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Part 1 - Introduction

Statement from our chief executive

I am pleased to present our Quality Account for 2014/15. It is now three years since Barts Health was established and in that time our teams have worked together and with our partners to deliver some ground-breaking and exciting developments, as well as continuing to provide care for a local population of over one million people across six hospital sites and in a wide range of community settings.

At the outset, I want to acknowledge the very disappointing findings of the Care Quality Commission’s reports on services at Newham University Hospital, The Royal London Hospital and Whipps Cross University Hospital following their inspections in November 2014 and January 2015. We are, and always have been, fully committed to ensuring the safety and welfare of every one of our patients across all our sites and services. However, the CQC reports describe some services that fall a long way short of what we aspire to and I am extremely sorry for the failings identified.

As a result of the CQC’s findings, combined with Trust-wide challenges in meeting national waiting time standards and our financial position, Barts Health was placed into special measures by the NHS Trust Development Authority in March 2015. The special measures regime is designed to aid service improvement in challenged organisations by providing help and support where it is most needed. It has worked well with NHS trusts in other parts of the country and we are confident that it will work for Barts Health.

We have taken decisive action to strengthen the leadership teams at Newham, The Royal London and Whipps Cross and to accelerate a comprehensive programme of quality improvements. Each hospital will now have its own dedicated managing director, director of nursing and medical director to support its day-to-day running and its improvement journey. Our staff and local health partners are fully involved in developing and implementing a quality improvement programme. I am hugely grateful to our staff for their continued hard work and dedication, as well as for the support we continue to receive from our local health and social care partners.

While recognising these significant issues of concern that must be addressed rapidly, we should also recognise the progress made across Barts Health over the past 12 months. All of our hospitals continue to have lower than expected mortality rates, placing the Trust consistently in the top ten nationally for mortality, while the vast majority of our patients report that they would recommend our services to friends and family. Importantly, the CQC emphasised that our staff are caring and compassionate and highlighted areas of outstanding practice in trauma and stroke care and in the Gateway orthopaedic centre at Newham.

In May 2015 we completed the moves into the new Barts Heart Centre at St Bartholomew’s Hospital, representing a £250 million investment in world class facilities which will help our teams create one of Europe’s largest and most technologically advanced centres for the treatment of cardiovascular illness. The Centre is the culmination of considerable partnership
working with colleagues from across UCLPartners, the academic health science partnership for north and east London. Our cardiovascular teams were also involved in creating an innovative new device to control high blood pressure and in developing groundbreaking surgical techniques for treating blocked arteries.

Elsewhere in Barts Health, our new dental hospital at The Royal London Hospital opened its doors. Our colorectal cancer lead, Mr Shafi Ahmed, was the first doctor to use new Google Glass technology to stream live surgery via the Internet to students across the world, we successfully recruited our 1,000th patient from our emergency departments into clinical research and Whipps Cross Hospital saw patients with the sight-threatening condition keratoconus benefit from a new procedure available for the first time ever through the NHS. Barts Health works with some of the most gifted, talented and dedicated clinicians, support staff, local people and partners I have ever encountered. There is a passion for the NHS in east London which I believe is unrivalled, and which gives me confidence that we will successfully address the challenges that we face and provide the high quality services that our local populations deserve.

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. To give us your comments, or to request the Account in different languages or formats, please use any of the contact details on the rear cover of the report.

Alwen Williams
interim 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.

Alwen Williams    Philip Wright
interim chief executive    acting chair
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 NHS Trust was established on 1 April 2012, and consists of five local hospital sites: Mile End Hospital, Newham University Hospital, The Royal London Hospital, St Bartholomew’s Hospital and Whipps Cross University Hospital. Barts Health is 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. Outstanding research, a commitment to learning and improvement, and a focus on partnership, will allow Barts Health to succeed. Success will see the health of the population transformed and inequalities in health reduced substantially. This commitment is what defines our organisation and our values.

Our 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:

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

Our activity

Across our hospitals and community services, we provided well over 2.3million patient “contacts” in 2014/15 - the number of occasions when we saw or treated a patient. Our major areas of activity were:

<table>
<thead>
<tr>
<th>Area</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendances at one of our three emergency departments and the minor injuries unit at St Bartholomew’s Hospital</td>
<td>443,601</td>
</tr>
<tr>
<td>Number of inpatient stays</td>
<td>267,250</td>
</tr>
<tr>
<td>Number of outpatient appointments</td>
<td>1,622,725</td>
</tr>
<tr>
<td>Number of babies born</td>
<td>15,455</td>
</tr>
</tbody>
</table>
Our hospitals and services

The London Chest Hospital – closed in April 2015
The London Chest Hospital, situated in Bethnal Green, was a specialist hospital with around 110 beds, providing care for patients with cardiac, cardiovascular, respiratory and thoracic conditions. In the Spring of 2015, all services from the London Chest Hospital moved to a new, £250million state of the art cardiovascular centre at St Bartholomew’s Hospital. At this point, the London Chest Hospital closed, and the Trust is now working to sell it to a developer for use as a residential site.

Mile End Hospital
Mile End Hospital is a community hospital in the heart of Tower Hamlets, providing a range of inpatient and outpatient services, including physiotherapy and rehabilitation care. The hospital also houses services for mental health patients which are provided by East London NHS Foundation Trust.

Newham University Hospital
Newham University Hospital is situated in Plaistow in the borough of Newham. It has around 350 beds and provides a range of district general hospital services, including maternity and urgent care, general surgery and stroke care.

The Royal London Hospital
The Royal London Hospital is a major acute and specialist hospital situated on Whitechapel Road, less than a mile from the City of London. With around 760 beds, it provides a full range of general and specialist care, including maternity, emergency and urgent care, surgery, neonatal intensive care and treatment for cancers and rarer conditions. The hospital has a major trauma unit, providing specialist care for the most seriously ill and injured patients from across London and the South East. It is also home to London’s Air Ambulance, whose medical crews work closely with and in the Emergency Department within the hospital.

St Bartholomew’s Hospital
St Bartholomew’s (Barts) Hospital is an internationally renowned teaching hospital situated in the City of London with around 300 beds. It provides a wide range of local and specialist services, including centres for the treatment of cancer, heart conditions, fertility problems, endocrinology and sexual health conditions. During 2015, a new, £250m state of the art cardiovascular centre opened at St Bartholomew’s, one of the most advanced centres of its kind in Europe. It incorporates services from The London Chest Hospital and also most services from The Heart Hospital, previously part of University College London Hospitals NHS Foundation Trust.

Whipps Cross University Hospital
Whipps Cross University Hospital is situated in Leytonstone in the borough of Waltham Forest. It is a large district general hospital with around 500 beds, providing a range of
services, including maternity, emergency and urgent care, general and specialist surgery, ophthalmology, respiratory care and acute stroke care.
Part 2 – Looking forward - our quality priorities for 2015/16

What is informing our quality priorities?

Our quality priorities for 2015/16 reflect four main elements:

- Our continuing commitment to putting patients first and improving their care, experience and outcomes
- Our Trust-wide strategic objectives for 2015/16
- The Care Quality Commission’s five national domains, under which it measures the safety, quality, responsiveness and effectiveness of NHS services and care
- Ensuring we make the improvements identified by the Care Quality Commission in their recent inspections of our hospitals, in particular at Whipps Cross.

Key themes from our strategic objectives which feed into our quality priorities are:

- Maintaining a focus on delivering high quality, compassionate care
- Ensuring a consistently good patient experience
- Meeting all national minimum standards and regulatory requirements
- Developing a programme of culture change to help increase levels of staff engagement and wellbeing, and hence patient satisfaction
- Ensuring we have enough staff with the right skill sets and competencies
- Ensuring our information and technology systems are fit for purpose and support our clinical objectives
- Continuing to develop integrated care services for patients most at risk of hospital admission
- Building research leadership capacity in partnership with our patients to increase the numbers who are offered participation in research trials and activities.

Looking at the wider health and social care system we operate in, the Transforming Services Together (TST) programme was launched in September 2014 to deliver a five year plan – jointly developed by Newham, Tower Hamlets and Waltham Forest Clinical Commissioning Groups – which aims to resolve key strategic issues facing the region and to create a sustainable health economy. Key issues include:

- Managing the impact of an increasing population, projected to increase by 30 percent by 2031
- Improving productivity across the major service providers, including Barts Health
- Taking advantage of opportunities to implement new innovations in healthcare.

The TST programme coordinates the delivery of activities across the three CCGs, three major NHS provider organisations, GP practices, local authorities and other organisations across the local area. Its objectives are:
• Reduce Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
• Improve quality of life for people with one or more long term conditions
• Reduce the time people spend avoidably in hospital through better and more integrated care in the community
• Improve patients’ experience of hospital care
• Increase the number of people having a positive experience of care outside hospital, in general practice and the community.

**Our quality aims for 2015/16 and beyond**

We aim to be the safest organisation in the NHS, better than the current top performing organisation. To achieve this, we will continue the work we started in 2013/14 and build upon the quality priorities we set. We will align the work we have been doing since our merger in 2012 - including our quality improvement collaborative, improvement methodology and service transformation - and work on a range of projects over five years that improve the safety of the care we give to patients and also improve their experience of that care.

**Setting out our quality priorities for 2015/16**

Our priorities for 2015/16 are to make further progress and sustain the performance we have achieved against our goals for last year. They reflect our commitment to putting patients first and improving their care, experience and outcomes. Quality of care must be our highest priority and it must underpin all services we provide, as well as informing our operational, financial, workforce and other plans.

Our key goals will continue to reflect our priorities from 2014/15:

- **Reducing avoidable harm** – ensuring that 95 percent of patients receive harm free care by reducing and eliminating pressure ulcers, harm from falls, never events, specific hospital acquired infections and venous thromboembolism, and effectively managing acutely unwell patients
- **Improving mortality** – maintaining our position in the top ten percent of NHS organisations with the lowest Standardised Hospital Mortality Indicator (SHMI)
- **Providing reliable care** – treating all our patients at the right time and in the right place
- **Providing compassionate care and improving patient experience** – achieving a position in the top 20 percent of the national patient experience surveys by 2017/18
- **Listening and responding to staff feedback and improving staff engagement** – achieving a position in the top 20 percent of the national staff survey by 2017/18
- **Sharing the learning to improve the safety of our patients** – enabling our staff to understand and learn from incidents, improvements and outcomes by making them relevant to our everyday activity.
We will be implementing a new Performance and Accountability Framework during 2015/16. This framework has been developed to ensure that we successfully deliver national standards, including those for quality, performance and patient experience. An example of our new performance dashboard can be seen at appendix 3.

We have agreed some key principles in our Quality Improvement Strategy that will support the delivery of our quality priorities. They are aligned with the Care Quality Commission’s five domains, and are:

**Safe**
- We will respond to and learn from complaints and serious incidents (SIs)
- We will close the loop, learn across the organisation and share good practice
- Our risk registers will be live documents to drive improvement and lower risks. They will be monitored via our integrated performance framework; feedback on the DATIX incident and complaints reporting system; and reports to our Quality Assurance Committee, Risk Management Committee and Trust Board.

**Effective**
- We will learn from every avoidable death
- We will audit all new National Institute for Health and Care Excellence (NICE) guidance
- We will encourage innovation throughout the organisation
- We will adopt best practice and share it across our sites
- We will continue to develop strong effective clinical leaders. This will be monitored via our mortality review group and mortality reports to the Quality Assurance Committee; clinical effectiveness monitoring of NICE guidance; new procedure applications; and new trials via our Research and Development function.

**Caring**
- We will share and act on feedback from the Friends and Family Test (FFT)
- We will listen to staff feedback and work to improve staff experience. This will be monitored via results from the FFT and national patient survey and staff surveys and use of the [Speak in Confidence (SiC) system](#) – see page 86 for more information on our use of SiC.

**Well-led**
- We will continue to develop strong effective clinical leaders. Support will be provided via coaching, development programmes from the staff college and the Institute for Healthcare Improvement (IHI) and co-ordinated via our improvement system
- We will encourage innovation and empower our staff to use data to drive improvements in care for patients.

**Responsive**
• We will achieve the required performance against the four hour emergency standard, the 18 week referral-to-treatment standard and the national cancer targets.

**Sign up to safety**

Barts Health has ‘signed up to safety’. *Sign up to Safety* was launched by NHS England to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. *Sign up to Safety* aims to deliver harm free care for every patient, every time, everywhere. It champions openness and honesty and supports everyone to improve the safety of patients.

Sign up to Safety’s three-year objective is to reduce avoidable harm by 50 percent and save 6,000 lives. The five *Sign up to Safety* pledges are:

- **Putting safety first** - commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
- **Continually learn** - make our organisation more resilient to risks by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are
- **Being honest** - be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
- **Collaborating** - take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
- **Being supportive** - help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress

At Barts Health, our aim is to act to prevent and ultimately eliminate all avoidable harm to patients and create truly harm-free care as part of our *Changing Lives* vision. Our objectives for the first phase of the programme are:

- To reduce most harms by 25 percent over a one-year period
- To reduce cardiac arrests and falls by 50 percent in our targeted improvement areas
- To eliminate both nationally defined never events and our own Trust-defined ‘exception events’.

To achieve these objectives, we will bring together our existing safety programmes, including the work of our *Darzi fellows*. In April 2015, we learned we had been successful in our bid to the *NHS Litigation Authority* for funding to support and align our existing safety work. We will therefore now also be targeting the following specific areas:

- **Avoidable harm to babies during birth** – particularly cerebral damage - via a new care bundle and use of *telemetered central cardiotocograph monitoring of foetuses* during birth in three of our maternity units
• Harm from pressure ulcers, falls and avoidable patient deterioration – via our Quality Improvement Collaborative programme on 24 wards, including the 12 wards with the greatest challenges.

Our CQUINs for 2015/16

The Commissioning for Quality and Innovation (CQUIN) scheme has been changed substantially for 2015/16. The national and local CQUINs now have equal focus and value – both worth 1.25 percent of our contract value. In previous years, local CQUINs were worth 2 percent and national CQUINs only 0.5 percent. This is a policy change from NHS England and has been made to ensure stronger alignment with the NHS’s Five Year Forward View vision to promote well-being and prevent ill-health.

Four out of the five National CQUINs for 2015/16 are completely new. These relate to:

- Acute kidney injury
- Sepsis
- Avoiding emergency admissions
- Reducing A&E re-attendances for patients with mental health conditions

The remaining national CQUIN on dementia, which was in place last year, has been revised with additional requirements for 2015/16.

The technical details for the new CQUINs have not yet been published, but we are assessing the implications for Barts Health to enable us to develop a detailed implementation plan.

Our local CQUINS are still in development with our three main Clinical Commissioning Groups (CCGs) - Tower Hamlets, Newham and Waltham Forest. The three CCGs have agreed to have collaborative CQUINs this year which will apply equally across the main Barts Health sites – The Royal London, Newham and Whipps Cross. This is a different approach from previous years, where some of our CQUINs differed between our sites. The key topics that are likely to be covered by the local CQUINs are:

- Patient experience
- Cancer
  - Abnormal radiology results reporting process and referrals to cancer multidisciplinary teams
  - Providing treatment summaries
- Mental capacity assessments and Deprivation of Liberty (DoLs) authorisations
  - Integrated care
  - Collaborative working with other providers of services used by patients most at risk of emergency hospital admissions to improve their outcomes
- Service alerts
  - Improving responses to GP complaints and addressing key themes
• Health promotion
  o Alcohol screening
  o Referrals to smoking cessation services

There will also be CQUINs for our specialised and community services, the details of which have yet to be published.

This broad range of CQUINs will require considerable input from Barts Health in the coming year. We are strongly committed to improving the quality of care for our patients and the CQUIN schemes provide useful focus in key areas where we recognise that improvements are achievable and important.
Part 3 – Looking back

This section of the Quality Account covers our performance against our quality priorities in 2014/15. It also covers the recent inspections of our hospitals by the Care Quality Commission and the subsequent warning and compliance notices they issued.

Working with the Care Quality Commission

Care Quality Commission registration

Barts Health NHS Trust is required to register with the Care Quality Commission (CQC). Its current registration status at 31 March 2015 and in the reporting period for this Quality Account is full registration with no conditions. Barts Health NHS Trust has not participated in any special investigations by the CQC during the reporting period.

Barts Health was inspected by the CQC in November 2013 as part of the pilot - or first wave cohort - of 18 acute NHS trusts which were inspected under the CQC’s new and developing inspection model. Following receipt of the CQC’s final quality report in January 2014, the Trust Board approved six action plans which were launched in March 2014. A master plan outlined the action required to address the improvement themes with Trust wide relevance, and the remaining five described actions specific to the hospital site concerned – one plan for each site with the exception of Mile End Hospital, where the CQC did not identify any necessary compliance actions.

CQC inspections carried out in 2014/15

In November 2014 and January 2015, Barts Health NHS Trust was inspected again under the CQC’s new surveillance and inspection regime. The new regime involves larger teams of inspectors spending more time at individual hospitals and speaking to staff, patients and the general public to gather a more rounded and in-depth view of services and standards. The CQC carried out detailed inspections at Whipps Cross Hospital (November 2014) and Newham and The Royal London hospitals (January 2015) as part of their work to give every NHS organisation a rating.

These latest inspections of our hospitals involved approximately 50 inspectors at each site. Each inspection centres on five key themes, looking at whether the core services provided and the hospital itself are:

- Safe
- Effective
- Caring
- Responsive to people’s needs
- Well-led

Regrettably, following the inspection of Whipps Cross Hospital in November 2014, the CQC took enforcement action. In March 2015, it placed Barts Health in special measures, following publication of its report on Whipps Cross. The enforcement action
involved the issuing of four warning notices and four compliance notices against the Trust in relation to Whipps Cross, which are described in more detail below.

**Whipps Cross University Hospital – summary of key findings and recommendations**

Hospital rating of Inadequate and special measures
The Trust received a final report for the Whipps Cross Hospital inspection in March 2014. While the CQC highlighted some areas of outstanding practice - for example pain relief services and the fact that staff overall were caring and compassionate – regrettably, standards in a high number of core services were rated unacceptable. The CQC judged that:

- There was still a culture of bullying and low staff morale at the hospital
- Staffing levels were a key challenge across all services, but particularly within the Emergency Department and in children’s services
- The environment was not conducive to staff recruitment and retention and the sustainability of services
- The implementation of the new Cerner Millennium electronic health record system in the summer of 2014 had significantly impacted on access to services, patient safety and the experience of people using outpatient services
- Patients, staff and stakeholders, including local CCGs, MPs, Royal Colleges, Health Education England and local branches of Healthwatch had continued to raise concerns about the quality of services provided at Whipps Cross.

The report highlighted four compliance actions and those core services where clinical practice and expected standards were not being met. These services and their ratings are shown in the table below.

<table>
<thead>
<tr>
<th>Core service</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency services</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Medical care</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Surgery</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Maternity and gynaecology</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Services for children and young people</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>End of life care</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Overall rating for Whipps Cross University Hospital</td>
<td>Inadequate</td>
</tr>
</tbody>
</table>

**Enforcement action**

The CQC took enforcement action against Barts Health in the form of four warning notices served in March 2015, with a turnaround timeframe of 23 August 2015. The notices cover these regulations and outcomes:

- Regulation 9 - Outcome 4 – Care and welfare of service users
• Regulation 10 - Outcome 16 – Assessing and monitoring the quality of service provision
• Regulation 19 - Outcome 17 – Complaints
• Regulation 22 - Outcome 13 – Staffing

In addition the CQC gave Barts Health four compliance notices for Whipps Cross Hospital which cover the following regulations:

• Regulation 11 – Safeguarding people who use services from abuse
• Regulation 18 – Consent to care and treatment
• Regulation 20 – Records
• Regulation 16 – Safety, availability and suitability of equipment

Immediate actions taken and the way forward

We have focused on six improvement themes to strengthen the safety, effectiveness, care and responsiveness of our services, whilst improving how we lead and develop our organisation. The Whipps Cross Improvement Plan – Stepping into the Future - incorporates our actions in response to the CQC findings and the outstanding quality and safety actions that were required following a risk summit with NHS England (London) and the NHS Trust Development Authority in February 2015.

In developing our improvement plan, we have also taken direction from the fundamental standards – the standards that everybody has a right to expect when they receive care. These standards form part of changes to the law recommended by Sir Robert Francis following his inquiry into care at Mid Staffordshire NHS Foundation Trust. They form part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) and came into force on 1 April 2015.

The six improvement themes and our objectives for each are shown here:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce</td>
<td>• To ensure there are appropriate levels and skill mixes of staffing to meet the needs of all our patients</td>
</tr>
<tr>
<td>Recruiting, retaining,</td>
<td>• To improve the induction of bank and agency staff, so they understand the Trust’s policies and procedures they must follow for the job they are doing</td>
</tr>
<tr>
<td>developing and deploying</td>
<td></td>
</tr>
<tr>
<td>the right numbers of</td>
<td></td>
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<tr>
<td>permanent staff we need</td>
<td></td>
</tr>
<tr>
<td>to provide high quality</td>
<td></td>
</tr>
<tr>
<td>care 24/7</td>
<td></td>
</tr>
<tr>
<td>Outpatients and medical</td>
<td>• To review the appointment booking system</td>
</tr>
<tr>
<td>records</td>
<td>• To put in place an effective system where patients are booked into the right clinics and patients and clinicians have the right information for their appointment so that the clinical team can provide effective treatment and care</td>
</tr>
<tr>
<td>Ensuring the effective</td>
<td></td>
</tr>
<tr>
<td>management of outpatient</td>
<td></td>
</tr>
<tr>
<td>clinics so they run smoothly,</td>
<td></td>
</tr>
<tr>
<td>patients are</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>seen in a timely manner and cancellations and rescheduling of appointments are minimal. Patients will have easy access to the hospital to arrange and check appointments, ensuring “did not attend” (DNA) rates are reduced.</td>
<td>• To ensure patients have easy access to the hospital to check appointment enquiries • To reduce “did not attend” rates for appointments</td>
</tr>
<tr>
<td>Emergency pathway and patient flow</td>
<td>• To improve the way we assess people when they come to hospital • To work with community services to significantly improve care pathways • To reduce admissions • To improve access to diagnostic tests out of hours, improving efficiency and enabling us to diagnose and treat patients more quickly • To ensure people do not spend avoidable time in hospital by: o changing processes o acting as one team across the various health and social care organisations that provide care o making better use of community services to provide care and assessment that currently takes place in a hospital bed</td>
</tr>
<tr>
<td>Safety and effective care</td>
<td>• To ensure there is a strong safety system in place, with a focus on openness, transparency and learning when things go wrong • To strengthen how we identify, report, escalate and share learning from incidents as well as improving our systems to identify risks early through handover and effective communication • To ensure all complaints are thoroughly investigated in a timely manner, complainants are kept informed of what is happening, and where necessary, sustainable improvements and learning are applied throughout our organisation • To ensure there are reliable systems, processes and practices in place to keep people safe and safeguarded from abuse • To ensure the environment in our hospitals is safe and the necessary equipment is available for use • To ensure that medications are stored safely</td>
</tr>
<tr>
<td>Compassionate care and patient experience</td>
<td>• To ensure patients receive compassionate care that meets their fundamental needs</td>
</tr>
</tbody>
</table>
Ensuring that patients receive compassionate and effective care

- To focus on key areas, including end of life care, pain relief and procedures for documenting the involvement of patients, relatives and multi-disciplinary teams in ‘do not attempt resuscitation’ decisions
- To assess and monitor the quality of our services against national guidelines

Leadership and organisational development
Services are well led and the management and governance of the hospital assures the delivery of high quality person-centered care, which supports learning and innovation and promotes an open and fair culture

- The hospital site, CAGs (Clinical Academic Groups), clinical services, wards and departments are well led
- The Executive Team and Whipps Cross site leadership team will be more visible
- Leadership nursing roles will be supernumerary – not counted in frontline staffing numbers - and they will be able to provide leadership and guidance, in line with the Francis Report
- Recruitment to vacant managerial posts will be addressed
- The application of clinical governance is consistent and well understood. All services have a formal, robust oversight
- Our staff are re-engaged through improved communication, clearer objectives and priorities. Through visible leadership and by listening to our staff we will create an environment that is open and transparent and where staff feel able to speak out, without fear of reprisals. As a result, the staff survey results will improve, as will feedback from patients, our commissioners, our partners and our community

This improvement plan has been drawn together in consultation with staff at Whipps Cross Hospital and in collaboration with our staff side representatives. The consultation process has included six workshop sessions, two site-wide staff briefings and four open access lunchtime sessions over a four week period to help us pull together themes for action. This activity has been supplemented by written contributions and an enhanced communications programme.

The Margaret Centre - key findings and recommendations

The Margaret Centre is an 11-bed specialist palliative care unit at Whipps Cross Hospital which provides inpatient care and outreach support to other wards and departments in the hospital. It was also inspected by the CQC in February 2015, but a final report was only received in May. The Centre was given a rating of inadequate, because of a number of concerns that inspectors raised in relation to the standard of patient facilities in the unit. The CQC found that services were not compliant with five regulations, but also found that that staff were caring and ensured patients were treated with respect and dignity.
The Royal London Hospital – summary of key findings and recommendations

The Trust received a final report for the inspection at The Royal London Hospital in May 2015. Whilst the CQC highlighted some areas of outstanding practice - for example stroke services and the fact that staff overall were caring and compassionate – regrettably, standards in a high number of core services were rated unacceptable. The CQC found that patients and relatives generally felt they received a good standard of care at the hospital, but operational challenges continued to affect patient flow, waiting times and discharges. The CQC report noted that The Royal London is a pioneer in trauma care and provides outstanding practice in stroke care, and it rated critical care at the hospital as 'good' across the board. However, as for Whipps Cross Hospital, The Royal London was rated as ‘inadequate’ in the safe and well-led domains.

<table>
<thead>
<tr>
<th>Core service</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency services</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Medical care</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Maternity and gynaecology</td>
<td>Good</td>
</tr>
<tr>
<td>Services for children and young people</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>End of life care</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Overall rating for The Royal London Hospital</td>
<td>Inadequate</td>
</tr>
</tbody>
</table>

Newham University Hospital – summary of key findings and recommendations

The Trust also received a final report for the inspection at Newham University Hospital in May 2015. The CQC rated the hospital as good in respect of services being caring, and also found that care is delivered by staff with compassion and with respect for privacy and dignity. Despite on-going challenges across the NHS and continuing operational challenges, urgent and emergency care services at the hospital were also rated as 'good' with the four-hour emergency standard being consistently met. The Gateway Surgical Centre was also highlighted as an example of outstanding practice. However, overall the CQC rated the hospital as ‘inadequate’ in the safe and well-led domains.

<table>
<thead>
<tr>
<th>Core service</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency services</td>
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<tr>
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<tr>
<td>Services for children and young people</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>End of life care</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Overall rating for Newham University Hospital</td>
<td>Inadequate</td>
</tr>
</tbody>
</table>
Barts Health NHS Trust - overall rating

The outcome of the four CQC inspections carried out in 2014/15 was an overall quality rating of ‘inadequate’ for Barts Health NHS Trust.

In order to tackle the common areas identified for improvement from all four inspections, our overarching improvement strategy and work streams for 2015/16 incorporate the following improvement themes across all sites and relevant services:

- Tackling shortages of medical and nursing staff and reducing reliance on temporary staffing
- Embedding robust governance and risk management processes throughout the organisation, including better sharing and learning from incidents and complaints
- Improving staff experience and addressing a culture of bullying and harassment
- Improving end of life care.

A review of quality performance and governance in 2014/15

Our quality priority challenges in 2014/15

Our six priorities for 2014/15 reflected our commitment to putting patients first and improving their care, experience and outcomes. The emphasis in the Quality Priorities for 2014/15 was to progress and sustain goals that were set the previous year. In this section we provide an overview of how we did against each priority, along with some of our achievements and the areas we have identified as needing further development or improvement. Page references are provided for the relevant section in the Quality Account where more detail is available.

The six quality priorities for 2014/15 were as follows.

Priority 1 - Patient Safety - Reduce avoidable harm
Aim: Ensure that 94 percent of patients receive harm free care as measured by the following harms and activities:

- Pressure ulcers
- Harm from falls
- Never events
- Specific hospital acquired infections
- Venous thromboembolism (VTE)
- Managing the acutely unwell patient/failure to rescue.

