



Meeting of the

INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Wednesday, 29 May 2013 at 7.00 p.m.

A G E N D A

**VENUE
STRATFORD TOWN HALL, LONDON, E15 4BQ**

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact:

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LONDON BOROUGH OF TOWER HAMLETS
**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW &
SCRUTINY COMMITTEE**

Wednesday, 29 May 2013

7.00 p.m.

PARTICIPATING LOCAL AUTHORITIES

1. WELCOME AND INTRODUCTIONS

Councillor Winston Vaughan, Chair of the Committee, to lead.

2. MEMBERSHIP OF THE COMMITTEE

The Committee is asked to note any changes to the membership.

3. APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTES

4. DECLARATIONS OF INTEREST

Any Member of the Committee or any other Member present in the meeting room, having any personal or prejudicial interest in any item before the meeting is reminded to make the appropriate oral declaration at the start of proceedings. At meetings where the public are allowed to be in attendance and with permission speak, any Member with a prejudicial interest may also make representations, answer questions or give evidence but must then withdraw from the meeting room before the matter is discussed and before any vote is taken.

5. MINUTES OF THE PREVIOUS MEETING (Pages 3 - 10)

To agree the minutes of the meeting held on 30 April 2013.

6. ACTIONS AND MATTERS ARISING FROM THE MEETING ON 30 APRIL 2013

7. BARTS HEALTH TRUST QUALITY ACCOUNTS 2012/13 (Pages 11 - 80)

8. ANY OTHER BUSINESS

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Agenda Annex

PARTICIPATING AUTHORITIES

Authority	Appointed Member
City of London Corporation	Common Councilman Wendy Mead
London Borough of Hackney	Cllr Luke Akehurst
	Cllr Ann Munn
	Cllr Benzion Papier
London Borough of Newham	Cllr Terence Paul
	Cllr Ted Sparrowhawk
	Cllr Winston Vaughan
London Borough of Tower Hamlets	Cllr Emma Jones
	Cllr Rachel Saunders
	Cllr Lesley Pavitt

Please Note: Membership for each borough is currently being reviewed

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Agenda Item 5

Inner North East London Joint Health Overview and Scrutiny Committee 29 May 2013 Minutes of the previous meeting	Item No 5
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Outline

Attached are the draft minutes for the previous meeting of INEL JHOSC held on Tuesday 30 April 2013.

Action

The Committee is requested to agree the minutes.

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**INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (INEL JHOSC)**

**Meeting held on 30th April 2013
in Room C1, 1st Floor, Tower Hamlets Town Hall, E14 2BG**

Present: Elected Councillors and Common Councilmen
that are members of the Committee

Winston Vaughan (Chair)

Terry Paul and Ted Sparrowhawk, Newham,
Emma Jones, Rachel Saunders and Lesley
Pavitt, Tower Hamlets,
Ann Munn and Luke Akehurst, Hackney,
Vivienne Littlechild, City of London

Other Elected Councillors and Common
Councilmen in attendance

Leonora Cameron, Newham
Ben Hayhurst, Hackney
Wendy Mead, City of London

Officers: London Cancer:

John Hines, Consultant Urologist and Clinical
Pathway Director, London Cancer, Neil Kennett-
Brown, Programme Director, Change
Programmes, NHS North and East London
Commissioning Support Unit, Steve Ryan,
Medical Director, Barts Health NHS Trust, Kathy
Pritchard-Jones, Chief Medical Officer, London
Cancer, Gillian Smith, Consultant Urologist,
Royal Free Hospital Trust

Officer Support:

Sarah Barr, Senior Strategy and Performance
Officer, Tower Hamlets, Neal Hounsell,
Assistant Director Commissioning &
Partnerships, City of London, Luke Byron-
Davies, Scrutiny Manager, Newham, Gareth
Wall, Head of Scrutiny, Hackney, Jarlath
O'Connell, Overview and Scrutiny Officer
Hackney, Hafsha Ali, Head of Scrutiny,
Newham and Tahir Alam, Scrutiny Team, Tower
Hamlets

Apologies: Cllr Benzion Papier, Hackney

The meeting commenced at 5.05 p.m. and closed at 6.00 p.m.

1. WELCOME AND INTRODUCTIONS / APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTES

Cllr Akehurst welcomed all attendees to the meeting and explained that after chairing the Committee for the last twelve months that he had decided to step down as chair. Cllr Akehurst nominated Cllr Vaughan to take the chair's role.

The Committee agreed with this nomination and Cllr Vaughan took the chair's role from that point onwards in the meeting.

Cllr Vaughan thanked Cllr Akehurst for his dedication and hard work in chairing the Committee and nominated Cllr Akehurst to act as his deputy chair.

The Committee agreed with the nomination of Cllr Akehurst as deputy chair.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

The minutes of the previous meeting that took place on 25 May, 2012 were agreed as a correct record subject to the amendment on page 7 paragraph 7 to change the word "to" to "do".

4. UROLOGICAL CANCER SERVICES

Cllr Vaughan asked the officers from London Cancer to offer the Committee a brief presentation before the Committee offers its questions.

The key points of the presentation given by John Hines were:

- Currently, outcomes for patients are poor when compared with other European countries and the centralised model proposed will improve this.
- The new centralised centres will provide care for the most complex surgery.
- It is recommended that UCLH hosts the bladder and prostate centre and the Royal Free London to host the renal centre

Kathy Pritchard-Jones (KPJ) followed on from Mr Hines by explaining that a memorandum of understanding had been in place for two years that outlined the partnership working that the organisations would commit to and it was emphasised that a great deal of work had gone into the planning of the changes.

Two bids had been received for the renal centre, with the unsuccessful bid coming from Barts Health Trust (BHT). Both bids were very strong and careful weighing up of the bids drew the conclusion of the Royal Free offering a marginally better bid.

Neil Kennett-Brown (NKB) added that the main issues to the proposals related to:

1. Travel
2. Patient choice

In regards to travel, it was explained that plans are being made to mitigate the impact of travelling further and there would be support. In regards to patient choice it was stressed that the new centres would only be for short stays and the bulk of the treatment would still take place in local centres.

Cllr Vaughan thanked the officers for their presentations and asked members to offer their questions.

Q What changes will occur in regards to the Homerton site?

A The Homerton will remain a site for local treatment but no specialist treatment is planned there.

Q The statistical information in the reports pack only goes back as far as 2009, is there information on trends of patient numbers that can inform usage going beyond this date?

A (KPJ) This data is available but largely the numbers show only small variations and remain similar.

Q In regards to accessibility, why was the Royal Free site chosen when it is much more inconvenient to reach than Barts?

A (KPJ) Two expressions of interest were submitted (Royal Free and Barts) and these bids were carefully analysed and the Royal Free was slightly stronger. In regards to the pelvic centre there was only one bid and this was from UCLH.

Q Will a significant amount of investment be required at the Royal Free, particularly in light of large investment already being given to BHT to develop cancer services?

A (KPJ) Yes, a significant amount of investment will be needed but this would be the case at any successful centre. Gillian Smith (GS) added that investment at Royal Free will indeed be needed and plans to mitigate travel issues will be put in place. KPJ concluded that the decision was clinically led and although Barts had a strong bid it was the right choice to go with the Royal Free option. Steve Ryan (SR) explained that BHT was disappointed with the decision but explained that BHT is fully supportive of the decision and will work in collaboration to make sure that the issues such as transportation are got right.

Q Can the officers explain what the differences actually were in the bids and why as previously mentioned that Barts Health Trust was not successful?

A (KPJ) It was more a case of being in favour of the Royal Free than rejecting Barts. In each of the seven domains that are outlined in the reports, the Royal Free was stronger and the board all agreed on this. GS added that the Royal Free is already working closely with BHT on the clinical aspects and looking at more bespoke options for the transportation issues. It is important to add that the proposals relate to a small amount of patients (1-2 patients per day) and this means that more creative options can be sought. GS closed by explaining that the Royal Free was in the process of tendering for the renal transport services.

Q I understand that UCLH has funded two new clinical specialists to support their bid. Did this in any way sway the process and can the role of the specialists be explained?

A (KPJ) No, the clinical experts were in complete agreement at the start and remain in agreement that wherever the sites are that they are committed to working at the new centres. Specialists will work half of their time in local sites and the remainder in the new centres. This will mean that the volume of patients will increase and so will success rates. It is important to remember that specialists use their time in a variety of ways and no surgeon would ever operate five days a week.

(JH) Normally surgeons operate for two days per week and do pre-operation work, teach and undertake research. Surgery is very much based around a team of skilled clinicians.

Q The issue of transport to the Royal Free is a major issue because it is very difficult to get to. If this is not resolved how will patients and the public “buy in to” the new centres?

Follow-up

A (GS) Bespoke options are needed for the Royal Free site and this may involve taxi services.

Q Taxis may be viable for the patient going to the Royal Free but if family members are coming from different areas how will it be possible to have taxis for them too? It is much easier to get to the Barts site.

A In regards to the bids, what weighting was given to patient experience?

Q (KPJ) Patient experience is very important in the bid and both bids were strong in this area. Leadership of service and patient transport were the weaker areas in the bids. As stated creative thinking will be needed to solve the transportation issue and this may involve patients in some instances using iPads or Skype technology to contact family and friends.

Follow-up

A The bids seem the same therefore does this mean that BHT is weaker in terms of management?

Q (KPJ) The bids were not the same and BHT is fully committed to the project.

Questions from the public

Q In the view of officers has sufficient public engagement been given to this change as there is a view that this change is being undertaken through the backdoor?

A (KPJ) The process has been led by providers with clinicians being essential to this process. The public have been involved throughout the process and since 2011 over one thousand patients have been consulted.

(NKB) Overview and Scrutiny Committees have been consulted and they will continue to be updated. In both Barking and Dagenham and Redbridge the Committees were supportive of the proposals. However, the transport issue must be got right. The Barts site does not have a large enough population to be a stand alone centre (700,000) as at least a 2m population is required.

With no more questions, Cllr Vaughan summed up by stating that transportation remained the main area of concern for the Committee and that it is a challenge for London Cancer that must be taken seriously. Cllr Vaughan asked the officers to send information about how this proposed change in urological cancers will fit in with other changes to cancer services and asked that to assist the Committee's forward work programme that any other changes are sent to the officers in good time to allow adequate planning.

In conclusion, Cllr Vaughan proposed a motion to the Committee whether it supported the proposal. Cllrs Akehurst, Munn, Jones, Saunders and Pavitt voted in favour. Cllrs Paul and Sparrowhawk and Common Councilman Littlechild voted against and the Chair abstained. The vote to accept the proposal was carried.

Cllr Vaughan closed by thanking members and officers for their attendance and contribution.

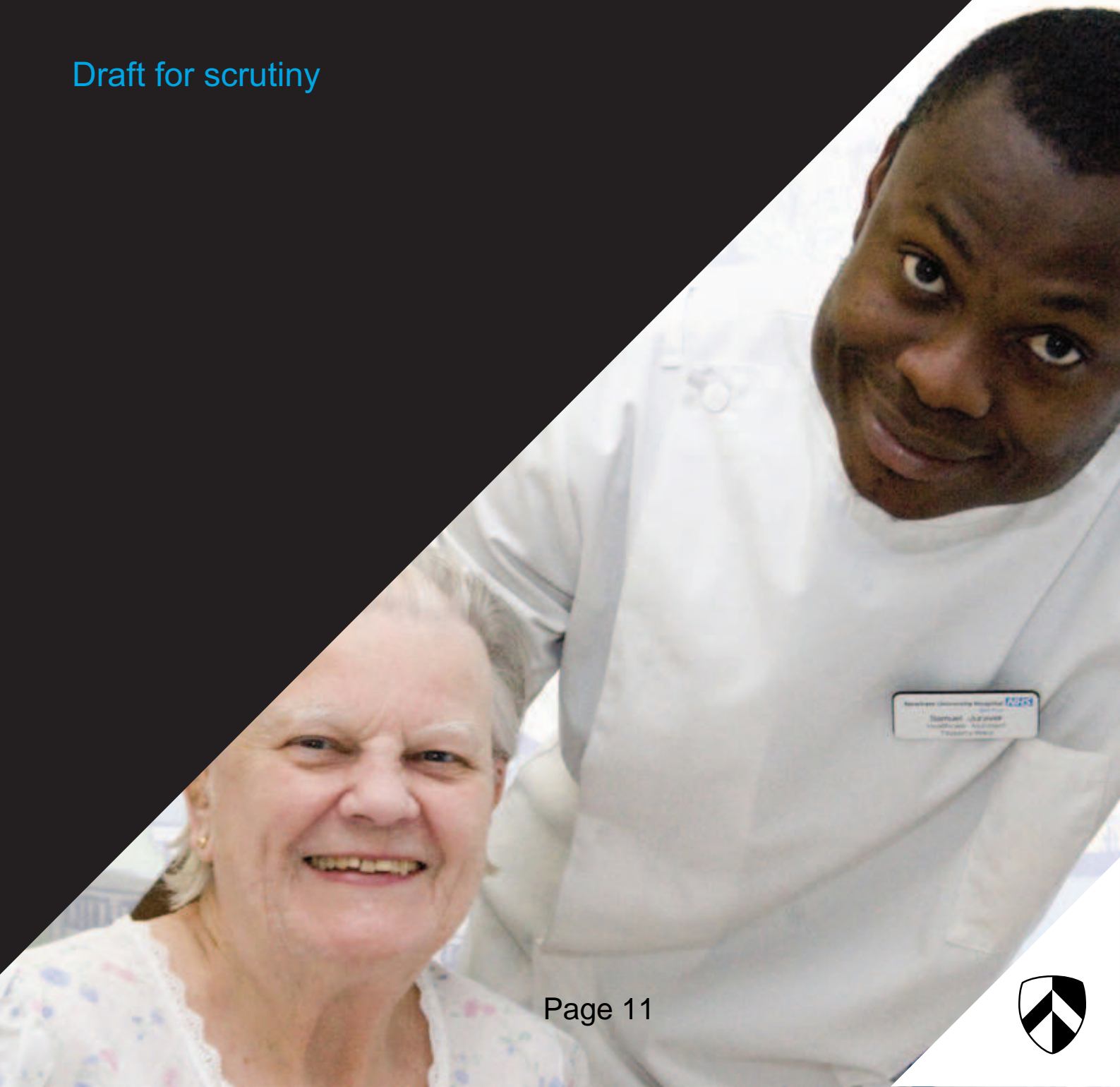
**5. ANY OTHER ORAL OR WRITTEN ITEMS WHICH THE CHAIR
CONSIDERS URGENT**

There was no further business.

Barts Health NHS Trust

Quality Account for the period 1 April 2012
to 31 March 2013

Draft for scrutiny



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Chief Executive's statement

Welcome to our second annual Quality Account, which covers our first full year since we became Barts Health NHS Trust. It has been a year of change as we review our systems and processes. Our new structure, based on six overarching clinical academic groups (CAGs), came into effect on 1 October 2012. Our services are clinically led, with a senior clinician, nurse and research/education expert heading up each CAG and service line. Our vision, Changing Lives, and our five values – caring and compassionate; actively listening, understanding and responding; relentlessly improving and innovating; achieving ambitious results; valuing every member of staff - are being embedded in all our processes, from recruitment and staff appraisal through to the design of our services. This year, we launched our Barts Health Heroes awards scheme, which recognises outstanding staff who really live our values day to day.

We are committed to delivering the highest standards of care for our patients, with safety and quality at the heart of everything we do. We have taken a proactive approach to improving performance, introducing a new, single integrated performance dashboard to help prioritise and drive quality and safety across the organisation. Our Board, which meets monthly at one of our six hospitals, hears directly from a patient (or a family member/carer) at each meeting. We have recently completed an external review of our Board processes, asking our staff, patients and external partners/stakeholders for views on our Board, as well as looking at Board documentation and observing Board meetings. We will use the findings to continue to develop our governance processes and to feed into our Foundation Trust development work.

Our patients need to be confident in the care we provide them, and we must assure them of our commitment and capacity to provide high quality, safe care. One of the most important indicators which provides this assurance is the summary hospital-level mortality indicator (SHMI) data. This data measures the likelihood of mortality based on patients' underlying conditions, age and deprivation group, and compares it to the actual number of deaths that occurred. We continue to consistently report lower than expected mortality rates, something which our legacy organisations have done for several years.

I hope you find our latest Quality Account informative. It is an accurate reflection of our performance against all our quality indicators. We are committed to continuous improvement and we welcome your feedback. Details of how to find out more about Barts Health, and to get in touch with us, are on the final page.

Peter Morris
Chief Executive
Barts Health NHS Trust

About this Quality Account

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Peter Morris
Chief Executive

Sir Stephen O'Brien
Chairman

Introduction

About us

We are the largest NHS Trust in the UK, serving a population of over a million in east London and beyond.

Barts Health Trust was established on 1 April 2012, and consists of six local hospital sites: Mile End Hospital, The London Chest Hospital, The Royal London Hospital, Newham University Hospital, St Bartholomew's Hospital and Whipps Cross University Hospital. The new merged operational management team for Barts Health has been working together since October 2012. Barts Health is also proud to be part of UCLPartners, Europe's largest and strongest academic health science partnership. The objective of UCLPartners is to translate cutting edge research and innovation into measurable health gain for patients and populations through partnership across settings and sectors, and through excellence in education.

Our vision is to change lives

Our ambition is for east London to have health services in which we can all take pride. These services will reach beyond our hospitals and provide care where it is needed most – at home, in our communities, or in specialist facilities across the boroughs.

We are committed to delivering our ten merger pledges:

1. Patients will be at the heart of everything the Trust does, informing decision-making to ensure that patients feel confident, safe and cared for
2. The healthcare provided will be of a consistently high clinical quality
3. Standards of patient safety will be continuously improved
4. Excellence in research and development will be sustained and developed
5. Excellence in education and training will be sustained and developed
6. Human rights and equalities will be promoted
7. The merged Trust will work with commissioners, GPs and primary care teams, as well as health and wellbeing boards, to improve health and to reduce health inequalities, with an initial focus on older people, on those having babies and on those with cancer, diabetes and tuberculosis
8. The merged Trust will work with partners in social care to ensure that the care needed by those who are most vulnerable is not compromised by organisational boundaries
9. The merged Trust will make the best use of public resources invested by commissioners
10. The Trust Board will be open and accountable to patients and the local population, and will listen to the views of patients and the public in making improvements in the services the Trust provides

Barts Health's values

Our core behaviours set out how we will work, regardless of the role we hold in the organisation. These behaviours, consistently carried out, will embed the Barts Health values in our everyday working lives, and support delivery of our vision to change lives and improve the quality of care that we provide for our patients.

Barts Health has set five organisational values, which are:

1. To be caring and compassionate, with patients, each other, and our partners
2. To actively listen, understand and respond to patients, staff and our partners
3. To relentlessly improve and innovate for patient safety
4. To achieve ambitious results by working together
5. To value every member of staff and their contribution to the care of our patients

Looking forward – our priorities for quality improvement

Quality priorities 2013/14

At Barts Health NHS Trust we are absolutely committed to continually improving patient safety and quality in our hospitals. Our priorities for 2013/14 have been determined through consultation with our commissioners and staff; listening to patient suggestions for improvements; and through the Trust Management Board, the Trust Board and the Quality Assurance Committee (a sub-committee of the Trust Board).

Several factors have been considered, including:

- National improvements that all NHS organisations have to make (targets)
- Actively listening to issues that have been highlighted by staff (incident reporting)
- Reviewing patient and carer feedback around improvements that they would like to see (for example, through comments, concerns and complaints)
- Reviewing the themes that have been identified through the year for quality and safety
- Assessing our performance for quality and safety against best practice

Over the past few months we have worked hard to integrate quality improvement principles and core values into the everyday practices of our staff. For 2013/14, the Barts Health Trust Board has defined six distinctive quality priorities, which are outlined in this section. The successful work of our Older People's Programme and our Quality Improvement Collaborative will continue and will drive some of the quality priorities for 2013/14.

Patient safety

Priority 1: Reducing avoidable harm

Barts Health uses evidence based practices and standards to reduce avoidable harm to patients. Occasionally, patients receive suboptimal care, usually because our staff have not followed an agreed process or protocol. This priority focuses on empowering frontline staff to use evidence based practice and proven improvement methodologies and techniques.

The aim is to:

- Reduce the number of avoidable pressure ulcers
- Reduce the number of patient falls
- Reduce the incidence of hospital acquired infections
- Recognise patients who are deteriorating more quickly and provide timely intervention, and
- Reduce the number of surgical errors

This programme will be delivered through our Care Quality Improvement Collaborative.

