in combination						
Pulmonary hypertension audit	HSCIC	Not applicable	Pulmonary hypertension centres only. Barts Health is not a pulmonary hyperten	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

			sion centre.						
Rheumatoid and early inflammatory arthritis	British Rheumatology Society	ECAM	All patients with rheumatoid and early inflammatory arthritis from 1 February 2014. Data entry includes 3 months follow up.	3/3 Organisational questionnaires submitted 2/2	Not eligible	Not Participating	Not eligible	Not eligible	Not Participating
Sentinel Stroke National Audit Programme	Royal College of Physicians	ECAM	All stroke patients from April 2013 to March 2014 in	3/3	Q 1: 34 cases Q 2: 38 cases Q 3: 34 cases Q 4: 31	Q 1: 39 cases Q 2: 58 cases Q 3: 43 cases Q 4: 33	HASU Q 1: 202 HASU Q 2: 191 HASU Q 3:	Not eligible	Not eligible

			their first three days in hospital.		cases	cases	174 HASU Q 4: 153 to date		
UK Cystic Fibrosis Registry	UK Cystic Fibrosis Registry	ECAM		3/3	Not eligible	Not eligible	108/112 (96%)	Not eligible	Not eligible
UK Parkinson’s Audit (previously known as National Parkinson's Audit)	UK Parkinson’s Audit (previously known as National Parkinson's Audit)	ECAM		3/3	Participating	Participating	Participating	Not eligible	Participating
Vital signs in Children (care in emergency departments)	Royal College of Emergency Medicine	ECAM	Inclusion criteria: Children (patients less than 16 years of age) who present to the ED with a medical	3/3	100 cases	100 cases	100 cases	Not eligible	Not eligible

			illness, including rashes and abdominal pain. By medical illness, we mean presentations unrelated to trauma. The child may be ambulatory or non-ambulatory. Exclude: Adult patients aged 16 and over. Trauma patients							

			presenting with injuries.						
VTE risk in lower limb immobilisation (care in emergency departments)	Royal College of Physicians	ECAM	Inclusion criteria: Patients 17 years of age and above who present to an ED or an Minor Injuries Unit that is part of the ED with a lower limb injury and are discharg	3/3	Not eligible	Not eligible	100 cases	Not eligible	Not eligible

			ed with temporary immobilisation of the limb using a plaster cast Exclude: *Any patient under the age of 17 years. * Patients who are admitted to a ward as an inpatient (excluding observation and short stay wards under						

			the jurisdiction of the ED). *Patients on warfarin, related New Oral Anticoagulants (NOACs) or heparin. * Patients with lower limbs immobilised by other means e.g. air cast boot, cricket splint etc.						