Priority 2 - Patient Safety – Maintain SHMI rates
Aim - Maintain our position in the top ten percent of NHS organisations with the lowest Standardised Hospital Mortality Indicator (SHMI) rate

Priority 3 - Clinical Effectiveness – Reliable care
Aim - All patients are treated at the right time in the right place
Priority 4 – Patient Experience – Improve overall patient experience
Aim – Achieve a position within the top 20 percent of NHS organisations for the national patient experience surveys by 2017/18

Priority 5 – Staff Experience – Improve staff engagement
Aim – Achieve a position within the top 20 percent of NHS organisations for the national staff survey by 2017/18

Priority 6 – Patient Safety – Sharing the learning to improve the safety of our patients
Aim – Improve our systems for sharing learning from incidents and events with our staff to improve patient safety across the organisation

Our quality priorities in 2014/15 - what we achieved and what challenged us

Priority 1: Patient safety - reducing avoidable harm

Avoiding pressure ulcers
Reducing harm from pressure ulcers is a key quality priority for Barts Health. The Trust set an internal target to reduce the numbers of grades 2 to 4 hospital-acquired pressure ulcers by 35 percent in line with the national CQUIN for 2014/15. Over the past year, our tissue viability service has been working to reduce the incidence and prevalence of pressure ulcers. This has included work on the following initiatives:

- Launching the Barts Health Stop Pressure Ulcers Think campaign to coincide with World Stop the Pressure Day on 20 November 2014. The campaign identifies key best practice activities to reduce avoidable pressure ulcers
- Developing a new pressure ulcer prevention and management policy for implementation in April 2015. The policy outlines an organisational approach for the implementation of best practice care standards
- Our monthly pressure ulcer improvement steering group, which oversees the implementation of an action plan to reduce avoidable pressure ulcers. It is chaired and led by our Clinical Academic Groups (CAGs) and helps facilitate ownership at CAG and ward level
- Establishing an outer north east London pressure ulcer improvement steering group, which includes representation from both community trusts, North East London Foundation Trust and East London Foundation Trust as well as our Clinical Commissioning Groups. The aim of the steering group is to share and learn together to reduce harm from pressure ulcers across the local health and social care economy
- Rolling out a new SSKIN bundle - a nationally agreed five-step model for pressure ulcer prevention - in July 2014. This bundle incorporates best practice care plans to ensure staff use best practice interventions at all times
- Extending competency-based roles and responsibilities for reducing pressure ulcers across all our nursing staff
• Establishing a network of ward-based pressure ulcer prevention link nurses, with the intention of including other healthcare professionals in this network in the future
• Developing a card for ward staff to give to agency staff working in their teams which outlines the care standards they are expected to work to
• Incorporating an adult safeguarding screening tool, based on NHS England guidance, into our pressure ulcer reporting and investigation pathway in November 2014
• Introducing an enhanced e-learning training module in October 2014. Pressure ulcer prevention and management education and training is incorporated into development courses for all nursing and healthcare support staff
• Giving all patients who are treated with an SKKIN bundle an information leaflet to explain how they and/or their carers can contribute to preventing pressure ulcers
• Introducing an interactive staff intranet page in November 2014 containing all of the links to the ‘Stop Pressure Ulcers Think’ campaign, best practice resources and monitoring tools

We also created two additional tissue viability nurse posts for a year to help drive these improvements. Because we have seen an increase in the number of grade 2 ulcers being reported, these nurses are concentrating on reviewing every case to ensure ulcers are correctly reported and graded and that the correct care plans are put in place to prevent further deterioration. They also carry out point of care training for ward based staff.

The year to year comparison in the following table on page 28 shows that, whilst incidents of grade 2 ulcers have increased, there has been a corresponding fall in reports of grade 3 and 4 ulcers. Whilst this is positive, we have not achieved our target of an overall reduction of 35 percent of grade 2 to 4 ulcers. The main challenge has been the fact that our practice framework is not yet fully implemented in all clinical areas, and this will be the main focus for the coming year.
## Comparative numbers of pressure ulcers for 2013/14 and 2014/15

<table>
<thead>
<tr>
<th>Month</th>
<th>Hospital acquired</th>
<th>Community acquired</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 2</td>
<td>Grade 3</td>
</tr>
<tr>
<td>April 2013</td>
<td>63</td>
<td>9</td>
</tr>
<tr>
<td>May 2013</td>
<td>58</td>
<td>15</td>
</tr>
<tr>
<td>June 2013</td>
<td>59</td>
<td>18</td>
</tr>
<tr>
<td>July 2013</td>
<td>58</td>
<td>15</td>
</tr>
<tr>
<td>August 2013</td>
<td>67</td>
<td>10</td>
</tr>
<tr>
<td>September 2013</td>
<td>60</td>
<td>10</td>
</tr>
<tr>
<td>October 2013</td>
<td>65</td>
<td>13</td>
</tr>
<tr>
<td>November 2013</td>
<td>58</td>
<td>22</td>
</tr>
<tr>
<td>December 2013</td>
<td>71</td>
<td>15</td>
</tr>
<tr>
<td>January 2014</td>
<td>71</td>
<td>16</td>
</tr>
<tr>
<td>February 2014</td>
<td>68</td>
<td>27</td>
</tr>
<tr>
<td>March 2014</td>
<td>75</td>
<td>9</td>
</tr>
<tr>
<td><strong>2013/14 Total</strong></td>
<td><strong>773</strong></td>
<td><strong>179</strong></td>
</tr>
</tbody>
</table>

*Data not collected for community acquired pressure ulcers prior to April 2014*

Source – Barts Health NHS Trust DATIX incident reporting system
Avoiding harm from falls

We have continued to reduce the harm to our patients from falls for a second consecutive year, meeting the national benchmark. We reported 2,683 falls in 2014/15, compared to 2,891 in 2013/4. This equates to 3.92 falls per 1,000 occupied bed days, compared to 4.02 in 2013/14. The national average rate is 4.1.

The following tables show our performance more clearly.

![Harms from falls 2013/14 and 2014/15](image)

*Source – Barts Health NHS Trust DATIX incident reporting system*

![Falls per 1,000 Bed Days Apr 2014 - Mar 2015](image)

*Source – Barts Health NHS Trust Integrated Performance Framework*

There were a number of initiatives throughout the last year to help further reduce the incidence of and harm from falls across our services, including:

- Setting up a Trust-wide falls steering group in July 2014, chaired by the Director of Therapies and Governance for the Clinical Support Services CAG
- Working to eliminate existing variations in the documentation used across our services to record and report falls. Our quality improvement nurse developed different options for a multifactorial risk assessment and intervention/care plan and the physiotherapy team developed a falls algorithm and pathway, which are currently being reviewed
• Developing a falls training pack which covers falls prevention, care and quality measurement. The pack will be launched during 2015 once all documentation is approved
• Carrying out thematic analysis of the root cause analysis for all falls in the period October 2013 to November 2014, and presenting it to our Chief Nurse and Medical Director
• Using our Quality Improvement Collaborative to support four wards to achieve reductions in incidents of falls. These wards saw a 23 percent reduction in the period April to August 2014. See page 100 for more information on the collaborative.

Over the next year, we will concentrate on ensuring that the number of falls continues to reduce, and also on tackling remaining challenges, including:

• The current vacancy for a dedicated falls co-ordinator
• Standardising practices for preventing and reporting falls across all our services
• Ensuring that ward teams take up quality improvement projects such as falls prevention as soon as possible after their training.

Preventing and managing never events

Never events are defined by the Department of Health 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 processes required to protect patients. In 2013/14, Barts Health reported eight never events, having reported 14 in 2012/13.

During 2014/15 Barts Health reported seven never events, two of which were subsequently downgraded following investigations that confirmed the incidents did not meet never event criteria.

The table below provides a breakdown of the never events reported at Barts Health between 1 April 2014 and 31 March 2015.

<table>
<thead>
<tr>
<th>Category of never event</th>
<th>Number of incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong site surgery</td>
<td>2</td>
</tr>
<tr>
<td>Wrong implant</td>
<td>1</td>
</tr>
<tr>
<td>Maladministration of insulin</td>
<td>1</td>
</tr>
<tr>
<td>Retained foreign object</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>
Tackling hospital-acquired infections

Infection prevention and control is a key element of our clear and explicit focus on improving patient safety and avoiding harm. There are a number of ways in which we measure and monitor our performance in relation to infection, including encouraging incident reporting for all Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia and clusters of *Clostridium difficile* associated diarrhoea. This process includes:

- Assessment of reported incidents
- Robust investigation of serious incidents
- Specific audits and reviews, such as hand hygiene on wards and the use of the safety cross.

We ensure lessons are learned from incident reviews and improvements in practice are systematically introduced, supported by an extensive training and professional development programme.

Both *Clostridium difficile* and MRSA bacteraemia have been a national priority for many years, with every hospital acquired case reported to Public Health England as part of a national surveillance programme. We continue to work towards preventing avoidable healthcare associated infections and have introduced several work streams to support this programme. We know that our patients and their families expect our hospitals and all aspects of our clinical services to be safe and need confidence and assurance that we are maintaining a strict emphasis on infection prevention and control.

**Controlling Meticillin Resistant *Staphylococcus aureus* (MRSA)**

Our performance against the MRSA objective remains constant. The following graph shows the numbers of confirmed post 48 hour bacteraemias – infections identified from samples taken 48 hours after a patient is admitted to hospital – over the last three financial years.

![MRSA bacteraemias - post 48 hours (cumulative)](image-url)
Several of the confirmed post 48 hour bacteraemias have been related to the use of a biomedical device, such as a central or peripheral venous device. The following graph shows the source of all bacteraemias during 2014/15.

Our Emergency Care and Acute Medicine (ECAM) CAG are leading on work around the use of biomedical devices across all our sites, including the documentation and assessment of these devices. ECAM is focusing on a different device each month. This work will be supported by a new harmonised Trust-wide policy for devices, standardised products and an education programme to support the policy.

**Clostridium difficile (C. diff)**

Our position against the post 72 hours C. diff target is comparable to last year, and ribotyping of each case confirms that we are not seeing onward transmission of infections within the Trust. Ribotyping tests are used to confirm whether each individual case is related to any other case occurring in the same clinical area. The following graph on page 33 shows the number of cases in the last three financial years.
Clinical areas which have more than one case reported in a week or three in a month have meetings to review each incident, looking for evidence of transmission in any of the cases. All individual cases are assessed by the North and East London Commissioning Support Unit expert lead for infection prevention and control on behalf of our local Clinical Commissioning Groups, and any breaches of practice are highlighted. This information is fed back to our CAGs to ensure lessons are learnt. Our pharmacy and microbiology teams continue to improve antimicrobial stewardship, which will have a further positive impact on the number of cases seen.

Our rates of hospital acquired infection performance are routinely reported every month at our Trust Board meetings, in the public section. As part of our mandatory training programme, all staff, both clinical and non-clinical, receive training on hand hygiene and infection prevention and are encouraged to be vigilant and report cleanliness issues at any time. Our efforts to reduce the number of patients with healthcare acquired infections across our hospitals and community services continue to be a top priority.

**Venous thromboembolism – blood clots or VTE**

Venous thromboembolism (VTE) is a condition in which a blood clot (thrombus) forms in a vein. It most commonly occurs in the deep veins of the legs, where it is known as deep vein thrombosis. The thrombus may dislodge from its site of origin to travel in the blood, when it is known as an embolism. Ensuring that patients who are admitted to hospital are screened and assessed for their risk of developing a VTE is a key element of our work to improve patient safety.
During 2014/15, our VTE risk assessment rate has consistently remained above the required national level of 95 percent. This is a significant achievement, particularly as we changed the IT processes which we use to record the risk assessments during the year.

We have designed and implemented a Trust-wide monitoring system and operating framework for the root-cause analysis (RCA) of all possible hospital-acquired VTEs. All RCAs are analysed and investigated by the relevant clinical team in order to highlight any areas of concern, which are then monitored and reported to the VTE board, chaired by our medical director, Dr Steve Ryan.

In 2014/15, a total of 518 cases of VTE were identified across Barts Health. Of these, 41 – eight percent - were found to be acquired whilst the patient was being cared for in one of our hospitals. This is a low proportion in comparison to nationally published data.

Of these 41 cases, an RCA has been completed for 27. Findings show that risk assessment and appropriate thromboprophylaxis had been administered in the vast majority, but areas for improvement were highlighted in three cases:

- Timely risk assessment for VTE not carried out
- Dose of heparin – a drug used to prevent and treat VTEs - missed
- Insufficient dose of heparin prescribed following surgery

During 2015/16, we will work to further implement NICE guidance on VTE prevention, including:

- Reassessment of each patient’s VTE risk in the days following their admission
- Ensuring that patients and carers are provided with appropriate information about VTE on admission and at discharge
- Harmonising our use of anticoagulant treatments across all our sites and services.

Overall, our data suggest that VTE risk assessment is being performed appropriately on admission across the Trust and that appropriate thromboprophylaxis is being administered to the vast majority of patients, resulting in a low incidence of hospital-acquired thrombosis.

**Managing acutely unwell patients**

We have continued to work hard to strengthen our procedures to identify and escalate deteriorating patients. Observations of factors including temperature, blood pressure and alertness can help staff to quickly identify patients whose condition is deteriorating and take appropriate action.

In our 2013/14 Quality Account, we reported that we had re-established a multi-disciplinary peer review forum to promote good practice across the Trust. The Managing the Acutely Ill Patient Group (MAIPG) provides a strategy that ensures a robust infrastructure for the care and management of acutely ill and deteriorating adult patients at Barts Health. The forum meets monthly and has a nominated representative from all CAGs. There is a separate forum for children.
The group aims to:

- Develop the overall strategy for the acutely ill adult patient with the emphasis on preventing deterioration
- Analyse moderate and severe incidents relating to ‘failure to rescue’ - deaths after a treatable complication - to determine trends, organisational learning and loop closure
- Review national policy and implement relevant guidance from key organisations such as the National Confidential Enquiry into Patient Outcome and Death
- Audit the effectiveness of the delivery of care and participate in relevant research projects
- Collaborate with other forums to resolve issues and work with Clinical Academic Group leads, governance teams and our patient safety team
- Determine competencies and education needs for staff working in our acute care services.

In the past year, the group has:

- Revised and developed a new adult observation chart for inpatient areas, with rollout to all areas beginning in Spring 2015
- Peer reviewed key governance issues and worked collaboratively with other forums to mitigate risk and improve patient care, for example in work relating to education and training for tracheostomy care
- Worked with our resuscitation service to review monthly trends in the number of calls to cardiac arrest teams, reviewing data whenever there has been a higher than expected number of calls to establish root causes
- Established a sub group called STOP – Sepsis Treatment Optimising Patients – to review the early management of patients with sepsis and redraft the Trust’s sepsis policy with a pro forma which will guide clinical staff through the time-appropriate interventions that need to be performed. This work will be launched through a Trust-wide sepsis campaign in the coming year
- Launched an interactive education platform for acute care of the deteriorating patient, although this still in the early stages of development.

During the coming year, the MAIPG will continue to work to increase the level of medical involvement in its work, as well as representation from all our CAGs at its meetings.
Priority 2: Patient safety – improving mortality

Managing mortality rates – the SHMI

The Summary Health Care Mortality Indicator (SHMI) is a national measure of mortality in hospital and up to 30 days after discharge. Barts Health’s rating against the SHMI, along with all other NHS trusts, is reported every quarter by the Health and Social Care Information Centre. The information is reported six months in arrears, to allow time for data to be collected for deaths out of hospital by the Office for National Statistics.

Barts Health has consistently had a low SHMI. For the last year of published figures - July 2013 to June 2014 – our SHMI was 0.81. The reference value is 1.00, which means that our SHMI “equates” to around 800 more patients a year being alive than would be expected on average. Around 80 percent of deaths occur in hospital and 20 percent after discharge, and around 17 percent of patients dying in our care are recorded as having received palliative care at the end of their life.

We published a breakdown of our SHMI at each of our hospitals at our February 2015 Board meeting. All our sites had a lower than expected SHMI:

- The London Chest and St Bartholomew’s hospitals – 0.37
- Mile End Hospital – 0.57
- Newham University Hospital – 0.78
- The Royal London Hospital – 0.88
- Whipps Cross University Hospital – 0.94

These statistics are monitored by our mortality review group, who undertake an analysis of any outliers by diagnostic group or specialty.

Our mortality review group

The Mortality Review Group has enabled the Trust to identify teams with good practice that can be shared, quickly identify any areas where mortality may be increasing and contribute to strategic developments which sustain and improve mortality to above the benchmark.

The group continues to promote local mortality review by all our clinical teams in each service and examines mortality outliers from a range of sources including SHMI groups, national audit and Dr Foster data. Key areas for 2015/16 include establishing the use of a Trust-wide unexpected death review proforma, considering and disseminating lessons learnt from any serious incidents associated with patient deaths, and supporting the completion of discharge summaries for all deceased patients to ensure communication with community teams and improve data quality and coding. Additionally, the group is supporting and monitoring the appropriateness and completion of DNAR (Do Not Resuscitate) forms across the Trust in association with the resuscitation committee.
Priority 3: Clinical effectiveness – reliable care

Making improvements to ensure effective and responsive care

2014/15 has brought significant challenges to the delivery of emergency care across London. At Barts Health, we experienced surges in demand in the summer and winter to a level not seen in the previous year. Our performance against the four hour emergency standard has dropped significantly - especially in the second half of 2014/15 – meaning that we were unable to deliver the standard for the year, shown in the following graph:

Our length of stay also increased at all of our hospitals, particularly for elderly patients. The subsequent increase in bed occupancy levels had a further negative impact on our performance against the standard. This is shown in the following comparative graph.

Source for both graphs – Barts Health data warehouse
Type 1 breaches refer to the number of patients seen in one of our emergency departments who are the most unwell (known nationally in the NHS as a “Type 1” attendance) who were not discharged or admitted to an inpatient bed within four hours.

Our approach to improving the emergency care pathway, through focussed work streams looking at its component parts, has continued. Dedicated groups have worked on four areas – the emergency departments and assessment, the inpatient process and effective discharge - at individual site level, as well as Trust-wide programmes on improving length of stay, quality of care and specific specialist services.

**Emergency department and acute assessment – ensuring early senior review**

We continued to ensure that patients were seen by a senior clinician regardless of their time of arrival by having emergency department consultant cover at evenings and weekends on all three emergency sites – Newham, The Royal London and Whipps Cross - as well as additional middle grade support in the evenings to cope with the changing pattern of attendance. The acute assessment unit at Whipps Cross - which opened in September 2013 - is now embedded and is supporting improvements in length of stay. The admission avoidance team at Whipps Cross and the in-reach service at The Royal London are also fully operational, and their impact has been shown through a reduction in admissions over the winter, despite an increase in attendances.

**The inpatient process – implementing the Barts Health Way**

There has been a significant increase in pressure on the inpatient pathway across our hospitals, due both to surges in admissions of elderly patients and a sustained increase in length of stay in elderly care wards. The Barts Health Way is our agreed standard for delivering high quality care at ward level, and it has continued to be the over-arching framework for improvement.

The length of stay programme has been rolling out the implementation of the Barts Health Way across all adult wards, working collaboratively with a multi-disciplinary team. The programme conducts regular audits against the key criteria of the Barts Health Way to ensure that improvement has been embedded. The key elements of the standards are:

- **Agreed daily ward routine** - including board and ward rounds and effective handover
- **Strong clinician (doctor) and nursing leadership** - on each ward
- **Daily multi-disciplinary ward rounds** – to identify and address delays
- **Daily board rounds** – to provide information needed to assess the state of patient flow across the site
- **Tackling delays in care** - including reducing outliers (patients who have been placed in the wrong ward for their age or particular condition) providing diagnostic tests within agreed timescales and the timely escalation of problems
- **Promoting morning discharges and use of the discharge lounge** – to free up inpatient beds earlier in the day.
Effective discharge – making sure patients are discharged from our care as soon as it is safe to do so

We have undertaken significant collaborative working with partner agencies to reduce delays to discharge, particularly over the winter period. A number of community schemes were established as part of local winter operational resilience plans, and these will potentially be funded on an on-going basis to increase community capacity to support discharge. In addition, we have introduced the Healthcare at Home service at Whipps Cross Hospital, where patients who do not need to stay in hospital but still need acute medical care can receive nursing and therapy input in their own home, whilst remaining under the care of their hospital consultant. Improvements are being made in the number of delayed transfers of care for external reasons, and we have seen improvements in the speed of assessments for patients needing continuing healthcare.

Stepping into the Future and external support

As part of our work to improve our performance across the acute patient pathway, we have held three Stepping into the Future weeks since January 2015. During these weeks, senior clinicians, nurses and managers from Barts Health and our partner agencies come together to support rapid improvement in patient flow over the course of a week. These weeks have had a positive impact on performance, but the key benefit has been in bringing the right people together to address some of the most intractable issues in improving emergency patient flow. To enable us to capitalise on this, we currently have specialist external support at The Royal London and Whipps Cross hospitals to support our work on the key issues identified and help bring rapid improvement. These issues include:

- Ensuring the correct balance between staffing levels and demand in the emergency departments
- Improving the pathway for patients who are treated in the “majors” areas of the emergency departments but who do not go on to be admitted to an inpatient bed
- Increasing the numbers of patients cared for in ambulatory care settings
- Increasing the numbers of inpatients who are discharged before 12noon on the day they are fit enough to leave
- Fully rolling out our ‘gold standard’ board rounds on inpatient wards
- Reducing the number of patients who stay in our hospitals for longer than 30 days
- Implementing integrated discharge teams.

We know that there is still a great deal of improvement required in order to consistently deliver emergency care to the standard we require. However, both the structure for change and the resource to support it are now very clearly in place.

Treating patients within 18 weeks – the referral-to-treatment standard

The national 18 week referral-to-treatment (RTT) standard – also sometimes referred to as the waiting time standard – requires hospital trusts to ensure that patients are seen, assessed and receive their first definitive treatment within 18 weeks of being referred for care by their GP. The standard is 90 percent for admitted patients and 95 percent for non-admitted patients. First definitive treatment can include surgery, physiotherapy or
any other treatment necessary for the patient’s condition. Any diagnostic tests, such as x-rays or scans, must also be completed prior to the treatment being delivered.

Nationally, the last year has seen waiting times increase across the NHS. For Barts Health, 2014/15 has been a particularly challenging year for our performance against the national RTT standards. Because we had insufficient confidence in our underlying data, the Trust board took the decision to cease national reporting of our performance against the standard in September 2014.

The three key contributors to the data quality issues were:

- Issues and difficulties associated with the launch of the Cerner Millenium electronic health record system at Whipps Cross University Hospital, which resulted in a temporary delay in the recording of outpatient clinic outcomes
- The corruption of an RTT data validation database
- Incompatible methods of transferring patient data into waiting lists – a historic issue dating back to the Barts Health merger in 2012.

The data quality issues also hampered our ability to develop robust recovery plans to achieve performance against the standard.

We have put in place a programme management office to oversee a recovery plan. Recent progress includes:

- Establishing a single method for producing patient tracking lists (PTLs), in place since February 2015. This will give more confidence in the way that data is transferred into the waiting list from across all our sites. We are currently working with the NHS Interim Management and Support Intensive Support Team (IMAS IST) to fully validate the new waiting list
- Our RTT programme management office now has a large central resource to help validate waiting times and patient pathways
- All management staff, including our executive team, have been trained on the RTT rules and how to apply them. Clinicians are being trained via self-study, one-to-one sessions in clinics and via briefing documentation. Front line staff training is currently underway
- A clinical harm review group led by our deputy medical director feeds into an external clinical harm review group, chaired by the medical director of NHS England. All cases where the patient has waited a long time are reviewed at patient level to establish if any harm was caused.

The IMAS IST are also supporting us to produce accurate capacity and demand models for all our services. We expect to have these models in place by August 2015.

**Cancer care referral and treatment standards**

There are eight different national waiting time standards for patients referred with suspected cancer and for patients diagnosed with cancer. The eight standards are grouped into three areas:
• Two standards cover patients referred with suspected cancer having their first appointment within 14 days of referral to hospital
• Four standards cover the provision of first or subsequent treatment to patients diagnosed with cancer within 31 days from the decision to treat
• Two further standards cover the provision of the start of treatment within 62 days of an urgent GP referral or from a screening referral for suspected cancer.

During 2014/15, we have faced significant challenges in meeting the targets. We met the target for providing subsequent radiotherapy treatment within 31 days of the decision to treat, but regrettably have failed to meet all other targets.

One of the reasons for our failure to meet all the targets was a growth in the number of patients referred with suspected cancer over the last year, and this had a significant effect on our performance against the targets. This impacted our performance in quarters 1 and 2. In response, we undertook some transformational work to improve capacity and patient pathways, and in quarter 4 (1 January to 31 March 2015) we met six of the eight targets.

We are continuing to put a great deal of work into meeting the targets for at least 85 percent of patients to start their treatment within 62 days of an urgent GP referral for suspected cancer, but this remains a key challenge for the organisation. We have developed an action plan to deliver sustained improvements and support our performance, including the following areas of work:

• Improving our cancer policies and governance – including adopting the London Cancer proposals for tertiary referral and reviewing access policies
• Improving tracking, validation, review and reporting - including revising our cancer performance and patient tracking meeting structures and improving internal information and data
• Transforming patient pathways and improving multi-disciplinary team meetings.

Cancer patient experience – we still need to do better

We were extremely disappointed by the results of the NHS National Cancer Patient Experience Survey published in September 2014. Barts Health was ranked last in England in Macmillan Cancer Care’s league table, despite the organisation making improvements in 26 of the 69 questions in the survey.

To address the issues identified, a clinically-led working group has conducted a benchmarking exercise based on the 2014 survey results, identifying five key priorities for us to focus on in the next six months to improve patient experience:

• Patients being given written information about their operation
• Hospital staff giving information about support groups
• Staff asking each patient what name they preferred to be called by
• Patients being offered a written assessment and care plan
Staff telling patients who to contact if they have concerns after they are discharged.

Following completion of work in these areas, the group will then identify further areas for focused improvement work. For more information about this survey, see the section on page 60.

**Working to reduce cancelled operations**

Nationally, all hospital trusts are required to meet the 28 day cancelled operations standard for routine operations. Under this standard, if a trust cancels a patient’s operation at the last minute for non-clinical reasons, it is obliged to offer the patient another date within a maximum of the next 28 days or fund the patient's treatment at the time and hospital of the patient's choice, including in a private hospital if this is what the patient chooses.

Encouragingly, the number of hospital-initiated cancellations within Barts Health is decreasing steadily. The rate currently stands at 3.9 percent, compared with a high of seven percent in June 2014. In order to more effectively manage cancellations, we have recently implemented a central cancellations tracker which captures coded reasons for all ‘on the day’ and any urgent ‘prior to the day’ cancellations. All scheduling teams have access to this information and have been trained to ensure they understand the relevant rules, which are clearly laid out in our new access policy. A simple guide for staff is also part of the tracker. An action plan has been developed to reduce the extent of cancellations which are due to individual operating theatres running out of time. This includes a range of efficiency improvements and is being overseen by our peri-operative board.

1 All NHS providers must have an access policy in place, which sets out the standards agreed with its commissioners on the management of referrals into and within the organisation and details how patients will be managed administratively at all points of contact with the organization.

**Readmissions within 28 days of discharge**

Any patient who is readmitted within 28 days of discharge 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.

An acute organisation’s percentage of readmissions to hospital within 28 days is measured and reported as a mandated Quality Account core indicator. To see Barts Health’s performance compared to the best and worst trusts in England and the national average, see the section on nationally mandated performance indicators on page 116.

Our priorities for the coming year will be to continue our existing work to improve both readmission rates and our overall length of stay for inpatients. This includes auditing and studying all readmissions within 28 days of discharge to determine causes and trends.
Providing privacy and dignity - mixed sex accommodation

Making sure we treat our patients with privacy and dignity is a key part of our work, and this includes ensuring that patients are treated in, or stay in, accommodation which is only with members of the same sex. The Department of Health published [guidelines on single sex accommodation](#) in 2010. Like all trusts, we work hard to ensure patients are cared for in single sex areas, but there are times when a patient’s clinical needs require them to be cared for in an area where we cannot guarantee that they will not need to share accommodation with patients of both sexes. Examples include critical care wards and other highly specialised areas.

Since 2011, all NHS trusts with inpatient wards have been required to report monthly on the number of occasions they breach the guidelines. The following table shows our performance against the guidelines in 2014/15 on each of our hospital sites.

<table>
<thead>
<tr>
<th>Site</th>
<th>MEH</th>
<th>SBH</th>
<th>WX</th>
<th>LCH</th>
<th>NUH</th>
<th>RLH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
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<td></td>
</tr>
<tr>
<td>April</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>2</td>
<td>38</td>
<td>40</td>
</tr>
<tr>
<td>May</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>28</td>
</tr>
<tr>
<td>July</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>31</td>
<td>35</td>
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<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>8</td>
<td>35</td>
<td>46</td>
</tr>
<tr>
<td>September</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>26</td>
<td>30</td>
</tr>
<tr>
<td>October</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>4</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>November</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>December</td>
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<td>0</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>February</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>March</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Grand total</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>11</td>
<td>22</td>
<td>278</td>
<td>320</td>
</tr>
</tbody>
</table>

Key to hospital sites:

- LCH – London Chest Hospital
- MEH – Mile End Hospital
- NUH – Newham University Hospital
- RLH – Royal London Hospital
- SBH – St Bartholomew’s Hospital
- WX – Whipps Cross University Hospital

The overall total of breaches decreased from 355 in 2013/14 to 320 in 2014/15. The majority of breaches continue to be reported within the adult critical care unit at The Royal London Hospital. To help reduce this number, we are continuing our focus on improving patient flow through departments as well as improving specialist bed capacity. The last two quarters of 2014/15 show improvements in breaches, but no specific trends are evident overall.
Transforming outpatient services

Our vision sets out an ambition to support patients to improve their overall health and for staff to be proud of the care they provide in all our services. Every year, we provide approximately 1.3 million patient contacts in outpatient settings across the Trust, and improving our outpatient services is therefore critical.