Clinical safety

Priority 2: Improving mortality rates and sharing the learning

When a patient dies at one of our hospitals, their case is reviewed by senior staff, ward nurses and doctors. Occasionally we find areas where we could have provided better care. The focus of this priority is to establish effective mortality review systems, and to ensure that learning is shared and practice is evidence based.

Clinical effectiveness

Priority 3: Ensuring that the right patient is treated in the right place at the right time

This priority focuses on ensuring that patients are in the right place and receive the right treatment at the right time. We will be examining issues including optimum length of stay, waiting times, cancelled operations, readmissions, out of hours transfers and delayed discharges.

Priority 4: Improving standards of care

The aim of this priority is to improve the standards of care for everyone, but in particular older people and those with mental health issues and/or learning disabilities. This priority will mainly be delivered through the Older People's programme.

Staff experience

Priority 5: Listening and feeding back to staff

This priority aims to improve staff engagement and develop a culture whereby every individual is valued and understands how they can improve the quality of care that we offer. We want staff to know that when they raise concerns about quality and safety they will be listened to. We will be open and transparent in the lessons that are learnt.

Patient experience

Priority 6: Compassionate care

This priority will be delivered through our Care Campaign. The Campaign's aim is to drive up standards of care by improving the patient experience, strengthening communication with families and carers, treating every patient with dignity and caring with compassion.

We will be measuring against our CQUIN targets this year – and we are already making progress

A clear priority for the Trust is to meet this year's Commissioning for Quality and Innovation (CQUIN) targets. Our Clinical Academic Groups (CAGs) and corporate teams have been preparing to meet the 2013/14 targets since December 2012. Our progress will be monitored on a monthly basis and reviewed at each CAG's Performance Review meetings.

In the document *Commissioning for Quality and Innovation (CQUIN): 2013/14*, a number of prequalification criteria are set out for the first time. The document states that, to qualify for funding, 'providers will need to have put in place measures to meet the criteria' by 31 March 2013. We submitted proposals as requested by our commissioners for three of the pre-qualification criteria:

- 3millionlives
- Commercial and international property
- Dementia

In March 2013, our commissioners confirmed that we had met the criteria.

This year, as outlined in the NHS Commissioning Board's guide *Everyone Counts: Planning for Patients 2013/14*, CQUIN payments will be set at 2.5% of the value of all services commissioned through the NHS Standard Contract.

The 2.5% will be divided up as follows:

2% will be for the following locally agreed CQUINs:

Trust-wide	<ul style="list-style-type: none">• Integrated care management• Integrated information systems• Patient and staff satisfaction
Newham University Hospital specific	<ul style="list-style-type: none">• Improving written communication• GP telephone access to consultants
Royal London Hospital specific	<ul style="list-style-type: none">• Chronic obstructive pulmonary disease care plans• Diabetic care plans
Whipps Cross University Hospital specific	<ul style="list-style-type: none">• Smoking cessation• Cancer staging (the process for identifying the severity and treatability of a patient's cancer)

0.5% will fund the four nationally mandated CQUINs:

1. Venous thromboembolism (VTE) – the target is for 90% of patients to be risk assessed and for a root cause analysis to be carried out for 75% of all identified cases
2. Improving dementia care, including Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR)
3. Improvements against the NHS Safety Thermometer

4. Performance on the NHS Friends and Family Test

Discussions are also under way with the NHS Commissioning Board around CQUINS specialised services. There will be two in relation to HIV, two in relation to bone marrow transplants, one in relation to neonatal intensive care units and one in relation to renal services.

Monitoring our quality priorities

Our six quality priorities for 2013/14 will be monitored in the following ways:

- Via our Integrated Performance Dashboard
- Via local review through the Clinical Academic Groups' governance processes
- Assured by our Board, Operational Management Group and Quality Assurance Committee

Strengthening data quality across the Trust

One of our goals for 2013/14 is to improve the quality of data we submit for national audits. This will help to ensure that any recommendations for improvements are based on reliable information which has been verified by senior clinicians.

We will take the following actions to improve data quality:

- Organising and overseeing relevant training for each staff group to improve data collection and management
- Regularly reviewing working practices
- Working closely with our technology partners (including BT and Cerner) to ensure that the most effective and efficient workflows are in place for our staff

There will be a simultaneous drive to improve the way we input patient-related information into our management systems. Doing so will have a significant impact on data quality and our ability to deliver high quality patient care, as well as ensuring that we are paid correctly for the care that we provide. Inaccurate record keeping undermines public confidence in us, increases the risk of adverse events, impairs management decision making and adds to our running costs.

Looking back – review of services and governance

Review of services

During 2012/13, Barts Health Trust reviewed all the data available to us on the quality of care in all (100%) of our NHS services, as measured by individual service lines. These service lines cover the range of regulated activities (as specified in the previous Care Quality Commission's registration statement of purpose) undertaken by the Trust (before 1 April 2013).

The income generated by the services reviewed in 2012/13 represents 100% of the total income generated from the provision of NHS services by Barts Health NHS Trust for 2012/13.

Quality was reviewed by systematic data collection against a suite of quality and operational metrics which inform our performance management framework and Integrated Performance Dashboard (IPD). We also operate a robust system of risk management.

Quality Governance is reviewed in depth through our Operational Management Group, Trust Management Board, and the Quality Assurance Committee. The latter provides assurance to the Barts Health Board.

Our quality priority challenges for 2012/13

In the last Quality Account, Barts Health Trust Board identified three distinctive quality priorities for 2012/13.

Firstly, we said that we would **keep patients (and their carers) better informed about their care and treatment**, so that they feel safe and involved before and after they leave the hospital, and able to make informed choices.

Secondly, we said we would **improve the feedback given to staff when they report and raise quality and safety issues**.

Thirdly, we promised that we would **improve our patient administration systems, with a focus on the quality standard and timeliness of letters and discharge summaries that we send to GPs**, to deliver a high quality clinical service with the best possible outcome for every patient.

In addition, we made a number of other pledges:

- Transforming care in our outpatients departments
- Improving levels of dementia assessment and screening
- Providing safe, effective out of hours medical cover
- Increase the opportunities for staff to give their views

Listening, learning and responding

A number of different sources help to inform our practises and policies so we can drive up the quality of the care we provide. Sources include data analysis, listening to stakeholders and patient groups, learning from peer reviews and participation in audits. This section includes more detail on how we have used this input to make improvements.

CASE STUDY 1: LEARNING FROM DATA ANALYSIS

How data has helped us to improve our service for older patients

Our recent review of older people's services across the Trust exemplifies our commitment to high quality data collection and analysis – and shows how using data efficiently can help to continually improve the patient experience.

Between January and February 2013, all senior sisters, charge nurses and matrons working in Older People's Services participated in an assessment. Individuals were rated for specific competencies:

- Personal qualities to lead
- Setting direction
- Delivering service
- Professional standards
- Evidence based practice

Each person's results were also rated against the national Leadership Qualities framework, the NHS Knowledge and Skills Framework required for their role, the job description expectation, Lean methodologies, and the Chief Nurse for England's 6Cs for compassion in practice (care, compassion, competence, communication, courage and commitment). Other evidence was also considered. Competencies were then rated on a five point scale for individuals and also for the wider group. Every participant received one-to-one coaching-style feedback, a dashboard of their own skills and performance, a goal focused workbook and competency information.

The assessment was designed to identify key development themes for the future and also to pinpoint leadership talent.

Gratifyingly, the results indicated evidence of some strong to outstanding leadership potential. Leadership strengths have been mapped across the whole service to maximise skills and support as we move forward as an organisation. We also found limited evidence of individual weaknesses that will now be addressed. Individual action plans are being introduced for those staff affected.

Nursing leaders across Older People's Services have also participated in an 'Assessment for Development' process to review their leadership performance and skills. The data has been used to create individual and group dashboards that have been invaluable for us in determining the most effective focus for future investment. The process is enabling us to strengthen our leadership and refine our service so that we can meet the needs of elderly patients across our organisation.

Learning from our stakeholders and patient groups

As well as learning from data, we listen to people. Staff at all levels in Older People's services have developed a programme which brings together multi-professional ward teams into a series of unique 'learning hubs'. The hubs have been established to promote excellence in team working, and to reinforce the culture of compassion and patient safety throughout the Trust. The programme sets high standards of care and uses a range of teaching and learning methods to build confident and competent practitioners. Discussion has also focused on the best therapeutic environment to

care for patients. Patient reference groups, and other internal and external stakeholders, are also providing guidance and ongoing assessments of this exciting programme.

By September 2013, 15 Older People's ward teams will have participated in a rolling programme of learning hubs and created a new sense of vision and direction for their service. Pre- and post- testing will help us to develop further patient-centred initiatives and define evidence-based best practice.

CASE STUDY 2: LEARNING FROM PEER REVIEWS

We have listened to our peers – and learned how to improve our operating theatres and practices

Peer reviews are a very useful way to gather feedback on how we run our services. In March 2013, we invited an external peer review team from Plymouth Hospitals NHS Trust to assess our operating theatres and practices. The Plymouth team is recognised nationally for their work on improving patient safety and reducing the numbers of 'never events' (serious, largely preventable incidents). Their review included observing practice, reviewing local policies and looking at how we measure up against the World Health Organisation (WHO) Safe Surgery Checklist.

The review concluded that the issues we face are no different from those seen in other similar organisations. The Plymouth team found that theatre safety briefings were too process and task oriented, and they also witnessed hierarchical behaviours amongst staff. Their recommendations included:

- Developing a process to create and develop standards for behaviour, led by our senior theatres team
- Focusing briefings before and after procedures on clinical issues alone
- Amending the WHO checklist so that unless all questions are answered are 'yes', staff should not proceed with an operation
- Developing a safety plan to address system issues
- Focus on common themes noted in investigation reports

We were advised to feed back the findings to staff, and a presentation was given to 130 professionals working in theatres including consultant surgeons, anaesthetists, nurses, porters, senior nursing staff and managers from all surgical specialities. The final report was received by the Trust on 25 March and has been shared with key stakeholders. We are now working through the recommendations in detail.

As part of improvement programme for 2013/14, the Care Quality Commission met with Trust executives in February 2013 to discuss the Trust's never event position and we are currently reviewing our strategy for the future.

Clinical audits and enquiries

Participation in clinical audits and national confidential enquiries

During 2012/13, 39 national clinical audits and six national confidential enquiries covered the NHS services provided by Barts Health NHS Trust. During that period, Barts Health participated in 97% (38/39) of national clinical audits and 100% (6/6) of the national confidential enquiries that we were 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 2012/13, are listed in Appendix 1 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.

Learning from national clinical audit

National clinical audit is a system designed to improve patient outcomes by engaging all healthcare professionals in the systematic evaluation of their clinical practice against recognised standards, and to support and encourage improvements in the quality of treatment and care.

The reports of 21 national clinical audits were reviewed by the provider in 2012/13, and Barts Health intends to take the following actions to improve the quality of healthcare provided:

- Establish local metrics for specialties based on national audit results
- Regularly monitor national audit submissions to ensure that all eligible cases are submitted
- Link national audit results to mortality and morbidity meetings
- Capture more data prospectively by using electronic records at the point of care

Learning from local clinical audit

Our clinicians are strongly encouraged to set up local in-depth audits to follow up on national audit findings, based on local quality and safety priorities.

Over 700 projects were registered in 2012/13 and the reports of 123 local clinical audits were reviewed and actions agreed. Examples of actions that our teams intend to take to improve the quality of healthcare in 2013/14 include:

- Our Infection Prevention team plans to extend our successful central venous catheter care audit across all Barts Health sites with a view to improving documentation and eliminating infections associated with these devices. Central venous catheters (or lines) are placed into a large vein in the neck, chest or groin to administer medication or fluids or obtain blood tests. They are known to increase the risk of a patient developing a serious infection
- Our dermatologists intend to improve collaboration between our dermatology departments, A&E departments and local GPs by holding training sessions
- Our Trauma and Orthopaedic team plans to develop a protocol for reversal of warfarin (blood thinning medication) in patients with a fractured neck of femur (hip) to reduce delays in surgery and ensure that operations take place within 36 hours of admission
- Our Nutrition and Dietetics team intends to collect further data to determine the effectiveness of the low FODMAP diet in relieving gastro-intestinal systems such as Irritable Bowel Syndrome. This follows previous data collection over a four to twelve week period which suggested that the diet (which is low in common short-

chain carbohydrates including fermentable oligosaccharides, disaccharides, monosaccharides and polyols) could have a positive impact.

A productive year for research and development at Barts Health

The number of patients receiving NHS services provided or sub-contracted by Barts Health NHS Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was estimated at 19,500.

Participation in clinical research has the potential to improve quality of care, patient experience and clinical outcomes. It also gives our patients access to a range of technological developments in healthcare, including a wide range of experimental drugs, devices and procedures that can enhance the quality and scope of the care packages we can offer.

At Barts Health NHS Trust, and with our partner medical school, Barts and The London School of Medicine and Dentistry, we run high-quality, well-governed clinical research studies. All research is approved through the National Research Ethics process and adheres strictly to the national clinical trials regulations, ensuring a high level of safety for patients consenting to participate in the studies. Output from the Trust's research has led to changes in clinical practice that benefit patients both locally and internationally.

2012/13 has been extremely productive for research and development at Barts Health. This has been evidenced across all of our specialities and a small number of our projects are highlighted in this section. The Trust has exceeded challenging targets for increasing research and development income through participating in commercial clinical trials and National Institute for Health Research (NIHR) programmes. Our Local Comprehensive Research Network involvement has resulted in a 17% increase in our patient recruitment to NIHR adopted clinical trials.

The past few months have set the scene for another successful year. In February 2013, the National Centre for Bowel Research and Surgical Innovation was launched, generating wide media coverage. The Centre is based in the Blizard Institute, part of the Barts and The London School of Medicine and Dentistry, and was officially opened by Her Majesty the Queen on 27 February 2013. The Centre, led by the Professor Charles Knowles, has been awarded a prestigious NIHR programme grant.

In March 2013, the Trust was successful in obtaining funding from the NIHR for a five year £10m extension to our Cardiovascular Biomedical Research Unit. This major achievement recognises the Trust and our Medical School's international reputations for excellence in cardiovascular research.

Over the coming year, we plan to build further on our considerable strengths in research and development. We will be continuing with our involvement in UCLPartners (UCLP), a leading academic health sciences centre. UCLP is a powerhouse for academic activity and has some of the largest biomedical research portfolios in the UK. The purpose of its research programme is to harness research strength to improve the health of local and wider populations through increased funding and wider access to experimental therapies.

We are starting to see the financial benefits of this collaboration. The Medical Research Council recently awarded UCLP a £4.3m grant to establish an e-Health Research Centre of Excellence in London. The Centre (one of only four in the UK) will harness the wealth of data found in UK electronic health records to improve patient care and public health.

RESEARCH CASE STUDY 1

Helping the homeless through a groundbreaking research pilot

Barts Health is trialling a groundbreaking way of caring for homeless patients called the London Pathway Approach. Led by Professor Graham Foster, the project aims to improve patients' access to community health services when they are discharged from hospital. While the patient is in our care, factors that could lead to future readmission are considered, including social, housing and psychological issues. The aim is to put suitable provision in place to support the patient when they leave our care, led by general practitioners and nurses. Initial findings suggest this approach improves patients' experience and reduces their chances of being readmitted with the same health problems.

RESEARCH CASE STUDY 2

Leading the way with research into rheumatology

The Trust is leading a £10m research collaboration which is looking at ways of improving treatment for rheumatoid arthritis through the emerging field of stratified medicine. Stratified medicine involves studying large groups of patients with the same condition to understand why individuals respond differently to the same treatments. If successful, it is estimated that a stratified approach to rheumatoid arthritis could save the NHS £13m to £18m a year. The consortium is led by Professor Costantino Pitzalis from Barts and The London School of Medicine and Dentistry. Professor Pitzalis also received £1.4m to create a new Centre for Experimental Medicine and Rheumatology, which will be linked to the Trust's Clinical Rheumatology service.

RESEARCH CASE STUDY 3

The launch of a national research centre for Behçet's Disease

In November 2012, Barts Health opened the Behçet's Centre of Excellence, a national centre for research that cares for patients with Behçet's Disease (a rare, chronic inflammatory disorder). The Centre, led by Professor Farida Fortune, provides patients with a fast diagnosis and holistic treatment, with services and expert clinicians in one convenient location.

Commissioning for Quality Improvement and Innovation (CQUIN)

Our Commissioning for Quality Improvement and Innovation (CQUIN) targets for 2012/13

A proportion of Barts Health NHS Trust's income in 2012/13 was conditional on achieving 26 quality improvement and innovation goals agreed between Barts Health NHS Trust and the North East London and the City commissioners.

At the start of 2012, CQUINs were determined for our three legacy trusts (Barts and The London, Newham University Hospital and Whipps Cross University Hospital NHS Trusts). Barts Health received 2 per cent of the full year's value for all healthcare services commissioned through the NHS Standard Contract for 2012/13. This totalled £14,830,178 and was divided up as follows:

- Barts and The London acute services - £6,450,000
- Whipps Cross University Hospital - £4,188,000
- Newham University Hospital - £3,150,000
- Barts and The London Community Health Services - £1,042,178

In total, for 2012/13:

- Nine CQUINs (four national and five local) were agreed for the legacy Barts and The London NHS Trust and Newham University Hospital NHS Trust (with one additional target specifically for Barts and The London)
- 11 CQUINs were agreed for the legacy Whipps Cross University Hospital NHS Trust
- Six CQUINs were agreed for Community Health Services.

The national CQUINs

The four national CQUINs for 2012/13 were:

- Improving the management and analysis of venous thromboembolism (VTE)
- Improving dementia care
- Improving performance against the Safety Thermometer
- Improving the patient experience (assessed during Quarter 4, from January to March 2013).

The most up to date performance available is for Quarter 3 (October to December 2012).

Meeting our local CQUINs

We have made good progress against our local CQUIN requirements. Our successes include the establishment of data capture systems for smoking cessation, nutrition and Liverpool Care Pathways.

We have also strengthened our relationships with local GPs. We are collaborating with our local GP community to share the electronic records used in every setting. We have been trialling two systems called Medical Interoperability Gateway and Health Information Exchange. We now need to carry out internal audits of compliance (VTE prophylaxis and care of the dying) and joint audits with GP colleagues (discharge summaries for inpatients, A&E and outpatient letters). Progress is being made, as our investment in technology and training continues.

Our relationship with the Care Quality Commission (CQC)

Care Quality Commission registration

Barts Health NHS Trust is required to register with the Care Quality Commission. Its current registration status is full registration with no conditions. The Care Quality Commission has not taken any enforcement action against Barts Health NHS Trust during 2012/2013.

Barts Health NHS Trust has not participated in any investigations by the CQC during the reporting period.

Compliance reviews of the essential standards of quality and safety

The Trust is subject to periodic reviews by the CQC as part of its ongoing monitoring of compliance against its quality outcomes. Barts Health NHS Trust participated in nine unannounced compliance reviews in 2012/2013, including two follow up visits to the London Chest Hospital in November 2012 and a review of the Ainslie and Highams rehabilitation unit (an annexe of Whipps Cross University Hospital) in March 2013.

In August 2012, two wards at Newham University Hospital were also inspected under the CQC's national Dignity and Nutrition review.

Summary of the compliance reviews carried out at Barts Health NHS Trust in 2012/2013

Mile End Hospital – elderly care

This inspection was carried out in February 2013.

The assessors visited Gerry Bennett and Jubilee wards.

Outcome	Issue raised	Current status
Outcome 1: Respecting and involving people who use services	None	Compliant
Outcome 4: Care and welfare of people who use services	None	Compliant
Outcome 5: Meeting nutritional needs	Patients were not always adequately supported to have their meals and drinks in sufficient amounts to meet their needs – moderate concern	An action plan is in progress to address the issues identified
Outcome 7: Safeguarding people who use services from abuse	None	Compliant
Outcome 13: Staffing	Staff numbers were not always sufficient to meet patients' needs – moderate concern	Work is in progress to address the issues identified in the report
Outcome 14: Supporting workers	None	Compliant
Outcome 16: Assessing and monitoring the quality of service provision	None	Compliant
Outcome 21: Records	Records relevant to the	Work is in progress to

	management and monitoring of patient care were not always accurate or fully complete – moderate concern	address the issues identified in the report
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Newham University Hospital – gastroenterology and rehabilitation

This inspection was carried out in August 2012. The assessors visited Plashet Ward (gastroenterology) and Heather Ward (rehabilitation) as part of the CQC's Dignity and Nutrition inspection programme which focuses on whether patients are treated with respect and dignity, and are provided with food and drink which meets their needs.