When Barts Health was formed in April 2012, outpatient services continued to run as three separate services in line with the three former trusts. In April 2014, the management of all outpatient services moved into the Clinical Support Services Clinical Academic Group (CSS CAG), helping us to better align the clinical provision of patient care and the associated operational processes within each CAG. A single Trust-wide senior management structure for outpatients is now in place and unified operating processes are being embedded.

In addition, the management of our medical records service previously sat within the ICT (Informatics) directorate. From September 2014, management responsibility for medical records also moved to the CSS CAG to help provide closer working links with outpatients operations and to help enable us to improve performance at pace.

Our outpatients improvement programme

We are continuing to develop all outpatient services with the overall aim of embedding a single Trust-wide operational model. The key objective is to deliver consistently high quality outpatient standards, pathways and experience for patients, staff and referrers, to ensure that:

- The right patient gets seen by the right clinician in a timely way
- All the required information is available for each appointment
- Every patient contact is of a consistently high standard
- New and innovative ways of working are used, which are also cost effective

Challenges and achievements for outpatient services in 2014/15

Operational recovery at Whipps Cross University Hospital

Significant operational recovery has been required at Whipps Cross, following the introduction of the Cerner Millennium electronic health record in May 2014. The implementation had a considerable impact on our ability to manage outpatient appointments and health records at the hospital in the short term. Over recent months, the situation has greatly improved, although work continues to further strengthen our performance.

Access standards

A key area of our focus is on the reliability of our processes and outpatient service standards. Appointments are now being booked within five days of receiving a referral across all parts of the Trust. Telephone response times to our outpatient departments have greatly improved, with a reduction in the average waiting time from seven to three minutes. We are working to further improve the standard so that 90 percent of calls are answered within one minute.
The Advice Issues Resolution (AIRs) telephone service for local GPs has been made available Trust-wide. The service was originally arranged through discussions with Waltham Forest Clinical Commissioning Group and GP clinical directors for that area, and is now available to GPs across all our hospitals and services. The service provides a direct line for GPs to enable immediate troubleshooting and resolution of issues relating to patient appointments, and has received very positive feedback.

To help remind patients of their appointments and reduce the number of patients who do not attend (DNAs), we have introduced two different pilot schemes, which we will evaluate and compare for effectiveness in the coming year:

- Appointment reminder text messages are now sent to patients for appointments at Whipps Cross
- A call-and-remind service has started for some outpatient services – those with highest DNA rates - at The Royal London and St Bartholomew’s hospitals.

The patient experience and environment
Improving patient experience is a key outcome for our outpatients improvement programme. The national Friends and Family Test (FFT) has now been introduced in outpatient clinics across the Trust. While the initial results have been very positive, we need to encourage more patients to complete the test, as well as working to gather more detailed feedback about the whole outpatient pathway from referral through to discharge.

Management of information
We have developed a Trust-wide outpatient information dashboard, which was launched in February 2015. The dashboard allows staff to access all relevant outpatient information – such as cancellation rates, did-not-attend rates and waiting times - and filter it to provide the level of detail they need. This information will allow robust measurement and monitoring against standards for each speciality and each CAG.

Assessing and caring for patients with dementia
Over the last year, we have continued to make progress on our dementia strategy. The strategy is based on seven key principles:

- Strong ownership and leadership for dementia care throughout the Trust
- Care is person centred and individual
- Providing environments that are dementia friendly
- Assessment and early identification of dementia
- Supporting people with dementia to be discharged back home
- Staff are skilled and have the time to care
- Strong partnership working with people with dementia, their carers and other agencies.

In 2014/15, we identified at least one dementia champion in each of our older people’s wards. These champions are undergoing a five-day course to enable them to support their colleagues in improving care and experience for people with dementia and their
carers. We are now identifying champions in other clinical areas and developing a support network for dementia champions across the Trust.

The nationally-developed forget-me-not documents - aimed at improving care for people with communication problems, including those with dementia - are now in use throughout our older people’s services and beyond and continue to be promoted by the dementia champions. Over 3,000 Barts Health staff received dementia awareness training in the last year, and our dementia training programme continues to grow. We also issued approved guidelines on the prevention and management of delirium to support staff across our services who care for people with any element of delirium.

Initiatives to improve the environment for people with dementia, supported by our Vital Arts charity, are also underway. These will help to transform a day room at Whipps Cross and two wards and a reception area at Newham, with plans for further work across the Trust in the coming year.

We still have work to do to improve our performance against the dementia CQUIN, which requires NHS trusts to record the number of patients aged 75 or over under the FAIR assessment process – Find, Assess and Investigate and Refer. Following the implementation of the Cerner Millennium electronic health record system at Whipps Cross, reporting our performance against the CQUIN at all our sites has become easier, but we still need to further improve our reporting processes to ensure that the good work our teams do to identify, assess and refer people with dementia and delirium is correctly recorded. The following table shows the recorded rate of performance against the CQUIN for 2014/15 – figures are for the percentage of patients aged 75 or over who were assessed under the FAIR process across all our sites and services.

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find</td>
<td>68%</td>
<td>68%</td>
<td>85%</td>
<td>84%</td>
<td>78%</td>
<td>70%</td>
<td>80%</td>
<td>79%</td>
<td>65%</td>
<td>48%</td>
<td>42%</td>
<td>54%</td>
</tr>
<tr>
<td>Assess and investigate</td>
<td>88%</td>
<td>73%</td>
<td>90%</td>
<td>75%</td>
<td>76%</td>
<td>87%</td>
<td>91%</td>
<td>92%</td>
<td>85%</td>
<td>74%</td>
<td>73%</td>
<td>70%</td>
</tr>
<tr>
<td>Refer</td>
<td>86%</td>
<td>90%</td>
<td>59%</td>
<td>91%</td>
<td>100%</td>
<td>95%</td>
<td>95%</td>
<td>96%</td>
<td>94%</td>
<td>76%</td>
<td>89%</td>
<td>95%</td>
</tr>
</tbody>
</table>

We continue to audit carer satisfaction on a monthly basis. The majority of carers report feeling adequately supported during their loved one’s stay in hospital. Our results show an increase each quarter in the number of carers being asked for details of the usual routine of their loved one, being offered information about support services and a carer’s assessment, although there is still room for improvement. Our new Trust-wide carers policy will enable carers to visit wards outside of visiting hours and assist staff in delivering care if they so wish.

**End of life care**

During the year, we established a new Trust-wide end of life care group to uphold best practice in generalist and specialist end of life and palliative care across our services. The group is chaired by an associate medical director and all Clinical Academic Groups are invited to participate. The group has developed a strategy for end of life care which includes the national report recommendations from the Royal College of Physicians’
National Care of the Dying Audit for Hospitals, published in collaboration with Marie Curie Cancer Care in May 2014.

The first priority in our strategy is to launch new Trust guidelines and documentation for care in the last hours and days of a person’s life. This will reflect the publication of the Leadership Alliance for the Care of Dying People - one chance to get it right - Improving people’s experience of care in the last few days and hours of life, June 2014. This document was produced following the national recommendation to withdraw the Liverpool Care Pathway in 2013. New documentation has been produced using feedback from our staff about the Trust’s interim guidance and nursing care plan. It has been agreed by the clinical standards committee and is in the process of being approved by the clinical policies group.

The second priority is to ensure that basic training in end of life care is included in statutory and mandatory training in the next iteration of the statutory and mandatory training handbook. This has been agreed. Our Education Academy successfully bid for £50,000 from Health Education North Central and East London (HENCEL) to support education. St Joseph’s Hospice have been commissioned to provide an education programme manager for the Trust for the next year.

The end of life care group has also supported the Tower Hamlets specialist palliative care CQUIN for Last Years of Life. This was met in Quarter 3.

Tower Hamlets community health services – CHS

Barts Health provides a comprehensive range of community services for the population of Tower Hamlets - as well as some audiology services in Newham and Waltham Forest – which are funded by Tower Hamlets Clinical Commissioning Group. Services are provided across all age ranges from before birth to end of life, delivered in people’s homes, community centres, health centres, GP practices, children’s centres and schools as well as our various hospital sites. We also work in partnership with other providers, including:

- **Whizz-Kidz** - to provide wheelchair services across Tower Hamlets to both adults and children
- **Marie Curie** - to provide a night sitting end of life care support service
- **London Borough of Tower Hamlets** – to deliver support services to families and patients with learning disabilities.

A significant development during 2014/15 has been the establishment of an integrated provider approach to the delivery of care. We are a member of the Tower Hamlets Integrated Provider Partnership (THIPP), a provider collaboration which includes East London NHS Foundation Trust, Barts Health NHS Trust, the Tower Hamlets GP Provider Group and the London Borough of Tower Hamlets. The aim is for partners to work together to develop an integrated approach across health and social care and enable a more joined up patient focused approach to care in the local area. This approach will reduce duplication and improve co-ordination of the pathway for patients requiring health and social care in the community, as well as supporting an emphasis on avoiding unnecessary hospital admissions.
THIPP has eight work-streams that are designing new ways of working, and which will support the integration of care pathways across organisations and help identify better ways of delivering care. This builds on changes already made, including the rapid response service, care navigation and care coordination and a new community geriatrician. CHS leads on the access and clinical pathways work-stream.

The THIPP partners have already agreed to collectively bid for the re-tender of Community Health Services in Tower Hamlets. The partnership sees this as an outstanding opportunity to deliver high quality community care for our population in an exciting and transformational way. If awarded to the partnership, the new CHS contract will run for five years and THIPP members will be able to shape and develop our new and emerging clinical and care strategy.

Despite a number of changes at senior management level, the management team has continued to provide consistent, strong and supportive leadership to frontline staff, in particular supporting senior clinical staff to embed new ways of working in our community health teams. A new role of clinical director has been established to provide senior clinical leadership, as well as participating in the strategic delivery of integrated care and the development of THIPP.

Achievements during 2014/15

Our achievements in 2014/15 include:

- **Embedding and strengthening the multi professional community health teams** into business as usual activity following a significant re-organisation of staff, providing care in people’s homes with a focus on prevention, promotion of self care and admission avoidance
- **Successfully rolling out of some aspects of the paperless community project**, in particular mobile technology which allows clinical staff to access and enter patient care information at the point of contact, freeing up time usually spent on administrative tasks through the use of mobile devices and technology
- **Re-engaging clinical staff** through the establishment of a number of forums with senior management attendance and input. The new posts of associate director of nursing and clinical director bring stronger links into governance, quality and service delivery. Mentoring and professional leadership has also been strengthened and will form part of the organisational development strategy being developed by THIPP
- **Successfully rolling out the Friends and Family Test in adult services**, supported by a highly skilled patient experience team. In general, feedback has been positive and a number of actions have already been taken following suggestions and feedback from patients
- Retaining UNICEF baby friendly status for our breast feeding team
- **Improving recruitment and retention of clinical staff** and developing an on-going professional development programme
• **Improving information services** including data collection and analysis. Providing direct access to service line data for clinical leads and service managers is giving them a better understanding of performance and activity in their service

• Participating in the **development of an on-going organisational resilience plan** at The Royal London Hospital for the winter of 2014/15, with innovative admission avoidance and early discharge support teams

• **Working collaboratively with Tower Hamlets CCG to identify blockages and barriers to early discharge** and community based care as part of winter resilience work, with a focus on developing a business-as-usual model to avoid the stop-start of services put in place to manage peaks in demand

• **Establishing two multi-disciplinary practice development facilitator posts**, with a primary focus on developing the care navigator roles and supporting newly appointed nursing staff. The facilitators will also develop a workforce programme to include succession planning, supervision and education and training

• **Doubling the number of care navigators in our community health teams** from eight to 16 – two lead posts and two navigators for each locality

• **Improving incident reporting and sharing of learning across services** with a focus on staff support and development. This is enabling greater sharing of governance and quality information following investigation and root cause analysis of any incident

• **Improving our work to prevent and find the causes of pressure ulcers** - both community acquired and hospital acquired - working with local partners to improve assessment, early treatment and prevention. This work has been underpinned by a dedicated teaching and training programme with visual aids and other material to support community staff.

**Looking forward into 2015/16**

Key areas of focus for the coming year will include:

• Developing an online presence for CHS on both the Barts Health website and staff intranet
• Reviewing and streamlining our referral processes and paperwork to include automated triage and appointment booking, reducing administration and improving patient access
• Strengthening our partnership working through the THIPP to improve service integration
• Participating in [NHS England’s Vanguard project](http://www.nhsengland.nhs.uk) to innovate and lead the delivery of integrated care systems
• Work within THIPP to bid for the CHS contract for 2016 to 2021
• Revising our trajectory for the [Call to Action for Health Visitor Implementation Plan](http://www.bartshealth.nhs.uk). Unfortunately our planned achievement of this in 2013/14 was not met - we were able to attract a number of people into post, but this was only sufficient to cover existing and new vacancies. However, we expect to achieve the 95 percent trajectory by January 2016.
Safeguarding adults

We work with our partners in local authorities, the police, fire service and other agencies to protect people who, because of their need for support or care, are more vulnerable to abuse or neglect. Our safeguarding team also works with other agencies to protect people who may have become victims of modern day slavery or trafficking, as well as those who may be at risk of being radicalised.

The past year has been a time of transition and development for the safeguarding team. A new team which includes a lead post, a safeguarding coordinator and a learning disabilities nurse are working together with another interim colleague who is developing work to improve the Trust’s application of the Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS) and the implementation of the Prevent Strategy.

Activity

There were 25 safeguarding incidents investigated during 2014/15 which involved care provided in services at Barts Health. These are shown in the following table:

<table>
<thead>
<tr>
<th>Issue/site</th>
<th>Rough handling</th>
<th>Pressure ulcers</th>
<th>Omission of care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mile End</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Newham</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Royal London</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Whipps Cross</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>7</td>
<td>9</td>
<td>25</td>
</tr>
</tbody>
</table>

For these 25 incidents, the outcomes of each investigation were as follows:

- Inconclusive – 4
- Not substantiated – 8
- Not proceeded to investigation – 4
- Substantiated – 3
- Still open – 6

This year has seen a substantial increase in the number of incidents reported that have progressed to investigation. This is likely to be indicative of increased knowledge and awareness of adult safeguarding across the Trust and improved reporting systems. A relatively small number of these incidents are substantiated – seven from a total of 107 - as the data shows:

- Concerns raised by Barts Health about Barts Health patients – 62
- Concerns raised externally about Barts Health patients – 45
- Open cases – 55
- Cases not proceeding – 15
- Cases not substantiated - 24
- Inconclusive cases - 6
- Substantiated cases - 7
The themes arising from substantiated safeguarding investigations are the quality of discharge from hospital and concerns about care whilst using hospital transport. These aspects of care are the focus of improvement work this year.

Two aspects of the safeguarding agenda have grown significantly during the last year - the Prevent Strategy and Deprivation of Liberty Safeguards.

**The Prevent Strategy**
As the main healthcare provider for three of the highest risk boroughs in the country, engaging with the Prevent network is a key priority for Barts Health. The principles of the Strategy and issues relating to it are included in our safeguarding adults policy and mandatory training, and we are also a member of the North East London Prevent Network. As part of our safeguarding team restructure this year, we appointed an interim lead for the Strategy.

Because of the Home Office's withdrawal of an approved training package for the Strategy, training implementation did not progress further during the year. However, new training is now available and the national leads for Prevent within NHS England will be providing training to 20 leaders across Barts Health in the coming year.

**Deprivation of Liberty Safeguards (DoLS)**
The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people who lack capacity to consent to their admission to care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. In March 2014, a Supreme Court Ruling - the “Cheshire West ruling” - radically altered the application of these legislative provisions in relation to the treatment of patients in hospital. DoLS provisions are now applicable to almost all mentally incapacitated patients who are being continuously monitored or treated in hospital and who would not be allowed to leave if they formed an intention to do so – whether or not they show any such intentions or would have the ability to leave. This change has had a major impact on the DoLS arrangements and resources across the entire country.

Over the last year, we undertook the following activity to ensure we are compliant and that our patients are protected:

- Developed detailed guidance, flowcharts and decision-making aids which are available to all staff, together with electronic information and resources
- Developed a range of training packages covering the practical aspects of DoLS compliance, and updated material relating to DoLS in our statutory and mandatory training booklets
- Delivered face to face training on the MCA and DoLS to 578 clinical and management staff, through one to one coaching, ward based teaching, whole service events and open access sessions
- Liaised with partner organisations locally to ensure a cohesive approach
- Commissioned high level expert training through our partner mental health organisations. Members of our safeguarding team undertook this training in September 2014
• Developed streamlined systems for making, submitting, recording, monitoring and following up DoLS applications in line with statutory requirements
• Worked intensively with staff in all hospitals, particularly in services treating a large number of patients without capacity, to promote the appropriate use of DoLS authorisations.

The impact of this work can be seen in the steep increase in the number of DoLS applications made in the Trust over the last year, shown in the following graph:

Future priorities for adult safeguarding at Barts Health
Our three main priorities for developing safeguarding adults capacity in the coming year are:

• Developing a training strategy that will include provision for enhanced safeguarding adults training for senior leaders
• Embedding the principles of protecting adults at risk from harm. The first step in this process will be to hold a safeguarding summit at Whipps Cross Hospital, engaging national expertise and leaders to inspire and engage our staff in this essential area of healthcare work
• Consolidating and extending the work that has been done this year in relation to the Mental Capacity Act and DoLS, in particular developing and implementing procedures to ensure that mental capacity is formally assessed and recorded for all patients where the patient is suffering from a condition or conditions which may compromise their ability to consent to their admission and treatment.

Improving care for people with learning disabilities
There is national concern about the care and treatment of people with learning disabilities and the provision of accessible healthcare services tailored to meet their needs. All NHS organisations are expected to provide equitable access to health services. At Barts Health, we have reviewed and updated our ‘hospital passport’ for people with learning
disabilities, a document that outlines each patient’s particular requirements. This enables us to provide reasonable adjustments so that staff can provide the best possible care and treatment for each patient. 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. We now have a lead nurse for learning disabilities, whose role is to implement our learning disability strategy, based on the recommendations for hospital settings in the Department of Health’s Healthcare for All strategy, published in 2008.

Progress made this year
During the year, we have made significant progress against five key areas of work, all of which are designed to help ensure we meet the standards set out in Healthcare for All and within our own learning disabilities strategy:

- **Ensuring there is a mechanism in place to identify and flag patients with a learning disability (LD)** – we now have over 1,000 people identified and flagged on our electronic health record system as having an LD. We have received a comprehensive list of all people known to have an LD who live in the borough of Waltham Forest, and these individuals will be flagged in the coming weeks.

- **Ensuring that pathways of care are reasonably adjusted to meet the care needs of people with LD** – an LD pathway is now in place in our three emergency departments and is currently being reviewed. We are trialling a planned admission pathway in our pre-assessment clinic at The Royal London Hospital, which will then be rolled out at Newham and Whipps Cross hospitals. We have also commissioned a number of social care agencies to provide continued support during a hospital stay for patients with an LD when necessary.

- **Training for frontline staff** – the latest version of our statutory and mandatory training booklet includes a section on LD. We have an e-learning programme in place and are maintaining a continued focus on raising awareness of LD within frontline staff groups. Carers and service users are involved in our training, and we are now working to devise and introduce an LD training app for staff.

- **Providing comprehensive information jointly designed and agreed with people with LD and/or local partnership agencies** – we produce ‘easy read’ information, including leaflets about dental, orthoptic and epilepsy services and on how to make a complaint.

- **Supporting patients and carers so that they can help to plan and develop services** – we have an LD steering group with representation from carers and local community LD teams. Our LD lead nurse links with local partnership boards, user groups and LD teams to create a shared vision for health – specifically around the support for flagging, the use of the hospital passport, complex admissions and discharge and hospital avoidance. We have recently approved a carers’ policy to enhance the experience of carers who continue to support family members during their stay.

Our priorities for learning disability in 2015/16
We will continue to build on the progress we have made to date in the coming year. Planned activity includes:
• Continuing to provide support people with LD, underpinned by improved data and analysis
• Continuing to audit outcomes, for example assessing the use of the passport, our responses to the Mental Capacity Act and our emergency department pathway
• Continuing to making reasonable adjustments in our processes for people with LD, such as providing one to one support for inpatients delivered by patients’ own carers when needed
• Introduce a reasonable adjustments/risk assessment tool for inpatients
• Working to increase the availability and use of 'easy read' information
• Training more staff, including medical staff, focusing on specific issues – communication, autism and the Mental Capacity Act
• Rolling out the planned admission pathway currently being piloted at The Royal London Hospital at Newham and Whipps Cross hospitals.

Safeguarding children

Over the past year, the safeguarding children team have continued to support the Trust to meet its statutory responsibility to safeguard and promote the welfare of children under the Children Act of 2004. We have reviewed training competency requirements in line with the revised intercollegiate guidance of 2014. As at 30 March 2015, Trust-wide compliance with safeguarding children training is:

- Level 1 – 95 percent
- Level 2 – 89 percent
- Level 3 – 84 percent

For definitions of the different levels of training, visit http://www.lscbchairs.org.uk

We have developed a trajectory to monitor progress towards our target of 90 percent compliance for all levels. The safeguarding children team continue to provide the requisite number of classroom based sessions to meet this demand, and support from CAG leadership teams to release staff to attend the sessions has been strengthened.

The implementation of our safeguarding children supervision policy is ongoing. Implementation is continuing in high priority areas, such as our three emergency departments and midwifery and paediatric wards across all sites. This is challenging because of the number of staff who require supervision across Barts Health, the capacity of staff to both deliver and attend supervision sessions and the size of the organisation. There is currently no central electronic reporting system to document staff compliance, but we anticipate that our new Trust-wide statutory mandatory training database, currently in development, will additionally be used as a platform to record this. In the meantime, local records of training compliance are kept by line managers and our site-based safeguarding teams.

Child sexual exploitation continues to be a key concern for all agencies who have contact with children and young people. The recent publication of the Independent Inquiry into
Child Sexual Exploitation (CSE) in Rotherham has further highlighted the prevalence of this issue.

Barts Health is a participatory member of both the operational and strategic Local Safeguarding Children Board (LSCB) child sexual exploitation groups across our geographical area. The safeguarding team are continuing to work with relevant Trust staff to meet the recommendations in the Health Working Group Report on Child Sexual Exploitation (Department of Health, 2014). Frontline staff have been supported to recognise and respond to such cases. The Trust is also represented at each local authority multi-agency sexual exploitation meeting (MASE) where high risk cases are discussed and actions agreed.

We continue to support the work of each local safeguarding children board across our geographical area. We are represented on these boards at both strategic and operational levels and have contributed to serious case reviews, multi-agency audits and training.

The issue of female genital mutilation (FGM) is one which has become significantly more prominent in recent years. We have now introduced monthly FGM awareness sessions for all staff at all our sites, provided and facilitated by local FGM services. Our safeguarding children training courses all include information about FGM and the relevant action required by members of staff commensurate to their role. Additional work is being undertaken to ensure that all staff are aware of their responsibilities in this area, which include making a referral to local children’s social care services whenever they identify a child who may be at risk of FGM. This data is reported on our safeguarding children dashboard. We also provide mandatory reporting information to the Department of Health on the incidence of FGM seen in our services, and a dedicated FGM clinic is in place in Tower Hamlets to support victims.

**Improving public health**

Our public health programme continues to develop and deliver its key themes of improving public health outcomes through hospital healthcare, staff health and wellbeing and the wider determinants of health.

On the first theme, our main aim was to increase the number of referrals for patients who are smokers to NHS stop smoking services and to progress towards making Barts Health a smoke-free organisation. Last year, we undertook to increase our activity to help support people to give up smoking across the whole Trust by extending the established and successful service at Whipps Cross. We achieved this aim by training more staff to give brief smoking cessation advice, and we increased the number of patients referred to smoking cessation services by 22 percent to 3,766. We formally adopted the Trust’s new smoke-free policy, whilst continuing to support staff awareness and training in the need to refer smokers to cessation support services. The Trust is set be smoke free during 2015 - our vision is for Barts Health to be acknowledged as a national leader in ensuring patients are routinely offered advice and support to stop smoking, and to ensure there is no smoking in our hospitals, grounds or vehicles.

During 2014/15, we have also worked closely with some of our screening programmes to support their improvement and strategic development, most notably breast, cervical and
antenatal and neonatal. We have also provided public health input into the Transforming Services Together programme to help ensure that improving health is integrated within good clinical care. We worked with clinicians to develop our role in reducing the number of cases of diabetes in the community, for example through Barts Health clinicians working with schools to provide information about risk factors and a sports medicine specialist supporting increased exercise.

The number of our staff who engaged in physical activity as a result of Trust initiatives increased in 2014/15 to around 1,500, with an extended programme on all our main sites supported by Trust wide activities such as walking challenges and our annual sports day. The mental health and wellbeing of our staff is a critical factor in helping us deliver high quality care to our patients, and the public health programme has supported staff through promoting staff benefits and widening awareness of the support services available. Our work in this area was recognised when we received the Commitment Level award of the NHS national Health and Wellbeing Charter, whilst Barts Health also became a Mindful Employer.

The Trust’s commitment to employing local people continued to flourish this year, with over 100 local residents supported into work through the Community Works for Health pathway which provides additional training and advice where needed. The apprenticeship programme continued to expand. 95 new apprentices started training, and we currently have over 150 apprenticeships under way. The Project Search scheme at Whipps Cross had outstanding success with its cohort of interns with learning difficulties, all of whom obtained employment as a result of the project. Successful candidates were celebrated at the Barts Health Heroes Awards held in March 2015. The year also saw the start of the East London Careers project, which aims to increase the number of school and college students taking up health careers, especially those from less advantaged backgrounds.

Some of our key public health achievements during 2014/15 were:

- Referring 3,766 smokers to stop smoking services, comfortably exceeding our target of 2,880
- Adopting our revised smoke free policy, providing practical measures staff can take to support themselves and others to give up smoking and protect patients, visitors and staff from secondhand smoke
- Over 600 staff attending the Barts Health sports day
- Over 500 staff regularly attending on-site exercise classes such as Boxercise and Zumba
- International Mental Health Day marked with partnerships events across the Trust
- New apprenticeships introduced in midwifery, facilities, business administration and digital design
- Continued progress with apprenticeships in clinical areas, including theatre support and pharmacy
- The East London Heath Careers project began, with a wide range of schools from across the area receiving support
- Extended support for potential candidates for our jobs:
  - 223 local people registered in our talent pool for local jobs
  - 153 local people completed NHS employability training
• 113 local people completed six-week administration and clerical work placements
• 100 local people secured jobs within Barts Health
**Priority 4: Patient experience – listening and responding to patient feedback**

We continue to be committed to improving all communication with patients and carers, and we are well on the way to reaching our aim that all patients should feel safe, involved and able to make informed choices about their treatment and care.

**Our patient experience strategy**

We have made significant progress across all our services to enhance patient experience. However, it has become increasingly apparent that there is more we can do to strengthen our approach to listening and responding to patient feedback.

Our vision for patient experience is one that requires all staff to provide compassionate care, so that when people access our services – as a patient or a carer – they can be confident that the care they receive will be kind, sensitive and compassionate. We have high expectations around the improvements required in patient experience, both in terms of receiving real time feedback and on achieving measurable improvements in our results in the national surveys. We are committed to improving and enhancing patient experience, and expect to see significant improvements in the experiences of patients receiving cancer treatment and care, attending one of our emergency departments or being seen in our outpatients service by 2017.

We have developed a strategic patient experience framework through which improvements can be driven, interfacing with and complimenting existing programmes of work. This will ensure that we are more effectively placing patients at the forefront of decision-making and responding to the feedback they give us. Our patient experience framework has the following core elements:

- Effective governance to drive patient experience improvements
- Robust patient leadership around co-design of services
- High quality personalised care
- Effective systems for listening and responding
- Strengthening our commitment to carers
- Developing a volunteers strategy.

Through our Clinical Academic Groups, clinicians and front line staff have implemented a range of patient experience improvement programmes aimed at enhancing patient experience. The following examples highlight the commitment and focus of staff on improving patient experience and provide a firm foundation from which our improvements will stem:

**Paediatrics**

- Developing the national Friends and Family questionnaire for paediatric services in partnership with Picker Institute Europe
- Engaging a youth leader to advise on improvement activities and sit on interview panels
- Recruiting an adolescent project manager to work with young people in improving access to services
- Implementing real time patient feedback across all sites.

**Emergency Care and Acute Medicine (ECAM)**
- Strengthening the role of patient leaders through adding two patient panel members to the ECAM Board
- Putting in place a patient panel mentorship programme, aligned with our older people’s services patient engagement programme
- Working towards standardising real time patient feedback questions specific to our three emergency departments to help provide site specific insights into patient experience and improvement opportunities.

**Cancer services**
- Focusing the cancer recovery plan on improving information for patients, developing pathways, improving wellbeing and providing better communication around treatment plans
- Successfully attracting £500,000 of additional funding to strengthen specialist resources and capacity to support service improvement through a bid to Macmillan Cancer Support.

**Women's Health**
- Our “Great Expectations” programme – see page 67 for more information – sets out our patient experience improvement plan for women delivering their babies with Barts Health and/or receiving antenatal and postnatal care at our hospitals
- Conducting senior midwifery assessments of care and clinical best practice aimed at improving and assessing behaviours
- Providing leadership and ‘situational awareness’ training for midwifery staff
- Launching a programme for women to provide live feedback to midwifery staff on their experiences of our services.

**Cardiovascular services**
- Supporting the incorporation of services from The Heart Hospital (previously part of University College London Hospitals NHS Foundation Trust) into Barts Health at St Bartholomew’s Hospital
- Undertaking a number of engagement events with patients around developing their strategy for patient experience
- Establishing a dedicated patient group.

**Patient stories at our Trust Board meetings**
During 2014/15, patient stories have continued to form a key part of every Barts Health NHS Trust Board meeting. Suitable stories have been identified and supported via the Clinical Academic Groups to ensure that the Board hears from patients who have used a wide range of our services. For 2015/16, we expect that all teams will continue to learn from the themes that are raised and apply them to improvements in their own areas.
Capturing patient feedback in ‘near real time’

We ask patients a number of questions on the reverse of the current Friends and Family Test (FFT) cards that are in use across the Trust. The questions are taken from the national inpatient survey and cover areas where patients have told us there is room for improvement. We have been gathering this feedback in inpatient areas since October 2013.

The results from 2014/15 indicate that, overall, large numbers of our patients and service users who completed the real time feedback questions on the reverse of the FFT card think we provide good quality care and meet their needs, as shown in the following table:

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage of patients who agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have confidence and trust in the doctors treating you?</td>
<td>88%</td>
</tr>
<tr>
<td>Did you have confidence and trust in the nurses treating you?</td>
<td>89%</td>
</tr>
<tr>
<td>Did you find someone on the hospital staff to talk to about your worries and fears?</td>
<td>68%</td>
</tr>
<tr>
<td>Did you feel you were involved in decisions about your discharge from hospital?</td>
<td>75%</td>
</tr>
<tr>
<td>Overall, did you feel you were treated with respect and dignity while you were in the hospital?</td>
<td>91%</td>
</tr>
</tbody>
</table>

Participation in the National Patient Experience Survey

We use results from all national patient surveys to continually benchmark our performance against that of our peers and to ensure that our own feedback mechanisms reflect the standards and areas being monitored through the national surveys. The Care Quality Commission (CQC) also uses the data from the national inpatient survey to compare results for all acute hospital trusts.

National inpatient survey

The results from the 2014 national inpatient survey show that, overall, Barts Health’s score had improved significantly in the following area over the 2013 survey:

- Cleanliness of hospital rooms and wards.

There were no areas where patients reported lower levels of satisfaction than in the 2013 survey, with the remaining 59 showing as “no significant difference” from previous surveys.
Within key categories of the survey, the following areas were of most concern to the organisation:

**The hospital and ward**
- Perceived sharing of sleeping area with the opposite sex
- Perceived sharing of bathing or showering areas with the opposite sex
- Bothered by noise at night from other patients.

**Doctors**
- Patients not always getting clear answers to their questions from doctors.

**Admission to hospital**
- Patients admitted via one of our emergency departments not being given enough privacy when being examined or treated
- Patients admitted via one of our emergency departments having to wait a long time to get to a bed on a ward.

**Operations and procedures**
- Risks and benefits of surgery/procedure not fully explained to the patient.

**Care and treatment**
- Patients waiting more than five minutes for a response to a call bell
- Not enough (or too much) information given to the patient on their condition or treatment
- Wanting to be more involved in decisions about their care and treatment.

**Leaving hospital**
- Discharge delayed
- Staff did not discuss the need for further health or social care services following discharge
- Staff did not discuss the need for additional equipment or home adaptation following discharge.

**National outpatient survey**
Although this survey does not run as a nationally mandated survey, we will be running our own outpatient survey with support from the Picker Institute in June 2015. We will report on its findings in our 2015/16 Quality Account.

**National Accident and Emergency (Emergency Department) survey**
The results from the 2014 national Accident and Emergency Department survey show that, overall, Barts Health’s score had improved in the following one area over the previous survey, which was conducted in 2012:
- Patients reporting that that they were not fully told the purpose of medications
There was only one area where patients reported lower levels of satisfaction than in the 2012 survey:

- Wanting to be more involved in decisions about their care and treatment

The remaining 30 areas show levels of no significant difference. Within the key categories of the survey, the following areas were of most concern to the organisation:

**Arrival at the Emergency Department**

- Patients waiting more than 30 minutes for care to be handed over to hospital staff.

**Waiting**

- Patients waited more than 15 minutes before speaking to a doctor or nurse
- The overall visit to the emergency department was in excess of four hours.

**Doctors and nurses**

- Did not fully explain the condition and treatment
- Did not allow enough time to discuss health or medical problems
- Patients did not have complete confidence in the doctors/nurses treating them.

**Care and treatment**

- Not enough information given on condition or treatment
- Not enough privacy when being examined or treated.

**Pain**

- Staff not doing everything to help control pain.

**Leaving the Emergency Department**

- Patients not told when they could resume normal activities
- Not fully told about danger signals to look for.

**Overall**

- Not being treated with respect and dignity.

**National Cancer Survey**

The results from the 2014 National Cancer Survey were extremely disappointing, although anticipated. It is recognised that there is a London effect within the survey, with eight of the ten worst performing trusts being in London, including other major providers such as University College London Hospitals NHS Foundation Trust. Whilst we have made improvements in some areas, it is clear that there is still much work to be done.

It is important to note that, during the survey period, the Trust was in the middle of two significant consultations with our nursing staff, which resulted in a 15 percent reduction in the number of clinical nurse specialist posts as well changes to the mix of staff bands on all wards. There was also a change to the senior nursing team. This inevitably had an impact on a range of issues relating to capacity, skill, leadership and morale across cancer services. The service has continued to be in transition in terms of overall operational management, and the transfer of cancer services to the Surgical Clinical
Academic Group in 2014 resulted in further changes at senior operational and clinical leadership level.

A number of improvements have been made over the last year in the following broad areas:

**Patient experience and information**
- Establishing a cancer patient experience group - with strong clinical leadership - to monitor the cancer experience recovery plan
- Working closely with London Cancer to help standardise cancer patient information
- Creating an electronic library with a number of patient information booklets
- Increasing the amount of patient information on each site and ordering wall mounted and carousel leaflet dispensers
- Securing funding from MacMillan Cancer Support to become a pilot site for an electronic holistic needs assessment trial and to tailor patient information to meet the needs of individuals with cancer
- Changing the way our cancer information managers work and extending cover to The Royal London Hospital
- Joining the Toynbee Hall benefits steering group in collaboration with MacMillan – we are aiming to get a service commissioned for The Royal London Hospital, which is currently the only one of our sites without access to benefits advice for cancer patients and their families and carers.

**Support for clinical staff**
- Focusing on practitioner education and training, including new films for patients, teaching sessions across sites and a focus on pain relief and breaking bad news
- Introducing the Schwartz Round concept at Whipps Cross Hospital – based on an American concept, Schwartz rounds provide a monthly, one-hour session for staff from all disciplines to discuss difficult emotional and social issues arising from patient care
- Re-introducing bi-monthly cancer clinical nurse specialist meetings to focus on all aspects of the cancer experience survey
- Filling vacancies in our acute oncology nursing service at Newham, The Royal London and Whipps Cross hospitals
- Putting in place a holistic needs assessment training programme for staff
- Commissioning a significant number of cancer courses at the Royal Marsden NHS Foundation Trust
- Introducing our own in-house training for nurses new to cancer services
- Rebuilding relationships with MacMillan and having several nursing posts adopted by them, including for acute oncology, breast radiotherapy injury and cancer of unknown primary origin.

**Service improvement**
- Supporting our cancer recovery plan, focused on improving information for patients, developing pathways, improving wellbeing and communication with patients around treatment plans
- Successfully attracting £500,000 of funding from MacMillan Cancer Support to strengthen specialist resources and improve capacity for service improvement
- Setting up an integrated cancer board - chaired by Dr Sam Everington, chair of Tower Hamlet CCG - attended by all local CCGs, Macmillan, London Cancer and senior representatives from Barts Health
- Enabling cancer clinical nurse specialists to more easily manage and prescribe patients' medication for symptom control, especially pain management
- Changing our breast cancer follow-up service to open access - reducing waiting times, providing patients with their results more quickly and increasing continuity of care
- Undertaking further work to enable the same level of access for lung, urology, skin and haemato-oncology pathways.

Priorities for cancer patient experience in 2015/16
Over the coming months, the cancer patient experience group will be reviewing our current improvement plan with a view to strengthening our response. Recognising the hard work that has been undertaken to date, it is clear that there is a need to devise a more robust and sustainable strategy around improving patient experience for cancer patients and addressing the issues and concerns they have raised. Immediate steps will include:

- Putting in place a programme of ward development within the context of our Changing Lives programme – see page 87 for more information - focusing on leadership and team evaluation for cancer wards at St Bartholomew’s as a priority
- Strengthening the cancer patient experience group to ensure it has Trust-wide representation, building on existing improvements plans
- Undertaking the NHS Trust Development Authority’s self-assessment exercise around patient experience which will support the development of a transformational improvement plan for the next three to five years
- Ensuring that the cancer improvement plan reflects the Trust’s overarching Patient Experience Strategy - which is also being redeveloped - focusing on leadership, culture, capacity and capability
- Holding discussions within the integrated cancer board on the actions required to address the responsibilities GPs have in caring for cancer patients
- Reviewing our governance framework for the oversight of cancer services, to ensure operational performance and patient experience is integrated and has the required focus at every level – hospital site, Clinical Academic Group and tumour type.

The Friends and Family Test
The Friends and Family Test (FFT) was introduced in 2013 to provide a simple measure of patient experience through a single question, the results of which are comparable by individual clinical area and between other NHS trusts. The test is for patients over the age of 16 being discharged home from an inpatient stay, an emergency department or from a maternity service. Barts Health chose a postcard option to record the responses, working with Picker Institute Europe who collate our results and report them to us each
month. Every response card also includes a “quick response” code to allow patients using smartphones to complete the survey via their phone.

**Inpatient services response by category – April 2014 to February 2015**

Our overall response rate for the FFT shows that 94 percent of patients responding to the test feel that they are likely or extremely likely to recommend our services. The following graph illustrates the percentage of responses in each category.

In January 2014, we introduced a new system for collecting FFT responses in our emergency departments, making it easier for patients to give us their response. Each patient was given a small plastic token when they were discharged and asked to drop the token into one of six available boxes, one representing each level of response from “extremely likely to recommend” to “extremely unlikely to recommend”. Following a review of the FFT by NHS England in July 2014, a mandatory collection of free text comments was implemented across all the areas measured by FFT, and the post card option has now been re-introduced in our emergency departments. The following graph shows that 85 percent of people attending one of our emergency departments were either likely or extremely likely to recommend the service.

**Emergency department responses by category – April 2014 to February 2015**
The FFT in our maternity services

The FFT differs slightly in maternity services as it assesses women’s experiences at four specific points during their maternity care:

- Antenatal
- Birth
- Postnatal - hospital
- Postnatal - community

The results for the 2014/15 year indicate that 92 percent of women completing the test thought that the quality of their maternity care was good, as shown in the following graph:

**Maternity services response by category April 2014 to March 2015**
**Rolling out the FFT in other service areas**

Over the last year, we have rolled the FFT out further into outpatient and day case services, capturing the experience of approximately 700,000 additional patients a year. In January 2015, we also introduced the FFT in our community health services (CHS) in Tower Hamlets, covering 15 clinical specialties via 150 individual sites. As this service covers both clinics and domiciliary care, we needed to devise a process to ensure that cards can be returned with minimal delay. Each clinic or location appointed an administrator to manage the FFT cards and return them every week to Picker for analysis. The CHS patient experience manager introduced a protocol for staff to detail how the patient will receive the card, when in the patient journey they will receive it, how they are returned and how to order more stocks.

Change of the headline measure used for the Friends and Family Test

Following the national review of the FFT in July 2014, it was recommended that the presentation of the FFT data should move away from using the Net Promoter Score (NPS) as a headline score. In October 2014, NHS England’s statistical publication moved to using the percentage of respondents that would recommend or wouldn’t recommend the service in place of the NPS.

**Great Expectations – our programme to transform care in women’s health**

Our Great Expectations programme was introduced in maternity services in 2013. The programme is based on improving quality, safety, care and women’s perceptions of maternity services through a systematic improvement in our values and behaviours – both with the women and families we care for and within our midwifery teams. It has four themes – listen; analyse; develop; measure. The original plan was to implement an 18 month training plan for senior midwives within the service, but because of its success, we are now rolling out the same training for all maternity staff, and will embed it into everyday practice during 2015.

The programme began with a number of elements to gather feedback and support staff in making improvements, under the headline of “making every contact count”:

- Workshops for women and staff at all sites where we run maternity services
- Completion of baseline questionnaires to analyse themes from women’s experience
- Analysis of complaint themes and incident reviews
- Design of information for women and staff through a further series of joint workshops, including consultant obstetricians, midwives, managers and support staff.

Following this work, our Great Expectations pledges were introduced. The pledges are based on the nationally mandated 6 C’s of care, part of the [NHS’s Compassion in Practice programme](#):

- Women accessing the service will be treated with **compassion**
- We will offer the highest standards of **care**
- We will operate with the highest level of **competence**
• We will **communicate** positively and ensure individualised involvement with decision making
• We will have the **courage** to not accept poor standards of behaviour
• We are **committed** to the best standards of care.

The Great Expectations programme includes the following principles:

• To provide an education programme to improve clinical, behavioural and leadership skills for maternity staff
• To work with key staff groups to improve the dynamics of communication and sign up to the pledge
• To enable our staff to commit to value feedback from women, colleagues, peers and themselves to improve practice
• To embed the programme into everyday practice and assist staff to understand and create the commitment to sign up to the pledge
• Provide open forums for women and staff to listen
• To agree evaluation and feedback tools for continual improvement.

Key activities within the programme to date:

• 2013/14 - Establishing the Great Expectation Board
• During 2014 - sharing the programme with senior maternity staff through development days and assessments to improve skills, including:
  o Part 1 - clinical standards and assessments in practice
  o Part 2 - values and behaviours workshops with live scenarios and actors
  o Part 3 - Leadership masterclasses
• July 2014 – rolling out Part 1 to all maternity staff, including team training and clinical assessment of skills
• July 2014 – detailed observation of practice, including staff and women as assessors. Training provided for peer assessors - including women and local midwifery service liaison committees – on how to observe, how to challenge unacceptable behaviour and how to provide positive and constructive feedback during values and behaviour sessions.

Feedback from senior midwives has been very positive, with almost all saying they found the programme to be interesting, comprehensive, relevant, well-organised and engaging, as well as an opportunity to feel listened to.

In 2014/15, our focus has been on further developing the programme and embedding it into practice throughout our maternity service. This work includes:

• Annual clinical assessment for all staff
• Values and behaviour’ workshops for all band 5 and 6 midwives through a ‘train the trainer’ programme
• Preceptorship sessions for all new midwives
• Newly developed leadership sessions for senior staff
• Routine use of Great Expectations feedback leaflets and questionnaires. Leaflet 1 is given at 20 weeks gestation and leaflet 2 after birth.
• Establishing a Great Expectations “mum to mum” programme, with further development planned.
• Producing a quarterly report on women’s experiences.

We are currently discussing the development of phase 4 of the programme, to include developing the overall programme in a way that will enable it to be rolled out to other interested parties, as well as a research proposal in partnership with the Barts Health Charity.

The reported experience of mothers using our maternity services has shown significant improvement, and we are pleased to report that complaints based on experiences of poor behaviour from our frontline staff are no longer a theme in Women’s Health. Having achieved disappointing results in the national maternity survey in 2013, we now use the same questions as a basis for our own questions for women and their partners within the Great Expectations programme. We ask the following seven questions to help understand each woman’s experience of our service:

• At the start of your pregnancy, were you offered the choice of having your baby at home, in a birth centre or in hospital?
• Was your birth plan discussed with you during your pregnancy and in labour?
• Did you feel fully supported by your midwife throughout your labour?
• Were you offered a choice of the type of pain relief you wanted, eg water, massage, gas and air?
• Did you feel you had confidence in the doctors and midwives who provided your labour care?
• Did you find a member of staff to speak to if you had any worries or fears?
• After the birth of your baby, did you receive help and advice from health professionals about feeding your baby?

Whilst only around 40 percent of respondents reported a positive experience in the 2013 national survey, we are pleased to report that the figure has now increased significantly in our own survey to around 85 to 90 percent, with nearly all women responding “yes” to all seven questions in the last two quarters.

Managing and learning from complaints

Lessons learnt from investigating complaints, as well as resolving issues and concerns through our PALS service, play a key role in improving service quality and patient experience. This year we report on performance, activity and on the many policy and service changes we have implemented to ensure all our patients and service users have access to prompt local resolution and an effective complaints process if they wish to make a complaint. We have included an analysis of complaints handling and enquiries to our PALS service for the year 2014/15.

Activity and performance
In line with the NHS Complaints Regulations 2009, our performance standards stipulate that reportable complaints should be acknowledged within three working days. Reportable complaints tend to be more formal and complex, requiring an investigation and a written response. The response is provided within a timescale agreed between the Trust and the complainant. As an internal benchmark, we try to resolve reportable complaints within 25 days and measure ourselves accordingly.

During the 2014/15 year, we recorded 3,016 new complaints compared with 2,452 during the same period last year - an increase of 23 percent. Implementation of the new Cerner Millennium electronic health record (EHR) system at Whipps Cross Hospital and a change of transport service provider across Barts Health contributed to this increase, in particular the additional complaints received over the summer months. However, we also improved access to PALS and the formal complaints process, through promotional events and new information leaflets and posters, and this will also have contributed to the increase over the 2013/14 year.

Over 2014/15, we investigated and closed 3,034 reportable complaints, 23 percent higher than in 2013/14, when we closed 2,468 complaints. 73 percent of these were acknowledged within three working days, and 62 percent were responded to within 25 working days or the timescale negotiated with complainants. We are sorry that some complainants still had to wait longer than we promised to receive a response to their complaint, despite our Clinical Academic Groups making real efforts to speed up complaint handling and manage a backlog of overdue responses which fluctuated throughout the year.

The following table shows the number of complaints received and closed by hospital site:

<table>
<thead>
<tr>
<th>Hospital Site</th>
<th>Complaints Closed</th>
<th>Complaints Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mile End</td>
<td>100</td>
<td>200</td>
</tr>
<tr>
<td>Newham University</td>
<td>1000</td>
<td>1200</td>
</tr>
<tr>
<td>Royal London</td>
<td>1000</td>
<td>1200</td>
</tr>
<tr>
<td>St. Bartholomew's</td>
<td>1000</td>
<td>1200</td>
</tr>
<tr>
<td>Whipps Cross</td>
<td>1000</td>
<td>1200</td>
</tr>
<tr>
<td>Other</td>
<td>100</td>
<td>200</td>
</tr>
</tbody>
</table>

The issues our service users raised with us
Of the 3,034 complaints closed during 2014/15, the three most reported primary subjects or themes were:
- Problems with appointments and/or clinic attendance – 888 cases or 29 percent
- Aspects of a diagnosis, care or treatment – 687 cases or 27 percent
- Problems with aspects of communication - verbal, written and electronic – 649 cases or 22 percent.

The chart below shows a more detailed breakdown of all the subject themes of complaints received during the year.

**Focus on learning from complaints**

We use information and themes gleaned from complaints received to make changes to our services. Complaint themes will shape our priorities for improvement in 2015/16.
Increase in complaints about our patient transport service

In response to the increase in complaints about our new Trust-wide patient transport service - which launched on 1 June 2014 - key actions were taken which resulted in a corresponding reduction in the number of complaints received during the latter part of the year about the service. Patients and Trust staff all experienced difficulties using the new single telephone system for the transport service, meaning that making bookings and dealing with queries took much longer than expected.

In direct response, we made the following changes promptly to help improve the service and patients’ experience of it:

- Recruited an assistant transport manager to provide additional operational support with resolving and responding to transport concerns
- Allocated additional resources, including using Trust-owned transport vehicles to provide back-up where we anticipated problems with individual patients’ journeys
- Introduced a central email inbox for raising concerns directly with the transport team to reduce pressure on the busy telephone line, enabling Trust staff to notify the transport service of concerns more promptly
- Held daily conference calls between the Trust and the new service provider to identify, review and resolve emerging trends before they escalated into complaints
- Introduced a new set of key performance indicators from 1 October 2014 to enable us to audit the standard of service delivered.

In reviewing the implementation process, we have acknowledged that it would have been better to have introduced it gradually via pilots in specific areas rather than rolling it out Trust-wide from the beginning. In addition, having both old and new systems running parallel for a period of time would have given greater resilience to the service.

Since late April 2015, further changes and improvements have been made, including:

- Obtaining accurate information from our transport provider - ERS Medical - regarding vehicle staffing and type required for each shift to better align resources and availability and meet patient needs
- Introducing daily resource sheets showing all vehicles by shift time and location, and 24-hour resource reports showing requirements by hospital site, vehicle type and availability
- Using this information to make adjustments to the use of vehicles and staff to improve efficiency, reducing patient waiting times and improving patient experience
- Also using this information to analyse patient movements by type and location to aid operational performance reviews and discussions with ERS Medical
- Planning a joint patient safety workshop with ERS Medical
- Introducing a standard operating procedure and clear governance process for managing complaints and incidents relating to the transport service, including logging and tracking complaints received directly by ERS Medical.
Lessons we learnt from complaints received and an SI investigation into the implementation of the Cerner Millennium electronic health record system

In May 2014, we launched the Cerner Millennium electronic health record system at Whipps Cross Hospital. This was part of our work to improve the hospital’s outdated ICT infrastructure and to enable our clinical teams to have the same core clinical systems at all our sites. Millennium allows us to see any patient’s full record immediately at any of our hospital sites, and patients’ information can be shared securely and electronically.

The switch to the new system temporarily affected our ability to efficiently manage the follow-up outcomes from outpatient clinics and to ensure that patients who needed to be seen again for further diagnosis and/or treatment were added to the necessary lists and given appointments. An additional problem also arose with printing and posting appointment letters for these patients. This resulted in an increase in the volume of telephone calls, and subsequently difficulties for callers in getting through to our staff.

Due to the nature of the problems and the number of concerns raised, a serious incident investigation was undertaken. This enabled a number of immediate and medium to longer term actions to rectify the problems encountered. For example, by exposing previously invisible issues with the timely capture of patient data, we are now better able to manage risk and deliver resolution more promptly. Record sharing has improved and positive stories are emerging about the clinical benefits of record sharing on a single Trust-wide platform.

Lessons we learnt from complaints about maternity and midwifery care and services

In response to complaints raised across the whole of our maternity service about communication, delays in care and other issues, our Women’s Health team undertook a number of initiatives to improve women’s experiences of childbirth, including:

- Holding early local resolution meetings, facilitated by senior members of the midwifery or obstetric teams, helping us to thoroughly review service users’ concerns. This has improved the level of satisfaction complainants report once they receive a formal response to their complaint
- Continuing to implement our ‘Great Expectations’ improvement programme in women’s health, which enables our staff to directly use service users’ experiences and feedback to reflect on their clinical practice – see page 67 for more information on the programme
- Running ongoing open staff forums across all our hospital sites to share patients’ stories anonymously as a means of encouraging collegial support with resolving concerns at the front line
- Considering a “mother to midwife” correspondence option, to enable earlier resolution of issues whilst continuing to reduce concerns
- Launching the national Friends and Family Test within our maternity service.

Lessons we learnt from complaints about children’s care and services

In response to complaints raised by parents and young people about communication, delays in care and other issues, our children’s health team made a number of changes to improve how complaints are handled and services provided. Initiatives included:
• Changing governance processes and making sure parents (complainants) get a phone call early in the process to try and resolve their issues and provide a listening ear
• Improving written and verbal information about care, treatment and medication so that parents are better informed about the clinical team's decisions and plans for their child’s treatment
• Improving communication and engagement with parents when potential safeguarding concerns are being looked into.

Complaints managed by The Parliamentary and Health Service Ombudsman (PHSO)
The role of the PHSO is to independently review organisations’ handling of complaints and make recommendations for change where necessary. The PHSO reviews all cases referred to them and will either:

• Investigate the complaint and uphold, partially uphold, or not uphold it
• Recommend the Trust undertakes further local resolution of the complaint
• Decline to investigate the complaint any further, possibly because the complaint falls outside their remit or they believe the actions already taken by the Trust do not warrant any further investigation.

Currently, Barts Health has 29 on-going PHSO cases which are at various stages of the process, including awaiting records, assessment, awaiting allocation of investigators and draft report stage. In addition, we closed five cases during the year. The chart below outlines the position with PHSO cases as at June 2015:

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- **Partially upheld complaints**

There were three cases during 2014/15 in which the PHSO considered that the quality of the complaint handling or the service or care provided could have been better. The main reasons for this were:
• The PHSO judged that our inadequate handling of the complaint had negatively affected the complainant’s experience of the complaints process
• Some complainants informed the PHSO that they were unhappy with the way their complaints were handled and/or were dissatisfied with our original response to their concerns.

Alongside making recommendations for change and providing a written apology for poor experience, the PHSO always asks us to demonstrate that lessons have been learnt. We have duly complied in all cases as appropriate, and we have also accepted the three partially upheld complaints. We are currently developing action plans to address the issues raised in compliance with the timescales set by the Ombudsman. The actions we have agreed to take include:

• Providing financial redress and an apology where this was recommended
• Developing an action plan in response to a specific complaint – which involved a delayed diagnosis and our teams not taking appropriate action to communicate that diagnosis to the patient’s family - to ensure that a robust lung cancer pathway, in line with NICE guidelines, is in place
• Using complaints as a learning tool, by anonymising and presenting them to staff at appropriate meetings
• Implementing robust fast track and escalation policies to ensure that patients are prioritised and seen more promptly in our cancer services
• Reinforcing the requirement for clinicians involved in complaints to reflect on their clinical practice and feed back to their line managers as part of their appraisal process.

During the year, we also launched a new complaints policy and standard operating procedures, both of which have addressed some of the shortcomings highlighted in the PHSO’s reports.

**Going forward - our developmental priorities for 2015/16**

Following a detailed inspection at Whipps Cross University Hospital in November 2014, the Care Quality Commission (CQC) issued a warning notice advising the Trust that we were failing to comply with key regulations, including those relating to complaints handling. In particular, the CQC noted that improvements were required to ensure that service users know how to make a complaint and that complaints are dealt with appropriately.

Prior to receiving this notice, we had already begun to implement a number of changes to both our complaints and PALS processes, and these will be completed as part of an action plan to address the issues identified by the CQC. The improvements include:

• Strengthening our PALS team, recruiting an additional two PALS officers and providing a face to face drop in service at Newham, The Royal London and Whipps Cross hospitals
• Developing and enforcing a more robust complaints policy with clear guidance for staff on how to manage different types of complaints
• Strengthening our GP complaints process, enabling GPs to report concerns via a more streamlined single access point
• Carrying out a comprehensive quarterly audit of our complaints management processes
• Developing a framework for carrying out quarterly service user satisfaction surveys, enabling service users to feedback directly on their experience of using our complaints process
• Reviewing the role of the central complaints team.

Our Patient Advice and Liaison Service (PALS)

During the last year, our Patient Advice and Liaison Service (PALS) Team has continued to provide a confidential advice and local resolution service. The team ensures that individual concerns - whether from patients, relatives or their representative - are addressed promptly and effectively and the appropriate actions are taken by Trust staff to resolve those concerns and improve services for the future. The PALS team and the central complaints team work alongside the governance staff in each of our Clinical Academic Groups to ensure that patient concerns are heard and responded to.

During 2014/15, the PALS team dealt with 7,201 contacts. Of these, 1,536 – 21 percent - involved requests for general information and advice, whilst 5,665 - 79 percent - were from people raising issues or concerns. The latter are generally more complex cases, involving both PALS team intervention and input from relevant ward staff and departments in local resolution or problem solving.