Outcome	Issue raised	Current status
Outcome 1: Respecting and involving people who use services	Patients' privacy, dignity and independence were not always respected – minor concern	Work is in progress to address the issues identified in the report
Outcome 5: Meeting nutritional needs	People were not always supported to eat and drink or protected from the risks of inadequate nutrition and dehydration – minor concern	Work is in progress to address the issues identified in the report
Outcome 7: Safeguarding people who use services from abuse	People who used the service were not always protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening – minor concern	Work is in progress to address staff awareness and training issues identified in the report
Outcome 13: Staffing	None	Compliant
Outcome 21: Records	Personal records including medical records were not always accurate and fit for purpose – minor concern	Work is in progress to address the issues identified in the report

We listened – and we made improvements at Newham University Hospital

As a result of this inspection we took a number of actions, including:

- Replacing bed curtains and rails in Heather Ward to maintain patients' privacy and dignity
- Ensuring that all staff on Plashet and Heather Wards have had new or refresher courses for Safeguarding Adults Level 2
- Introducing out of hours inspections by senior Trust staff across our stroke and older people's wards
- Introducing audits of health records management and monitoring the results every month

An action plan to address all outstanding issues is now in place and we will monitor our progress against this throughout the year.

St Bartholomew's Hospital – cancer care and information centre

This inspection was carried out in February 2013.

Outcome	Issue raised	Current status
Outcome 1: Respecting and involving people who use services	None	Compliant
Outcome 4: Care and welfare of people who use services	None	Compliant
Outcome 8: Cleanliness and infection control	None	Compliant
Outcome 13: Staffing	None	Compliant
Outcome 17: Complaints	None	Compliant

The London Chest Hospital

The CQC carried out a follow up inspection in November 2012 to make sure that necessary improvements identified during a previous inspection in March 2012 had been made.

Outcome	Issue raised	Current status
Outcome 1: Respecting and involving people who use services	None	Compliant
Outcome 4: Care and welfare of people who use services	None	Compliant
Outcome 10: Safety and suitability of premises	None	Compliant
Outcome 13: Staffing	None	Compliant
Outcome 17: Complaints	None	Compliant

The Royal London Hospital – Accident and Emergency and elderly care wards

This routine inspection was carried out in November 2012.

Outcome	Issue raised	Current status
Outcome 1: Respecting and involving people who use services	None	Compliant
Outcome 4: Care and welfare of people who use services	None	Compliant
Outcome 8: Cleanliness and infection control	None	Compliant
Outcome 10: Safety and suitability of premises	None	Compliant
Outcome 14: Supporting workers	Most of the time, patients were cared for by staff who were supported to deliver care and treatment safely and to an	There is an action plan in place to address the issues identified in the report

	appropriate standard. However some staff did not always receive appropriate supervision and annual appraisal – minor concern	
Outcome 17: Complaints	None	Compliant

Whipps Cross University Hospital – elderly care

In May 2012, the CQC carried out an unannounced inspection as a result of serious concerns raised by hospital staff in relation to the care and abuse of older people

Outcome	Issue raised	Current status
Outcome 7: Safeguarding people who use services from abuse	None	Compliant
Outcome 14: Supporting workers	None	Compliant
Outcome 16: Assessing and monitoring the quality of service provision	None	Compliant

Whipps Cross University Hospital – Accident and Emergency and elderly care wards

This routine inspection was carried out in November 2012.

Outcome	Issue raised	Current status
Outcome 1: Respecting and involving people who use services	None	Compliant
Outcome 4: Care and welfare of people who use services	None	Compliant
Outcome 8: Cleanliness and infection control	None	Compliant
Outcome 14: Supporting workers	Most of the time, people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. However staff did not always receive appropriate supervision and appraisal – minor concern	An action plan is in place to address the issues identified in the report
Outcome 17: Complaints	No	Compliant

Whipps Cross University Hospital – Ainslie and Highams rehabilitation facility

Inspections were carried out in August 2012 and March 2013.

Outcome	Issues raised	Current status
Outcome 4: Care and welfare of people who use services	People experienced care, treatment and support which did not meet their individual needs and protect their rights – moderate concern	There was evidence to support non-compliance against this essential standard in August 2012. This was followed up in the March 2013 inspection when the location was found to be compliant by the CQC.
Outcome 6: Cooperating with other providers	None	Compliant
Outcome 13: Staffing	There were not enough qualified, skilled and experienced staff to meet people's needs – moderate concern	There was evidence to support non-compliance against this essential standard in August 2012. This was followed up in the March 2013 inspection when the location was found to be compliant by the CQC
Outcome 14: Supporting staff	People were cared for by staff who could not always deliver care and treatment safely – moderate concern	There was evidence to support non-compliance against this essential standard in August 2012. This was followed up in the March 2013 inspection when the location was found to be compliant by the CQC
Outcome 16: Assessing and monitoring the quality of service provision	None	Compliant
Outcome 17: Complaints	None	Compliant

During the visit in March 2013, two additional standards were assessed together with the other three Outcomes that were previously judged to be non-compliant.

Outcome	Issue raised	Current status
Outcome 5: Meeting nutritional needs	None	Compliant
Outcome 21: Records	Minor concerns that accurate nursing records were not always maintained. Risk assessments were incomplete, or were not reviewed once completed – minor concern	An action plan is in place to improve the consistency of nursing documentation in this service. Trust-wide, a new CQC ward audit tool is now in use (for Outcomes including No 21) so that the Head of Nursing and Matron can check a sample of nursing records as part of Clinical Fridays. Going forward in 2013/14,

		nursing documentation will be reviewed and standardised across all our hospitals.
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We listened – and we made improvements at the Ainslie and Highams rehabilitation facility

During 2012/13, we introduced a number of measures to raise standards and improve the patient experience, including:

- Increasing our nursing staffing ratio and monitoring compliance - weekly by matrons and monthly by heads of nursing
- Issuing each staff member with a bleep at the start of their shift to enable them to hear patient call bells wherever they are irrespective of where they are in the unit
- Buying software to analyse the data relating to call bell activation and call bell answering
- Removing wheelchairs which did not have foot plates
- Introducing a system of regular servicing and maintenance for wheelchairs
- Introducing weekly wheelchair checks undertaken by staff
- Introducing weekly ward rounds by matrons and senior ward nurses, talking to patients and relatives about their experiences including issues such as the length of time that they have had to wait for assistance, if there have been any staff attitude or behaviours concerns, and views on the quality of food and ward cleanliness
- All nurses and healthcare support workers have undertaken safeguarding training at Level 2, plus dementia and managing continence training.

A bespoke and new Healthcare Support Worker (HCSW) Development Programme has been created covering compassionate care, good communication, listening to older people and other important concerns.

We have listened... and improved our service across Barts Health NHS Trust

Over the past year, we have introduced a number of measures to ensure that the CQC's essential standards and outcomes are embedded in our everyday care and practice:

- We have raised awareness amongst staff about issues that have come up in the reviews
- During and following the inspection visits, the central Governance and Standards Team have held education and awareness sessions across our locations for staff working in clinical services
- We have produced and distributed posters and a booklet to staff across Barts Health. These resources have been designed to help staff relate the CQC outcomes to their day-to-day roles and to ensure that they are fully aware of their responsibilities for delivering safe, high quality care
- We have started to pilot a CQC ward level assessment tool, which will enable us to conduct regular audits to address the 16 CQC core standards which apply to our services. An audit will be completed each fortnight, which will provide assurance to team managers and will help to identify any areas where we need to improve practice
- We hold regular update sessions with our CQC compliance team (the CQC staff who are responsible for the area which includes Barts Health's sites) to keep them informed about any actions taken as a result of their findings, and any other issues that arise

Data Quality

Why data quality is important

A great deal of data is created and used by the NHS. This includes information which helps hospitals and GPs to track patients and to make sure that all relevant information about them and their treatment, such as test results, is in the right place and can be found by the relevant staff. It is very important that the data is accurate and up to date, and hospital trusts are required to report on data collection and accuracy every year.

NHS number and General Medical Practice Code validity

Barts Health submitted records during 2012/13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics. These records are included in their latest published data.

The percentage of records in the published data that included the patient's valid NHS number was:

- 93.56% for admitted patient care
- 96.40% for outpatient care
- 78.77% for accident and emergency care

The percentage that also included the patient's valid General Medical Practice Code was:

- 94.64% for admitted patient care
- 95.29% for outpatient care
- 82.77% for accident and emergency care

Information Governance toolkit attainment levels

The Trust is committed to ensuring that it manages all the information it holds and processes in an efficient, effective and secure manner. This is achieved through the application of robust information governance policies and procedures, in accordance with legislation and Department of Health guidelines, and is supported by a range of training and awareness activities.

Barts Health's Information Governance Toolkit score for 2012/13 was 57% and was graded Red (not satisfactory).

We are taking a deliberately cautious approach in response to this assessment. Since the creation of Barts Health in April 2012, we have made good progress on implementing a Trust-wide approach to information governance and introducing unified policies and procedures across all our sites. We now need time to build up evidence to demonstrate that our staff are fully aware of the new arrangements and that they are working effectively. This will be a key focus of the work programme for 2013/14 which will be overseen by the Board's Information Governance Committee.

Clinical coding errors

During 2012/13, Barts Health NHS Trust was subject to the Payment by Results clinical coding audit by the Audit Commission. The error rates reported in the latest published audit, for diagnoses and treatment coding (clinical coding) for 2012/13 were as follows:

- Primary diagnoses incorrect: 8%
- Secondary diagnoses incorrect: 11%
- Primary procedures incorrect: 13%
- Secondary procedures incorrect: 18%

CASE STUDY:

Clinical coding and how we have responded to the Payment by Results audit

In February 2013, the legacy Barts and The London NHS Trust underwent a Payment by Results (PbR) audit for inpatient services. A total of 300 hospital episodes were audited, selected from the following healthcare resource groups (HRGs):

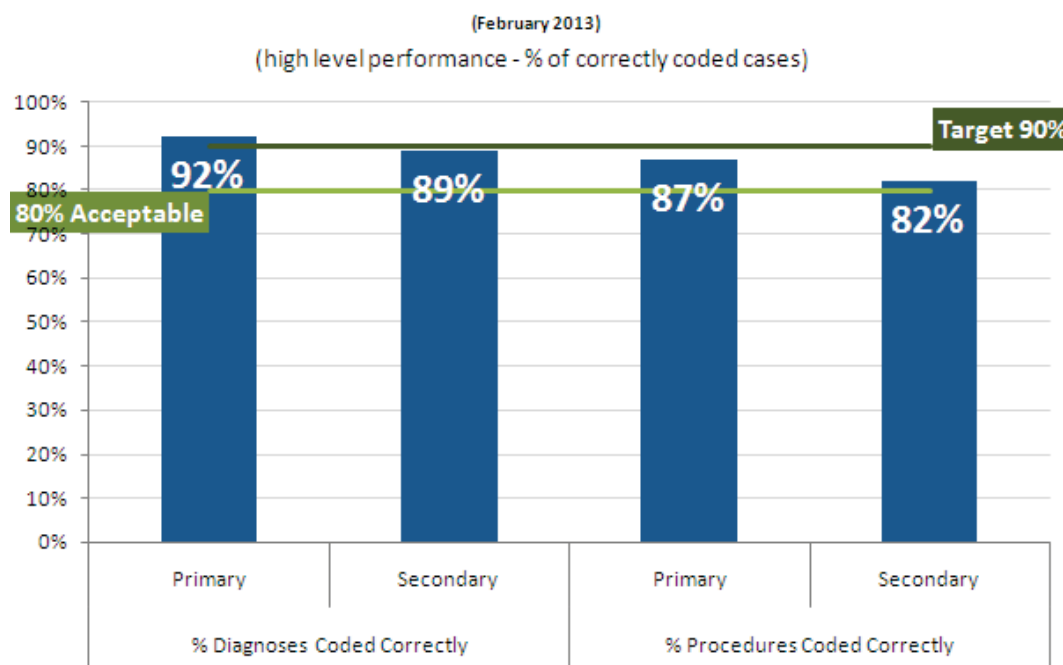
- LA04D - kidney or urinary tract infections with length of stay two days or more with major complications and comorbidities
- WA18X - admission for unexplained symptoms with intermediate complications and comorbidities
- QZ17B - non-surgical peripheral vascular disease with intermediate complications and comorbidities
- EB07H - arrhythmia or conduction disorders with complications and comorbidities
- PA21A - infectious and non-infectious gastroenteritis with complications and comorbidities
- DZ22A - unspecified acute lower respiratory infection with major complications and comorbidities
- DZ11B - lobar, atypical or viral pneumonia with complications and comorbidities

The positive news from the audit – and the areas for us to work on

The audit looked at the four pillars of clinical coding: the primary and secondary diagnoses, and primary and secondary procedures. The provisional findings showed that the accuracy of coding exceeded the acceptable level of 80% at all times. For primary diagnoses, 92% were correctly coded, which is higher than the 90% target.

Coding accuracy is shown in the graph below.

Provisional findings of the BLH IP PbR Audit



A number of issues arose from the audit and the following observations were made:

- Electronic patient discharge summaries were not always completed and their quality was inconsistent
- Coding validation meetings should be established with clinicians

- Electronic discharge summaries for deceased patients were not always completed
- More guidance was recommended for our clinical coding teams on the use and interpretation of electronic information
- The coders needed more training to pick up on simple errors such as using external cause codes twice, and to enable them to correctly code ultrasound scans

Review of our quality and safety performance in 2012/13

Quality dimension one - patient safety

Standardised Hospital Mortality Indicator (SHMI)

The Standardised Hospital Mortality Indicator (SHMI) is a new national hospital-level mortality indicator. It illustrates whether the number of deaths linked to a particular organisation is more or less than would be expected, given the characteristics of the patients treated there, and the average national mortality figures. It also shows whether that difference is statistically significant. Deaths in hospital, and deaths within 30 days of discharge, are included.

A score of 1 indicates that the observed rate of death is the same as the expected rate of death. A score below 1 indicates a lower death rate than expected. A score above 1 indicates a higher death rate than expected. We regularly use the indicator as a tool to monitor individual services, and if rates are higher than expected, we will then investigate on a case by case basis.

The last quarterly data for hospitals in England was for the period up until the end of September 2012. The data was published by the Health and Social Care Information Centre, in April 2013. Barts Health NHS Trust is in the group of 18 hospitals with a significantly lower than expected SHMI rate (between 0.71 and 0.87). Our SHMI rate is 0.8262, giving us a rating of 9th lowest in the country.

A graph to illustrate how we rank for our SHMI against other comparable Trusts will be included in the final published version of the Quality Account once the full national data has been made available. In the meantime, the following table puts our SHMI in context. The figures are from the The Health and Social Care Information Centre and show the best and worst performance in the country.

Best performing Trusts in the country for SHMI	
Trust	SHMI
1 st - University College London Hospitals NHS Trust	0.6849
2 nd - Whittington Health NHS Trust	0.7128
3 rd - Imperial College Healthcare NHS Trust	0.7579
9 th - Barts Health NHS Trust	0.8262
Worst performing Trust in the country for SHMI	
142 nd - Blackpool Teaching Hospitals NHS Trust	1.2107

The SHMI figures include patients who were coded as receiving 'palliative care' at either diagnosis or specialty level. According to the most recent data, the proportion of our patients receiving a palliative care code was very similar to the national average (18.9% at Barts Health, compared with the national average of 18.4%).

Our low mortality rates should give confidence to our patients as a strong indicator of clinical safety at the Trust. We will, of course, strive to improve even further over the coming year.

Demonstrating our safety culture through accurate reporting of incidents

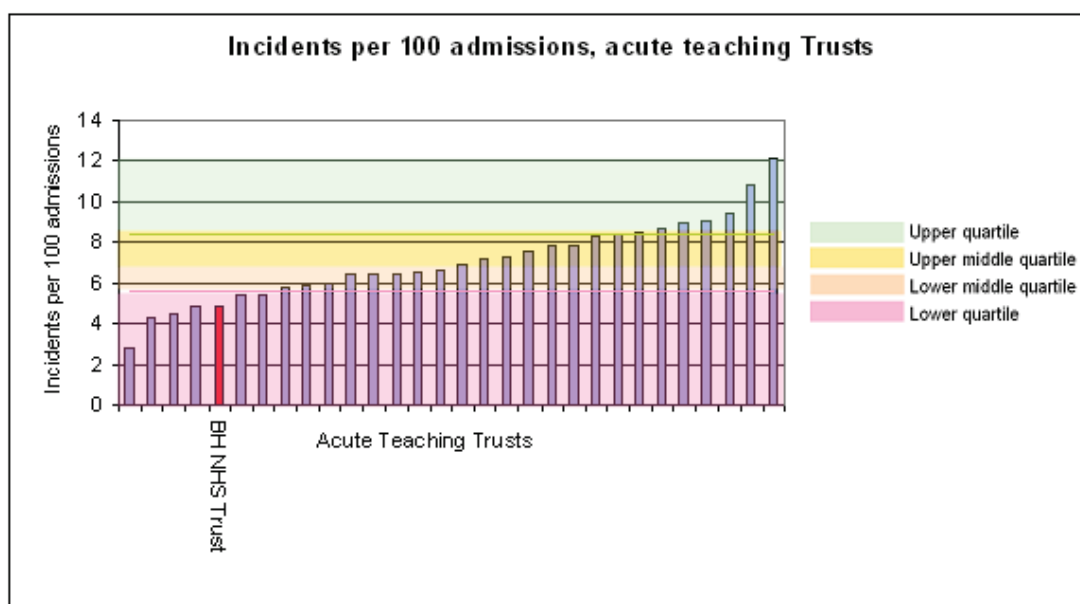
A strong patient safety culture is typically indicated by a high rate of incident reporting, including the reporting of low harm and no harm (near miss) incidents. It is important for staff to report incidents so that everyone can learn from them. Remedial action can be put in place at a local level and across the wider organisation before any serious harm occurs.

In 2012/13, a total of 19,493 patient safety incidents were reported by staff across Barts Health NHS Trust.

Rate of incident reporting and benchmarking data

Prior to our merger, all three legacy Trusts had relatively high levels of reporting in comparison with similar Trusts. However, incident reporting fell immediately following the merger and prior to the formal establishment of our new structure in October 2012.

The latest published data covers this transitional period and places Barts Health in the bottom quartile of Trusts for incident reporting, with a rate of 4.89 incidents per 100 admissions and 5,721 incidents reported across the Trust from 1 April 2012 to 30 September 2012. The table below illustrates our comparative rating.



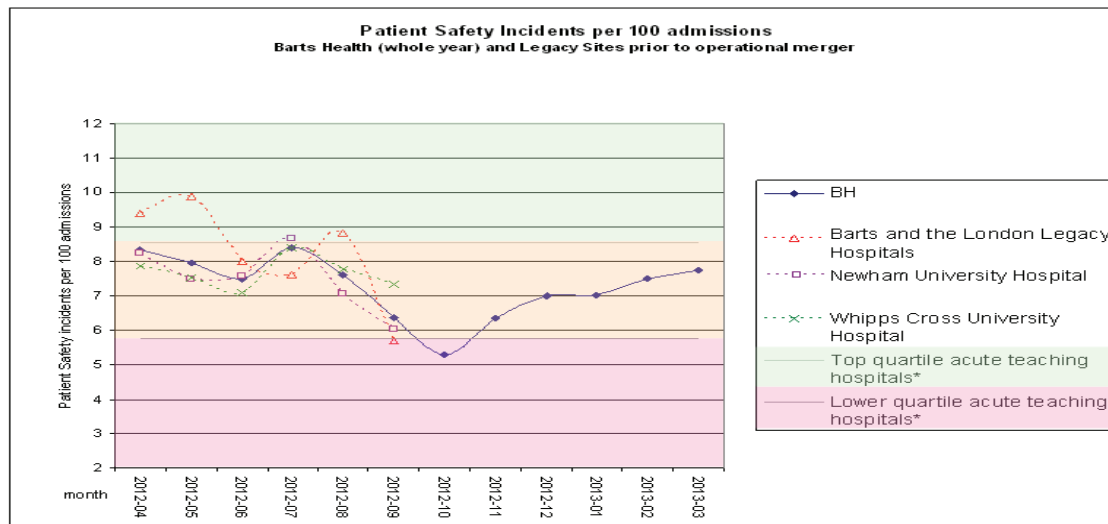
The declining level of incident reporting has been a matter of significant concern for the Trust, indicating a potential weakening of our safety culture. Under-reporting of incidents could lead to risks not being properly identified or addressed. Work to address this is continuing.

Encouraging the reporting of patient safety incidents

Following discussions with staff, we identified a number of challenges which teams have faced in reporting incidents. These have now been successfully addressed, and are outlined in the table on page 28 along with the measures we have in place as a result. The measures have been effective in increasing incident reporting rates. Although we are not yet back to levels reported before the formal merger in April 2012, there has been a rising trend since the operational merger in October 2012.

Challenge	Solution
Staff need to feel confident in reporting issues when things go wrong	Teams are encouraged to see a high rate of incident reporting as positive. The Trust's commitment to a 'fair and open approach' is set out in our Adverse Incidents policy, emphasised during training, and reinforced in widely circulated incident reports
Staff need to understand why incident reporting is necessary	The importance of incident reporting is set out in our Adverse Incidents policy and is discussed at induction sessions for all new staff
Incident reporting has to be straightforward	We have adopted a straightforward, streamlined tool. Before the merger, our three legacy Trusts used different methods of incident reporting, with a range of paper, electronic and online reporting tools. Following the merger, a single online system was implemented. This initially added to the decline in reporting, but the new system was quickly adopted and early technical difficulties were addressed. The new single online incident reporting form is easily accessible from any page of the Trust's intranet
Staff need to be confident in using the online form	An extensive programme of individual and group training has been undertaken and use of the form is also covered in induction sessions for new staff. Feedback from staff about the complexity of the form has led to further refinement so that, as far as possible, only those questions relevant to the incident type appear on the computer screen when the form is being completed
Staff need to know that incidents will be taken seriously and that any necessary action will be taken to prevent recurrence	Our aim is to ensure that all incident reports are properly acknowledged by managers, so that the person reporting the incident can feel confident that their concern has been acted upon. The manager reviewing the incident has to submit feedback to the reporter before the incident is approved. This is recorded on the incident form and monitored by our central governance team. By the end of 2012/13, we had achieved two thirds compliance with this requirement, and we are working towards 100% compliance

The graph below shows reporting across the whole Trust by month (solid line), with separate data given for each of the legacy sites until the operational merger in October 2012. The figures used are drawn from the Trust's legacy and current incident reporting systems. The quartile levels used as benchmarking are derived from the latest published data.



Incidents reported to NHS London under the Serious Incident Procedure

During 2012/13, we reported 348 incidents under the NHS London Serious Incident Procedure, 25 of which were incidents that occurred in the legacy Trusts prior to period covered by this Quality Account. Incidents reported under this procedure include those which may have contributed to serious harm or death, but also include many other types of incident which are indicative of significant risk or which raise significant concern, whether or not severe harm has resulted. It is therefore a much larger subset of incidents than those resulting in severe harm or death. Incidents were also reported to our commissioners.

Serious incidents reported, including deaths

The London Chest Hospital	Mile End Hospital	The Royal London Hospital	St Bartholomew's Hospital	Newham University Hospital	Whipps Cross University Hospital	Community health services	Other sites
6	13	129	18	57	105	18	2

We deeply regret that 28 of the serious incidents reported this year involved the death of a patient, either as a result of the incident or linked to it in some way. This represented 8% of all serious incidents raised in the year.

All serious incidents are fully investigated, whether or not severe harm or death has occurred. Since our merger, we have prioritised the alignment of our processes across the organisation, so that corporate and clinical teams can collaborate on investigations, share learning and take actions to prevent any reoccurrences.

By the end of March 2013, all investigations into the legacy organisations' serious incidents had been completed (these were the incidents that were reported to NHS London prior to the operational merger on 1 October 2012). A key priority for 2013/14 is to complete all the investigations that have not been submitted within the

designated timeframe and are therefore overdue. We are monitoring progress against this priority on a weekly basis, and we will strive to meet all future deadlines for completion of investigations.

Across our sites, the highest numbers of serious incidents have been associated with:

- The development of hospital acquired grade 3 or 4 pressure ulcers (the most serious ulcers, resulting in extensive tissue and/or bone damage)
- Obstetric and maternity care
- Delays in diagnosis

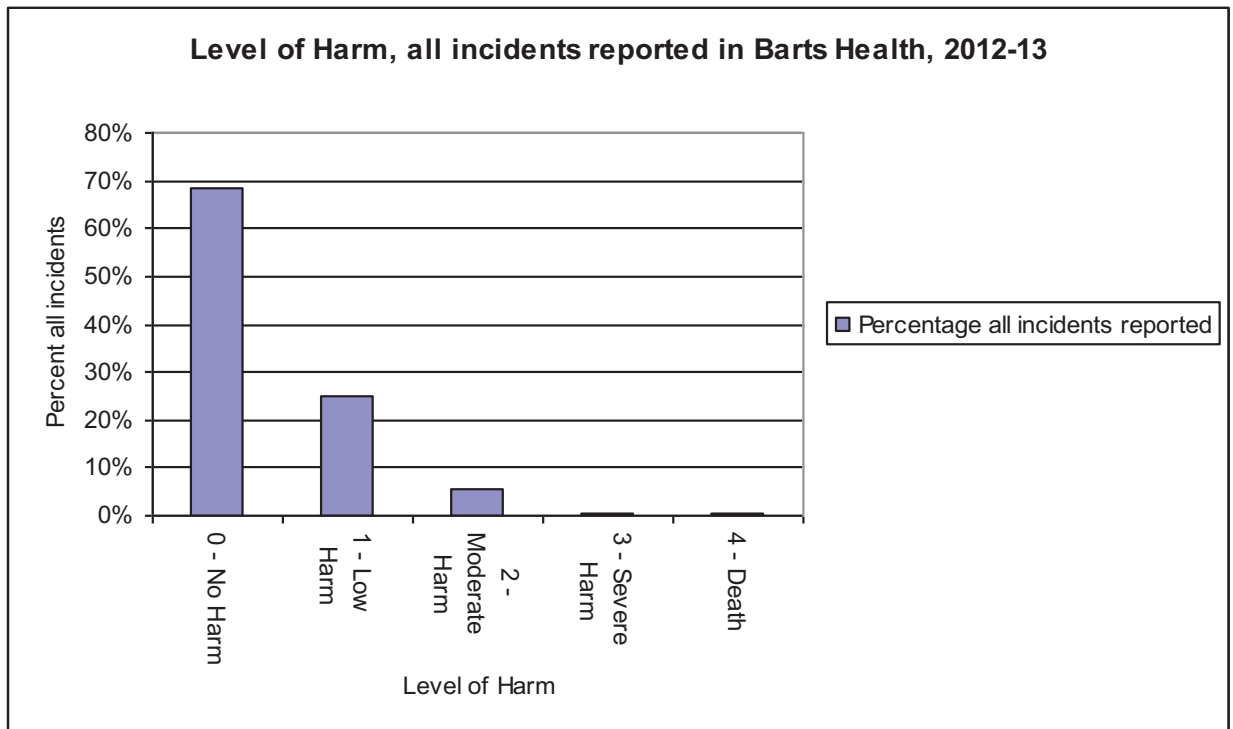
The Trust Board receives details of all serious incidents reported each month within a Quality and Safety Report. This includes any serious incidents that are regarded as 'never events'.

How are we doing now?

The latest published data for Barts Health covers the six-month period up to the end of September 2012. During this period, there were a total of 37 incidents that directly resulted in severe harm or death. This represents 0.6% of the total number of reported incidents, which is slightly higher than the average for all acute teaching hospitals (0.5%). This reflects the tendency, familiar across the NHS, for the reporting of no harm or near miss incidents to be the "first casualty" when incident reporting levels drop. When incident reporting is low, more serious incidents, which still tend to be reported, therefore make up a larger proportion of incidents overall. We are continuing to address this issue by encouraging the full and accurate reporting of all types of incident.

At the same time, work is in progress to ensure that all incidents are correctly reviewed so that the severity of incidents is not 'over-reported'. Recent work in this area suggests that there are inconsistencies that could be causing us to report an unnecessarily high percentage of incidents as "severe harm" or "death" (e.g. with some reporters incorrectly grading incidents by *potential* harm, rather than *actual* harm caused). This is being addressed through training and secondary reviews of grading by governance staff.

The bar chart on page 31 gives a breakdown of the severity of harm of all reported incidents across Barts Health in 2012/13. It shows that the vast majority of incidents reported during 2012/13 were 'no harm'. During 2013/14, we will be continuing to encourage staff to report all incidents as fully and accurately as possible. We will also ask our managers to robustly analyse the data on an ongoing basis so that we can learn from all incidents and reduce harm to patients across the Trust.



Never events

Never events are defined as serious and largely preventable patient safety incidents. The occurrence of never events is potentially indicative that a hospital has not implemented the correct systems and process required to protect patients.

In 2012/13, Barts Health reported 14 never events, comprising of:

- Ten incidents relating to surgical procedures, including:
 - seven incidents of retained swabs in surgical and maternity services, including one from November 2007 and another from January 2011, both of which were only identified and reported this year
 - two incidents where the wrong tooth was extracted from a patient
 - one incident where an incorrect strength ophthalmic (eye lens) was implanted into a patient's eye
- Two incidents relating to misplaced nasogastric tubes (used to provide nutrition directly into a patient's digestive system via the nose)
- One incident of a wrong site procedure where fluid was drained from the wrong side of a patient's chest
- One incident of an air embolus (bubble of air in the bloodstream) following the insertion of a central venous catheter (a catheter inserted into a large vein to deliver drug treatments or take blood samples)

We follow the Department of Health's protocol on never events to support our learning from them. After each investigation, a detailed action plan is developed and systematically implemented.

During 2013/14, we will focus on reducing the number of incidents that occur during surgical procedures. We have started a theatre improvement programme so that we can consistently adhere to the World Health Organisation's Safe Surgery Checklist and also a cultural change programme, which reinforces Barts Health values and behaviours.

The Safety Climate Survey

In March 2013, we invited our staff to take part in the annual Safety Climate Survey designed by the Institute for Healthcare Improvement and The Health Foundation. 112 staff responded to the Survey, the majority working in clinical roles. The results were as follows:

- 76% believe that they are encouraged to report patient safety issues and recognise that errors are more likely to occur as part of the system, rather than due to individual failures
- 75% believe that they take responsibility for patient safety issues

These results are similar to the views reported by staff at the legacy Barts and The London NHS Trust in February 2011.

However in a few crucial areas, the responses are disappointing. We are determined to pick up on the following issues which were raised by staff who completed the survey:

- Only 56% agree that patient safety is constantly being reinforced in their areas
- Only 46% agree that our organisational culture makes it easy to learn from the mistakes of others
- Only 47% agree that leaders listen to and respond to their patient safety concerns

Following the merger and a significant period of change, we are very aware that we need to continue to reassure staff, and demonstrate that their safety concerns are recognised and acted upon. The Barts Health Board has therefore identified this as one of its three Quality Account priorities for 2013/14.

Driving up standards through our Quality Improvement Collaborative

In early 2013, Barts Health set up a Quality Improvement Collaborative to bring together multi-professional teams of nurses, doctors, therapists, porters, cleaners and patients. The expectation is that the Collaborative will help us to meet a number of key priorities which were agreed by our Board at the beginning of 2013/14, by bringing about cultural change and embedding a set of core organisational values and behaviours that will support the delivery of our quality and safety priorities, consistent with our overall vision of *Changing Lives*.

Eleven wards are currently involved, targeting the following issues:

- Pressure ulcers (four wards)
- Falls (two wards)
- Hospital-acquired infections (two wards)
- Deteriorating patients (three wards)

The Collaborative will seek feedback from patients and review evidence-based practices that will empower frontline staff and help them to reduce avoidable harm. This approach has been proven in other NHS Trusts, including Salford Royal NHS Foundation Trust, to improve staff experience, strengthen leadership and improve outcomes for patients. In addition, the Collaborative will provide training and coaching in improvement methodology, teamwork and leadership. Additionally, because patient safety and quality metrics are now reported in the Integrated Performance Dashboard, we will be able to effectively measure improvements.

The work of the Collaborative is at an early stage, but feedback so far is that it is already proving useful. On one ward, we have seen a 50% reduction in falls as a result. The Collaborative is also closely aligned with the Barts Health Improvement Model that will be rolled out in 2013/14. This is a system-wide approach to improving the efficiency, effectiveness and quality of care that we provide, which is understood and utilised by frontline staff, leaders and executives.

Providing harm-free care

We said we would further reduce our number of healthcare-associated infections – and we have

One of our top priorities continues to be to prevent and control healthcare-associated infections through maintaining a clean, safe environment for our staff and patients. We provide comprehensive training for staff, stressing the importance of meticulous hand hygiene, prudent use of antibiotics and continual reassessment of our knowledge.

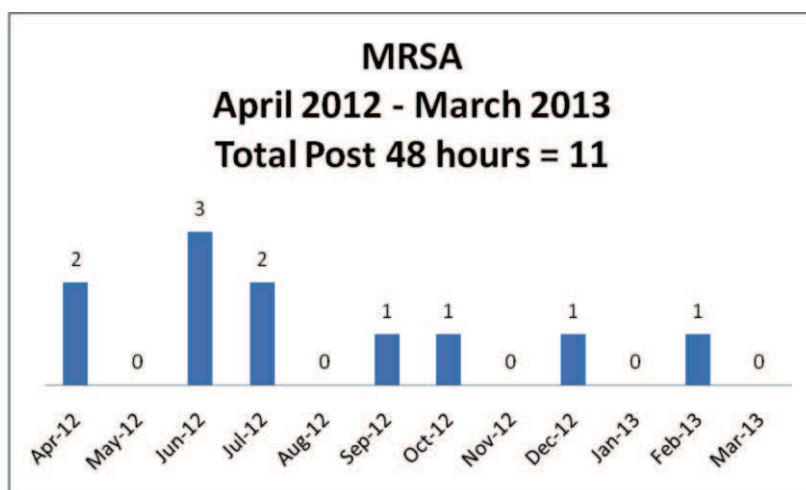
The Infection Prevention and Control Team (IPCT) has been modernising its service across Barts Health and meeting the challenging new agenda being set at both local and national levels. Our focus on reducing healthcare-associated infections (HCAIs) continues to be a priority - and improving patient safety is central to this. We are working towards a culture of continuous quality improvement that minimises any risks to patients.

Combating HCAIs has been a national objective for several years. Throughout the Trust, the levels of the well-known infections Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.diff) have consistently dropped since 2005. Our ultimate objective is for both levels to be zero.

Our targets for 2012/13 were challenging. Our goal was to report a maximum of eight cases of MRSA and no more than 99 confirmed cases of C.diff.

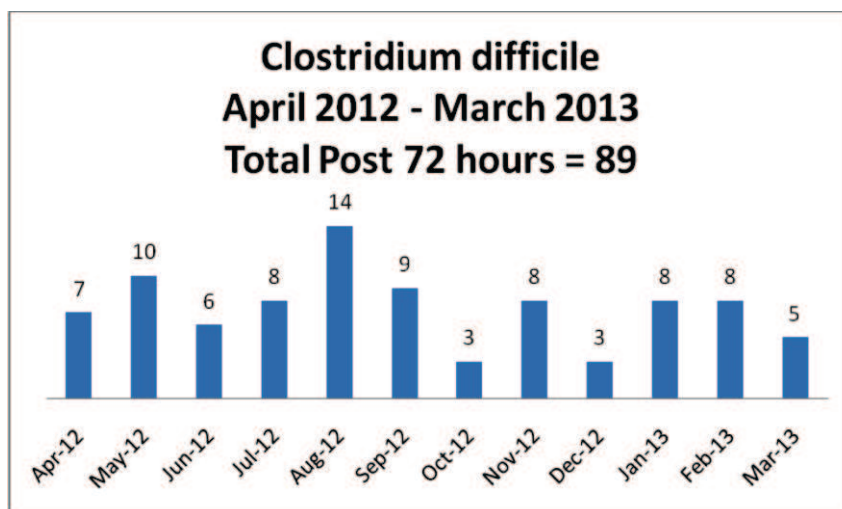
MRSA – continual improvement

The indicative end of year data suggests that we narrowly missed our maximum threshold for MRSA and that 11 cases of MRSA blood stream infections were reported across Barts Health. The chart below shows when the cases were reported. The data represents a significant improvement on the 2011/12, when there were a total of 16 cases - 11 at the legacy Barts and The London sites, three at Whipps Cross University Hospital and two at Newham University Hospital.



C.diff – meeting and beating our ceiling thresholds

Our Department of Health threshold for C.diff was for 99 reported cases over 2012/13, and we reported 89 cases. The bar chart below shows the number of cases reported each month.



Our success in further reducing infection rates has been driven by our staff, who have worked hard to harmonise policies, practice and cultures across Barts Health. There have been weekly leadership ward rounds to review practice and compliance with policies, including hand hygiene practice and screening for MRSA on admission.

One of our focuses for 2013/14 is to standardise our audit system for the Department of Health's Saving Lives programme, which looks at how audit data is collected, stored and shared. A practice performance monitoring and audit system called Symbiotix will be introduced to track compliance with the required practice. Compliance will continue to be monitored by the Clinical Academic Groups and reported to the Trust's Infection Prevention and Control Committee.

We produce root cause analysis reports for all cases of MRSA blood stream infections and *C.diff* infections. The information is shared across the Trust and helps us to develop robust policies and target areas for improvement, for example on the management of indwelling catheter tubes (tubes which are inserted directly into the bladder and which are associated with a risk of infection) and the need to isolate patients who have suspected or confirmed infections.

Building on our success to reduce healthcare-associated infections

During 2013/14 we will strengthen our infection prevention procedures to further improve safety. Our objectives are:

- To aim for zero cases of MRSA bloodstream infections
- To reduce the number of C.diff cases to a maximum of 75
- To reduce the rates of *Methicillin Sensitive Staphylococcus Aureus* (MSSA) and *E.Coli* by 25%

These objectives are challenging, and it is critical that we continue to embed good infection prevention practices across Barts Health. To help us achieve our objectives, the Quality Improvement Collaborative will be focusing on ways to reduce healthcare-associated infections over the coming year.

Preventing pressure (tissue) ulcers

We did not set ourselves a target for reducing pressure ulcers in 2012/13. Instead, priority was given to standardising systems and processes to facilitate our long term aim of zero tolerance for avoidable pressure ulcers. A standardisation plan has been developed and is currently being implemented.

Where we have succeeded in combating pressure ulcers

Over the past year, we have introduced the following initiatives to combat tissue ulcers:

- A Trust-wide electronic clinical incident reporting system is now in place (with revised codes to assist with monitoring)
- All incident reporting which includes a pressure ulcer is validated by our tissue viability clinical nurse specialists
- A pathway has been introduced for pressure ulcer reporting and investigation, including a template to assist staff with grade 3 ulcers (moderate harm) and grade 4 ulcers (severe harm)
- The Board is provided with a monthly quality and safety paper which highlights all safety incidents
- Consistent data on pressure ulcer incidence is available to all ward sisters, matrons and managerial staff
- A ward tool has been developed to assist with documentation and audits of practice
- We are developing a standardised wound/ulcer dressing formulary
- A new Trust-wide education and training programme has been introduced for clinical staff
- We run a tissue viability service led by clinical nurse specialists across all our hospital sites, providing advice and care for patients with pressure ulcers and those at risk

Key actions to further reduce pressure ulcers

Pressure ulcers will be a priority this year for the Quality Improvement Collaborative, leading to a new Barts Health pressure ulcer improvement programme. This will enable us to provide an even better standard of care for patients so that we can achieve our ambition of zero avoidable pressure ulcers.

Falls prevention

We aim to reduce patient falls across the Trust, and we follow recommendations from the National Patient Safety Agency (NPSA) to record and monitor our falls rate per 1,000 occupied bed days. The rate can be used to make comparisons between hospitals of different sizes. The National Patient Safety Agency's target is a falls rate of 4.8 or below.

In 2011/12, there were 5.6 falls per 1,000 occupied bed days across our legacy Trusts, slightly higher than the desirable maximum of 4.8). In 2012/13, this figure has dropped to 4.1, bringing us comfortably into the target range.

To sustain this reduction in 2013/14, our Care Collaborative Improvement will continue to drive up standards:

- Training for nurses, allied health professionals and doctors in all clinical areas is being standardised across Barts Health, led by a falls prevention expert within the Trust
- Ward managers will become auditably accountable for the level of care patients receive following a fall, through the incident reporting system and the falls steering group
- A standardised Slips, Trips and Falls policy is being launched. This will include a research-based screening and care plan tool to bring Barts Health in line with the

draft guidelines produced by the National Institute for Health and Clinical Excellence in January 2013.

- We will also launch a bed rail decision making tool, following recommendations made by the Royal College of Physicians in FallSafe, a 2012 quality improvement programme
- Our network of falls champions - dedicated individual nurses in each ward and clinical area - will ensure that this work is carried out successfully and consistently throughout the Trust
- We will continue to invest in falls prevention technology such as falls movement sensor alert alarms and ultra low beds. These aids have been found to reduce repeat falls and minimise the levels of injury suffered

Identifying and treating deteriorating patients

Observations of factors including patients' temperature, blood pressure and alertness can help staff to quickly identify patients whose condition is deteriorating and take appropriate action.