1,458 more people accessed PALS in 2014/15 than in 2013/14. Despite this increase, our team continued to provide a responsive service, with 91 percent of cases being responded to and resolved within 48 hours or two working days.

The highest number of contacts continues to relate to services at The Royal London Hospital site, which accounts for 48 percent of overall PALS activity. The following table breaks all cases down by each of our hospital sites.

<table>
<thead>
<tr>
<th>Hospital site</th>
<th>Number of cases managed by PALS in 2014/15</th>
<th>Percentage of total activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>London Chest</td>
<td>133</td>
<td>2%</td>
</tr>
<tr>
<td>Mile End</td>
<td>141</td>
<td>2%</td>
</tr>
<tr>
<td>Newham</td>
<td>708</td>
<td>10%</td>
</tr>
<tr>
<td>Royal London</td>
<td>3,449</td>
<td>48%</td>
</tr>
<tr>
<td>St. Bartholomew's</td>
<td>453</td>
<td>6%</td>
</tr>
<tr>
<td>Whips Cross</td>
<td>2,268</td>
<td>31%</td>
</tr>
<tr>
<td>Other (non-hospital sites)</td>
<td>49</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>7,201</td>
<td>100%</td>
</tr>
</tbody>
</table>

The top six areas of concern raised with the PALS team during 2014/15 have been:
• Appointments and clinics – including bookings, cancellations and waiting times
• All forms of communication
• Aspects of diagnosis and treatment – including issues relating to staff
• Delays in care
• Transport
• Access to health care records

Our PALS improvement programme

In the 2013/14 Quality Account, we set out our improvement plan for the coming year. In March 2014, we undertook a review with internal and external stakeholders of our previous decision to centralise the three legacy PALS teams in 2013. As a result, and following additional feedback from the Care Quality Commission inspections in November 2013, a project was set up to adapt the service to provide a more visible PALS presence at our three acute hospital sites – Newham, The Royal London and Whipps Cross – in the form of drop-in and ‘face to face’ contact. We have also placed a greater focus on resolving issues locally within the relevant service, as well as improving signposting and information about accessing and contacting the PALS team.

Key achievements during 2014/15 against our service improvement programme have been:

• **PALS on-site presence** - The site-based PALS model has now been implemented with a PALS officer located on each of our three main sites – Newham, The Royal London and Whipps Cross - throughout the week on a rotational basis. Our site work has enabled us to successfully resolve concerns promptly, preventing issues from escalating, as well as providing a more integrated PALS service across the Trust. The team works closely with the senior site management team and frontline staff at each hospital to support local resolution. Each site now has a dedicated mobile number to contact the PALS officer, and in February 2015 we implemented a new system to measure the impact the service is having at each site.

• **PALS volunteers project** - The site based PALS work is being complimented by a new PALS volunteer programme. Our volunteers provide invaluable support to the PALS officers, including meeting and greeting people who come to the PALS offices, listening to their issues and providing basic directions and other information about the hospital or services if this is needed. We are recruiting more PALS volunteers to work alongside the five who currently work in the service.

• **Improving capacity** - We appointed an administration support officer in September 2014 to oversee day to day running of the very busy PALS central telephone hub. In March 2015, we began the process of recruiting two additional PALS officers, bringing the team to ten in total.

• **Supporting local resolution** - We developed a ward escalation flowchart and staff guide in collaboration with senior nursing staff. The guide is a tool for staff which outlines how a person’s issue should be approached and escalated to a senior colleague to help find a prompt local resolution. The guide has helped in supporting ward staff and to strengthen the PALS team’s role in local resolution.
• **Integrated reporting** - We focused on strengthening the PALS reporting system and improving information sharing on lessons learnt from patient feedback and contact with the service. We produced quarterly trend and activity reports, and this data is now included in the monthly Trust Integrated Performance Framework reports and local hospital management team meetings.

**What do our patients and users think?**

The changes introduced to the PALS service this year have been well received by staff and patients alike. The service receives a lot of positive feedback and thanks from the patients and people it has helped. Some examples of individual feedback follow:

“Thank you so much for the parking permit, it made such a difference to our journey and overall experience, it was so much help to us. Please could you e-mail the address to contact you? I want to send down a card for you and also want to send a letter. I really cannot express what a difference your input has made” (February 2015)

“Thank you again for all your kindness which is a reflection of you as a person but also of the high quality of care provided on a daily basis by our NHS which never reaches the media. I am very impressed and grateful for the trouble taken by (staff member) in PALS.” (February 2015)

“Thank you PALS for your help and support and for everything, I have left a note for you with my appreciation on the ward, a sincere thanks. Happy 2015!” (December 2014)

“I was in a losing battle until I got the phone number of PALS, where I have been dealing with a lady called X. She seemed to get the ball rolling and now I understand what is happening. I would like to thank X once again for being such an asset to the PALS department”.

**Feedback from NHS Choices and Patient Opinion**

We welcome feedback from patients, their relatives and carers on any aspect of our services. Patients also leave feedback on the [NHS Choices](https://www.nhschoices.nhs.uk) and [Patient Opinion](https://www.patientopinion.nhs.uk) websites. When a comment is posted on either website, it is circulated to the relevant team to share with staff and, if needed, to allow them to look into any issues raised in the comment and to make any necessary improvements to our services. Positive comments are used to help support staff morale and to allow teams to identify where they are doing well and what we are doing right. Negative comments are used in the same way to identify any issues, address concerns and make improvements to our services. We also respond to all comments that are posted.

We are currently exploring other ways of using these comments so that both patients/carers and our staff can become more engaged with them, including using them in our social media channels and adding them to the digital screens around our sites for visitors, patients and staff to see.

An example of a recent comment received on our gastroenterology service at Whipps Cross, and our response, follows:
**Patient’s comment**
I have been receiving treatment for hepatitis B and liver damage for about three years now. I was discharged two years ago by a very ‘rude’ consultant in charge of the treatment. I went back to my GP and asked for a further test because I was not convinced my condition had improved. According to the test, my condition had not improved, hence another referral, this time two consultants, one for the hepatitis B and one for the liver. I saw the consultant in charge of the liver in November and was supposed to have seen them again in late February. In early February I was discharged from the Hepatitis Clinic. Mistakenly, I was also discharged from the liver treatment. The last time I spoke with my GP was early March and he told me my liver is not getting better. Since February, I have been to the hospital not less than 15 times and I have called different numbers over 50 times. The reason is simple, just get me back on the treatment. No one seems to know who to contact to get me back on. Really very upset. This hospital should be doing better than this.

**Our response**
Thank you for taking the time to provide feedback about our gastrointestinal and liver services at Whipps Cross. We are very sorry to hear of your experience and would like to investigate the concerns you have raised and help you to get the care and treatment you need. We would like to discuss this with you and ask that you contact Y, patient pathway coordinator for gastroenterology at y@bartshealth.nhs.uk.

After we posted the response, the patient contacted Y, who was able to provide the help needed. The patient then followed up with a thank you email.

A further selection of anonymised recent comments from the NHS Choices and Patient Opinion sites follows.

**Day surgery unit at Whipps Cross – from NHS Choices, posted in March 2015**
I just wanted to thank everyone in the Plane Tree Centre for their care during my visit. I felt the unit was well run despite waiting a little while to be discharged. The compassion and care of all the staff I encountered - from the nurses running the unit to the visits from the anaesthetist and the gynaecologist - everyone was very kind and made a difficult day bearable. I’m really happy with my experience at the hospital and felt I was in good hands the entire time.

**Eye clinic at Whipps Cross – from NHS Choices, posted in March 2015**
My wife had an appointment at 10am for treatment in the eye clinic. We arrived at 9.45 am to be assured of a parking space, as the appointment letter said if you arrive late you may not be seen. My wife had the eye drops put in, and was told to go back to the waiting room. That was 11.15 am. After waiting till 1.15 pm, the waiting notice board had a notice put on it stating there was a delay of three hours 15 minutes. I enquired with a nurse and was told we were third on the list. We waited another 1 hour 15 mins, before we were called in to see the consultant. We came out at 2.45 pm. That was four hours 45 minutes waiting for a ten minute consultation. That is unacceptable, and far too stressful for older people like ourselves. They used to serve hot drinks during your wait, but that has stopped.
Day surgery at The Royal London Hospital – from NHS Choices, posted in March 2015
I was more than a little nervous about having cervical spine injections yesterday and perhaps over-researched on the Internet which left me with a little too many nightmarish scenarios to think about on the journey up from Kent to London. However I had no cause to worry as my experience was as good as such an event can be. The staff were reassuring and so kind. They all introduced themselves to me before anything else and made sure that I was aware of each step of the day. I noticed that the staff, regardless of title, worked extraordinarily well as a team and their humour and good-natured approach to each other made me relax too. The consultant carefully explained everything beforehand and made sure he answered all my questions. Despite being extremely short of surgical staff yesterday, it appeared to me that everyone did their absolute best to carry out their roles with professionalism and diligence. I would like to mention one nurse, they were kindness personified as I recovered from the procedure and I hope that she realises that this quality of hers means that many people who aren't going through the greatest times of their lives due to physical ailments are indebted to her, as she makes it all less scary.

Dermatology at The Royal London Hospital – from NHS Choices, posted in March 2015
I was referred to the Royal London about six years ago for treatment and am still a regular. I found all the staff there to be very helpful and supportive. The specialist doctors there are very knowledgeable in the area of dermatology and really do care about my condition and have recommended several courses of treatment. It does take a while to get appointments, especially initially but once you're on a regular treatment plan it's not a problem. Wait times can sometimes be long but not much longer than what you would expect at any NHS hospital. Overall I'm very pleased with my treatment at the Royal London.

Colorectal surgery at Newham University Hospital – from NHS Choices, posted in March 2015
I would like to thank the doctor and wonderful nurses who treated me today on Jasmine ward. I was very nervous but didn't discuss this and they were so kind and reassuring. They all took every care to ensure I felt as comfortable as possible. All staff explained the procedures and next steps very clearly. The ward and bathrooms were very clean and there was always somebody around to help. There was no member of staff on this ward who didn't smile and speak very considerately to all the patients. I really do appreciate the care I received today.

Maternity assessment at Newham University Hospital – from NHS Choices, posted in February 2015
I went (to the hospital) after falling down and vomiting continuously for the past day. The doctor prescribed injections to stop the vomiting and advised if it continued to be transferred to a ward for an IV drip. I vomited a further four times while waiting, to be told that there was no bed after waiting for six hours. I got tired of waiting for someone to see me and asked for my notes and went home. Horrible patient care.
Sleep clinic at The London Chest Hospital – from Patient Opinion, posted in February 2015
It's impossible to get hold of anyone from the sleep clinic/physiotherapy department on the phone. No one calls you back if you leave a message. I ended up having to get my doctor to refer me for a simple appointment to get a new mask! When I did finally manage to get to the hospital to swap my mask over the staff were so rude, I have never been spoken to so rudely in my life. I dread coming here.

Outpatient cardiology at The London Chest Hospital – from Patient Opinion, posted in August 2014
Having been through 12 months of cardio tests at another hospital including angiogram, Doppler, ECG, myocardial MRI and Bruce protocol I was given the all clear. Following more comprehensive and new procedures at the London Chest hospital I had a number of issues that had not been identified. I am now booked in for some interventional procedures to correct these defects. Thank goodness I had the opportunity to receive some truly first class investigative treatment. I truly am grateful for the expertise and professionalism of the team at every level. A first class experience and hopefully similar outcome for a long and healthy life. Highly recommended.

Rheumatology at Mile End Hospital – from Patient Opinion, posted in January 2015
I have been a patient of the Rheumatology department for seven years now and I have to say the doctors and the medical staff are wonderful. The professor is amazing and really looks after me but the reception and administrative services are atrocious. The staff consistently look miserable and seem to help only grudgingly. Phoning through is a nightmare, I have never been able to get through which is incredibly frustrating when all I want to do is double check a time or date of appointment. Appointment letters never materialise and I have been accused on numerous occasions of missing appointments which I had no idea of. I have appointments approximately every eight weeks and sometimes my appointments are changed and I don't know because the letters are not sent. I have just tried ringing now and again no such luck of getting through which prompted me to write this. I hope the admin take note because this is the worst hospital reception/admin team I have ever come across and they are costing the NHS money through their incompetence.

Cancer services – St Bartholomew’s Hospital – from Patient Opinion, posted in October 2014
Nursing staff excellent, especially a particular sister, nurse and receptionist - terrific bedside manner and they went above the call of duty with the sister staying with me until two hours after they were supposed to close to ensure that I was comfortable and well enough to be discharged. Many thanks to all the staff at the hospital especially the doctor, the porter and my surgeon. All of you are exemplars for the NHS - keep up the good work.

Our PLACE assessments
The Patient-Led Assessments of the Care Environment (PLACE) is the national system of self-assessment for a range of non-clinical services which contribute to the healthcare environment. PLACE assessments were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which had been undertaken from
2000 to 2012. These are the second set of results for Barts Health from the revised process.

In 2014, 47 patient assessors were involved in our PLACE assessments, higher than the previous year, and reflecting an 11 percent increase nationally. Assessors came from our patient panels, local Healthwatches, Age UK Newham, Age UK East London, Newham Council, Active Newham volunteers and other local community groups. Mock PLACE assessments were undertaken to provide training to patient representatives and staff members.

On the day of assessment, information packs - including personalised templates with questions and assessment forms – were provided to the nominated teams on each site. The areas to be visited were agreed by each team and led by the patient representatives. All issues identified in each assessment were collated and included in reports for each of our sites to be actioned by relevant departments. Once all actions have been responded to and completed, individual site reports will be shared with all the assessment teams.

We achieved considerable improvements in PLACE results for our hospitals in 2014 compared to the previous year. The table on page 83 shows the results in detail, but key headlines include:

- We were placed 150th nationally and 23rd regionally for food
- We were placed 28th nationally and 5th regionally for cleanliness
- All our hospitals scored above the national average for cleanliness, privacy, dignity and wellbeing and condition, appearance and maintenance
- The Royal London and Whipps Cross hospitals improved in all areas

Food and food service is a priority for the coming year. Whilst Mile End and Newham hospitals both scored above the national average, our other sites are at or below average and we are working with our catering provider to make the necessary improvements.
PLACE results – year-on-year comparison by hospital site and category

<table>
<thead>
<tr>
<th></th>
<th>Cleanliness</th>
<th>Food</th>
<th>Privacy, dignity and wellbeing</th>
<th>Condition, appearance and maintenance</th>
</tr>
</thead>
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<tr>
<td>LCH</td>
<td>99.74%</td>
<td>100%</td>
<td>0.26%</td>
<td>75.97%</td>
</tr>
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<td>MEH</td>
<td>100%</td>
<td>100%</td>
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</tr>
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<td>NUH</td>
<td>99.8%</td>
<td>99.72%</td>
<td>-0.08%</td>
<td>93.28%</td>
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<tr>
<td>RLH</td>
<td>99.08%</td>
<td>99.94%</td>
<td>0.86%</td>
<td>81.14%</td>
</tr>
<tr>
<td>SBH</td>
<td>99.34%</td>
<td>100%</td>
<td>0.66%</td>
<td>82%</td>
</tr>
<tr>
<td>WXH</td>
<td>87.59%</td>
<td>99.66%</td>
<td>12.11%</td>
<td>84.19%</td>
</tr>
<tr>
<td>National average</td>
<td></td>
<td></td>
<td></td>
<td>97.25%</td>
</tr>
</tbody>
</table>

Key:

LCH – London Chest Hospital
MEH – Mile End Hospital
NUH – Newham University Hospital
RLH – Royal London Hospital
SBH – St Bartholomew’s Hospital
WXH – Whipps Cross University Hospital
**Priority 5: Staff experience**

**Our organisational culture and changing lives**

During the first three years of Barts Health, our focus has been on setting out the vision and values of the Trust and putting in place key foundations to embed these values across all our teams and services. This work has included:

- Developing our approach to values based recruitment
- Promoting our vision to change lives and our values when staff first join Barts Health at induction
- Making an assessment of the values an integral part of our Performance and Talent Review – the annual appraisal cycle
- Continuing with our Barts Health Heroes monthly staff recognition awards
- Embedding our values into our policies and learning and development portfolio
- Tracking the impact of increasing staff engagement through our monthly pulse survey – an anonymous survey sent electronically to 4,000 staff members chosen at random.

In April 2014, we recognised the need to take a programmed approach to engaging our leaders and people managers, our teams and every staff member in the culture change effort. We designed and implemented the *Changing Lives* programme. This programme has three key strands of work:

- **Leading Changing Lives** - a programme of activity with our leaders and people managers at every level across Barts Health to inspire and support them in being clear about their responsibility for leading culture change, and aid their understand of the support available to help them in their leadership role
- **Team Transformation** - a programme of activity to support all teams in taking time out to work through what *Changing Lives* means for standards of care and ways of working effectively together to deliver our vision
- **Changing Lives: Transforming Services Together** - a programme of activity to offer every member of staff the opportunity to get involved in shaping the future direction of services at Barts Health.

Over 500 leaders went through the Leading Changing Lives workshop between November 2014 and March 2015, and this programme continues through to the end of June 2015. For team transformation, key programmes continue in maternity (our Great Expectations programme), in stroke services, theatres (the MATCH programme) neonatal, cancer and renal services. We will further develop and expand this team transformation approach during 2015/16. In the summer of 2014, over 300 staff engaged in a series of large scale strategy workshops, the outputs of which now sit with commissioners to agree the next phase of Transforming Services Together, and we expect there to be further staff engagement opportunities in this work during the course of 2015/16.
Our NHS staff survey results

The annual NHS National Staff Survey results provide us with an important way of focusing our efforts in those areas where our staff tell us that they want to see the biggest improvements in staff experience. The *Changing Lives* programme has been shaped by the 2013 survey results, and the following table shows the areas we said we would focus on and the actions we took as a result:

<table>
<thead>
<tr>
<th>What we said we would do</th>
<th>What we have been doing in response - examples</th>
</tr>
</thead>
</table>
| Get the basics right                                   | • Focus on recruiting to 95 percent of all vacancies, including successful overseas recruitment campaigns and recruiting over 80 percent of the nursing students who train at Barts Health  
 • Our “time to hire” has reduced from 16 weeks to eight weeks – see page 88 for more information  
 • As part of the wider ICT improvement strategy, 1,000 new replacement PCs were installed across our sites |
| Effectively tackling harassment, bullying and discrimination based on a better understanding of the underlying issues | • Independent review commissioned from Professor Duncan Lewis at Plymouth University. Over 3,000 staff participated and were engaged in the feedback. Report and recommendations made to the Board and available via the staff intranet  
 • Targeted work carried out in departments with the highest reported levels from staff survey results  
 • Over 100 recruiting managers trained in unconscious bias awareness |
| Give confidence that speaking up is the right thing do and the organisation will support those who do so | • Introduced the *Speak In Confidence* anonymous online tool, which enables direct, anonymous dialogue with any director and provides clear information signposting staff to all available support, including information on the staff intranet  
 • 35 people have used this facility since it launched in April 2014  
 • Our monthly pulse survey now includes a specific section to enable staff to raise concerns |
| Building trust in leadership                          | • Continuing to build director visibility on all sites  
 • As well as the clinical and first Fridays programme, all executives are now present at our hospital sites at weekends on rotation  
 • Our *Changing Lives* programme will see all 1,500 people managers at Barts Health actively engaged in developing our culture to support great staff engagement and put patients at the heart of all we do |
The 2014 National Staff Survey results show some success in three of the focus areas from 2013. In the 2014 results, we have seen improvements in a number of important areas that we know are critical to developing our culture and where we have been focusing improvement efforts:

- **Raising concerns about unsafe clinical practice** - through our Care Campaign, Speak In Confidence and our employee assistance programme
- **Providing well structured appraisals and increasing the number of appraisals** - through continued performance and talent review appraisal training and uptake and implementation of our online e-appraisal paperwork system. This system has continued to have technical problems, and we will work to resolve these in the coming months so that all staff and managers can use it to record appraisal meetings and outcomes
- **Reporting errors** - mainly as a result of efforts via the Care Campaign and our CQC inspection action plans
- **Recommending Barts Health as a place to work and receive care** - via work with specific teams, including maternity and outpatients and through our improvement system pilots and the *Transforming Services Together* programme
- **Senior managers concerned about patient care** - via visible leadership activities and CAG Board activities.

The 2014 results also showed some areas where our performance had deteriorated. The in-depth work we have done with our staff over the last year has helped us to better understand the reasons for some of these.

There were a number of areas where results deteriorated which we had anticipated because of work we were doing to raise the profile of these issues, including:

- **Bullying, harassment and discrimination** – this followed the Duncan Lewis review and report. We have a considerable programme of work to address this issue during the coming year
- **Equal opportunities in career progression** – our workforce data shows the “glass ceiling” effect for staff from BME groups and women wanting to move into senior leadership roles. Our equality objectives for 2015/16 focus specifically on pro-actively addressing these issues.

We also saw some areas of deterioration that are more surprising, given the focus of our improvement work over the last year. These will require us to revisit the adequacy of the actions currently in train, specifically:

- **Effective team working** – getting on with a comprehensive portfolio of team transformation activities will help in this respect, as will the work with immediate line manager training and development, for example the ward sister leading care proposals for Whipps Cross, plus the development of our People Management Academy
• **Statutory and mandatory training in last 12 months across all themes/topics** – we are revisiting this, but the results may reflect that most statutory and mandatory training cycles are every three years rather than annual, and we had a huge effort in improving uptake through 2013 that was reflected positively in the 2013 results.

**Our priorities for engaging our staff in changing lives in 2015/16**

In looking forward to 2015/16 – we will continue our culture change efforts. The main focus for the coming year will be:

• **Continued focus on developing effective management and leadership, including:**
  o Strengthening the site leadership infrastructure at each of our hospitals
  o Implementing development programmes for ward managers, service and general managers, lead clinicians and clinical directors.

• **Getting the basics right, including:**
  o The right staffing levels
  o Nursing review for improved establishments
  o Achieving 95 percent permanent staffing levels, with the remaining five percent of roles and shifts filled via our staff bank
  o Continuing to roll out the Healthroster electronic rostering system
  o Career development and progression
  o Career pathways
  o Rotation programmes
  o Career recruitment service.

• **Enabling innovation and accountability, including:**
  o Improving safety and operations
  o Staff led improvement, including Great Expectations, Stepping into the Future, team transformation and the improvement programme for Whipps Cross
  o Major workstreams on theatres, outpatients, capacity and demand, length of stay
  o Empowerment and accountability
  o Standardised objectives for 2015
  o Performance and accountability framework
  o Rolling out our individual performance and reward system.

• **Effectively tackling harassment, bullying and discrimination, including:**
  o Delivering the Duncan Lewis report action plan
  o Providing intervention and support for “hotspot” service lines
  o Delivering the 2015 objectives for our Public Health and Equalities Committee
  o Continuing to develop our new BME development steering group, with support from NHS England the NHS Trust Development Authority.
• Giving confidence that speaking up is the right thing to do, including:
  o Expanding ward conversations and safety huddles
  o Expanding use of the Speak In Confidence system
  o Introducing a guardian service – piloted at Whipps Cross
  o Strengthening our onsite leadership presence.

**Barts Health Heroes**

The annual Barts Health Heroes Awards were launched in October 2012 as a way of recognising staff who demonstrate the Barts Health values in their daily working lives. Everyone working at Barts Health, whether directly employed by the Trust, by one of our partner organisations, or as a volunteer, can be nominated at any stage during the year.

There were 517 nominations in 2014 - 392 for individuals and 125 for teams – more than ever before. Everyone who is nominated for a Barts Health Hero Award is mentioned on the roll of honour on the Barts Health staff intranet, receives a certificate and is invited to one of four lunches hosted by the Chairman throughout the year.

The nominations were judged by a panel of staff, patients and partner organisations and shortlisted teams and individuals were invited to an awards ceremony held in February 2015 where the commended, highly commended and winning teams and individuals for each value were announced. Those recognised at the ceremony came from all sites, a variety of roles, professions and grades.

**Recruiting to our establishment – Drive To 95**

For the last two years, a major part of our work to improve both staff and patient experience has been our focus on increasing the number of permanent staff within our establishment and improving our recruitment processes. Having greater numbers of permanent staff reduces reliance on agency staffing (which is generally more costly) and also ensures that there are more consistent patterns of staffing in all areas.

We have invested considerably in our recruitment team and processes. In May 2013, the Trust's 'time to hire' figure stood at 18 weeks. This is the time from when the recruitment team receives a request from a manager to recruit until the contract of employment is sent to a successful job applicant. By January 2015, our ‘time to hire’ figure was down by half to nine weeks. This is a major achievement and is a credit to the commitment and collaboration of our recruitment team.

The significant level of team engagement means that every member of the recruitment team has played a key role in the successes of the last two years. The team has created new mechanisms to engage with clinical and corporate managers to increase the visibility and accessibility of the recruitment function, removing existing blockages in the system and creating a more streamlined process. The recruitment team now provides a pro-active service to all areas of the Trust, highlighting any issues for attention.
We are now using a set of key performance indicators across the recruitment process to help the recruitment team and recruiting managers achieve fuller staffing levels. Two of these indicators in particular show the progress we have made in the last two years:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Earlier positions</th>
<th>Current position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of permanent staff in post</td>
<td>February 2014 – 88%</td>
<td>January 2015 – 92.3%</td>
</tr>
<tr>
<td>Job offers made each month</td>
<td>June 2013 - 80</td>
<td>January 2015 - 461</td>
</tr>
</tbody>
</table>

**Recruiting locally from our community**

Barts Health is one of the largest single employers in east London, with over 14,500 staff. We take our responsibilities as a local employer seriously, and work with councils, local schools and colleges and other organisations to help support local people in securing jobs with us, especially those from disadvantaged groups.

Our community employment and regeneration team work with local providers, including local council job brokerage services, who run ‘Introduction to Health’ pre-employment training and provide a ‘pool’ of suitable candidates. All vacancies for Band 2 and 3 roles are initially advertised internally for only a week to allow our community team to work with local providers, who include:

- Poplar HARCA and Skills Match
- Newham College of Further Education and Workplace
- East Thames Housing – a local housing association
- Aims Skills – a local training provider who also deliver our apprentice traineeship programme
- Waltham Forest JCP and Waltham Forest Council’s adult learning service.

In addition, our recruitment and public health teams work together to identify possible candidates from across our local area - Tower Hamlets, Newham, Waltham Forest, Hackney and The City of London.

Other initiatives include:

- Our very successful Project Search initiative – working with Whitefield School, Waltham Forest College and Waltham Forest Council – which provides internships in entry level jobs at Whipps Cross University Hospital specifically for people with learning disabilities
- **Groundwork East London’s 205 Flags Project** – an EU-funded programme to assist non-EU residents to integrate within the community by helping them to access advance guidance, training and jobs
- Our quarterly open day to promote jobs and recruit local people
- Participating in various local job fairs and events to promote vacancies at Barts Health - particularly at Whipps Cross and Newham hospitals - for healthcare support workers and qualified nurses
Our Community Works for Health pathway for local recruitment that:
- Provides pre-employment support and placements for local candidates’ applications to a pool of ringfenced vacancies across the Trust – recruiting over 100 candidates in 2014/15
- Provides apprenticeships across the Trust – 98 in 2014/15
- Supports the Project Search scheme – eight interns having so far obtained permanent roles this way

We also work closely with other referral partners who do not directly provide training, but who refer candidates to us, including a number of housing associations, colleges and council services.

Future initiatives include:

- Working in Newham with the local council and the College of Further Education to develop a Project Search for the borough, delivering internships for people with learning disabilities from September 2015
- Working to deliver training via the Shaw Trust, which specialises in providing services for disabled people.

**Staff appraisals**

Ensuring all staff have a good quality appraisal is a key objective for every line manager at Barts Health. Our performance and talent review (appraisal) framework has been developed to ensure that performance reviews for all staff are of a consistent quality, and that everyone is supported to develop the behaviours and skills to help us achieve the Barts Health vision.

The Barts Health performance and talent review (PTR) framework supports the performance and development of staff by:

- providing everyone with an opportunity to review past and current performance
- ensuring that we are all demonstrating our values and behaviours
- planning future activity
- helping identify talent and development needs
- ensuring staff are rewarded and recognised for high performance.

Over the coming year and beyond, our planned new pay and reward process will see a much more explicit link between the achievement of annual incremental progression to performance and the meeting of objectives.

A further priority for 2015/16 is to complete the rollout of our online appraisal documentation system. This process began in 2014 but has been hampered by technical difficulties which we are in the process of resolving. Allowing all staff and line managers to enter appraisal information online in the dedicated system is a further step in improving the process and helping to make the information recorded – such as objectives, progress and development needs – more easily accessible and relevant.
We continue to actively track whether appraisals are happening and whether staff feel the appraisal process is helping them do their jobs well. We do this through our monthly pulse survey, which is sent by email anonymously to a randomly-chosen group of staff. All responses are anonymous. The results for the last year for the questions related to appraisals are shown in the following graph.