Since January 2012, Quality Improvement Collaborative has focused on strengthening our procedures to identify deteriorating patients. A programme of work is being undertaken in a respiratory/immunology ward at the Royal London Hospital, and through two critical care outreach teams working across Newham University Hospital, the Royal London Hospital and the maternity unit at Whipps Cross University Hospital.

During 2013/14, other wards and departments will join the programme on a quarterly basis. Clinical teams will be supported by staff who will undertake the role of Patient Safety and Quality Improvement Facilitators. These facilitators will work with individual ward teams to provide expert advice, support and guidance in the management of patient safety incidents and in planning quality improvements. We have set ourselves ambitious targets, aiming to reduce cardiac arrests among patients with identifiable deterioration by 50% by June 2014.

Key actions to identify and treat deteriorating patients

The Collaborative will address the issue of patient deterioration through a core group of multi-professional staff, including nurses, doctors and therapists, who will lead changes in practice within their wards and departments. Staff will use improvement tools to identify what they need to change, put these changes into practice and measure any impact. They will then be able to decide if changes have been effective or need further adjustment. The improvement cycle of 'plan, do, study, act' will lead to continuous and lasting improvements that will benefit all our patients. The work will also link in with activity we are also undertaking as a member of the UCLPartners Deteriorating Patient Collaborative.

Measuring against the national CQUINs

VTE risk assessment and prophylaxis

Some conditions are more likely to occur in a healthcare setting, such as venous thromboembolism (VTE), a disease that includes both deep vein thrombosis and pulmonary embolism. Being ill, immobile and having major surgery can increase a person's risk of VTE, but this can be mitigated through preventative measures.

We constantly strive to improve our safety levels on VTE. To assess our strategies every month, we measure the percentage of adult patients who have had a risk assessment for venous thromboembolism. The national CQUIN target for VTE risk assessment is 90%. This target was met by the legacy Barts and the London Hospitals and the Newham sites. In March 2013, the percentage who had been risk assessed at Whipps Cross University Hospital was 90.76%.

Going forward, it has been determined that our VTE strategy would most effectively be delivered through our Clinical Academic Groups (CAGs) rather than at individual hospital level. We will also now submit monthly CQUIN returns using the Cerner Millennium care records system. This system has been in place at some of our hospitals since 2010/11, and work is now being undertaken to roll it out to our other sites. The system has been further developed to provide a daily ward-based, real-time snapshot of performance for on-going management purposes.

Further initiatives have been put in place, including the standardisation of the preventative treatment used across our sites. Hospital acquired VTEs are recorded as incidents on Datix (our patient safety risk management system) and root cause analysis is undertaken for every case. We are already starting to see impressive results from our endeavours. A recent audit of the acute medical admissions ward at the Royal London Hospital showed that 100% of at-risk admissions with no contraindications were prescribed low molecular weight heparin. By contrast, in 2009, only 70% of these patients were prescribed this medication.

Performance against the Safety Thermometer

The NHS's Safety Thermometer provides a quick and simple method for surveying patient harm and analysing results so that local improvement can be measured for the following issues:

- Pressure ulcers
- Falls
- Catheter associated urinary tract infections
- Venous thromboembolism

Data is collected on a set day each month as part of a point prevalence audit (a measure of the proportion of people in a population who have a disease or condition at a particular time). The CQUIN payment programme for 2012/13 was based on achieving key milestones during each quarter:

- Quarter 1 – Establish process for data collection and entry
- Quarter 2 – 100% data submission
- Quarter 3 – 100% data submission
- Quarter 4 – Demonstrate 95% of patient receiving harm free care

Despite working hard to meet the challenge of auditing and entering data for approximately 2,000 patient care episodes every month, we were unable to achieve the Quarter 2, 3 and 4 milestones. However, we did achieve a rating of 93% harm free care which is comparable with other similar Trusts.

The table below provides a summary of the percentage of patients receiving harm free care at Barts Heath between July 2012 and March 2013:

July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013
94%	93%	94%	94%	93%	91%	94%	94%	93%

For 2013/14, a standard operating procedure has been developed to provide clinical staff with clear guidance around data collection and entry. This, combined with a data entry system that can be accessed Trust-wide, should resolve the challenges that prevented us from succeeding during 2012/13. An ambitious but achievable target of 100% data collection and entry by the end of 2013/14 is currently being negotiated with our commissioners.

Safeguarding children

Over the last year, we have been unifying processes and policies across the Trust for safeguarding children. We are taking our lead from the recommendations of the *Munro Review of Child Protection* (a review into frontline child protection practices) and *Working Together to Safeguard Children* (a guide to inter-agency working). The newly published and amended guidance will have a significant impact on policy and practice, both nationally and locally, and will inform our work over the coming year.

Multi-agency safeguarding hubs (MASHs) are being developed across London, and our local councils are therefore developing hubs to meet their particular needs. The Greater London Authority has stipulated that there must be a MASH in each London borough by 2014. The MASH is a focus for key agencies involved in child protection, including the police, children's social care and health. The aim is to improve the quality of multi-agency working and in particular, communication and information sharing at the point of referral, to facilitate a quicker response to concerns about children. Barts Health will play a key role within the MASH process.

Training and staff supervision will remain key priorities for Barts Health, so that we can raise awareness of our responsibilities and support staff involved in safeguarding issues.

Since April 2012, the Trust has trained 1,062 staff on Safeguarding Children. Barts Health's current compliance with each level of training is as follows:

Level 1 = 69%

Level 2 = 50%

Level 3 = 45%

There are plans in place to improve our training compliance (so that it is consistently above 90%) and to roll out a programme of staff clinical supervision over the coming year.

Safeguarding adults

During 2012/13, our emphasis on safeguarding has been to develop a single safeguarding process with a set of unified systems for all staff to follow. There is now a unified team and referral pathway in place, and each of our hospital sites has a named co-ordinator. These changes have improved communication between clinical staff and safeguarding teams, and safeguarding concerns can now be more quickly escalated. We have already noted an increase in safeguarding awareness as a result.

Plans for 2013/14 include a focus on training and awareness, and the development of more interactive training sessions to develop the links between theory and practice. Action plans are already in place for this. We are also planning to develop a

key piece of work with our five partner local authorities. Together, we will focus on improving our understanding and implementation of the Mental Capacity Act 2005, a law that protects people who are unable to make their own decisions. Staff training and supervision will also enable us to improve the quality of care that we provide for vulnerable patients who lack capacity.

Improving care for people with learning disabilities

There is national concern about the care and treatment of people with learning disabilities (PWL) and the provision of accessible healthcare services tailored to meet their needs. There is an expectation on all NHS organisations to provide equitable access to health services. At Barts Health, we have developed a “hospital passport” which outlines each patient’s particular requirements, and we are now providing a reasonable adjustments assessment for each patient so that staff can provide the best possible care and treatment. Reasonable adjustments include removing physical barriers to accessing health services and making whatever alterations are necessary to policies, procedures, staff training and service delivery, to ensure that they work equally well for people with learning disabilities.

In March 2013, we hosted a very successful awareness day with Mencap, highlighting the experiences of patients with learning disabilities in hospital. This event was also used as an opportunity to launch other key initiatives, including an e-learning training programme, and it helped staff to familiarise themselves with the passport and the requirements of a reasonable adjustments assessment.

In 2013/14, we will focus on a Trust-wide strategy to further improve care for patients with learning disabilities. Our work will include:

- Involving patients and carers in the development of services
- Putting our patient information into easily understandable formats
- Rolling out our hospital passport and reasonable adjustments assessments across the organisation
- Developing a flagging and alert system that will identify when people with learning disabilities are due to attend one of our hospitals or services, so that staff can put suitable provisions in place in advance to meet their needs.

Responding to safety alerts quickly and efficiently

The Central Alerting System (CAS) is a national agency that circulates safety alerts relating to a wide variety of clinical issues across all NHS Trusts. In most cases, Trusts are required to acknowledge the alert and confirm when any necessary action has been taken. During the period prior to the operational merger of the Trust, a backlog of 19 CAS alerts had built up, all of which remained unresponded to.

Following the operational merger on 1 October 2012, the central Governance Standards and Risk Management team assumed responsibility for management of CAS alerts across Barts Health. Data was amalgamated from the three legacy systems used for recording and managing all safety alerts, and the team worked with procurement, estates and Clinical Academic Group leads to ensure that all outstanding alerts were actioned and closed.

Following a Trust-wide consultation, a revised CAS policy and new operating procedures were introduced. All CAS Safety Alerts are now acknowledged within 24 hours by the Trust CAS Liaison Officer or nominated deputy. The table on page 40 summarises our performance. With only one exception, all alerts received since 1 October 2012 have been actioned within the prescribed deadlines. The overdue alert relates to the national introduction of safer intrathecal devices (devices that deliver medication directly to the spinal fluid). Our Medical Director, Dr Steve Ryan, is now supervising the necessary action to close this alert. Each Clinical Academic Group

which uses intrathecal devices is undertaking a risk assessment, and the issue is being considered by the Trust's Clinical Procurement Group.

Central Alerting System (CAS), alert assurance and performance across Barts Health

CAS alerts received from 1 April 2012 to 31 March 2013:			
Medical device alert	National Patient Safety Agency	Estates and facilities	Total
89	0	3	92
All open alerts (as at 31 March 2013). These are alerts that have not been implemented fully but work is being undertaken.			
Medical device alert	National Patient Safety Agency	Estates and facilities	Total
3	1	1	5
Overdue CAS alerts (as at 31 March 2013)			
Medical device alert	National Patient Safety Agency	Estates and facilities	Total
0	1	0	1

Quality dimension two – patient-centred care and acting on patient experience

Across Barts Health, we have been developing an integrated strategy to improve our patients' experience. A framework has been put in place to support the provision of an exemplary patient experience, while maintaining and building on what is both excellent and unique in each of our hospitals. We have introduced a number of initiatives that demonstrate our commitment to an open, patient-centred culture.

Putting patients first – the Patient Experience and Engagement Strategy

We are committed to improving all communication with patients and carers, and continue to make progress in this area. Our aim is that all patients should feel safe, involved and able to make informed choices. In August 2012, our Patient Experience and Engagement Strategy was approved by the Board to help deliver three priority objectives:

- To build positive relationships with patients, in particular improving trust and confidence
- To ensure that patients are involved with service improvements, development and design work
- To improve access to health services and promote healthy living for local people

We have also launched our Patient Forum and recruited patient representatives for each of our Clinical Academic Groups through a competitive shortlisting and interviewing process.

Listening to patients and learning from their experiences – patient stories at Board meetings

Every public Trust Board meeting now opens with a patient story. Our Patient Experience Team nominate a patient or carer for each meeting. These are people who have already contacted us about their experience of our services. The Board then hears an account of that experience, both good and bad.

A strong theme which has emerged from our patient stories is the need for our staff to be more knowledgeable and responsive to the needs of patients with learning disabilities and their carers. The Board has heard two powerful accounts from parents of young adults with autism. They found that staff were lacking in empathy and unable to interact with them in a reassuring way. There was nowhere for them to stay in hospital so they could be with their children, and staff were inflexible in making adjustments that would have improved their experiences. They both found that the quality of the care was not as good as it should have been and that they were not given the attention and personal care that they needed.

A revised strategy is now being developed to care for patients with learning disabilities which will address the issues raised and help to improve the care we provide for patients with learning disabilities. This work is being led by our Chief Nurse, Professor Kay Riley, assisted by Lenny Byrne, Associate Chief Nurse with lead responsibility for safeguarding.

The Board has also heard stories that highlight many positive aspects of care. A relative described the care and treatment of a patient who had a stroke, and recalled how they were given access to facilities and made welcome overnight to comfort their confused loved-one. One mentioned a student nurse who was 'fantastic, kind and caring'. Another patient said that after years of symptoms and tests, a referral to Barts Health resulted in a definitive diagnosis, and this person is now taking part in a clinical trial.

Strengthening the relationships between patients and staff through the Both Sides Now initiative

Our Patient Experience and Engagement Strategy emphasises that every member of staff can positively impact on the patient experience. Barts Health took part in a recent pilot project, Both Sides Now, which aims to improve experiences for both patients and staff by building relationships and understanding of the two “sides” of healthcare provision.

Two workshops were held at Barts Health. All participants found them an enjoyable and thought provoking experience. It emerged that patients’ needs are not always being met and that services need to improve communication with each other to make the patient journey a smoother process. This particularly related to experiences in our A&E and outpatient departments. Issues were also raised about whether staff are sufficiently caring in their approach to patients. Feedback from the events has been shared with the Trust Executive.

Improving discharge information for patients

We want to empower our patients through providing them with information about their condition, and how we are caring for them, so that when they leave, they know what to do if they have any future concerns. As part of our work to improve patient information on discharge, we ran a pilot project with multi-disciplinary staff to review the format, design and content of our in-patient information. A standardised patient information policy for the Trust is being developed with the clinical academic groups, patient representatives and other groups. This work will help us to further improve the patient experience.

Listening to concerns and learning from feedback

We are keen to promote an open culture where feedback is welcomed and acted upon. Much of the feedback that we get from patients and their families is positive, praising our staff, services and facilities. However, it is vital that we continue to learn from comments which highlight where we can do better.

Capturing patient feedback

One of our main methods for capturing feedback is through the National Patient Survey Programme. We continue to use a range of other approaches, including real time feedback, internet surveys and ‘how did we do?’. During 2013/14, we will standardise the way we collect patient views to enable us benchmark standards across all our services and locations.

We have continued to use patient real time feedback to listen and respond to patients concerns

Real time feedback enables us to monitor and continually improve the patient experience through the use of touch-screen technology. Kiosks are placed throughout our sites, so that patients and other visitors can tell staff how they did and what could be better.

At St Bartholomew’s, The Royal London, The London Chest and Mile End Hospitals, there are 105 such devices in use. This year, feedback has been positive, and confirms that we are fully involving patients with decision about their care, that cleanliness on wards is good, and that people have confidence and trust in our staff. However, the results have also highlighted areas for improvement. We now need to work on providing better emotional support and higher quality discharge information.

At Newham University Hospital, 150 questionnaires are distributed every month and we assess a minimum of 10 completed questionnaires for each ward. Feedback this year has focused on information and communication, clinical care and treatment, the appointment system and waiting times. We are now responding to the issues raised

and the Patient Experience Team has been carrying out further observations and reporting back to appropriate managers to follow up. Should a patient arrive at the hospital to find that their appointment has been cancelled, they are now met by a doctor who will fully explain the reasons for this and a further appointment will be booked within 30 days. To further improve the patient experience, if a patient is not seen within 30 minutes of their appointment time and is unable to wait any longer, a further appointment will be offered.

At Whipps Cross University Hospital, electronic devices are used to capture feedback from patients - there are ten hand held devices and four interactive kiosks on the site. Communication was a key issue raised in 2012/13 – for example, patients reported that they had not been advised of medication side effects and did not know who to contact if they were worried about their condition or treatment after discharge.

Patients' confidence and trust in doctors and nurses has declined during 2012/13, and patients reported feeling less involved in their care and treatment. Patients have told us that they need clearer answers to their questions when they are talking to nurses, and more privacy when discussing their condition or treatment.

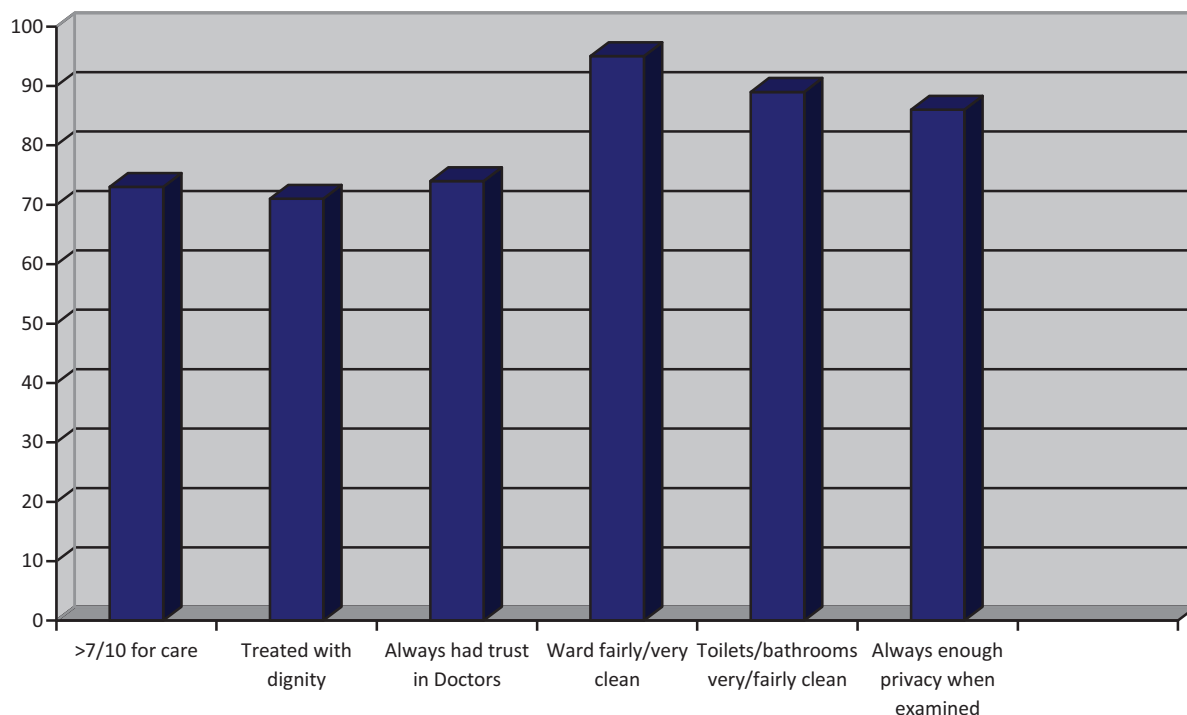
In response, we introduced a discharge leaflet for patients when they leave the hospital, providing information such as ward contact numbers and a tick sheet which staff complete with each patient to ensure that they know what to expect once they are at home. In addition, there is an ongoing programme of environmental improvements to the wards at Whipps Cross which will increase privacy for patients.

Learning from the NHS National Survey Programme

The NHS National Survey Programme is a government initiative to ensure that patient feedback is obtained and used to inform the continued development and improvement of healthcare services. Over the past year, we have asked patients to take part in surveys about our A&E Departments, inpatient, day case and maternity services.

The National Inpatient Survey

The bar chart below shows a selection of areas where a high percentage of patients report favourable experiences across the Trust. In the 2012 survey, 95% of patients said the ward where they were cared for was clean and 86% reported that there was always enough privacy when they were examined.



Compared with the 2011 survey, the 2012 results show improvements in six areas and a deterioration in three others. For the majority of questions, there was no significant change. The following table outlines these areas. In each case, a lower score is better.

Areas where we have improved on our score since 2011:	2011	2012
Hospital: patients having to share same bathroom or shower area with opposite sex	14%	10%
Hospital: bothered by noise at night from other patients	43%	36%
Hospital room or ward 'not very' or 'not at all' clean	7%	4%
Surgery: questions beforehand not fully answered	30%	23%
Discharge: did not receive copies of letters sent between hospital doctors and GP	22%	18%
Areas where are score had deteriorated since 2011		
Hospital: not offered a choice of food	25%	31%
Doctors: did not always have confidence or trust	21%	25%
Care: could not always find staff member to discuss concerns with	62%	68%

Overall, Barts Health's scores were below average for many questions. In particular, our scores were lower than we would like them to be on questions that relate to discharge from hospital and many aspects of nursing.

The Care Quality Commission uses the data from the National Inpatient Survey to compare results for all acute hospital trusts. The results are grouped under ten headings and presented as scores out of ten, rating each trust as better, worse or about the same as other trusts. Using this method, Barts Health was rated as 'about the same' as other trusts in all areas except for 'nurses', where we were rated worse than expected.

NHS National Inpatient Survey results published by the Care Quality Commission

Barts Health	Scores out of 10
Emergency/A&E	8.3
Waiting list and planned admissions	8.8
Waiting to get a bed on the ward	7.5
The hospital and ward	8
Doctors	8.2
Nurses	7.7
Care and treatment	7.2
Operations and procedures	8.3
Leaving hospital	7
Overall views and experiences	4.9

The Patient Experience CQUIN

The Patient Experience CQUIN assesses trusts respond to the personal needs of patients. It measures the responses to five of the questions in the NHS Inpatient Survey. Barts Health set an improvement target of 5% on 2011's results, which we failed to meet in 2012. However, the final composite score was very similar.

Questions for the 'patient experience' CQUIN with percentage agreements in 2011 and 2012

Patient Experience CQUIN results		
	2011	2012
Were you involved as much as you wanted to be in decisions about your care and treatment?	68.1	66.4
Did you find someone on the hospital staff to talk to about your worries and fears?	51.7	47
Were you given enough privacy when discussing your condition or treatment?	79.6	84.1
Did a member of staff tell you about medication side effects to watch for when you went home?	45.8	42.7

Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	71.1	76.4	
Composite score	63.6	63.3	(target = 68.6)

Feedback from patients through the inpatient survey and other methods provides clear information on where we should focus our improvement work. We are using the information to help us shape our 2013/14 priorities for improving the patient experience:

- Improving the emotional support provided to patients by all staff
- Improving patient discharge from hospital
- Improving all aspects of nursing

The National A&E Survey Results

A national A&E survey was undertaken the Royal London, Newham and Whipps Cross Hospitals in 2012, having previously been undertaken for the first time in 2008.

We have also made significant progress on a number of issues since the 2008 survey. Patients now rate us more highly for:

- Privacy when discussing their condition with staff (including the receptionist)
- The courtesy of the receptionist
- Privacy when being examined or treated
- Cleanliness of toilets
- Being treated with respect and dignity

In the 2012 results, the Royal London Hospital is rated by patients as being one of the top performing hospitals in England for cleanliness in its A&E department. However, it was rated as one of the worst A&E departments for the availability of food and drink.

Newham University Hospital

Since the 2008 survey, patients have scored Newham Hospital's A&E department significantly better on the following issues:

- Privacy when discussing their condition or treatment
- Privacy when being examined or treated
- Being clearly told why they needed tests
- The cleanliness of the emergency department
- The cleanliness of the toilets

However, we scored less well on these two issues:

- Waiting more than two hours to be examined
- Not telling a patient how long they would wait before being examined

Other issues which were highlighted as concerns by patients included:

- Doctors and nurses talking in front of patients as if they were not there
- Family/friends not having enough opportunity to speak to a doctor
- Members of staff giving contradictory information to patients
- Feeling threatened by other patients or visitors
- Lack of availability of food or drink in the department
- Family or home situation not being taken into account when leaving the department
- Not being told of danger signals related to an illness or treatment once at home

- Not being treated with respect and dignity while in the department

Whipps Cross University Hospital

Since the 2008 survey, patients have scored Whipps Cross Hospital's A&E department significantly better on the following issues:

- Doctors and nurses having enough time to discuss patients' health or medical problems
- Doctors/nurses fully explaining a patient's condition and treatment
- Patients being more involved in decisions

However, a higher percentage of patients reported having to wait more than 15 minutes before speaking to a nurse or doctor. This issue will be investigated further.

Improving our maternity services

We are committed to continually improving the patient experience for women and their families using our maternity services.

In March we launched programme called 'Great Expectations' to shape the culture of care and working practices across our women's services, guaranteeing that:

- Women will be treated with compassion and offered the highest standards of care
- Staff will be competent, communicate positively with women and families involving them in their care planning and decision making
- We will not accept poor standards and are committed to ensuring the best possible experience for all women who use our services

All senior midwives and nurses will follow a one year leadership and knowledge programme to support their development and enable change. All staff will have the opportunity to attend enhanced learning sessions covering communication styles, team working, values and behaviours. Women will be encouraged to tell us if we have not met the standards of our pledge and we will use their feedback, and that of our internal and external partners, to help us continually change, act and improve.

Asking patient representatives to get involved in their Trust

Patients are at the heart of everything we do at Barts Health, and a new initiative to recruit patient representatives is being explored so that patients can be more actively involved in the Trust's improvement work.

Improving nutrition and hydration

Much of the past year's work on nutrition and hydration has focused on integrating one set of processes and policies across the Trust. We have taken several steps to help us achieve this:

- Running a successful and informative nutrition and hydration workshop, attended by nursing staff, health care support workers, catering/facilities staff, dieticians, speech therapists and patient representatives
- Using a positive-focused approach to identify what works well and defining key areas were identified for improvement
- Targeting issues around processes of care, the environment, catering, training and development, monitoring and feedback
- Forming a Trust-wide Nutrition and Hydration Committee which is responsible for integrating policies and processes into practice.

The Francis Report, published in February 2013, suggested that, despite national guidance and recommendation, messages about adequate food and drink for patients are not acted upon by hospital staff. We ran an awareness campaign during National Nutrition and Hydration Week (18-24 March 2013), and used this as an opportunity to reinforce this importance aspect of care. Our clinical leaders undertook observational audits of ward meal times to appreciate why our 'protected mealtimes'

policy is so valuable. In addition, they asked patients for views about the food we provide. 83% of patients said they received the help they needed at mealtimes.

Introducing the Friends and Family Test

All NHS acute inpatient and A&E services have now introduced the national NHS Friends and Family Test, which asks patients one question:

How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?

The answers patients give will be used to compare hospitals throughout the country. Patients can also add comments to explain the score they give and to provide each ward and department with feedback.

At Barts Health, patients are given postcards to complete and post into a box on the ward or A&E department before they leave. There is also a Quick Response facility on each card so that patients using smartphones can scan the code and complete the survey online.

By June 2013, we aim to be receiving feedback from 15% of all inpatients and Emergency Department service users using this method. Every month, the results will be fed back to the ward or department, Clinical Academic Group and the Trust Board. We will use the information to ensure that our improvement is aligned to feedback from patients.

Listening to concerns and learning from feedback

Our Patient Advice and Liaison Service (PALS) and central complaints teams continue to work together with our governance teams to encourage patients to raise and report any concerns. We aim to improve our services by responding to feedback and taking appropriate action.

PALS can usually resolve concerns quickly, before they become complaints. In 2012/13, 6,011 people contacted the PALS service, many of whom were asking for information and advice. 4,652 people raised concerns which PALS helped to resolve.

When it is not possible to resolve issues informally, PALS will support patients in submitting a formal complaint. A total number of 1,994 reportable complaints were received in 2012/13, an increase from 1,817 in 2011/12.

PALS and examples of problem solving on behalf of patients

Troubleshooting in the Emergency Department

A patient who had attended the Royal London Hospital was concerned that a discharge summary had not been sent to his GP, despite two attempts to get the information sent. PALS contacted the relevant manager who was able to provide the patient with a copy of the discharge summary.

Responding to concerns about the facilities

A patient's wife contacted PALS to raise concerns about:

- The lack of certain facilities in the new Royal London Hospital
- Inefficiencies in the patient transport system
- An inadequate number of porters to take patients to clinics
- Poor seating in the waiting area
- A broken vending machine

PALS ensured that the servicing of the vending machine was escalated and the Facilities Management Team committed to undertake an investigation into the other concerns raised.

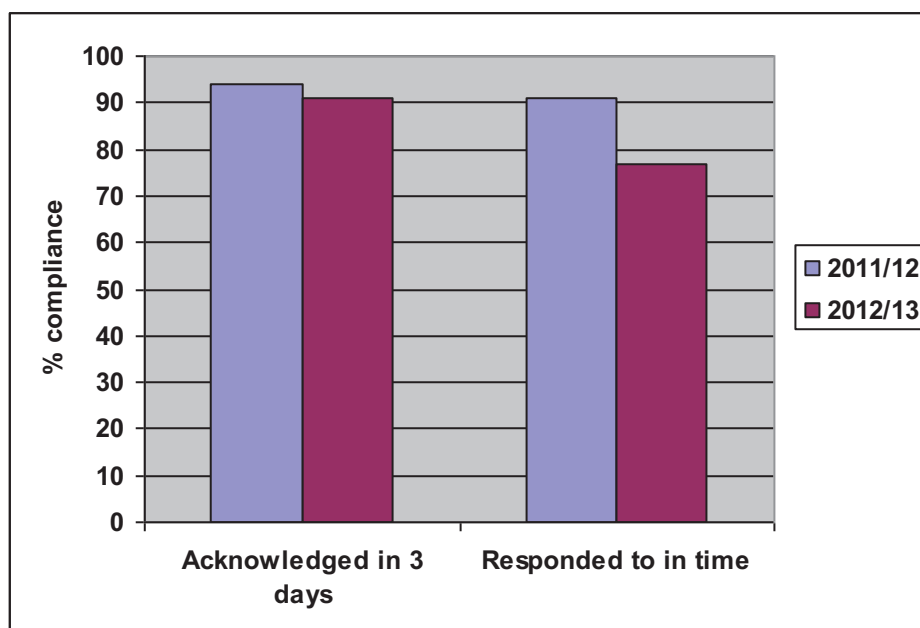
It has now been established that there was an inadequate number of wheelchairs and this resulted in delays while the porters searched around the hospital. We have since invested in a coin-operated wheelchair bank, which has helped to reduce the number of chairs that are removed from the site.

Performance in complaints handling

Our performance target stipulates that all reportable complaints must be acknowledged within three working days, and that a response should be provided within a timescale agreed between the Trust and the complainant. In 2012/13, we closed 1,666 complaints – 91% were acknowledged within three working days and 77% were responded to within the agreed timescale.

The chart on page 51 shows our performance in 2012/13 compared with the previous year. One of the contributory factors for the slight drop in performance is that, following our merger, some staff needed additional training to undertake their new roles and fully understand the complaints handling process. Training has since been provided and is ongoing, with support from the Patient Experience Team provide advice on issues including letter writing and handling complex cases. We have also standardised policies and processes across the whole organisation.

The bar chart below shows how quickly the Trust acknowledged and responded to complaints in 2011/12 and 2012/13.

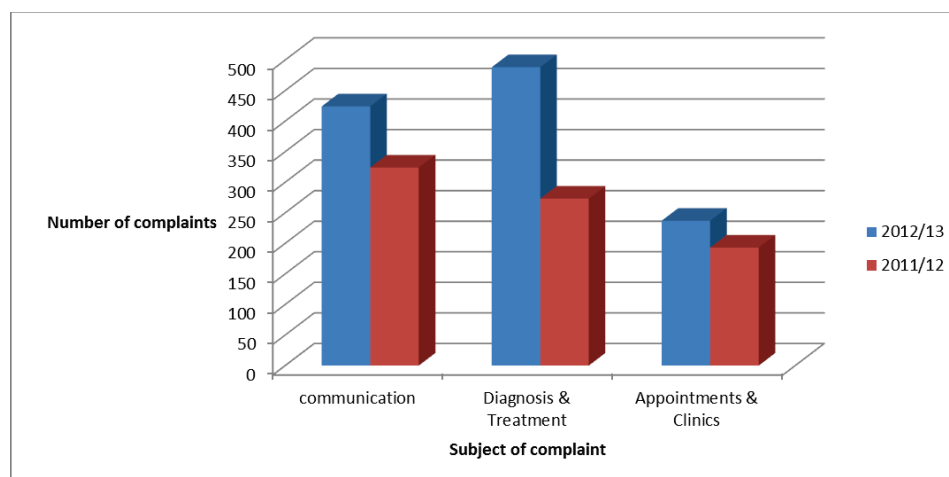


The issues people raised with us

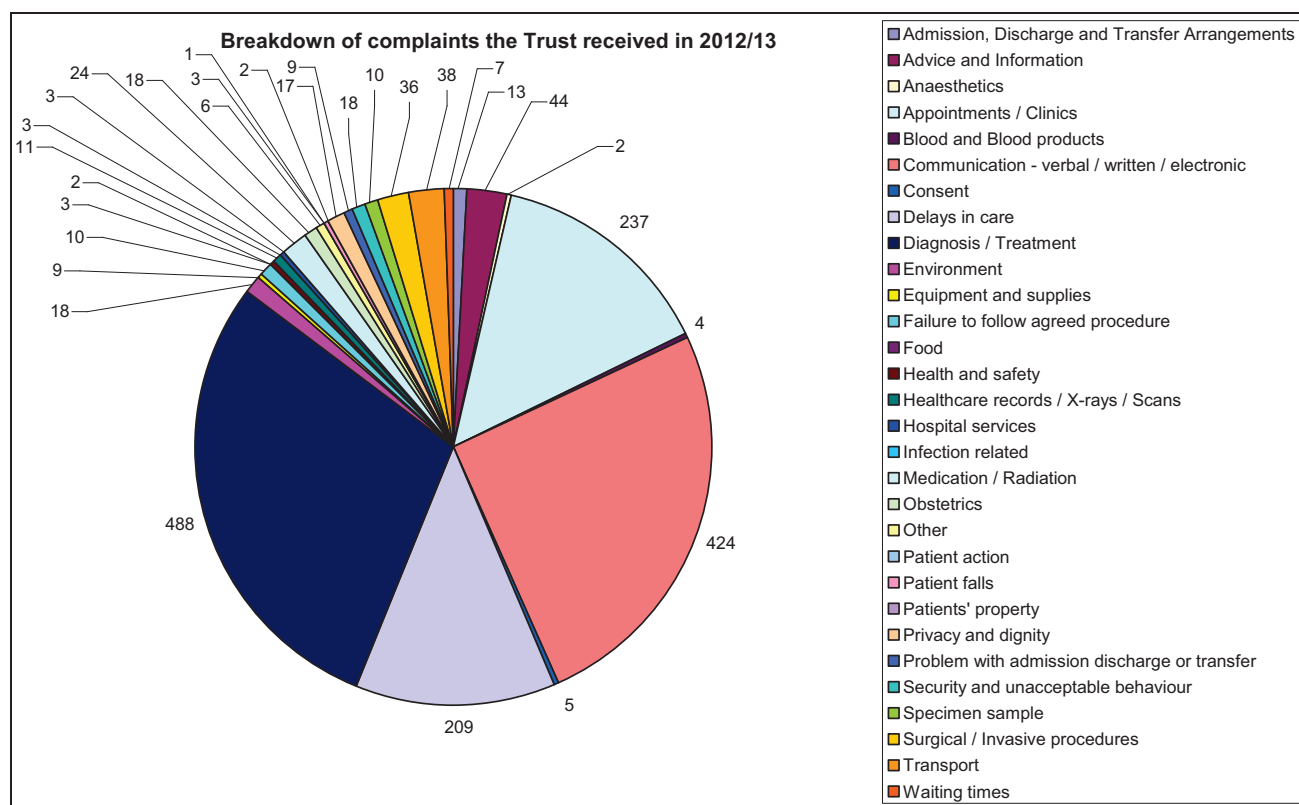
The most common themes of complaint last year have informed our priorities for improvement in 2013/14. In summary:

Issue raise	How we have responded
Diagnosis and treatment - quality and the appropriateness of the treatment provided	Our quality processes are under continual review and complaints are examined in detail on a case-by-case basis
Communication - accuracy, style and timeliness	We have made great efforts to improve our communication, for example rewriting patient literature and letter templates, and improving accessibility to information through the use of social media
Appointments - delays in receiving appointments, cancellations delays in rescheduling cancelled appointments	We have made improvements to our booking system, making it easier for patients to reschedule appointments, in particular for chemotherapy patients who often require multiple appointments
End of life care – quality and availability	We carried out a review of staffing levels, and specialist nurses are now available to provide advice and support to clinical staff in all areas on the management of palliative care

The common themes of complaints closed by Barts Health in 2012/13 and 2011/12 are shown in the chart below:



A more detailed breakdown of complaints in 2012/13 is shown in the pie chart below. The numbers refer to the numbers of complaints under each theme.



Working with the Parliamentary and Health Service Ombudsman

During 2012/13, a total of 61 cases have been referred to the Parliamentary and Health Service Ombudsman (PHSO), compared with 53 in the previous year. The chart below gives an indication of the position with cases referred this year in comparison with the previous year.

	Number referred	Not investigated or returned for local resolution	Investigated or being assessed at the time of reporting
2012/13	61	39	22
2011/12	53	43	10

For the cases requiring further local resolution, actions we have been asked to take by the PHSO include:

- Making a copy of the Serious Incident report available to the complainant
- Providing an apology for inconveniencing the complainant
- Providing copies of policies and procedures which detail transport available
- Providing recompense of £200 to a complainant for the inconvenience caused to them by inadequate communication between clinical staff

Although the PHSO noted that a high number of complainants had contact them, most of the complaints were closed with no further action necessary. The Trust always offers the option of further local resolution, if this is something that the complainant would like to pursue. We will continue to provide clear information in our correspondence about how people can contact the PHSO if they are dissatisfied with our response.

PEAT audit

Our commitment to providing a clean, pleasant environment was recognised in the annual Patient Environment Action Team (PEAT) audits in 2013. PEAT is an annual inspection of inpatient facilities at healthcare sites in England. It is a self-assessment process and examines standards of food, cleanliness, infection control and the patients' environment. Hospitals are rated from 'unacceptable' to 'excellent' for standards of privacy and dignity, environment and food.

The inspection team was joined by auditors from the different hospitals across Barts Health NHS Trust. Their input was both constructive and informative. The information gained is valuable and has highlighted areas where improvements can be made. As a result, we have already reviewed and upgraded our patient food service. The results of the individual audits were consolidated into one assessment and forwarded to the Information Centre for Health and Social Care.

The table below shows the results for each of our hospitals for 2012/13. All the scores were 'good' or higher, which is an excellent achievement.

Hospital	Environment	Food	Privacy and dignity
Newham University Hospital	4 - Good	5 - Excellent	4 - Good
St Bartholomew's Hospital	4 - Good	4 - Good	4 - Good
The London Chest Hospital	5 - Excellent	5 - Excellent	5 - Excellent
The Royal London Hospital	4 - Good	4 - Good	4 - Good
Whipps Cross University Hospital	4 - Good	4 - Good	4 - Good

Quality dimension three – clinical effectiveness and efficiency

There are many measurements of effectiveness and efficiency, including National Standards, Patient Reported Outcome Measures (PROMs) Commissioning for Quality and Innovation (CQUIN) targets. Our legacy organisations had a strong track record in clinical effectiveness and efficiency. As a new, single organisation, we are building on this tradition.

The past year has been challenging at times, as we knew it would be. Although Barts Health was formed on 1 April 2012, our management structure and performance management processes did not take effect until 1 October. Despite the challenges, we have continued to maintain high performance standards, including:

- Providing 100 per cent access to sexual health services within two days
- Continuing to improve the standard for performance on access to antenatal care
- Meeting the access to a health visitor standard for new-born babies in Tower Hamlets
- Achieving the venous thromboembolism (VTE) assessment standard
- Achieving the national standard for all A&E patients to be treated or admitted to a hospital bed within four hours

However, we did not achieve all standards and indicators, and outstanding issues are now being addressed. We have reviewed our management processes so that we deliver a better performance in all areas in 2013/14.

Learning from Patient Reported Outcome Measures (PROMs)

Patients having hip or knee replacements, varicose vein surgery, or groin hernia surgery at Barts Health are given a questionnaire under the PROMs scheme which asks about their health and quality of life before surgery. Patients who complete this questionnaire are later invited to fill in a second questionnaire about their health following the operation. Participation is voluntary, and some patients complete the first questionnaire but choose not to complete the second one.

PROMs results are used across the NHS to enabling organisations to benchmark the effectiveness of operations from a patient's perspective. Clinical teams are encouraged to use PROMs data to inform their quality improvement programmes.

In 2012/13, 1394 patients at Barts Health were eligible to receive a pre-surgery questionnaire. Of these, 581 patients returned the questionnaire, giving us a return rate of 41.7%, which was lower than the national response rate of 80.9%. 361 post surgery questionnaires were issued, and to date, 105 have been returned (a rate of 29.1%) National PROMs data has yet to be finalised, and these figures may therefore change. We are also awaiting the publication of results from both questionnaires.

Barts Health also participated in a cardiac angiogram and coronary artery bypass graft surgery feasibility pilot for the Department of Health. Patients were asked about their experience prior to having an angiogram at the London Chest Hospital and St Bartholomew's Hospital. At present we only have baseline data reflecting patient experience before the interventions. So far, this show that 296 angiogram patients returned questionnaires out of a potential 624 (47%). The data also reveals that 278 of the coronary artery bypass graft patients returned their questionnaires out of a potential 338 (82%). We look forward to receiving the feedback from these studies.

In 2013/14, we will use the feedback provided to help us continue to drive up standards. We will also look at any local variations and work on improving the response rate across the Trust.

Delivering faster access to A&E services

The Department of Health standard is for access to emergency care is for 95% of patients who attend an NHS Accident and Emergency department to be assessed, treat, admitted or discharged within four hours. In 2012/13, we achieved this target for the third year running. However, our performance dropped off in the last two quarters of the year, and we did not hit the more stretching target for all A&E patients in Type 1 units (consultant-led units). This has been a particular concern at Whipps Cross University Hospital and the Royal London Hospital where our performance has been affected by increases in attendances and emergency admissions.