What do our trainees and learners think?

With over 14,500 staff, including trainee nurses, doctors, dentists and other healthcare practitioners, education and learning are a fundamental part of Barts Health. Our Education Academy, led by Professor Jo Martin, Director of Academic Health Sciences, oversees all education and training activity within the organisation.

Engaging with our trainees and learners

Learner engagement is a key component of the Education Academy’s communications and engagement strategy, and includes:

- A Barts Health Education Academy app
- A Trust-wide education newsletter circulated by email and available on the staff intranet
- The development of a personalised virtual learning environment (VLE).

Examples of good practice include student forums, formal evaluations from higher education institutes (HEIs) and peer reviews. Formal feedback from the HEIs for our Nursing and Midwifery programme is generally very positive, highlighting that students enjoy their clinical placements at Barts Health and have a positive learning experience. Any concerns raised by students are investigated through our agreed processes.

To strengthen our understanding of our students' learning experience and to assure a quality learning experience, the Education Academy practice education team has
implemented monthly reviews of the clinical placement environment for nursing and midwifery students. The peer reviews are a tool for advancing nursing practice and promoting patient safety. The overall aims of the reviews are to:

- Provide assurance of the quality of the clinical placement
- Learn and develop processes and practices to ensure student experience in the placement setting is continuously enhanced.

Open student forums are held monthly on each of our sites, where students have the opportunity to raise concerns and discuss issues related to their clinical placement experience. They are jointly facilitated by representatives from the Education Academy, an HEI and one of our Clinical Academic Groups. The forums have been in place for approximately 18 months and have been positively evaluated by our students, who specifically report that the forums help them to:

- Have a voice
- Feel part of the organisation
- Understand what is happening in the wider organisation.

Feedback from the forums is themed and shared with HEI partners and senior nurses. Any concerns raised are investigated and actioned immediately.

**Engaging with medical students**

Medical student engagement is undertaken in partnership with Barts and the London School of Medicine and Dentistry at Queen Mary University of London (QMUL). Examples of good practice include the development of specialist study component modules (SSCs) based on feedback from students on topics they wanted to see, including:

- Medical Simulation as an Education Tool linked to preparing Doctors of the Future for year 1 and 2 medical students
- A new year 5 medical student programme entitled *Clinical Simulation: From Design to Debrief* will commence this year
- *Creating a Medical Student – FY Doctor Pilot Partnering Scheme* was developed by medical students and Foundation Year (FY) doctors and launched in March 2015. The purpose of this peer partnership scheme is to:
  - Support the development of year 3 and 4 medical students
  - Support years 3, 4 and 5 medical students’ transition to FY1 doctors
  - Develop the teaching and support skills of FY doctors

All modules are supported by the Education Academy, which also ensures that students and FY doctors are adequately prepared to undertake them.
General Medical Council National Training Survey (NTS) 2014

The General Medical Council (GMC) undertakes an annual survey (NTS) of all medical trainees across all specialties to monitor the quality of training against the national standards and 12 quality domains. The NTS is used to inform commissioners and regulators of the relative performance of each NHS trust undertaking medical training, and it is one of the factors used by commissioners to award or remove approved training places and associated funding. The survey is undertaken annually and results are published in June each year. The following table shows the results for Barts Health for the last three years against the England average for 2014.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction</td>
<td>80.2%</td>
<td>79.6%</td>
<td>79.4%</td>
<td>78.8%</td>
<td></td>
</tr>
<tr>
<td>Educational supervision</td>
<td>89.4%</td>
<td>86.7%</td>
<td>83.7%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Clinical supervision</td>
<td>88.6%</td>
<td>88.7%</td>
<td>87.7%</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Feedback on performance</td>
<td>74.4%</td>
<td>75.8%</td>
<td>70.7%</td>
<td>68.9%</td>
<td></td>
</tr>
<tr>
<td>Adequate experience - good</td>
<td>82%</td>
<td>78.7%</td>
<td>79.8%</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Handover</td>
<td>68.9%</td>
<td>66.6%</td>
<td>68.8%</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Induction - good</td>
<td>83.8%</td>
<td>78%</td>
<td>78%</td>
<td>77.3%</td>
<td></td>
</tr>
<tr>
<td>Local teaching</td>
<td>60%</td>
<td>57.7%</td>
<td>61%</td>
<td>60.6%</td>
<td></td>
</tr>
<tr>
<td>Workload beyond roster hours</td>
<td>44.4%</td>
<td>44.8%</td>
<td>40.2%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Study leave</td>
<td>67.5%</td>
<td>67.7%</td>
<td>67.3%</td>
<td>64.9%</td>
<td></td>
</tr>
<tr>
<td>Regional teaching</td>
<td>69%</td>
<td>68.1%</td>
<td>66.9%</td>
<td>67.2%</td>
<td></td>
</tr>
<tr>
<td>Access to educational resources</td>
<td>67.9%</td>
<td>62%</td>
<td>65.8%</td>
<td>64.7%</td>
<td></td>
</tr>
</tbody>
</table>

The response in 2014 indicates a slight increase in overall satisfaction from 2013 from 79.01 percent to 79.6 percent. The overall national average for 2014 was 80 percent.

**Medical education actions, monitoring and progress**

The analysis of the NTS is linked with results from annual quality visits in the form of an overall Trust Medical Education Action Plan. This identifies common themes across indicators by site and specialty and identifies issues to be addressed to ensure continued improvement and overall learner satisfaction in the delivery of medical education and training. Progress is monitored regularly by our Education Academy’s clinical education committee. During this year, our Clinical Academic Groups will begin to receive a quarterly report linking quality assurance and outliers to education funding received.

**Staff learner engagement**

All programmes delivered at Barts Health are continuously evaluated in order to inform future development and improvement. Examples include the evaluation of the Preceptorship programme for newly qualified health care professionals. Feedback from learners has informed the development of standards for newly qualified healthcare professionals, which will be launched in September 2015.

Feedback from our CAGs has helped inform the development of other key education and support programmes, including the service manager development programme.
Resources have also been developed to ensure flexible access to learning materials, including a leadership and management resource to collate all development opportunities for staff in leadership and management positions.
Priority 6: Sharing the learning to improve the patient experience

Our clinical standards committee

The clinical standards committee is chaired by our medical director, Dr Steve Ryan, and all our Clinical Academic Groups (CAGs) are represented on it. For each meeting, the CAGs provide reports on significant serious incidents, outlining the findings of root cause analyses and key learning for each incident, which is then shared. The committee also reviews all never events at each meeting. The committee has overseen the development of our incident reporting system to record our compliance with our duty of candour. This compliance rate is reported on a bi-weekly basis to CAGs so that the performance of this important duty can be managed.

During the past year, the committee has reviewed the terms of reference and membership of the committees that report to it - such as the infection prevention and control committee - to ensure that all committees are well constituted and able to function effectively.

Patient safety incidents

During 2014/15, a total of 23,755 patient safety incidents were reported by staff across Barts Health NHS Trust. This compares with a total a total of 21,662 in 2013/14 and 19,493 in 2012/13.

In our 2012/13 Quality Account we reported being in the bottom quartile of acute teaching trusts for incident reporting, with an incident reporting rate (IRR) of 4.89 per 100 admissions according to the National Reporting and Learning System (NRLS) which publishes comparative data and reports for the NHS. Data published by the NRLS in April 2014 - relating to incidents reported between 1 April 2013 and 30 September 2013 – showed that our IRR had improved to 7.98 per 100 admissions. A further NRLS report was published in September 2014 - relating to incidents reported between 1 October 2013 and 31 March 2014 - showed that our IRR was 7.88. This represents a decrease in our rate, which is related to a backlog of incidents awaiting review and investigation by our teams.

For its latest report published in April 2015, the NRLS has changed the denominator from incidents per 100 admissions to incidents per 1,000 bed days. Therefore, our IRR relating to incidents reported between 1 April 2014 and 30 September 2014 is now 29.2, placing Barts Health at the top of the lowest 25 percent of reporters. The change in denominator means that we are no longer able to compare our performance with previous reporting periods.

The management of incidents within the nationally expected 14-day deadline continues to be monitored through performance reviews in each of our Clinical Academic Groups.
The following table shows the number of incidents staff reported in 2014/15 using Datix - our incident reporting system - in 2014/15 at each of our hospital sites, broken down by the level of severity.

<table>
<thead>
<tr>
<th>Hospital/Grade</th>
<th>LCH</th>
<th>MEH</th>
<th>NUH</th>
<th>RLH</th>
<th>SBH</th>
<th>WXUH</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Harm</td>
<td>463</td>
<td>532</td>
<td>3,632</td>
<td>6,710</td>
<td>1,105</td>
<td>5,973</td>
<td>1,083</td>
<td>19,498</td>
</tr>
<tr>
<td>Low Harm</td>
<td>156</td>
<td>100</td>
<td>505</td>
<td>1,441</td>
<td>223</td>
<td>1,143</td>
<td>210</td>
<td>3,778</td>
</tr>
<tr>
<td>Moderate Harm</td>
<td>7</td>
<td>18</td>
<td>86</td>
<td>120</td>
<td>20</td>
<td>118</td>
<td>41</td>
<td>410</td>
</tr>
<tr>
<td>Severe Harm</td>
<td>1</td>
<td>0</td>
<td>11</td>
<td>19</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>11</td>
<td>1</td>
<td>10</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>627</td>
<td>650</td>
<td>4,240</td>
<td>8,301</td>
<td>1,350</td>
<td>7,252</td>
<td>1,335</td>
<td>23,755</td>
</tr>
</tbody>
</table>

The top 10 incident types accounted for 75 percent of all incidents reported. Compared with 2013/14, the only change to the categories appearing in the top ten relate to the significant number of transport related incidents reported, due mainly to the introduction of our new non-emergency patient transport service in June 2014 and the subsequent operational difficulties in its first few weeks of operation. The table below shows the number of incidents within each category.

<table>
<thead>
<tr>
<th>Category of incident</th>
<th>Number</th>
<th>Percentage of total incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure ulcers</td>
<td>5,510</td>
<td>23.2%</td>
</tr>
<tr>
<td>Patient falls</td>
<td>2,683</td>
<td>11.3%</td>
</tr>
<tr>
<td>Delays in care</td>
<td>1,950</td>
<td>8.2%</td>
</tr>
<tr>
<td>Medication</td>
<td>1,884</td>
<td>7.9%</td>
</tr>
<tr>
<td>Communication issues</td>
<td>1,098</td>
<td>4.6%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>1,084</td>
<td>4.6%</td>
</tr>
<tr>
<td>Transport</td>
<td>1,063</td>
<td>4.5%</td>
</tr>
<tr>
<td>Treatment</td>
<td>973</td>
<td>4.1%</td>
</tr>
<tr>
<td>Continence management</td>
<td>825</td>
<td>3.5%</td>
</tr>
<tr>
<td>Skin trauma</td>
<td>767</td>
<td>3.2%</td>
</tr>
<tr>
<td>Total</td>
<td>17,837</td>
<td>75.1%</td>
</tr>
</tbody>
</table>

In our 2013/14 Quality Account, inconsistencies were noted between the published national NRLS data and the data held locally for levels of harm. Measures have now been implemented to address this issue, and are being monitored to ensure consistency and reduce recurrence. In order to be able to confirm and validate the level of harm for the patient, reviewers rely on internal serious incident reports. A backlog in completion of serious incident investigations adversely affected our performance.

Barts Health regrets that a number of patient safety incidents in 2014/15 involved severe harm to or the death of a patient, either as a direct result of the incident or linked to it in some way. The following table on page 97 shows the specific numbers involved, including the difference between the Barts Health (Datix reporting system) and NRLS figures. This difference is accounted for by changes to the original level of harm which are sometimes required to be made to the Trust’s incident database (Datix).
retrospectively and after previously having uploaded final approved incidents to the NRLS.

<table>
<thead>
<tr>
<th></th>
<th>NRLS data death</th>
<th>Datix data death</th>
<th>NRLS data severe harm incidents</th>
<th>Datix data severe harm incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarters 1 and 2</td>
<td>10</td>
<td>7</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>Quarters 3 and 4</td>
<td>TBC *</td>
<td>22</td>
<td>TBC *</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>10 to date *</td>
<td>29</td>
<td>23 to date *</td>
<td>40</td>
</tr>
</tbody>
</table>

Based on the number of severe harm/death incidents reported in Datix – 69 - for the year 1 April 2014 to 31 March 2015, severe harm/death incidents represented 0.3 percent of the total number of incidents we reported in the period.

* As at June 2015, the outcome of investigations are still awaited in order to confirm the level of harm for each incident.

**Serious incidents**

During 2014/15, we reported 459 incidents under the NHS Commissioning Board Serious Incident Framework, a slight increase on the 2013/14 figure of 407. 31 of these were subsequently de-escalated as they did not meet the criteria for a serious incident. This is a wider dataset than those graded as severe harm and death, as there are a number of categories of incident that must be reported under the Serious Incident Framework regardless of whether or not severe harm has occurred.

The leadership team of each Clinical Academic Group and the central patient safety team are notified of each incident to allow them to review the circumstances of each case and confirm whether they meet the criteria. Our medical director and chief nurse are also informed and then agree the external escalation of each incident.

During 2014/15, we continued to experience issues with the timely submission of serious incident investigations to our commissioners and NHS England. Following a contract query notice in July 2014, the Trust cleared a backlog of 97 overdue serious incident investigations by 30 September 2014, and our central patient safety team are working with the CAGs to ensure the position is maintained. At the time of this report (June 2015) the Trust had a total of ten overdue investigations.

The following table shows categories and numbers of incidents reported in 2014/15.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure ulcers</td>
<td>159</td>
</tr>
<tr>
<td>Maternity and obstetrics</td>
<td>65</td>
</tr>
<tr>
<td>Delayed diagnosis</td>
<td>38</td>
</tr>
<tr>
<td>Sub-optimal care – deteriorating patient</td>
<td>37</td>
</tr>
<tr>
<td>Allegations against a healthcare practitioner</td>
<td>22</td>
</tr>
<tr>
<td>Unexpected death – adult</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
</tr>
<tr>
<td>Drug incidents</td>
<td>12</td>
</tr>
<tr>
<td>Event</td>
<td>Count</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Child death</td>
<td>11</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>10</td>
</tr>
<tr>
<td>Communicable disease</td>
<td>9</td>
</tr>
<tr>
<td>Slips, trips and falls</td>
<td>8</td>
</tr>
<tr>
<td>Surgical error</td>
<td>6</td>
</tr>
<tr>
<td>Confidential information leak</td>
<td>5</td>
</tr>
<tr>
<td>Equipment failure</td>
<td>5</td>
</tr>
<tr>
<td>Screening issue</td>
<td>5</td>
</tr>
<tr>
<td>Hospital transfer issue</td>
<td>4</td>
</tr>
<tr>
<td>Radiology</td>
<td>4</td>
</tr>
<tr>
<td>Ambulance delays</td>
<td>3</td>
</tr>
<tr>
<td>Communication issue</td>
<td>3</td>
</tr>
<tr>
<td>Accident whilst in hospital</td>
<td>2</td>
</tr>
<tr>
<td>Wrong site surgery</td>
<td>2</td>
</tr>
<tr>
<td>Critical care transfer</td>
<td>1</td>
</tr>
<tr>
<td>Dentistry</td>
<td>1</td>
</tr>
<tr>
<td>MRSA</td>
<td>1</td>
</tr>
<tr>
<td>Outpatient delay</td>
<td>1</td>
</tr>
<tr>
<td>Post mortem</td>
<td>1</td>
</tr>
<tr>
<td>Transfusion</td>
<td>1</td>
</tr>
<tr>
<td>VTE</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>459</strong></td>
</tr>
</tbody>
</table>

**Safety thermometer**

The [NHS safety thermometer](https://www.england.nhs.uk/wp-content/uploads/2020/01/nhs-safety-thermometer.pdf) is a monthly audit that is carried out across all inpatient wards across Barts Health on one day each month. It is a “point prevalence” audit, a type of audit used to show the proportion of patients with a particular condition at a specific point in time. The audit collects information on the harms observed for each patient surveyed, focusing on four harms - pressure ulcers, venous thromboembolisms (blood clots), falls and urinary tract infections.

In 2014/15, a total of 23,831 patients were assessed for harm during the audit. Of these patients:

- 4.14 percent were recorded as having a harm or harms that was present prior to admission - ‘old harms’
- 2.82 percent were recorded as having a harm or harms that had occurred during their admission within Barts Health – ‘new harms’.

This meant that:

- For all patients surveyed under the safety thermometer audit at Barts Health in 2014/15, 93.04 percent were recorded as receiving harm free care
• This equated to 97.18 percent of all patients at Barts Health receiving harm free care.

**Statutory and mandatory training**

Statutory and mandatory training compliance levels remains stable within the Trust. Our central training team makes direct contact with any staff member whose training is not up to date. However, compliance overall remains below our target of 90 percent:

- Overall Trust compliance against all competencies – 86 percent
- Compliance against the top 20 competencies – 84 percent
- Compliance against all non-top 20 competencies – 89 percent

The [London Streamlining Programme](#) - responsible for standardisation and enhanced statutory and mandatory compliance across the NHS in London - reported in February 2015 that Barts Health is currently rated seventh highest for compliance ratings out of the 32 London trusts.

Sessions which require face to face attendance continue to prove problematic, as it is not always possible for clinical staff to be released from their duties to attend training. We are continuing to provide staff with flexible learning opportunities to enable them to complete all their necessary training.

Ensuring staff compliance with training for safeguarding children remains a priority within the organisation. As at 30 March 2015, overall compliance was as follows:

- Level 1 - 95 percent
- Level 2 - 89 percent
- Level 3 - 84 percent

Based on concerns regarding the robustness and accessibility of our current statutory and mandatory training database – which is used to record and monitor compliance for every Barts Health staff member - the Education Committee took the decision to purchase WIRED, a web based mandatory compliance database system endorsed by [Skills for Health](#). A complex piece of work to ensure the data flowing into WIRED is both cleansed and complete has now been undertaken, and our Education Academy is working with operational leaders to agree the most effective way of rolling out WIRED during 2015.

For more information on our safeguarding children work, see the section on page 54.

**Using our risk registers to improve safety**

Risk registers are used across the organisation as part of a dynamic process of risk management. Our risk management policy sets out the internal process for identifying, assessing and managing risk. These activities result in risk assessments which provide an estimation of the level of risk to the Trust, using a common risk matrix to define high, medium and low risk.
Risk management improvements over the past year include:

- Doubling the number of risk management committee meetings from six to twelve a year
- Reviewing extreme high risks - those with a score between 20 and 25 - at the committee, focusing on risk mitigation to reduce the consequence and/or likelihood of harm occurring as a result
- Scrutinising all new high risks at each committee meeting, challenging the risk level and seeking assurance for the risk mitigation plan which has been put forward
- Producing quarterly risk metric reports at CAG and directorate level, using common metrics to provide information on risk management performance and risk themes
- Introducing a real time risk dashboard for every area to show risks which need attention in a prioritised reporting format.

We also introduced the theming of risks to allow the committee to see clusters of risks that were increasing or had large volume across the organisation. An example of this is medical devices, where we were able to see a rise in numbers of risks associated with devices. As a result, we introduced a new process to allocate capital funds for device replacement, based on a priority, risk and needs assessment. The Trust is expecting to commit, as predicted £2.955 million for replacement medical devices following the completion of the procurement exercise to establish final prices. Subject to confirmation by the National Trust Development Authority (NTDA) that the Trust can retain the proceeds from the sale of Whipps Cross south west corner, a further £2.5 million will be released for replacement medical equipment. In addition, there is a further £2.3 million, which is the subject of a separate application to the NTDA for £10 million additional Public Dividend Capital, which if confirmed will be released to replace medical equipment. Overall the total allocation for medical equipment could be in excess of £7 million for 2015/16. This would make a positive difference. However there is recognition that this sum is still inadequate to fully address the medical equipment requirements for the organisation and work is underway to secure additional year on year capital funding adequate to needs.

**Our Quality Improvement Collaborative**

Our Quality Improvement Collaborative (QIC) began in April 2013, covering first ten wards (cohort one) and then a further 15 wards (cohort two) across our hospitals. The aim was to focus on delivering harm free care, in particular harm from hospital acquired pressure ulcers, patient falls and for patients whose condition is deteriorating. The QIC uses an evidence based methodology from the [Institute for Healthcare Improvement (IHI)](https://www.ihi.org), which includes best practice statements to help ward leaders analyse and understand to what extent they are following best practice, where there are gaps in the care they are providing and the areas they need to focus on.
In February 2014, additional support was provided by four quality improvement facilitators who worked with multidisciplinary teams in cohort two to drive improvement during a year-long initiative. Our process uses the IHI model for improvement and is structured around the “breakthrough series”, a collaborative approach aimed at bringing wards together four times a year to share their learning, as well as action learning sets every four weeks to encourage ward leaders to actively problem solve.

Following a review of priorities within the Trust, the approach was adjusted in September 2014 to concentrate on incidents of pressure ulcers in wards at Whipps Cross Hospital, as there was a higher incidence of hospital acquired pressure ulcers at this site than at our other hospitals. Our progress on delivering harm free care in the three identified areas during 2014 is set out below.

**Falls**
Four wards focused on falls. Facilitator support was more intensive from March to August 2014, then continued in a reduced manner from September 2014 onwards. Comparing data from 2013 to 2014, there was a 33 percent reduction in falls resulting in any form of harm on these four wards - 90 in 2013 compared to 60 in 2014. This rate of improvement was the same for Barts Health as a whole - 979 falls in 2013 compared with 652 in 2014.

**Pressure ulcers**
Nine wards focused on reducing grade two to four pressure ulcers – as measured using the Waterlow score - in the first six months of the collaborative. Two thirds of these wards achieved some level of improvement. Comparing incidents of grade two to four pressure ulcers across these nine wards throughout 2014 showed a 23 percent decrease compared to 2013 - 150 in 2014 compared to 195 in 2013. This contrasted with a 22 percent increase across all other wards in the Trust over the same period - 790 in 2014 versus 647 in 2013.

Between September 2014 and February 2015, the adapted approach was used at Whipps Cross Hospital only. The seven wards focusing on pressure ulcers from September 2014 did not achieve an annual reduction compared with 2013. There were 137 grade two to four pressure ulcers in 2014 compared to 128 in 2013, a seven percent increase. However, this is still lower than the overall increase of 22 percent for all other wards in the Trust in the same period.

**Deteriorating patients**
Six wards taking part in the collaborative aimed to improve care for deteriorating patients, with a focus on reducing cardiac arrest rates on wards. Comparing 2014 to 2013, there was on average a 55 percent reduction in cardiac arrests in these wards. In 2013, there were a total of 22 cardiac arrests across five wards - in 2014, this reduced to ten.

An external evaluation of the collaborative was carried out, which included an extensive series of interviews and focus groups. Many of the wards which took part in the programme reported gaining knowledge and being able to change their approach to
patient care as a result. However, one of the key limiting factors appears to be that not enough time or resource was allowed for the approaches to embed. Ward teams stated that they were learning new ideas about measuring and using data, which took time to implement in amongst their other priorities. As wards became more familiar with the approaches and potential benefits, they began to make changes in their behaviours, but support was perhaps withdrawn too early to ensure sustained change. The table on page 103 compares staff attitudes to safety, culture and processes in participating wards with a random sample from other wards in the Trust, and clearly illustrates the perception amongst staff in the participating wards that they felt more empowered to deliver safe care.

In conclusion, whilst the reduction in harm was not as significant as we had hoped for, the Collaborative was successful because it showed that:

- It is feasible for a large organisation to implement improvement methodologies led by nurses
- Such approaches can have positive short-term impacts on patient care.

Although the approach was not associated with universal and sustained reductions in patient harm, this does not mean a collaborative approach was not worthwhile. The programme has shown that wards can see the value of improvement approaches, and there have been some significant success stories on individual wards. The external evaluation noted that “It is very positive that the collaborative has shown that changes in culture and processes are possible and that these may have the potential to improve patient safety and the working environment for staff.”
Comparison of staff attitudes to safety, culture and process in wards participating in the collaborative

<table>
<thead>
<tr>
<th>Statement</th>
<th>All wards - before intervention (March 2014)</th>
<th>Non-participating wards (February 2015)</th>
<th>Collaborative wards (February 2015)</th>
<th>% agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel like safety is my responsibility</td>
<td>67</td>
<td>68</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>We are actively doing things to improve patient safety</td>
<td>43</td>
<td>53</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>After we make changes to improve safety, we test whether they work</td>
<td>34</td>
<td>40</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>We work together as a team to get the job done</td>
<td>72</td>
<td>72</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>I feel confident using data to improve services</td>
<td>25</td>
<td>27</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>I feel like I have the power to improve things where I work</td>
<td>14</td>
<td>20</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Barts Health wants to keep learning and doing things better</td>
<td>34</td>
<td>35</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>The actions of hospital management show that patient safety is a top priority</td>
<td>23</td>
<td>25</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>When an event is reported, it feels like a person is blamed</td>
<td>23</td>
<td>25</td>
<td>78</td>
<td>81</td>
</tr>
<tr>
<td>Staff are afraid to ask questions or speak up when something does not seem right</td>
<td>21</td>
<td>21</td>
<td>69</td>
<td>69</td>
</tr>
</tbody>
</table>
Part 4 – Mandated quality assurance statements

Our quality assurance statements

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

- A review of services provided
- Details of participation in clinical audit and research
- Care Quality Commission regulation and registration status – included in the section on page 19
- Income and performance through the Commissioning for Quality and Innovation payment scheme (CQUIN)
- Data quality and Information Governance assurance.

Review of services

During 2014/15, Barts Health NHS Trust Board reviewed all the data available to it on the quality of care in 100 percent of its NHS services, as measured by individual service lines.

These service lines cover the range of regulated activities (as specified in the Care Quality Commission’s registration statement of purpose) undertaken by the Trust in the period before 1 April 2015. The income generated by the services reviewed in 2014/15 represents 100 percent of the total income generated from the provision of NHS services by Barts Health NHS Trust for 2014/15.

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

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

Data quality

Actions taken to improve data quality

The issue of information quality pervades all aspects of the delivery of patient care. It crosses both internal and external organisational boundaries and is the responsibility of everyone involved in delivering and supporting that care. Ensuring that information is of the highest possible standard is crucial to:

- Effective delivery of patient-centred services
• Efficient service delivery, performance management and the planning of future services
• Compliance with national standards, rules and definitions.

During 2014/15, we have undertaken a number of new initiatives to further improve the quality and completeness of our data capture. A new data quality policy was ratified by the Information Governance Committee, and a new data quality report is now regularly tabled and discussed by this committee at each meeting.

At an operational level, we have begun to roll out a new suite of online data quality dashboards. These are broad and far reaching, and allow managers to review data quality issues at an aggregate level and then drill down to pinpoint specific areas of concern. This will help identify poor performance and areas of weakness, and also enable managers to focus relevant training resources to resolve any issues, as well as monitoring the success of any remedial action.

The Trust is in the process of establishing a new framework for monitoring data quality and corrective plans. This will be driven by a new data quality steering group, which will have a remit to pull together all possible data quality measures, establish priorities and oversee remedial action. Ultimately, this group will have a reporting line to the Trust Board to provide executive oversight.

**Records submitted to the Secondary Uses Service (SUS)**

Barts Health submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data:

**NHS number validity**
The percentage of records in the published data which included the patient’s valid NHS number for the data period 1 April 2014 to 31 January 2015 was:

- 94.6 percent for admitted patient care
- 96.5 percent for outpatient care
- 88.8 percent for accident and emergency care.

**GP practice validity**
The percentage of records in the published data which included the patient’s valid GP Practice for the data period 1 April 2014 to 31 January 2015 was:

- 99.9 percent for admitted patient care
- 99.9 percent for outpatient care
- 99.9 percent for accident and emergency care.
Clinical coding

Barts Health NHS Trust was subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission. The error rates reported in the latest published audit for that period for diagnoses and treatments coding (clinical coding) were as follows:

- Primary diagnoses incorrect - 11.5 percent
- Secondary diagnoses incorrect - 7.1 percent
- Primary procedures incorrect - 10.4 percent
- Secondary procedures incorrect – 16 percent

The SUS data quality dashboard for admitted patient care for primary diagnosis and primary procedure for the period 1 April 2014 to 31 January 2015 is:

- Primary diagnosis – 96.8 percent
- Primary procedure – 99.5 percent

The Information Governance Toolkit

Barts Health’s overall Information Governance assessment report score for 2014/15 was 77% - a grade of unsatisfactory. Two information assurance standards were only scored at level 1, mainly due to the data quality issues we experienced with 18-week referral-to-treatment waiting lists and the issues surrounding the implementation of the Cerner Millennium electronic health record system at Whipps Cross Hospital in May 2014. An action plan has been devised to ensure level 2 is met for 2015/16.

In April 2014, the Trust underwent a three-day detailed external data protection audit visit/inspection by the Information Commissioner's Office. The audit focused on two areas - records management and security of personal data. The overall conclusion was that there is a limited level of assurance that processes and procedures are in place and delivering data protection compliance. A desk based follow-up assessment took place in February 2015, measuring the extent to which the Trust had implemented the agreed recommendations. A significant number of recommendations are still ongoing and will be monitored during the coming year to ensure the recommendations are completed.

We are committed to ensuring we manage all the information we hold and process in an efficient, effective and secure manner. This is underpinned by an action plan, monitored by the Information Governance Committee which reports to the Trust Board. It is supported by a range of policies, procedures, training, spotchecks and awareness training activities for staff.

Participation in national clinical audit and confidential enquiries

Our participation

During 2014/15, 36 national clinical audits and four national confidential enquiries covered the NHS services provided by Barts Health NHS Trust. During that period, Barts
Health participated in 100 percent (36 out of 36) of the national audits and 100 percent (four out of four) of the national confidential enquiries the Trust was eligible to participate in. The national clinical audits and national confidential enquiries that Barts Health NHS Trust participated in, and for which data collection was completed during 2014/15, are listed in Appendix 1a, 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 audits**

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 38 national clinical audits were reviewed by Barts Health in 2014/15. We will use these reviews to improve the quality of care we provide by taking the actions outlined in the examples of national audit summaries in the table at Appendix 1b.

**Learning from local clinical audits**

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. 749 projects were registered in 2014/15 and the reports of 117 local clinical audits were reviewed and actions agreed. These actions are outlined in the following sections.

**Local audit outcomes and recommendations for 2014/15**

Local audits within Barts Health have resulted in a number of improvements within our Emergency Care and Acute Medicine Clinical Academic Group and at all stages of the patient pathway. Key themes for outcomes have included:

- Improvements in education and training
- Local awareness of policies and procedures
- Resource management
- Recording of information and the transition to electronic health records

Specific outcomes in individual services have included:

- **Neonatology** – Implementation and evaluation of formal shift handover meetings to support continuation of high quality care
- **Ophthalmology** – Identification of need for and provision of regular basic life support refresher training in low risk areas
- **Nuclear medicine** – Highlighting areas causing delays for plain film requests and developing an improved process for requesting and authorisation
- **General surgery** – Development of a surgical proforma against the Royal College of Surgeons guidance for use in all theatres
- **Anaesthetics** – Development of posters and work aids detailing appropriate antibiotic prophylaxis for common emergencies. Highlighting the need for a play
specialist within the paediatric anaesthetic team and creation of a business case to support recruitment and funding

- **Rheumatology** – Re-organisation of clinic times to allow for additional senior clinician support
- **Paediatric therapies** – Enhanced communication with clinical multi-disciplinary teams to reduce call-out requests
- **Haematology** – Extension of the multi-disciplinary team and additional clinics to support nutritional plans and awareness for myeloma patients
- **Immunopathology** – Improved use of clinical systems to ensure all appropriate consultant referrals are completed
- **Clinical coding** – A programme of audits across the Trust, leading to improved communication with clinicians and increasing the depth of coding for patient records in a range of specialities
- **Orthopaedic surgery** – Improved documentation through implementation of electronic operation notes
- **Maternity** – Identification of training needs and awareness around wristband protocols on wards and implementation of this training
- **Radiology** – Distribution of local protocols and education around standards for quality and operation of x-ray equipment and images
- **Respiratory medicine** – Ensuring patients diagnosed with tuberculosis are screened for co-infections prevalent in this diagnosis group
- **Neurosurgery** – Systematic monthly review of care and coding for intracranial injury and implementation of use of electronic operation notes.

**Participation in research**

**Another successful year for research growth at Barts Health**

The number of patients receiving NHS services provided or sub-contracted by Barts Health NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was estimated at 22,500.

2014/15 has been another productive year for research and development at Barts Health. Research activity has again been logged in a wide range of specialities across all our Clinical Academic Groups. We met the challenging targets we set for the year for increasing research and development income, participation in commercial clinical trials and National Institute of Health Research (NIHR) programmes. Our involvement in the Comprehensive Research Network North Thames (CRN:NT) has resulted in a 20 percent increase in our patient recruitment to NIHR-adopted clinical trials. Barts Health is the second highest recruiter to NIHR portfolio studies in our network of 22 trusts.

Barts Health is also the host for the NIHR’s Cardiovascular Biomedical Research Unit, in partnership with Queen Mary University of London. This unit continues to develop new therapies, train researchers and produce internationally leading research publications.

**Research case studies**

**100,000 genomes project**
Barts Health is a key partner supporting the local delivery of the 100,000 Genome Project. We are a key member of a designated Genomic Medicine Centre under the leadership of Professor Lyn Chitty from Great Ormond Street Hospital for Children NHS Foundation Trust, the host organisation.

Launched locally in December 2014, the project aims to develop more effective treatments for cancer and rare conditions in association with Genomics England. Patients receiving care within Barts Health and at other named hospitals will be identified and asked - with consent - to provide blood and tissue samples for genetic analysis through to 2017. By collecting and analysing samples on a large scale and matching them with the symptoms and the long-term outcome associated with these conditions, the genome project aims to position the UK as the first country in the world to sequence 100,000 whole human genomes. In all, it is anticipated that about 75,000 people will be involved in the North Thames area, of which 40,000 will be patients with serious illnesses. The aim is to help researchers and clinicians better understand, and ultimately treat, rare and inherited diseases and common cancers.

**CLAHRC progress**

Since Barts Health was awarded the host status for the one of the NIHR’s prestigious new Collaborations for Leadership in Applied Health Research and Care (CLAHRC) in late 2013, we have moved swiftly into operational mode. Key early deliverables over the last year have included a significant response from young people keen to join the CLAHRC’s diabetes services redesign project as co-inquirers. There has also been great interest in the collaboration’s new lay research advisory panel. During the year, the panel has established a nurse, midwife and allied health professionals fellowship scheme and launched research projects in its key work areas:

- Innovations in systems and models of health and health care
- Methodological innovation
- Empowering mental health service users and families
- Child and adolescent health
- Optimising behaviour and engagement with care.

**Innovation**

The Trust’s innovation pipeline is strengthening, with three new innovations moving into the commercial development stage. An ascending thoracic aortic graft \(^1\) developed by the cardiac team has been granted international patents and is entering the final stages of development with an industry partner. Another device in the cardiac area helps patients with arrhythmia to control attacks. A prototype of the device, developed by our emergency care team, is being produced with an industry partner and charitable funds are being sought to move into the device testing stage of the product’s development cycle. Further commercialisation activities are under way in cardiac stem cell technology and diabetes diagnostics.

\(^1\) A treatment for an aneurism in the ascending aorta, the part of the heart from which the coronary arteries begin.
Working with UCLPartners

UCLPartners is the clinical academic science partnership for north and east London. It has considerable strength and depth of academic activity and covers some of the largest biomedical research portfolios in the UK. The purpose of the UCLPartners research programme is to harness this immense research strength, not only in biomedicine but across the physical and social sciences, to improve the health of the population. The partnership aims to maximise synergies between internal structures and external partners, so stimulating research pathways from basic innovation through to population health gain.

During 2014/15, the partnership actively supported Barts Health in its hosting of the CRN:NT and CLAHRC. UCLPartners, working with Barts Health and other NHS trusts, is committed to maximising the involvement of our population in clinical trials. In the last five years, over 200,000 patients have participated in trials across the UCLP partnership.

In the past year, UCLPartners have moved evidence based care into practice, including:

- Helping reduce cardiac arrests in hospitals by up to 50 percent
- Introducing a strategy to prevent 700 strokes each year and save over 200 lives
- Training over 13,000 staff to improve care for patients with dementia
- Focusing on where we can make the most impact for patients with, or at risk of, heart disease and cancer with the aim of saving over 1,000 lives each year.

The combined geography of the CRN:NT opened around 800 trials and is responsible for leading a quarter of all commercial studies in England. In addition, UCLPartners has been actively involved in developing projects in applied health research that will be carried out by the NIHR CLAHRC. UCLPartners programmes continue to improve health and to create wealth for our local population and for the UK.

**Our CQUINS – performance in 2014/15**

The CQUIN framework and its effect on our income

The CQUIN framework is a national initiative which aims to support operational improvements in the quality of services, whilst creating new, improved patterns of care. CQUIN payments are used to incentivise NHS organisations to deliver these improvements over and above baseline requirements.

A proportion of Barts Health NHS Trust’s income in 2014/15 therefore is conditional on achieving 33 quality improvement and innovation goals agreed between Barts Health, our local commissioners and NHS England. In summary:

- 14 CQUINs - three national and 11 local - were agreed between Barts Health and our local commissioners. Seven of the 11 local schemes are site specific
- 13 CQUINs - three national and ten local - were agreed between Barts Health and NHS England as part of the specialised commissioning contract
• Three community CQUINs - two national and one local – were agreed between Barts Health and Tower Hamlets Clinical Commissioning Group as part of the community health contract
• Three additional CQUINs were commissioned by NHS England through the dental, screening and early years contract

The table on page 114 shows the income associated with each individual CQUIN for 2014/15, which of our hospitals it applied to and our projected percentage delivery for the first three quarters of 2014/15.

**Our performance against CQUINs in 2014/15**

**National CQUINs**

The National CQUINs for 2014/15 have been particularly ambitious for Barts Health.

**The national dementia CQUIN**

Whilst we have seen a significant improvement in performance for the dementia CQUIN, we have not achieved the targets for the FAIR – Find, Assess, Refer – assessment for quarters one to three, and we are unlikely to deliver the target in quarter four, despite performance having greatly improved from previous years.

The following table shows our performance for the period 1 April 2014 to 31 March 2015:

<table>
<thead>
<tr>
<th>FAIR</th>
<th>Quarter 1</th>
<th></th>
<th>Quarter 2</th>
<th></th>
<th>Quarter 3</th>
<th></th>
<th>Quarter 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Actual</td>
<td>Target</td>
<td>Actual</td>
<td>Target</td>
<td>Actual</td>
<td>Target</td>
<td>Actual</td>
</tr>
<tr>
<td>Find ¹</td>
<td>60%</td>
<td>85%</td>
<td>70%</td>
<td>70%</td>
<td>80%</td>
<td>73.6%</td>
<td>90%</td>
<td>46.6%</td>
</tr>
<tr>
<td>Assess ²</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>87%</td>
<td>90%</td>
<td>88.3%</td>
<td>90%</td>
<td>73.5%</td>
</tr>
<tr>
<td>Refer ³</td>
<td>90%</td>
<td>59%</td>
<td>90%</td>
<td>95%</td>
<td>90%</td>
<td>94.3%</td>
<td>90%</td>
<td>87.9%</td>
</tr>
</tbody>
</table>

¹ Find - The case finding of patients aged 75 and over following emergency admission to hospital, using the dementia case finding tool to identify all those with delirium and dementia.

² Assess and Investigate – Diagnostic assessment, including investigations, undertaken to determine whether the presence of a dementia is possible for those patients identified as at-risk of dementia from the dementia case finding question and/or presence of delirium.

³ Refer - The referral of clinically appropriate cases for specialist diagnosis of dementia and appropriate follow up.

**The national Friends and Family Test CQUIN**

Similarly, Barts Health has struggled to maintain response rates for the Friends and Family Test in our emergency departments and for inpatient wards. As at quarter three (October to December 2014) we were delivering against the 20 percent target for emergency departments and the 30 percent target for inpatient wards. However, we were not expecting to deliver the year end stretch target of 40 percent for inpatient wards.
The national safety thermometer CQUIN
Our performance against the required decrease in pressure ulcers as measured by the national safety thermometer was also off track as of December 2014.

Our performance - local CQUINs
Good progress has been made against the local CQUIN requirements. Particular CQUINs to note in 2014/15 are those covering the provision of integrated care and seven-day working, which are both “process driven” schemes. Integrated Care is set to continue into 2015/16, and it is likely that a move towards seven-day services will become part of the standard contract. The integrated care CQUIN is particularly complex with 14 indicators, each with numerous milestones spanning acute (general and specialist) and community services.

Specialised CQUIN performance
The 13 specialised CQUINs were agreed between Barts Health and NHS England in September 2014. The specialised dashboards are of particular note as there are 17 for Barts Health, presenting challenges with populating and submitting the information. We will continue to monitor and populate the information on an on-going basis, whilst maintaining an open dialogue with NHS England where appropriate in preparation for the submissions.

Other CQUINs
The three CQUINs across the dental, screening and early years contracts continue to progress and deliver.
## 2014/15 CQUINs – monetary value and projected delivery

<table>
<thead>
<tr>
<th>CQUIN type</th>
<th>Barts Health site</th>
<th>Specific CQUIN</th>
<th>Approximate value</th>
<th>Projected % delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q1</td>
</tr>
<tr>
<td>National</td>
<td>All</td>
<td>Friends and Family Test</td>
<td>£2,043,371</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safety Thermometer</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dementia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td>All</td>
<td>Integrated care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seven-day working</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COPD care plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LCH/MEH/RLH/SBH *</td>
<td>Last years of life</td>
<td>£11,579,209</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetes inpatient care</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maternity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newham</td>
<td></td>
<td>Improving maternity quality and outcomes</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consultant advice and communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Whipps Cross</td>
<td>Consultant advice and communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reducing falls and pressure ulcers</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Community</td>
<td>All</td>
<td>Friends and Family Test</td>
<td>£982,927</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safety Thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Integrated care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialised</td>
<td>All</td>
<td>Friends and Family Test</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safety Thermometer</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dementia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Highly specialised services</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foetal medicine specialist opinion &lt; 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Retinopathy of prematurity</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perinatal pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac surgery – inpatient waits &lt; 7 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIV telemedicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Renal dialysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialised dashboards</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seven-day working</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialised orthopaedics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>All</td>
<td>Dental</td>
<td>£557,025</td>
<td>100</td>
</tr>
<tr>
<td>Early years</td>
<td>LCH/MEH/RLH/SBH *</td>
<td>CHIS to CHIS system data transference</td>
<td>£182,675</td>
<td>100</td>
</tr>
<tr>
<td>Screening</td>
<td>LCH/MEH/RLH/SBH *</td>
<td>Increased uptake in abdominal aortic aneurism screening</td>
<td>£88,675</td>
<td>100</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>£22,564,282</td>
<td>94</td>
</tr>
</tbody>
</table>

*London Chest, Mile End, Royal London and St Bartholomew’s hospitals*
Part 5 – Performance against mandatory indicators in 2014/15
Part 5 - Performance against mandatory indicators in 2014/15

Venous thromboembolism (VTE) risk assessment

Definition

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

Data period - Quarter 1 – 1 April 2014 to 30 June 2014

<table>
<thead>
<tr>
<th>Percentage of patients admitted to hospital who were risk assessed for VTE</th>
<th>Best</th>
<th>100%</th>
<th>South Essex Partnership University NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Barts Health</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>87%</td>
<td>North Cumbria University Hospitals NHS Trust</td>
</tr>
</tbody>
</table>

Data period – Quarter 2 – 1 July 2014 to 30 September 2014

<table>
<thead>
<tr>
<th>Percentage of patients admitted to hospital who were risk assessed for VTE</th>
<th>Best</th>
<th>100%</th>
<th>Royal National Hospital for Rheumatic Diseases (Part of Royal United Hospitals Bath NHS Foundation Trust)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Barts Health</td>
<td>94.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>86%</td>
<td>North Cumbria University Hospitals NHS Trust</td>
</tr>
</tbody>
</table>

Data period – Quarter 3 – 1 October 2014 to 31 December 2014

<table>
<thead>
<tr>
<th>Percentage of patients admitted to hospital who were risk assessed for VTE</th>
<th>Best</th>
<th>100%</th>
<th>Blackpool Teaching Hospitals NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Barts Health</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>81%</td>
<td>North Cumbria University Hospitals NHS Trust</td>
</tr>
</tbody>
</table>
Data period – Quarter 4 – 1 January 2015 to 31 March 2015

<table>
<thead>
<tr>
<th>Percentage of patients admitted to hospital who were risk assessed for VTE</th>
<th>Best</th>
<th>100%</th>
<th>West Suffolk NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barts Health</td>
<td>96%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>95%</td>
<td>Maidstone and Tunbridge Wells NHS Trust</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>79%</td>
<td>Cambridge University Hospitals NHS Foundation Trust</td>
<td></td>
</tr>
</tbody>
</table>

Standard Hospital Mortality Indicator (SHMI)

**Definition**
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regards to:

- the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the Trust for the reporting period
- the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period. The palliative care indicator is a contextual indicator.

Data period 1 July 2013 to 30 June 2014

<table>
<thead>
<tr>
<th>SHMI</th>
<th>Best</th>
<th>0.541</th>
<th>The Whittington Hospital NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>0.732</td>
<td>Imperial College Healthcare NHS Trust</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>0.788</td>
<td>University College London Hospitals NHS Foundation Trust</td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td>0.812</td>
<td>Barts Health NHS Trust</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>1.198</td>
<td>Medway NHS Foundation Trust</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients coded as receiving palliative care</th>
<th>Best</th>
<th>49%</th>
<th>Salford Royal NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barts Health</td>
<td>16.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>7.4%</td>
<td>University Hospital of South Manchester NHS Foundation Trust</td>
<td></td>
</tr>
</tbody>
</table>
**Clostridium difficile**

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

**Data period - April 2013 to March 2014**

<table>
<thead>
<tr>
<th>Clostridium difficile</th>
<th>Best</th>
<th>0 Birmingham Women's NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>0</td>
<td>Moorfields Eye Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>0</td>
<td>Royal National Hospital for Rheumatic Diseases</td>
</tr>
<tr>
<td>73&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>13.0</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Average</td>
<td>14.8</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>37.1</td>
<td>University College London Hospitals NHS Foundation Trust</td>
</tr>
</tbody>
</table>

**PROMS – Patient reported outcomes and measures**

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

**Data period – 1 April 2013 to 31 March 2014**

**PROMS i) groin hernia**

<table>
<thead>
<tr>
<th>Best</th>
<th>0.139</th>
<th>BMI – The Foscote Private Hospital, Banbury</th>
</tr>
</thead>
<tbody>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>0.135</td>
<td>Boston West Hospital</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>0.132</td>
<td>Wye Valley NHS Trust</td>
</tr>
<tr>
<td>Average</td>
<td>0.085</td>
<td></td>
</tr>
<tr>
<td>Barts Health</td>
<td>0.072</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>0.008</td>
<td>North Downs Hospital, Caterham</td>
</tr>
</tbody>
</table>

**PROMS ii) varicose vein surgery**

<table>
<thead>
<tr>
<th>Best</th>
<th>0.150</th>
<th>Wye Valley NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>0.144</td>
<td>Spire Methley Park Hospital, Yorkshire</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>0.143</td>
<td>Brighton and Sussex University Hospitals NHS Trust</td>
</tr>
<tr>
<td>Average</td>
<td>0.093</td>
<td></td>
</tr>
<tr>
<td>Barts Health</td>
<td>0.050</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>0.023</td>
<td>Imperial College Healthcare NHS Trust</td>
</tr>
</tbody>
</table>
PROMS

### iii) Hip replacement surgery

<table>
<thead>
<tr>
<th></th>
<th>Best</th>
<th>2nd</th>
<th>3rd</th>
<th>Average</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>0.545</td>
<td>0.516</td>
<td>0.515</td>
<td>0.436</td>
<td>0.342</td>
</tr>
<tr>
<td>Hospital</td>
<td>The Park Hospital, Nottingham</td>
<td>Spire Sussex Hospital, St Leonards-On-Sea</td>
<td>Nuffield Health - Cambridge Hospital</td>
<td>Barts Health</td>
<td>Royal Liverpool and Broadgreen University Hospitals NHS Trust</td>
</tr>
</tbody>
</table>

### iv) Knee replacement surgery

<table>
<thead>
<tr>
<th></th>
<th>Best</th>
<th>2nd</th>
<th>3rd</th>
<th>Average</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>0.416</td>
<td>0.416</td>
<td>0.400</td>
<td>0.323</td>
<td>0.215</td>
</tr>
<tr>
<td>Hospital</td>
<td>The Lancaster Hospital</td>
<td>Nuffield Health - Cambridge Hospital</td>
<td>Northampton General Hospital NHS Trust</td>
<td>Barts Health</td>
<td>Homerton University Hospital NHS Foundation Trust</td>
</tr>
</tbody>
</table>

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

**Patient safety incident reporting – national reporting and learning system**

**Definition**

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

**Data period - 1 April 2014 to 30 September 2014**

<table>
<thead>
<tr>
<th>Percentage of reported patient safety incidents resulting in severe harm or death</th>
<th>Best</th>
<th>2nd</th>
<th>3rd</th>
<th>49th</th>
<th>Average</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Eliot Hospital NHS Trust</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.5%</td>
<td>3.1%</td>
</tr>
<tr>
<td>The Dudley Group NHS Foundation Trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tameside Hospital NHS Foundation Trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barts Health NHS Trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isle of Wight NHS Trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Readmission to hospital within 28 days of discharge**

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

Figures for the financial years 2013/14 and 2014/15 figures are taken from CHKS, a provider of healthcare intelligence and quality improvement services. CHKS does not provide the names of best and worst performing trusts, but the following table shows how Barts Health’s performance compares with the best, average and worst in each case.

**Data period – 1 April 2013 to 31 March 2014**

<table>
<thead>
<tr>
<th>Readmissions in patients aged 0 to 15 years</th>
<th>Best</th>
<th>Barts Health</th>
<th>8.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average</td>
<td>10.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>17.2%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Readmissions in patients aged 15 and over</th>
<th>Best</th>
<th>2.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Barts Health</td>
<td>7.4%</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

**Data period – 1 April 2014 to 31 March 2015**

<table>
<thead>
<tr>
<th>Readmissions in patients aged 0 to 15 years</th>
<th>Best</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Barts Health</td>
<td>7.4%</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Readmissions in patients aged 15 and over</th>
<th>Best</th>
<th>2.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average</td>
<td>6.5%</td>
</tr>
<tr>
<td></td>
<td>Barts Health</td>
<td>8.6%</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

**NHS National Inpatient Survey**

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

**Definition**

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

The inpatient survey sourced does not provide a single overall rating for each NHS trust to enable comparison. This would be misleading as the survey assesses a number of different aspects of people’s experiences (such as doctors, nurses, time on the ward etc) and Trust performance varies across these different aspects. The structure of the questionnaire also means that there are a different number of questions in each section. This means that it is not possible to compare trusts overall.
Respondents were asked to answer questions about different aspects of their care and treatment. Based on their responses, each NHS trust has a score out of ten for each question - the higher the score the better. Each trust also receives a rating of better, about the same or worse when compared to the national average for each indicator.

The comparison shown below is based on a peer group of similar and neighbouring acute hospital trusts for the most recently available data. Amber indicates performance is about the same as average and red indicates performance is worse than average. Barts Health received a score of about the same for all areas.

Data period – 1 September 2013 to 31 January 2014

<table>
<thead>
<tr>
<th>Trust/ Survey indicator</th>
<th>Barts Health</th>
<th>BHRUT</th>
<th>UCLH</th>
<th>GSTT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting lists and planned admissions</td>
<td>8.7</td>
<td>8.4</td>
<td>8.8</td>
<td>9</td>
</tr>
<tr>
<td>Waiting to get a bed on a ward</td>
<td>7.2</td>
<td>7.5</td>
<td>7.6</td>
<td>8.2</td>
</tr>
<tr>
<td>The hospital and ward</td>
<td>8</td>
<td>7.7</td>
<td>8.3</td>
<td>8.5</td>
</tr>
<tr>
<td>Doctors</td>
<td>8.3</td>
<td>8.1</td>
<td>8.9</td>
<td>8.7</td>
</tr>
<tr>
<td>Nurses</td>
<td>7.9</td>
<td>7.8</td>
<td>8.3</td>
<td>8.6</td>
</tr>
<tr>
<td>Care and treatment</td>
<td>7.4</td>
<td>7.2</td>
<td>7.6</td>
<td>8</td>
</tr>
<tr>
<td>Operations and procedures</td>
<td>8.1</td>
<td>8</td>
<td>8.3</td>
<td>8.2</td>
</tr>
<tr>
<td>Leaving hospital</td>
<td>7</td>
<td>6.6</td>
<td>7.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Overall views and experience</td>
<td>5.2</td>
<td>5</td>
<td>5.6</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Key to trusts:
- BHRUT – Barking, Havering and Redbridge University Hospitals NHS Trust
- UCLH – University College London Hospitals NHS Foundation Trust
- GSTT – Guy’s and St Thomas’ NHS Foundation Trust

Friends and Family Test

Definition
The percentage of respondents who say they are likely or extremely likely to recommend the service they used. All data is for the period 1 January 2014 to 31 December 2014.

Percentage of patient respondents who would recommend inpatient services

<table>
<thead>
<tr>
<th>FFT Patient</th>
<th>Best</th>
<th>100%</th>
<th>Fairfield Independent Hospital, St Helens</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>99%</td>
<td>Moorfields Eye Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>98%</td>
<td>The Walton Centre NHS Foundation Trust</td>
</tr>
<tr>
<td>Average</td>
<td>94%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barts Health</td>
<td>94%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>75%</td>
<td></td>
<td>Medway NHS Foundation Trust</td>
</tr>
</tbody>
</table>

Percentage of patient respondents who would recommend A&E services

121
Percentage of NHS staff respondents who would recommend their trust as a place to work

This data excludes all NHS ambulance trusts and any trusts with under 20 responses

<table>
<thead>
<tr>
<th>FFT Patient</th>
<th>Best</th>
<th>98%</th>
<th>Wirral University Teaching Hospital NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>97%</td>
<td>Surrey and Sussex Healthcare NHS Trust</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>99%</td>
<td>Dartford and Gravesham NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Barts Health</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>65%</td>
<td>Medway NHS Foundation Trust</td>
</tr>
</tbody>
</table>

Percentage of NHS staff respondents who would recommend their trust as a place to receive care

<table>
<thead>
<tr>
<th>FFT Staff – work</th>
<th>Best</th>
<th>87%</th>
<th>Royal Brompton and Harefield NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>86%</td>
<td>Royal National Orthopaedic Hospital NHS Trust</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>85%</td>
<td>Torbay and Southern Devon Health and Care NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Barts Health</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>35%</td>
<td>Hull and East Yorkshire Hospitals NHS Trust</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FFT Staff – care</th>
<th>Best</th>
<th>98%</th>
<th>Royal National Orthopaedic Hospital NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>97%</td>
<td>Liverpool Heart and Chest Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>96%</td>
<td>Queen Victoria Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Barts Health</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>41%</td>
<td>Devon Partnership NHS Trust</td>
</tr>
</tbody>
</table>
Part 6 – Contractual remedies and benefits realisation
Part 6 - Contractual remedies and benefits realisation

**Responding to the contractual remedies and benefits realisation set out by the Cooperation and Competition Panel**

**Why the remedies are in place**

The merger to form Barts Health was approved by the Secretary of State for Health in 2012, subject to a set of behavioural safeguards recommended by the Cooperation and Competition Panel (CCP). This later became Monitor's Cooperation and Competition Directorate.

Behavioural safeguards (contractual remedies) were agreed between our commissioners and the CCP, and these are subject to on-going monitoring. The aim is to ensure that the quality of care provided by the merged organisation for the residents of the London Borough of Newham remains at least as high as it would have been in the absence of a merger.

The CCP recommended that the merger should also deliver a set of measurable benefits for all patients and residents served by Barts Health. We have tracked our progress against these indicators in 2014/15 and fed back on our progress to commissioners.

**Progress against the remedies in 2014/15**

Overall, our performance has been mixed. We maintained or improved performance in the following areas:

- Agreeing to quality visits
- Providing proof of learning from the merged organisation
- Incident reporting rates
- Mortality rates
- Waiting times - although a deterioration in the third quarter of the year was noted
- New-to-follow-up ratios - a measure of the number of follow-up appointments a patient receives for the same condition.

Our performance on consultant-to-consultant referrals has been exceptional.

However, in these areas, our performance appears to be declining:

- Site specific quality indicators
- Patient safety measures, especially numbers of never events
- Staff and patient satisfaction measures.

Efficiency and productivity indicators also need to be improved, in particular:

- The length of stay for both elective (planned) and non-elective (emergency) procedures
• Rates of admissions and length of stay for patients with chronic obstructive pulmonary disease (COPD)
• The number of inappropriate consultant-to-consultant referrals - for example, for unrelated conditions which should be referred back to the patient’s GP
• New-to-follow-up ratios for outpatients
• Avoidable emergency readmissions within 30 days
• Pre-procedure elective and non-elective bed days
• The numbers of patients who do not attend their first outpatient appointment
• Increasing day surgery rates.