Full A&E access data will be provided in the final version of the Account.

Emergency access is now managed across the whole Trust by the Emergency Care and Acute Medicine Clinical Academic Group. We will work to continually improve standards by ensuring that best practices and resources are shared across the whole Trust. To ensure that all patients are assessed and treated in a timely manner, we will take the following steps this year:

- Embrace the Waltham Forest and East London Cluster Integrated Care Programmes to help reduce attendances, avoid admissions and promote early discharge
- Review length of stay across all services, ensuring that patients do not have to stay in our hospitals any longer than is clinically necessary
- Continue to improve processes in our three A&E departments so that patients are managed more efficiently and have a better experience

Delivering short waits for outpatient, diagnostic and surgical care

When a patient is referred to hospital by their GP, they should not have to wait longer than 18 weeks for their first definitive treatment, whether this is as an outpatient or an inpatient. The Department of Health standard is for this to be achieved for at least 95% of patients requiring outpatient care and 90% of patients requiring admitted care. Overall in 2012/13, 92% of Barts Health patients were treated within 18 weeks. However, although we achieved the 95% standard for non-admitted patients, we narrowly missed the 90% standard for admitted patients.

We have spent the last six months improving our systems so that all patients are now treated in turn, unless there is a sound clinical reason for us not to do so. We expect that this will have a positive impact on reducing unacceptable waiting times and will help us to fully achieve the national standard in 2013/14.

Providing high quality antenatal care

We have continued our drive to improve maternity services. The quality and performance of maternity services is measured using a number of key public health and clinical indicators. The CQUIN target for early booking in pregnancy is an important measure of access to services, pathway management and reducing maternal and perinatal mortality and morbidity.

The national target is for 90% of all women to be booked with a full antenatal assessment by 12 weeks and 6 days of pregnancy. We met the target again at the Royal London hospital, and improvements at Whipps Cross University Hospital meant that we met the standard there in Quarters 3 and 4. Although narrowly missed the target at Newham University Hospital, we have made significant improvements over the last three months.

We are aiming to achieve the target across all sites during 2013/14, and will be implementing 'one stop' booking centres where we will provide women's booking assessment and first dating scan at the same time.

Meeting our targets for cancer waiting times and addressing areas where improvement is needed

We are measured on eight different waiting times standards for cancer patients, and we achieved seven of them in 2012/13. However, there is still room for improvement. In particular, we need to make progress on meeting the 85% target for cancer treatments started within two months of urgent GP referral. In 2011/12, we achieved 79.47%, and this increased to 83.46% in 2012/13. We are confident that we will achieve 85% in 2013/14, and are taking the following steps to improve our cancer pathways:

- Providing more specialist multi-disciplinary clinics where patients can see an oncologist, surgeon, radiotherapist and specialist nurse practitioner on the same day and discuss their diagnosis and treatment
- Streamlining the pathways between our hospitals and other providers so that patients can receive high quality care in the best place for their needs in a timely fashion
- Reviewing our systems to ensure that patients have access to specialist diagnostics as soon as possible, so that more people get specialist treatment at an early stage of their disease

Successfully helping patients to avoid readmissions

Any patient who is readmitted within 28 days of being discharged from hospital is defined as a readmission. Many such readmissions are unavoidable, but others can be prevented through careful management. We are committed to continually reducing the number of avoidable readmissions. Doing so improves the patient experience, reduces costs and reduces the number of occupied bed days.

We did not fully undertake audits of readmissions during 2012/13 due to changes in our management and reporting structures, but an audit of readmissions was undertaken by our commissioners at Whipps Cross University Hospital in August 2012. It found an avoidable readmission rate of 32%, higher than the national average of 27%. Internal audits are now being undertaken at the Royal London Hospital and Newham University Hospital, where the rates of readmission are much lower at 18%. Discussions are under way with our commissioners to help make further improvements, and reducing readmissions will continue to be a major focus in 2013/14. Over the coming year, our management and information systems will be reviewed so that that we can undertake all required audits and further improve our position.

Full readmissions data will be provided in the final version of the Account.

Mixed-sex accommodation – providing our patients with privacy and dignity

The NHS Operating Framework for 2012/2013 stated that all providers of NHS funded care were expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient – for example when a patient requires highly specialised care or treatment.

We are committed to caring for our patients with privacy and dignity in pleasant surroundings and eliminating incidents of mixed-sex accommodation except when it is in the patient's overall best interest, or when it reflects their personal preference. We will ensure that we are compliant with these requirements in all our hospitals.

During 2012/13, we continued to make major investment in our hospitals, including opening the completely new Royal London Hospital and new facilities at St Bartholomew's Hospital. These modern buildings have significantly more side rooms than our older buildings, enabling us to give more patients their own rooms with en suite facilities. We are also reviewing and upgrading patient areas at our other hospitals. A new A&E department opened at Whipps Cross Hospital, and major improvements were made to the A&E department at Newham Hospital.

Since December 2012, we have reported higher than expected incidents of mixed-sex accommodation (breaches). The majority of incidents have been reported within the adult critical care unit at the Royal London Hospital. In critical care units, a patient will breach the mixed-sex accommodation standard when they are no longer in a critical condition and are ready to return to a general ward. Following a review of the guidance, it is apparent that our method of recording breaches is over inclusive and presents a worse performance compared with other hospitals than is truly the case. We are now in the process of reviewing our methods of recording which will cause the number of reported breaches to reduce significantly. However, to ensure that there are no mixed-sex accommodation breaches that are due to delays in the transfer process, we have implemented the following actions:

- Giving higher priority to moving patients who are ready to be transferred from critical care to a general ward
- Improving liaison between the critical care and general ward teams to enable a smoother transition
- Reviewing staff training around providing single sex accommodation
- Increasing single-sex areas outside the critical care unit, for example dedicated areas to care for patients with a tracheostomy

We will also continue to monitor the current level of breach reporting in critical care areas when patients are fit to be stepped down to a ward area.

Full mixed-sex accommodation data will be provided in the final version of the Account.

Improving outpatient care and responding to feedback

The majority of the care we provide is through our outpatients departments, where we have over 1 million contacts with patients every year. Each contact represents an opportunity to improve the health of patients and ensure that their experience at our hospitals is the best it can possibly be. Outpatient departments are the first point of contact for most patients, and improving our outpatient services represents a major opportunity to improve overall standards of care.

We are committed to working effectively with local GP practices and clinical commissioning groups and the feedback that they provide is very valuable. We know from recent surveys that GPs would like to see improvements in our outpatient services, especially around letters. Actions we have already taken include:

- Establishing an Outpatient Board to focus on streamlining patient flows and improving our communication with GP practices
- Introducing text message reminders of outpatient appointments, which has already increased attendance rates
- Tracking the time taken to process and issue outpatient letters
- Reducing the number of outpatient appointments we have needed to cancel

The percentage of patients reporting problems with their appointment times at the legacy Barts and The London sites has dropped from 17% in 2010/11 to 4% in 2011/12, following work to ensure that all patients receive appointments within 10 days of a referral. We also provide a telephone helpline for appointment problems. At

Newham University Hospital, waiting times for general surgery clinics have been significantly reduced after clinics were redesigned to help them run better. We have also noted an improvement in our 'net promoter' score – the percentage of patients who recommend using outpatients services at Barts Health. At Whipps Cross University Hospital, the figure increased from 52% in 2010/11 to 87% in 2011/12, following improvements in customer care

Further work is planned over the coming year to ensure that patients receive their diagnosis and treatment in a prompt, efficient way, including:

- Rolling out new outpatient standards, for example maximum times for letters to be processed and issued
- Launching pilots to expand our use of technology in response to patients' requests, including emailing letters to patients and GPs
- Implementing the University College London Hospitals Productive Outpatients Programme to reduce waiting times and improve the overall pathway. In April 2013, our colorectal, oncology and urology teams joined this programme, and further teams will join in June and September.

Improving communications with and for GPs

We are trying hard to increase communication between local GPs and our hospital consultants. Initiatives undertaken during 2012/13 include:

- Providing 'advice and guidance' email addresses for non-urgent queries
- Inviting GPs to attend 'grand rounds' at the Royal London, London Chest and St Bartholomew's hospitals to discuss patient cases
- Holding regular meetings between our consultants and managers and our local Clinical Commissioning Groups and practice staff to discuss how we can make improvements to our services
- Continuing the work of our Access Issues Resolution Team at the Royal London Hospital to help GPs access appointments, letters and reports
- Recruiting two Associate Directors of Primary Care, both GPs, improve patient care and communication with practices. These posts, one each for Newham and Waltham Forest, work alongside our Director of Primary Care who is a GP in Tower Hamlets
- Collaborating with GPs to share the electronic records used in acute and primary care

We tried hard to improve the levels of dementia assessment and screening but we could still do better – we will now redouble our efforts to meet the challenges ahead.

We made significant efforts to meet our CQUIN goals for dementia screening and assessment, but regrettably we fell short this year. There are a number of challenges to achieving the FAIR (Find, Assess, Investigate, Refer) component of the CQUIN, including different IT systems and local memory service providers.

We have submitted proposals to our commissioners which outline our action plans for achieving the dementia CQUIN in 2013/14. Our proposal aims to develop data collection methods for each site-specific pathway, and agree referral criteria with local memory service providers. Our aim is to start collecting baseline data as soon as possible. The other components of the CQUIN concern leadership and training. Once we have agreed achievement criteria with our commissioners, an action plan will be developed with the support of our Dementia Strategy Group and integrated with our older people's improvement programme.

We want more people to quit smoking and we will get this message out

Last year, we said we would refer a higher proportion of smokers to NHS smoking cessation services and support them to quit. We did not perform as well as we hoped

and we failed to meet our CQUIN goals for Quarters 3 and 4 (there were no targets for Quarters 1 and 2 as this was a time of preparation). We did however have some local successes which indicate that we are heading in the right direction. For example, Whipps Cross University Hospital met referral targets for patients awaiting elective surgery in both Quarters 3 and 4.

Possible reasons for not meeting the targets include:

- A lack of staff awareness about the facilities available. Our findings show that knowledge of Local Stop Smoking services (LSS) is patchy.
- The need to refine and improve referral practices. Currently, patient who are given nicotine replacement therapy are not routinely offered a referral to their LSS, which could increase their chance of quitting

We are now planning further action to help more people give up smoking. We will be implementing a tool developed by the National Centre for Smoking Cessation and Training (NCSCT), and have created referral labels for patient notes that will act as visual reminders to staff. We are working in partnership with Pfizer who will fund a 12 month communication plan to be agreed with the Director of Public Health and Medical Director. The Health Improvement Programme Manager will be raising staff awareness of the programme, and local smoking cessation services, through walkabouts and attending staff meetings across all our sites. Our pre-operative assessment clinics and pharmacy staff are already fully engaged with this work. We expect better results next year as the awareness campaign is rolled out.

We said that we would provide safe, effective out of hours medical cover... and so we have

As part of the merger to create Barts Health, we said we would ensure that our out of hours medical cover was safe and effective on all our hospital sites, and we have achieved this aim. We are confident that our medical staffing levels are at a safe level across the Trust, and we also know where improvements are needed, for example, having an out of hours consultant presence in our A&E department at Newham University Hospital. We have set up an Emergency Care Improvement Project (ECIP) across the Trust to improve the care we give patients who use our A&E departments, and to help us work towards the London-wide commissioned standards for acute medicine and emergency general surgery.

In July 2012, we audited the transfer and discharges of patients out of hours across our organisation. In most areas, the feedback was very reassuring - patients were not being moved between wards or discharged out of hours. The audit also showed us where we need to improve, including reducing out of hours transfers/discharges that occur due to patient flow and bed capacity in particular specialties. Work is now underway to address these issues.

We have introduced new ways of working so that patients recover more quickly – and this drive will continue

In last year's Quality Account we reported on how we have improved our processes for placing patients undergoing colorectal, musculoskeletal and gynaecological procedures onto enhanced recovery pathways, enabling them to recover more quickly and leave hospital earlier. We already use the enhanced recovery model Whipps Cross, the Royal London and Newham hospitals, and since October 2012, we have been reviewing how we use the model across all sites and we are looking at auditing this approach to determine best practice. We are committed to ensuring that the best practice is implemented and delivered to ensure consistency across the Trust, and so that we can meet and beat national targets. We expect to make great strides over the next three years and will provide an update on our progress in next year's Quality Account.

Staff experience – organisational and staff development

Developing the organisational culture of Barts Health

When Barts Health was created on 1 April 2012, the Trust Board was clear on the need for an organisational vision which every member of staff could understand and find inspiring. In addition, the Board wanted a set of organisational values, supported by core behaviours, clearly setting out the manner in which we will pursue the vision on a day to day basis. Commencing in April 2012, we ran a three month engagement programme across Barts Health, seeking the views and contributions of staff, patients and community partners. We asked for their input to help shape the vision, values and behaviours that distinguish Barts Health as an organisation that will transform the health of the population we serve and reduce health inequalities in this part of London. Over 1,500 people participated. The resulting statement is *Barts Health: Changing Lives*.

The Barts Health vision is ambitious:

- We want to change lives for patients, providing a consistently high quality of care, treatment and experience across all our services
- We want to change lives for our staff, where Barts Health is a great place to work and where you are stretched to achieve your potential
- We want to change lives for the population we serve, where we use our size and scale, as one of the largest Trusts in the country, to create local jobs, to promote health and wellbeing, and to develop a credible programme of corporate social responsibility

Our values apply equally to patients, staff and our partners. They are:

- To be caring and compassionate
- To actively listen, understand and respond
- To relentlessly improve and innovate for patient safety
- To achieve ambitious results by working together; and
- To value every member of staff and their contribution to the care of our patients

For each value there are a set of core behaviours. These behaviours, when consistently carried out, will help embed the Barts Health values in our everyday working lives, and support the delivery of our vision to change lives in east London. Individuals will be encouraged to do the right thing. Each of us has a part to play.

The process of embedding the values into day to day practices is overseen by our Organisational Development team, which works across the organisation to assess the extent to which the desirable behaviours are already part of routine interactions. They are also looking at any impediments to the vision and supporting staff to speak up about unacceptable behaviour from other colleagues.

In addition, we are working to ensure that the Barts Health vision, values and behaviours are an important part of how we select and recruit staff; how we induct new staff; how we appraise and develop staff at all levels; how we train and develop managers and leaders; how we recognise, appreciate and reward staff; and how we track the impact of these activities over time in delivering our *Barts Health: Changing Lives* vision.

Recognising, appreciating and rewarding staff

We understand how important it is to thank people for a job well done. During this first year of Barts Health, we set up the Barts Health Heroes Awards. These awards recognise outstanding people who exemplify the Trust's values. Anyone at Barts Health can be nominated, including volunteers, and anyone directly employed by the

Trust or working for one of our service partner organisations. Nominations can be made at any time. Every individual staff member and team nominated receives a letter of congratulations and is put forward to our Barts Health Heroes Annual Awards nominations committee. Each year, the nominations committee selects overall winners who are then invited to the Annual Awards Ceremony.

We said that we would increase the opportunities for staff to give their views... and this is what we have done

It is important for us that patients, carers and staff feed back any concerns so that we can continue to improve our service. We want to listen, learn and take action where necessary. To help us achieve this, our Chief Executive, Peter Morris, and the Executive Team have designated the first Friday of the month to be 'meeting free'. All senior managers are encouraged to use this time to go 'out and about' in our wards and departments talking to staff, patients and carers. This enables our leaders can see for themselves what we are doing well, and what we can improve upon, using the opportunity to listen to concerns and provide support as required. Recently, when a senior member of our Human Resources team visited a department, staff discussed the cover provided when doctors in training are ill. Processes have now been tightened up, and there is now a new process in place for staff to report illness amongst doctors in training so that cover can be provided.

We also promised to increase the involvement of our Non Executive Directors. Each Non Executive Director is now linked with a Clinical Academic Group, visiting departments and wards regular intervals during the day and out of hours, using a framework provided by the Department of Health –The 15 Steps Challenge – to document their visits and provide feedback from a patient-centred perspective.

Every Friday morning, our Chief Nurse, Professor Kay Riley and our Directors of Directors of Nursing, Midwifery, Therapies and Governance place administrative duties on hold and spend the morning in uniform on our wards and departments to monitor and assure standards of care. On the third Friday of each month, the team visit a designated clinical area using The 15 Steps Challenge approach. Trust-wide visits have been undertaken in a number of wards including care of the elderly, surgery, cancer and cardiac. Feedback is provided to matrons and ward managers around whether or not the wards are welcoming, safe, caring and involving, well organised and calm. Issues such as VTE screening compliance and infection control are also addressed.

What we can learn from the annual NHS National Staff Survey

We want our staff to recommend Barts Health as a good place to work... and they do

Every year, we ask our staff for feedback on how they rate us as an employer and healthcare provider in the annual NHS National Staff Survey. We know that some staff are distrustful of surveys and assume that no follow through action will be taken as a result of any points they raise. We are absolutely committed to changing this misconception. Through the survey, we have heard about what really matters to staff working across the Trust and have agreed actions for improvement with local teams.

The 2012 survey was opened up to across Barts Health. 5,000 colleagues completed the survey, enabling us to provide comprehensive feedback to every Clinical Academic Group and corporate function, and as a result, to make improvements to our values, vision and behaviours.

How we compared with other Trusts – and how we will do better in 2013

The table below shows how we measured up to other acute hospital trusts in the 2012 NHS National Staff Survey. The maximum scores are 100. Our “net promoter” score (a measure of whether our staff would recommend Barts Health as a place to receive treatment, was 71 against a national average of 75. We are committed to improving this score, and we expect our 2013 survey results to improve, now that our structures and processes are stable. Fundamentally, this is important for staff morale, and in addition, 30% of the CQUIN payment for the Friends and Family Test in 2013/14 will be linked to improvements in the staff survey.

Local teams will agree on key areas to focus on. In addition the main themes for improving staff experience across the Trust in 2013/14 are:

- Staff health and wellbeing
- Appraisals and training
- Tackling work place bullying
- Combating any harassment and discrimination
- Leadership and management development

The Board recognises the importance of staff engagement for delivering our ambitious vision, and will receive a monthly report on how staff report their feelings on motivation, involvement and their ability to recommend Barts Health as a place to work and be treated. Using regular pulse surveys to gauge satisfaction, 2,000 staff will be randomly selected on a continuous cycle, so that each member of staff at Barts Health will have been surveyed twice before the 2013 NHS Staff Survey. The results will help us to know whether our actions to embed our vision, values and behaviours are making a positive difference.

Scores for Barts Health compared with acute trusts	Barts Health score	Acute average score
Staff engagement score overall	74	75
Questions relating to advocacy (recommending the Trust)		
I would recommend my organisation as a place to work	68	72
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	71*	75**
Care of patients/service users is my organisation’s top priority	72	75
Questions relating to staff involvement		
I am able to make suggestions to improve the work of my team/department	76	76
There are frequent opportunities for me to show initiative in my role	75	75
I am able to make improvements happen in my area of work	70	70
Questions relating to staff motivation		
I look forward to going to work	72	71
I am enthusiastic about my job	79	79
Time passes quickly when I am working	82	83

Transformation through education and staff development

Our vision is to provide the highest quality healthcare that meets the needs of our local population, and to be recognised locally, nationally and internationally for outstanding clinical services, research and education.

Education Academy

Our Education Academy promotes excellence in education and training. This has the potential to improve the quality of patient care by ensuring that it is delivered by highly trained, skilled and motivated staff.

We are regional and national leaders in education and training for clinical practice, and there are many examples of excellence that illustrate this:

- Our trauma unit trains emergency care professionals from around the country
- Our nursing placement scheme is highly regarded at national level
- Our simulation centres are state-of-the-art
- Our medical equipment training has met the highest standards in external reviews

Other local hospitals and healthcare providers benefit from the expert training we provide. We know that we get results – the innovative way that we teach community dental practice is a model example of this, as standards have been demonstrably raised. Career progression through in-house and sponsored training has also seen staff develop skills and qualifications from basic levels to the highest professional standards.

The Education Academy supports:

- 15,000 staff learners
- 800 undergraduate nursing and midwifery trainees
- 800 postgraduate nursing trainees
- 700 training doctors
- 529 medical students
- 150 allied health professional trainees

Our centralised teaching and training model allows us to accurately determine the costs of our investment, and will allow the business side of teaching and training to be developed in the future. Our aim is for all teaching and training to be self-funding, producing sufficient revenue for internal staff development and future investment.

Statutory and mandatory training requirements

During our first year as Barts Health NHS Trust, extensive work has been undertaken to review and refine the statutory and mandatory (SM) training requirements for all staff. New policies have been written for SM training, Trust induction and study leave. These have been based on the standards recommended by the NHS Litigation Authority (NHSLA), Care Quality Commission and other professional bodies.

In addition:

- We have developed a Barts Health SM training needs analysis to provide an overview of the training requirements for each staff group, including any necessary refresher courses and the mode of delivery (eg classroom or eLearning)
- We have developed a new suite of SM update programmes have been developed, including a programme covering the competencies which staff need to be updated on every three years. The programmes are designed by clinical and non-clinical staff groups
- We have introduced a new Barts Health SM training database, which shows compliance of individual staff against the specific requirements for their post. It

also indicates when training needs to be updated. It allows managers to query the training requirements for their role/area if disputes arise. Managers are able to extract custom and pre-set reports regarding compliance figures for wards/departments and clinical academic groups.

- We have promoted the use of eLearning as a method for achieving compliance with SM requirements. We currently have 22 modules available to staff. Feedback from this method has been very positive and we are currently developing this further. We anticipate eLearning being the model of choice for staff to achieve SM compliance in the future.

Sections to be completed

Feedback and reports from our stakeholders, and changes we have made to the Account as a result

This section will be completed once feedback has been received in early June.

Statement from our auditors, Grant Thornton and the Auditor's signature

This will be provided before the Account is published.

Appendices

Appendix 1:

1a. Participation in mandatory national clinical audit projects in 2012/13

1b. Review of mandatory national clinical audit projects in 2012/13

Both follow.

Appendix 2:

External Auditor's opinion

This will be provided and included before the Account is published.

Participation in Mandatory Quality Account National Clinical Audit Projects 2012/13

The following list shows Barts Health participation in mandatory national projects selected for inclusion in the Quality Account in 2012-13.

Key:

Full participation	Work to do	Unable to achieve deadline
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Audit Title	National Clinical Audit supplier	CAG	Inclusion criteria - data submitted in 2012/13	Prospective data collection	Electronic data source	Number of participating sites/number of eligible sites	Site coverage - number of cases submitted in 2012/13					Organisational Questionnaire		
							Newham	Whipps Cross	Royal London	St Bartholomew's	London Chest Hospital		Mile End	
2012 Audit of Blood Sample Collection & Labelling	National Comparative Audit of Blood Transfusion	CSS	Blood samples in May - July 2012.			2/5	did not participate	100% (24/24)	did not participate	100% (10/10)	did not participate	Not eligible	Not eligible	
Acute coronary syndrome or Acute myocardial infarction	MINAP	Cardiovascular	Any acute coronary syndrome, including non-ST-elevation myocardial infarction, ST-elevation myocardial infarction and unstable angina. Consecutive patients. 1 January - 31 December 2012		Yes	5/5	207/ denominator tbc	219/ denominator tbc	LCH,RLH and SBH data submitted as one: 1482 cases submitted/ denominator tbc			Not eligible	Not eligible	
Adult asthma	British Thoracic Society	ECAM	All asthma cases admitted from 1 September to 31 October 2012. Minimum of 20 cases.			2/3	did not participate	33	20	Not eligible	Not eligible	Not eligible	Not eligible	
Adult bronchiectasis (previously part of the Bronchiectasis audit 2010-13)	British Thoracic Society	ECAM	All outpatient appointments (the index consultation) for bronchiectasis from 1 October 2012 to 30 November 2012			1/4	did not participate	did not participate	10	Not eligible	did not participate	Not eligible	1/1	
Adult cardiac surgery audit (ACS)	ACS	Cardiovascular	Patients undergoing two major types of cardiac surgery aortic valve surgery and coroNot eligibly bypass surgery. 1 April 2012- 31 March 2013			3/3	Not required to participate - patients are referred to other sites	Not required to participate - patients are referred to other sites	LCH,RLH and SBH data submitted as one: 829 cases submitted (denominator to be confirmed)			Not eligible	Not eligible	
Adult community acquired pneumonia	British Thoracic Society	ECAM	All admitted community acquired pneumonia cases from 1 December 2012 to 31 January 2013	No	No	Data entry deadline in May 2013	Data entry ends in May 2013	Data entry ends in May 2013	Data entry ends in May 2013	Not eligible	Not eligible	Not eligible	Not eligible	
Adult critical care	ICNARC CMPD	Surgery	All critical care patients in 2012/13 financial year	Yes	tbc	4/4	100% (423/423)	100% (619/619)	100% (2251/2251)	100% (235/235)	Not eligible	Not eligible	Not eligible	
Bowel cancer	Health and Social Care Information Centre	Surgery	2012 report: patients diagnosed between 1 August 2010 and 31 July 2011	No	No	3/3	97% (62/64)	65% (93/144)	57% (54/95)	Not eligible	Not eligible	Not eligible	Not eligible	
Cardiac arrhythmia (HRM)	HRM	Cardiovascular	2012 calendar year			4/4	Not required to participate pts referred to other sites	Pace Maker and ICD n121	LCH,RLH and SBH data submitted as one: Pace Maker and ICD n604			Not eligible	Not eligible	
Carotid interventions audit (CIA) (subscription funded from April 2012)	Royal College of Surgeons	Cardiovascular	Round 5, which included carotid endarterectomy operations performed between 1 October 2011 and 30 September 2012			1/1	Not eligible	Not eligible	55	Not eligible	Not eligible	Not eligible	Not eligible	
Congenital heart disease (Paediatric cardiac surgery) (CHD)	CHD	Cardiovascular	2012 calendar year			3/3	Not required to participate - patients are referred to other sites	Not required to participate - patients are referred to other sites	Data due by 31 May			Not eligible	Not eligible	
Coronary angioplasty (subscription funded from April 2012)	tbc	Cardiovascular	All PCI patients in the 2012 calendar year			3/3	Not required to participate - pts referred to other sites	22	LCH,RLH and SBH data submitted as one: 2071 cases submitted			Not eligible	Not eligible	
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA) *Please note all elements must be reported in quality accounts	NDA	ECAM	All in-patients with diabetes on one day			4/4	100%(73/73 - NADIA)	100% (95/95 - NADIA)	100%(90/90 - NADIA)	100% (20/20- NaDIA)	did not participate	did not participate	Not eligible	
Diabetes Paediatric (NPDA)	Royal College of Paediatrics and Child Health	Children's	All patients seen at paediatric diabetes clinics between 1 April 2011 and 31 March 2012 up to and including 24 years of age during the audit year			3/3	Data quality report from national audit supplier delayed til 19/04/13?/awaiting submission rates from local audit lead.	Data quality report from national audit supplier delayed til 19/04/13?/awaiting submission rates from local audit lead.	Data quality report from national audit supplier delayed til 19/04/13?/awaiting submission rates from local audit lead.	Not eligible	Not eligible	Not eligible	Not eligible	
Emergency use of oxygen	British Thoracic Society	ECAM	All patients on oxygen therapy on a given ward from 15 August 2012 to 1 November 2012. Audit the first 10 patients in any one ward provided there is no bias in the selection of patients.	No	No	2/3	did not participate	21 wards (+ organisational questionnaire)	8 wards	Not eligible	Not eligible	Not eligible	1	
Epilepsy12 audit (round 2)	Royal College of Paediatrics and Child Health	Children's	Children and young people between 1 month and 16 years who have a first EEG between 1 January and 31 October 2013 and then have a 'first paediatric assessment' for the febrile paroxysmal episode or episodes' between 1 January and 30 April 2013. Data is collected on 12 months of subsequent care. A Patient Reported Experience Measure (PREM) component will begin January 2014.			3/3 - anticipated	Ongoing data collection.	Ongoing data collection.	Ongoing data collection.	Not eligible	Not eligible	Not eligible	On January 1 2014	
Feverish Children	College of Emergency Medicine	Children's and ECAM	50 or more children under the age of 5 presenting consecutively with a medical condition between August 1st-November 30th 2012.			3/3	100% (50/50)	100% (50/50)	100% (50/50)	Not eligible	Not eligible	Not eligible	Not eligible	
Fractured neck of femur	tbc	ECAM	Treatment of patients presenting to Emergency Departments (EDs) with Fractured Neck of Femur - 50 consecutive cases during the audit period 1 August 2012 to 30 November 2012			3/3	22% (11/50)	100% (50/50)	62% (31/50)	not eligible	not eligible	not eligible	tbc	
Head & neck cancer	Health and Social Care Information Centre	Surgery	7th Annual Report: 1 November 2011 to 31 October 2012		Yes	2/3	0	49	97	Not eligible	Not eligible	Not eligible	Not eligible	
Heart failure (HF) (subscription funded from April 2012)	NICOR: National Institute of Cardiovascular Outcomes Research	Cardiovascular	All heart failure patients from 1 April 2012 to 31 March 2013			4/4	115	330	LCH and RLH data submitted as one n=185		Not eligible - no A&E department	LCH and RLH data submitted as one n=185	Not eligible - no A&E department	Not eligible
Hip fracture database (NHFD)	NHFD	Surgery	data entered in national hip fracture database from April 2012 to March 2013 - not validated - denominator will be available in May/June 2013	No	No	3/3	82	317	138	Not eligible	Not eligible	Not eligible	Not eligible	
Hip, knee and ankle replacements	National Joint Registry	Surgery	All hip, knee and ankle replacements in 2012/13 financial year	tbc	tbc	3/3	4% (8/218)	55% (304/555)	70% (324/461)	Not eligible	Not eligible	Not eligible	Not eligible	
Inflammatory bowel disease (IBD) Includes: Paediatric Inflammatory Bowel Disease Services (previously listed separately on 2010/11 quality accounts list)	Royal College of Physicians	ECAM	Part 1: Biologics audit: 12 September 2011 and 28 February 2013 - use of biologics therapies in patients with inflammatory bowel disease. Part B: 50 consecutive prospectively identified admissions for ulcerative colitis between 1 January and 31 December.			4/4	100% (17)	100% (1)	100% (18)	100% (1)	Not eligible	Not eligible	Not eligible	
Intra-thoracic transplantation	NHS Blood and Transplant UK Transplant Registry	Surgery	Intrathoracic transplantation at cardiopulmonary transplant centres - not carried out at Barts Health	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	
Lung cancer	Health and Social Care Information Centre	Cancer	Patients first seen in 2011		Yes	3/3	115% (115/100)	97% (115/119)	96% (110/115)	Not eligible	Not eligible	Not eligible	tbc	
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Mental Health Clinical Outcome	CSS	Data from Mental Health Services which are provided by East London NHS Foundation Trust, not Barts Health.			Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	
National audit of dementia (NAD)	Royal College of Psychiatrists	ECAM	First 40 consecutive cases of patients between with a diagnosis of dementia discharged from the hospital between 1 September 2011 and 29 February 2012.			6/6	102.5% (41/40)	100% (40/40)	102.5% (41/40) (all legacy BLT sites)				100% (3/3)	
National audit of psychological therapies	Review Programme	CSS	Data from Mental Health Services which are provided by East London NHS Foundation Trust, not Barts Health.			Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	

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Review of Mandatory Quality Account National Clinical Audit Reports 2012/13

The following list shows Barts Health participation in mandatory national projects selected for inclusion in the Quality Account in 2012-13.

Audit Title	National Clinical Audit supplier	CAG	Most recent published reports	Inclusion criteria - reports reviewed in 2012/13	Outcome of participation
2012 Audit of Blood Sample Collection & Labelling	National Comparative Audit of Blood Transfusion	CSS	Not applicable - 2012 was the first round	Not applicable	Not applicable
Acute coronary syndrome or Acute myocardial infarction	MINAP	Cardiovascular	Published in November 2012	1 April 2011 - 31 March 2012	Report reviewed at Barts Health in 2012/13
Adult asthma	British Thoracic Society	ECAM	Published in February 2013	data submitted in 2012/13	tbc
Adult bronchiectasis (previously part of the Bronchiectasis audit 2010-13)	British Thoracic Society	ECAM	Published in March 2013	data submitted in 2012/13	tbc
Adult cardiac surgery audit (ACS)	ACS	Cardiovascular	Published in June 2012	tbc	Report reviewed at Barts Health in 2012/13
Adult community acquired pneumonia	British Thoracic Society	ECAM	To be published in July 2013	Closing date for reporting the cases - 01/12/12 - 31/05/2013 - all cases admitted for community acquired pneumonia during the audit period	Report due in 2013/14
Adult critical care	ICNARC CMPD	Surgery	Published quarterly	data submitted in 2012/13	Reports are routinely reviewed by consultants
Bowel cancer	Health and Social Care Information Centre	Surgery	Published in December 2012	Patients diagnosed between 1 August 2010 and 31 July 2011	Report reviewed at Barts Health in 2012/13.
Cardiac arrhythmia (HRM)	HRM	Cardiovascular	Last published in September 2011	tbc	Not eligible
Carotid interventions audit (CIA) (subscription funded from April 2012)	Royal College of Surgeons	Cardiovascular	Aug-12	tbc	tbc
Congenital heart disease (Paediatric cardiac surgery) (CHD)	CHD	Cardiovascular	Last published in 2009	tbc	Not eligible
Coronary angioplasty (subscription funded from April 2012)	tbc	Cardiovascular	Published in April 2012	tbc	Report reviewed at Barts Health in 2012/13
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA) *Please note all elements must be reported in quality	NDA	ECAM	Published in Feb 2013	data submitted in 2012/13	Reviewed by Barts Health in 2012/13
Diabetes (Paediatric) (NPDA)	Royal College of Paediatrics and Child Health	Children's	2010-11 report published in September 2012	Patients under the age of 25 years cared for in Paediatric Diabetes Units in 2010-11.	Reviewed at Barts Health in 2012/13
Emergency use of oxygen	British Thoracic Society	ECAM	To be published in December 2013	data submitted in 2012/13	Report due in 2013/14
Epilepsy12 audit (round 2)	Royal College of Paediatrics and Child Health	Children's	2009-2012 (round 1) report published in September 2012	Audit of 12 measures of quality applied to the first 12 months of care after the initial paediatric assessment. Care was compared to Not eligible/Not eligible/Institute of Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) Epilepsies guideline recommendations	Action plan needed for round 1.
Feverish Children	College of Emergency Medicine	Children's and ECAM	2012-13 report published in February 2013.	50 or more children under the age of 5 presenting consecutively with a medical condition between August 1st-November 30th 2012.	Reviewed at Barts Health in 2012/13
Fractured neck of femur	tbc	ECAM	Published in 2009/10	tbc	tbc
Head & neck cancer	Health and Social Care Information Centre	Surgery	Published in June 2012	tbc	tbc
Heart failure (HF) (subscription funded from April 2012)	NICOR: National Institute of Cardiovascular Outcomes Research	Cardiovascular	Published in November 2012	tbc	Report reviewed at Barts Health in 2012/13
Hip fracture database (NHFD)	NHFD	Surgery	Published in 2012	Patients with hip fracture from 1 April 2011 to 31 March 2012	Report reviewed at Barts Health in 2012/13
Hip, knee and ankle replacements	National Joint Registry	Surgery	Published in September 2012	tbc	Report reviewed at Barts Health in 2012/13
Inflammatory bowel disease (IBD) Includes: Paediatric Inflammatory Bowel Disease Services (previously listed separately on 2010/11 quality accounts list)	Royal College of Physicians	ECAM	To be published in August 2013	Biologics data submitted in 2012/13	tbc
Intra-thoracic transplantation	NHS Blood and Transplant UK Transplant Registry	Surgery	Not applicable to Barts Health	Not applicable to Barts Health	Not applicable to Barts Health
Lung cancer	Health and Social Care Information Centre	Cancer	Published in December 2012	tbc	Report reviewed at Barts Health in 2012/13
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Mental Health Clinical Outcome	CSS	Published in July 2012	Not eligible	Not eligible
National audit of dementia (NAD)	Royal College of Psychiatrists	ECAM	Published in February 2013	data submitted in 2012/13	Reviewed by Barts Health in 2012/13
National audit of psychological therapies	Review Programme	CSS	Published in November 2011	Not eligible	Not eligible
National Cardiac Arrest Audit (NCAA)	ICNARC	ECAM	Date tbc	tbc	tbc
National Vascular Registry (elements will include CIA, National Vascular Database, AAA, peripheral vascular surgery/VSGBI Vascular Surgery Database)	Royal College of Surgeons	Surgery	Published in July 2010	tbc	Report reviewed at Barts Health in 2012/13
Neonatal intensive and special care (NNAP) (subscription funded from April 2012)	Royal College of Paediatrics and Child Health	Children's	2011 report published in July 2012.	All babies admitted to the neoNot eligible/letal unit in 2011, including term babies.	Reviewed at Barts Health in 2012/13
Non invasive ventilation (NIV) - adults (British Thoracic Society)	British Thoracic Society	ECAM	To be published in July 2013	data submitted in 2012/13	Report due in 2013/14
Oesophago-gastric cancer	Health and Social Care Information Centre	Cancer	Published in July 2012	organisational survey and analysis of data from patients diagnosed in the First NOGCA. Data covers October 2007 to June 2009.	tbc

Audit Title	National Clinical Audit supplier	CAG	Most recent published reports	Inclusion criteria - reports reviewed in 2012/13	Outcome of participation
Paediatric asthma	British Thoracic Society	Children's	2011-12 report published in May 2012.	All children over 1 year of age admitted with a primary diagnosis of wheezing/acute asthma into a paediatric unit and under paediatric care November for 2011.	Reviewed at Barts Health in 2012/13
Paediatric Intensive Care Audit Network	PICANet	Children's	2011-12 report published in March 2013	All children and young people admitted to the paediatric intensive care unit from January 1st 2009 to December 31st 2011.	Reviewed at Barts Health in 2012/13
Paediatric pneumonia	British Thoracic Society	Children's	2011-12 report published in May 2012.	All children over 1 year of age admitted with a fiNot eligible diagnostic coding label of pneumonia into a paediatric unit and under paediatric care from November 1st 2011 to January 31st 2012.	Reviewed at Barts Health in 2012/13
Pain database	Healthcare Quality Improvement Partnership	Surgery	Published in December 2012	2010-2012	tbc
Parkinson's disease	Parkinson's UK	ECAM	Published in May 2012	tbc	tbc
Potential donor audit	NHS Blood and Transplant	Surgery	Published in July 2011	tbc	Report reviewed at Barts Health in 2012/13
Prescribing Observatory for Mental Health (POMH)	POMH	CSS	tbc	Not eligible	Not eligible
Pulmonary hypertension (Pulmonary Hypertension Audit)	Health and Social Care Information Centre	Cardiovascular	Published in 2011	Not eligible	Not eligible
Renal Colic	College of Emergency Medicine	ECAM	Published in Feb 2013	data submitted in 2012/13	tbc
Renal replacement therapy	Renal Registry	ECAM	Published in December 2012	data submitted in 2012/13	tbc
Renal transplantation	NHSBT UK Transplant Registry	ECAM	Date tbc	Not eligible	tbc
Sentinel Stroke National Audit Programme (SSNot eligibleP) - programme combines the following audits, which were previously listed separately in QA: a) Sentinel stroke audit (2010/11, 2012/13) b) Stroke improvement national audit project (2011/12, 2012/13)	SSNAP	ECAM	Published in Nov 2012	data submitted in 2012/13	tbc
Severe trauma	TARN	ECAM	Quarterly reports	data submitted in 2012/13	tbc

Participation in Confidential Enquiries 2012/13

Audit Title	National Clinical Audit supplier	CAG	Most recent published reports	Inclusion criteria - reports reviewed in 2012/13	Outcome of participation
Cardiac Arrest Procedures	NCEPOD	Surgery	Published in Summer 2012	data submitted in 2012/13	Report reviewed at Barts Health in 2012/13
Bariatric Surgery	NCEPOD	Surgery	Published in Autumn 2012	Not eligible	Not eligible
Alcohol Related Liver Disease	NCEPOD	ECAM	To be published in April 2013	data submitted in 2012/13	Report pending
Child health programme (CHR-UK)	Royal College of Paediatrics and Child Health	Children's	First report due 30/09/2013	data submitted in 2012/13	Report pending
National Review of Asthma Deaths (NRAD)	Royal College of Physicians	ECAM and Children's	To be published in Autumn 2013	data submitted in 2012/13	Report pending
MBRRACE-UK* (Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK) *This programme was previously listed as PeriNot eligible Mortality.	National Perinatal Epidemiology Unit	Women's and Children's	First MBRRACE report due 31/12/2014	First MBRRACE report due 31/12/2014	Report due in 2014
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Mental Health Clinical Outcome	CSS	Published in July 2012	Not eligible	Not eligible

Further information

For further information about our Quality Account and our commitment to quality improvements, contact us using any of the details below:

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