Progress towards benefits realisation in 2014/15
We reported on progress in five areas during the year to our commissioners.

Improving pathology services
We have made the following progress in 2014/15:

• Implementation of the Winpath 7 laboratory information management system, which allows electronic requesting of pathology tests. Winpath also reports directly to the CyberLab system used in GP practices, allowing local GPs to view results electronically and providing additional resilience within our pathology reporting processes
• Introducing a rotational training programme, enabling staff to work on all sites in Barts Health
• Attendance by our senior clinical and pathology management staff at the Whipps Cross Clinical Forum, along with local GPs and members of the Clinical Commissioning Group.

Improving cancer care
We have made the following progress:

• Chemotherapy services are now available at both Newham and Whipps Cross hospitals
• A detailed set of improvement actions are being implemented as part of our cancer patient experience action plan
• Additional specialist staff are in post to help enable patients to have access to a cancer specialist 24/7.

Improving paediatric consultant rotas and cross site working
We have made the following progress:

• Senior consultants now work on all sites with an increase in their presence in the evenings
• There have been session exchanges between senior staff across our hospitals to share good practice
• The clinical director, senior nurse, general manager and service manager all work across all sites to provide support
• Appointments have been made to clinical nurse specialist posts within specialist teams such as diabetes, with post holders working collaboratively across sites.

Transforming outpatients
See the section on page 44.

Reducing length of stay
See the section on page 39.

Future direction for the contractual remedies and benefits realisation
It is now over three years since the merger to create Barts Health. In that time, much has changed across the health economy as well as within the Trust. While the majority of the behavioural safeguards remain relevant, there is much duplication with regards to monitoring and performance management. There have also been a number of contractual developments that impact on the targets set out within the original monitoring dashboard. The Transforming Services Together programme is now informing the way that local health services are and will transform to meet the needs of our population. This could not have been anticipated at the time of the merger, and may impact on the deliverables within the benefits realisation indicators set out in the original agreement.

It is therefore believed that we are now at a point where it is appropriate to consider the most effective way to ensure that the quality of services at Newham University Hospital is maintained and that the benefits of the merger for local residents are realised. The Trust and our commissioners are in discussions with Monitor about the best way to oversee these contractual remedies and benefits realisation for the future.
Part 7 - External feedback and reports

Feedback and reports from our stakeholders

In April 2015, we sent a draft version of the Quality Account to a number of local stakeholders for their scrutiny, input and comment. The Account was sent to:

- The Chairs and Chief Officers of our local Clinical Commissioning Groups
- The Chairs of the health scrutiny committees for our local authorities
- Our local Healthwatches
- The Chairs of the Barts Health patient panels.

Formal responses received

Written responses were received from:

- Tower Hamlets Clinical Commissioning Group - on behalf of the collaborative commissioning arrangements for Barts Health NHS Trust
- The Chairs of the Inner North East London Joint Health Overview and Scrutiny Committee and Waltham Forest Council’s Health Scrutiny Committee – covering the five local authorities which are home to our hospitals and services
- Our four main local Healthwatches – City of London, Newham, Tower Hamlets and Waltham Forest.

Although no formal feedback was received from our patient panel chairs, we are in regular dialogue with them and their members. Panel members have the opportunity to hear from us and raise questions and concerns about our services at any time.

The full written responses are included in Appendix 2.

Internally, the draft Quality Account was presented to the Trust’s Quality Assurance Committee, a sub-committee of the Board, the Trust Board and the Trust executive team during April and May 2015.

Responding to our stakeholders’ scrutiny and comments

We made a number of changes to the Quality Account as a result of feedback from our stakeholders, the Quality Assurance Committee, Trust Board, Trust executive team and our auditors, Grant Thornton UK LLP. The main changes include:

- Updating all data sets to ensure they reflect the latest position as at June 2015
- Including information on our initiatives to recruit people from our local communities
- Updating information on our performance against the national cancer access standards
- Including information in the section on safeguarding children on our response to the issue of female genital mutilation (FGM) and ensuring staff are aware and can act accordingly
• Clarified specific information in relation to patient experience survey results and our expectations for future surveys
• Updated the section on working with the Care Quality Commission to reflect the results of the CQC’s inspections at Newham and The Royal London hospitals in February 2015
• Including further information on how we are managing the impact of the change of our non-emergency patient transport provider
• Added clarification around current recording arrangements for compliance with staff training for safeguarding children
• Including further information on how we use and respond to feedback from NHS Choices and Patient Opinion
Statement from our auditors, Grant Thornton UK LLP

Independent Auditor's Limited Assurance Report to the Directors of Barts Health NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Barts Health NHS Trust’s Quality Account for the year ended 31 March 2015 (“the Quality Account”) and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 (“the Regulations”).

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death.
- Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)

We refer to these two indicators collectively as “the indicators”.

Respective responsibilities of directors and auditors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the 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, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.
The Directors are required to confirm compliance with these requirements in a statement of directors’ responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by DH in March 2015 (“the Guidance”); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated June 2015;
- feedback from Local Healthwatch dated June 2015;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated April 2015;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 21/05/2015;
- the latest national staff survey dated December 2014;
- the Head of Internal Audit’s annual opinion over the trust’s control environment dated 23/04/2015;
- the annual governance statement dated 03/06/2015; and
- the Care Quality Commission’s Intelligent Monitoring Report dated December 2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Barts Health NHS Trust.
We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Barts Health NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

**Assurance work performed**
We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

**Limitations**
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations. The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.
In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Barts Health NHS Trust.

**Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP  
Grant Thornton House  
Melton Street  
Euston Square  
London  
NW1 2EP

30 June 2015
Part 8 – Appendices
### Appendix 1a - Participation in mandatory national clinical audit projects in 2014/15

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>National clinical audit supplier</th>
<th>CAS</th>
<th>Inclusion criteria - data submitted in 2014/15</th>
<th>Number of participating sites/number of eligible sites</th>
<th>sliced coverage - number of cases submitted in 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute coronary syndrome or acute ischaemic infarction</td>
<td>NICE/Audit Commission (NCPC)</td>
<td>CAG</td>
<td>Acute coronary syndrome, including non-ST elevation myocardial infarction and ST-elevation myocardial infarction or unstable angina. Post-discharge patients. 1 January – 31 December. 2013.</td>
<td>4/6 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Adult Critical Care</td>
<td>CRUK/Cancer Research Campaign</td>
<td>CAG</td>
<td>Adult Critical Care, including patients admitted to adult critical care units. Post-discharge patients. 1 January – 31 December. 2013.</td>
<td>4/4 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>British Society of Gastroenterology (BSG) and Association of Scientific and Industrial Research (ASiR)</td>
<td>BSG/ASiR</td>
<td>CAG</td>
<td>British Society of Gastroenterology (BSG) and Association of Scientific and Industrial Research (ASiR)</td>
<td>4/4 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Brain cancer</td>
<td>Health and Social Care Information Centre</td>
<td>CAG</td>
<td>Brain cancer, including patients diagnosed from 1 April 2014 – 31 March 2015</td>
<td>3/3 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Cardiac rhythm management</td>
<td>Heart Rhythm UK, NICE</td>
<td>CAG</td>
<td>Cardiac rhythm management, including patients admitted to cardiac rhythm management services. 1 January – 31 December. 2013.</td>
<td>4/4 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Congenital heart disease (Pediatric)</td>
<td>Cardiac Research Centre, Scotland</td>
<td>CAG</td>
<td>Congenital heart disease (Pediatric), including patients admitted to congenital heart disease (Pediatric) services. 1 January – 31 December. 2013.</td>
<td>4/4 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Coronary artery surgery</td>
<td>NICE/Coronary Artery Surgery Audit Centre</td>
<td>CAG</td>
<td>Coronary artery surgery, including patients admitted to coronary artery surgery audit centres. 1 January – 31 December. 2013.</td>
<td>4/4 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Dental care</td>
<td>Health and Social Care Information Centre</td>
<td>CAG</td>
<td>Dental care, including patients admitted to dental care services. 1 January – 31 December. 2013.</td>
<td>3/3 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Diabetes (Diabetes UK)</td>
<td>Diabetes UK</td>
<td>CAG</td>
<td>Diabetes (Diabetes UK), including patients admitted to diabetes (Diabetes UK) services. 1 January – 31 December. 2013.</td>
<td>4/4 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Diabetic retinopathy</td>
<td>Royal College of Ophthalmologists (RCO)</td>
<td>CAG</td>
<td>Diabetic retinopathy, including patients admitted to diabetic retinopathy services. 1 January – 31 December. 2013.</td>
<td>3/3 (participating)</td>
<td>Remaining: Wessex, Whipps Cross, Royal London, St Bartholomew’s, London Chest Hospital, Middlesex.</td>
</tr>
<tr>
<td>Specialty Audit (name)</td>
<td>Institution</td>
<td>Description</td>
<td>Code</td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Cardiac surgery (National PMM Programme)</td>
<td>ISGP</td>
<td>Surgery patients aged 15 to 65 years.</td>
<td>2/2</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>Pulmonary Fibrosis Audit 1</td>
<td>Royal College of Physicians</td>
<td>Children’s Respiratory Health</td>
<td>2/2</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>Pulmonary Fibrosis Audit 2</td>
<td>Royal College of Physicians</td>
<td>Adult with lung fibrosis and a high risk of mortality.</td>
<td>2/2</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>Head &amp; Neck Cancer</td>
<td>Royal College of Surgeons</td>
<td>Head &amp; neck cancer</td>
<td>2/2</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Intensive Care Unit Management</td>
<td>Royal College of Surgeons</td>
<td>Intensive care unit management</td>
<td>2/2</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Intensive Care Unit Management</td>
<td>Royal College of Surgeons</td>
<td>Intensive care unit management</td>
<td>2/2</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Long Stay Unnecessary Care</td>
<td>Royal College of Surgeons</td>
<td>Long stay unnecessary care</td>
<td>2/2</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Maternal, Neonatal and Infant Health Programme (MMIHP)</td>
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<td>Maternal deaths,Stillbirths and infant deaths</td>
<td>2/2</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>National Centre Arrhythmia Audit (NCAA)</td>
<td>KTNIC</td>
<td>CCAM</td>
<td>All individuals (excluding neonates) receiving catheter ablation who were admitted to the hospital; those admitted to the CCAM from 1 April 2015 to 31 March 2016</td>
<td>3/3</td>
<td>Participating</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------</td>
<td>------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----</td>
<td>--------------</td>
</tr>
<tr>
<td>National Centre for Chronic Pain and Palliative Care</td>
<td>CSS</td>
<td>CLS</td>
<td>Eligible for the National Centre for Chronic Pain and Palliative Care cohort</td>
<td>3/3</td>
<td>Participating</td>
</tr>
<tr>
<td>Mental Health Clinical Outcome Monitor (COSMON)</td>
<td>Centre for Mental Health</td>
<td>CSS</td>
<td>Mental Health services provided by East London MFT, West London MFT, and Ealing MFT</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>National Emergency Registry Audit (NERA)</td>
<td>The Royal College of Surgeons</td>
<td>CSS</td>
<td>N/A</td>
<td>3/3</td>
<td>Participating</td>
</tr>
<tr>
<td>Breast cancer (M)</td>
<td>Breast cancer institute</td>
<td>CSS</td>
<td>Patients with breast cancer who were admitted to the hospital</td>
<td>4/4</td>
<td>Participating</td>
</tr>
<tr>
<td>Hip, knee, shoulder and ankle surgery</td>
<td>National Joint Registry</td>
<td>CSS</td>
<td>N/A</td>
<td>3/3</td>
<td>Participating</td>
</tr>
<tr>
<td>Access to diagnostics in elderly patients</td>
<td>College of Emergency Medicine</td>
<td>CSS</td>
<td>Over the age of 75 (non-emergency visits)</td>
<td>4/4</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Cardiac intensive care</td>
<td>PICNIC</td>
<td>CSS</td>
<td>All children admitted to the cardiac intensive care unit</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>General anaesthesia</td>
<td>British Thoracic Society</td>
<td>CSS</td>
<td>All procedures undertaken for respiratory patients</td>
<td>2/2</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Perioperative care for breast surgery</td>
<td>BRECaRB</td>
<td>CSS</td>
<td>Breast surgery</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Cardiac care</td>
<td>CCAM</td>
<td>CCAM</td>
<td>Patients with cardiac conditions who were admitted to the hospital</td>
<td>1/1</td>
<td>Participating</td>
</tr>
<tr>
<td>Pulmonary hypertension unit</td>
<td>ISCC</td>
<td>Not applicable</td>
<td>Pulmonary hypertension centres only. Beta-blockers are not a pulmonary hypertension treatment.</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>---------------------------</td>
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<td>------------------------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Rheumatoid and early inflammatory arthritis</td>
<td>IOCSAM</td>
<td>GCAM</td>
<td>The evaluation of patients with inflammatory arthritis was based on observational studies from January 2014. Data were collected 2 months follow-up.</td>
<td>N/2</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Patient-Doctor Relationship Study</td>
<td>Royal College of Physicians</td>
<td>NCSAM</td>
<td>All patients treated from April 2013 to March 2014 in their first three days of hospitalization</td>
<td>N/2</td>
<td>0.0.31 mean</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NASU (0.221, 94%)</td>
</tr>
</tbody>
</table>
### Appendix 1b - National clinical audit summaries

<table>
<thead>
<tr>
<th>Audit title and relevant Barts Health CAG</th>
<th>Requirements and actions taken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Bowel Cancer Audit (NBOCAP)</strong></td>
<td>All patients diagnosed with bowel cancer between 1 April 2008 and 31 March 2011. Cases were submitted from all sites and discussed on two occasions in a Trust-wide clinical review:</td>
</tr>
<tr>
<td>Health &amp; Social Care Information Centre (HSCIC) – Surgery and Cancer</td>
<td>- The colorectal service has a high demand and resources were found to be divided across the Trust - time to access ITU/HDU and availability of specialist assessment was variable. Newham outcomes specifically were affected by a lack of timely access to services and a smaller number of patients, impacting on the experience and development of surgeons based at the site.</td>
</tr>
<tr>
<td><strong>Action taken:</strong></td>
<td>A reconfiguration of services throughout Barts Health. Colorectal surgery moved to take place only on the Royal London and Whipps Cross sites. Complex and emergency patients are referred automatically to the Royal London, which provides access to stenting by trained gastroenterologists and now has 24 hour access to interventional radiology.</td>
</tr>
<tr>
<td></td>
<td>- More patients than expected who were undergoing palliative chemotherapy care were offered and received palliative surgery, leading to post-surgery complications.</td>
</tr>
<tr>
<td><strong>Action taken:</strong></td>
<td>The multi-disciplinary team now ensures that clinical nurse specialist and palliative care input is considered, with a focus on risk assessment for each patient to ensure that a decision for surgery is appropriate and low risk.</td>
</tr>
<tr>
<td><strong>Pleural Procedures</strong></td>
<td>All pleural procedures completed for respiratory patients during June and July 2014. Cases were submitted from each site and presented in a Trust-wide report at the joint Barts Health respiratory clinical governance day. Findings from the national report were:</td>
</tr>
<tr>
<td><strong>British Thoracic Society - ECAM</strong></td>
<td>- Newham showed a correlation between lack of access to ultrasound guiding and a high rate of patient complication for clinicians in respiratory medicine. Lack of access impacts on the quality of training and experience gained on the wards.</td>
</tr>
<tr>
<td><strong>Action taken:</strong></td>
<td>Development of a business case for an ultrasound machine at Newham and a review of competency requirements for</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>Care of children in emergency departments with moderate or severe asthma</td>
<td>All patients under 16 admitted to a Barts Health emergency department with a diagnosis of moderate or severe asthma from 1 August 2013 to 31 March 2014. The Trust showed 100 percent compliance with written consent, but this was not reflected across the Trust. <strong>Action taken:</strong> Dissemination of results at each level of the specialty and clinical leads to review and monitor quality of documentation regularly.</td>
</tr>
<tr>
<td>Management of patients with sepsis in emergency departments</td>
<td>All patients admitted to a Barts Health emergency department with a diagnosis of sepsis from 1 August 2013 to 31 March 2014. Barts Health received reasonable assurance that patients had measurement of vital signs, provision of high flow oxygen, had blood cultures taken and received IV antibiotics, but this was variable across the Trust and for each patient. <strong>Action taken:</strong> The Trust acknowledges the importance of recognising the signs of sepsis and the overall management of the deteriorating patient. A sepsis action group has been formed – including expertise in emergency care, critical care and infection prevention - and has implemented a range of education and awareness projects for clinical staff to improve outcomes for patients with sepsis, including:</td>
</tr>
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</table>

- Development of a Trust wide sepsis care bundle, including a clear protocol displayed in clinical areas and memory aids. |
<table>
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<tr>
<th>Program</th>
<th>Description</th>
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<tr>
<td>Acute Coronary Syndrome and Acute Myocardial Infarction</td>
<td>All patients with suspected heart attack between 1 April 2013 and 31 March 2014 Publication of the site level and national reports occurred in January 2015. Barts Health achieved excellent results against national standards: • Over 99 percent of patients receive primary PCI following reperfusion therapy - 96.7 percent nationally • Over 98 percent receive this treatment within 90 minutes of arrival at our heart attack centre – 92 percent nationally • 100 percent of patients at the London Chest Hospital are seen by a cardiologist, 98 percent at Newham and over 92 percent at Whipps Cross - over 94 percent nationally The full report and recommendations are currently being reviewed by the clinical teams and an action plan to implement these will be provided later in 2015.</td>
</tr>
<tr>
<td>National Neonatal Audit Programme</td>
<td>All patients admitted to a special care baby unit from 1 January 2013 to 31 December 2013 • While overall clinical outcomes for Barts Health were good, the Trust previously had low levels of data completeness in prior submissions at some sites. <strong>Action taken:</strong> Training and support for use of the national audit system for the clinical teams at Newham and Whipps Cross was implemented, and we were able to put in place a neonatal data analyst for the audit submission. To encourage timely and accurate data entry, focus was given to four key performance indicators which are now monitored with quarterly updates: • Measurement and recording of temperature • Screening for retinopathy of prematurity • Data around final feed • Accurate consultation data</td>
</tr>
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</table>
Appendix 2 – Feedback and reports from our stakeholders

Formal written responses follow from these organisations:

- Tower Hamlets Clinical Commissioning Group - on behalf of the collaborative commissioning arrangements for Barts Health NHS Trust
- The Chair of the Inner North East London Joint Health Overview and Scrutiny Committee
- The Chair of the Waltham Forest Council Health Scrutiny Committee
- The Healthwatches for The City of London, Newham, Tower Hamlets and Waltham Forest
Barts Health Clinical Commissioning Collaborative

Commissioners Statement for 2014/15 Quality Account

NHS Tower Hamlets Clinical Commissioning Group (CCG), NHS Newham CCG, NHS Waltham Forest CCG and NHS Redbridge CCG welcome the opportunity to review the Barts Health NHS Trust Quality Account and to provide this statement.

We work closely with Barts Health NHS Trust to review performance against quality indicators and ensure any concerns are addressed. There are monthly clinical quality review meetings in place to ensure the quality of Barts Health services is reviewed continuously with commissioners throughout the year. In 2015-16 the clinical quality review meetings will be site specific and we will be working with site leadership teams to facilitate and more robustly support site level improvements.

In addition, all CCGs have carried out quality assurance visits to Barts Health sites to observe practice and talk to staff and patients about quality of care, feeding back any concerns so the Trust can take action where required. These will continue in 2015-16.

In 2014/15 we worked in partnership with Barts Health to support quality improvements, examples being: engagement with quality assurance visits, a joint quality conversation event, a serious incident workshop, working with Barts Health to support pressure ulcer prevention and board to board executive meetings.

We acknowledge the frank recognition within the Quality Account of the quality concerns raised by the CQC for Whips Cross University Hospital, which culminated in Barts Health NHS Trust being put into "special measures". In light of the recent CQC inspections it was also helpful that throughout the account there was referencing to the CQC domains. We would anticipate that the key recommendations from the CQC inspection of The Royal London Hospital and Newham University Hospital as outlined in the respective quality summits to also be included in the account.

We confirm that we have reviewed the information contained within this Quality Account and compared the data provided against available sources.

We agree with the six priorities for 2015/16 identified for Barts Health NHS Trust within the Quality Account however the quality account could have been clearer regarding how views and feedback from patients, staff and other key stakeholders were used to inform these priorities. The six priority areas identified are:-

1. Reducing avoidable harm
2. Improving mortality
3. Providing reliable care
4. Providing compassionate care and improving patient experience
5. Listening and responding to staff feedback and improving staff engagement

6. Sharing the learning to improve the safety of our patients

From this review and comparing the content against the prescribed information, form and content as set out by the Department of Health it is noted that in the main this account reflects that guidance. There are some areas where we believe further or more detailed information is required to meet the guidance and the priorities of the CCGs. These areas are:

- Service line information including information specific to community health services’ and performance of Clinical Academic Groups, specialities and consultant teams. This was an area we raised in our statement last year.
- Detail on capacity and capability of staff to meet the challenging quality improvement agenda.
- More detail on complaints particularly response times.
- More detail as to what the Trust has been doing as a direct result of patient feedback both formal and informal (e.g. NHS choices, patient opinion)
- Better signposting for patients, their carer’s and the public to provide feedback on the Quality Account.
- Clear evidence of the intention to improve accessibility of the Quality Account e.g. translation into other languages.

In line with the Francis Report recommendations we will continue to actively monitor and hold Barts Health NHS Trust to account for the quality improvements required for the population we serve in particular working with partner agencies to support the delivery of special measures improvement plans.

We continue with our commitment to working with Barts Health NHS Trust to improve the quality of services provided to the patients East London.

Sam Everington
Chair, Tower Hamlets CCG

Jane Milligan
Chief Officer Tower Hamlets CCG

On behalf of the Collaborative Commissioning CCGs for Barts Health NHS Trust (NHS Newham and Waltham Forest CCGs)
Inner North East London Joint Health Overview & Scrutiny Committee  
c/o O&S Team  
Hackney Council  
Area K, 2nd Floor  
Hackney Service Centre  
1 Hillman St  
London, E8 1DY  
Reply to: jancath.oconnell@hackney.gov.uk  

18 May 2015

Ms Jo Carter  
Stakeholder Manager  
Barts Health NHS Trust  

by email to jo.carter2@bartshealth.nhs.uk

Dear Jo

Response to Barts Health NHS Trust’s Draft Quality Account 2014/5

Further to the request dated 24 April from your Deputy Chief Nurse, I am replying on behalf of Health in Hackney Scrutiny Commission to provide comments on your draft Quality Account for 2014/15.

The Report is an accurate description of the Trust’s performance against your quality indicators and we would like to thank the engagement team and senior officers for their continued positive engagement with scrutiny.

The Report is read in the light of Barts Health being recently placed in special measures by the NHS Trust Development Authority, due to the results of the CQC inspection at Whipps Cross, the trust-wide challenges in meeting national waiting time standards and the financial position at Barts Health.

However we also note that the Trust has maintained its position in the top 10 NHS organisations with the lowest mortality rates (SHMI rates) and has created the world class Barts Heart Centre, as well as there being a number of important innovations by you using new devices and techniques in medical treatment.

We note the evidence that you provided the Newham HOSC (15 April) in regards to local site leadership and we are pleased that you are now addressing this and taking on board feedback from staff and other stakeholders. We are keen to see strong local leadership at all of the Trust’s sites and we are keen that significant progress is made in this area. We also note that the Account does not explore in any great depth the future
recruitment strategies of the Trust, and we will be keen to explore this area
during the coming year.

As you are aware, during the past year, we had a number of items at INEL
JHOSC meetings on scrutinising the quality of your services. Arising from
those discussions and having considered your Draft Quality Account we
would like to raise the issues below:

a) Response to CQC inspections

We look forward to hearing from your senior officers at the INEL meeting on
27 May on the action plan you will be implementing arising from the
forthcoming CQC inspection reports on Newham and the Royal London and
on what progress has been made at Whips Cross since Barts Health was
placed under special measures on 17 March. Additionally, Tower Hamlets
HOSC has expressed concerns about the CQC’s initial verbal feedback on
these inspections and the common themes across all the hospital sites.

b) Failing administrative and support systems

In our previous two Quality Account submissions we raised the issue of IT
integration following on from your merger. We also note the letter of concern
which City and Hackney CCG sent to you last summer raising serious
concerns about quality. Three years on we continue to be concerned
particularly in relation to the failure last summer of Cerner Millennium
electronic health record system and the impact this has on patient safety and
in particular on your ability to manage outpatient appointments and health
records. Furthermore, Tower Hamlets HOSC is still concerned about the
administration of the patient transport system and issues surrounding
punctuality and attempts to pick up patients from the wrong address.

c) Clarity of reporting

On p. 35 you present tables on ‘Priority 3: Clinical effectiveness – reliable
care’ and it would have helped here to be presented also with absolute
numbers to better understand the surge in demand. Could you also please
clarify what a “Type 1 breach” is?

d) Data quality issues preventing national reporting on Referral to
Treatment targets

Linked to (b) we noted with concern (p. 38) that because of the failure of the
Cerner Millennium system, the corruption of your RTT data validation
database and the incompatible methods of transferring patient data into
wasting lists, you had insufficient confidence in your underlying data and
therefore you had to temporarily cease national reporting on your
performance against this important national treatment standard in Sept 2014.

e) Cancer care referral and treatment standards
We note with concern (p.39) that of the 8 different national waiting time standards for patients referred with suspected cancer, that you are only on track to deliver only on 2 of these. The NHS National Cancer Patient Experience Survey published in September ranked you last in England. We note you have a clinically-led working group responding to this and we look forward to hearing what improvements are being made.

f) Focus of your safeguarding team - FGM

We appreciate the work your Safeguarding officers have been doing (p. 47) with other agencies to protect people who have become victims of modern day slavery or trafficking as well as those who may be at risk of being radicalised, but we are surprised that no mention is made in your Report about what you are doing in relation to Female Genital Mutilation. A scrutiny review here in Hackney has highlight the key role which front-line NHS staff have in driving up the reporting of FGM, in referring victims or at-risk girls to Children's Social Care services and in educating at-risk communities about the issue.

g) Safeguarding investigations relating to care provided by Barts – low substantiation rate

We note with some concern that only 3 of 25 safeguarding incidents investigated last year were substantiated and that a relatively small number of the incidents which are reported end up being substantiated. We noted that many of these issues relate to the quality of discharge from hospital and concerns about care whilst using hospital transport and we hope there will be an increased focus on correcting these in the coming year.

h) Electronic reporting systems to document staff training

Allied to the IT issues, we noted the concern (p. 52) that there is currently no central electronic reporting system to document staff compliance with important statutory and mandatory training requirements, particularly in relation to training for safeguarding children.

i) National performance on Patient Experience

We note (p. 55) that you are committed to being in the top 20% of high performing Trusts nationally for patient experience by 2017. While this is an important aspiration is it realistic considering the situation at Whipps Cross? Also on p. 57 you say “there are no areas where patients reported lower levels of satisfaction than in the 2013 survey, with the remaining 59 showing no significant difference”. It is not clear out of how many?

j) Managing and learning from complaints

We note (p. 67) that only 57% of complaints were responded to within the 25 working days target. It is clear that as problems accumulate, as they have
We note with concern (p.39) that of the 8 different national waiting time standards for patients referred with suspected cancer, that you are only on track to deliver only on 2 of these. The NHS National Cancer Patient Experience Survey published in September ranked you last in England. We note you have a clinically-led working group responding to this and we look forward to hearing what improvements are being made.

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j) Managing and learning from complaints

We note (p. 67) that only 57% of complaints were responded to within the 25 working days target. It is clear that as problems accumulate, as they have
done this year, there will be a knock-on increase in complaints overall, but we hope that trend can be reversed.

k) Staff experience

We note (p. 82) how the Trust's performance in the NHS Staff Survey on issues such as bullying and harassment and on equal opportunities has deteriorated. We note also that a culture of bullying and harassment, low morale and the impact of the 2013 re-organisation had on staff morale were key findings of the CQC inspection of Whipps Cross. No doubt the increased pressure staff are under in delivering cost savings is a factor here. While we are pleased that Barts Health is putting a considerable amount of resource into recruiting permanent staff, we are concerned that there is no reference to recruiting locally.

Overall there are key themes which recur in the report: staffing levels, leadership, data quality, poor change management in the introduction of new systems and an increase in demand for treatment. We do hope however that with new management teams in place and a new Chief Executive we will begin to see improvements.

We look forward to hearing more about the Trusts action plans.

Yours sincerely

Cllr Ann Munn
Chair
Health in Hackney Scrutiny Commission

cc Members of INEL JHOSC
Cllr Johar Khan  
Chair Waltham Forest Health Scrutiny Committee  
Waltham Forest Town Hall  
Forest Road  
Walthamstow  
E17 4JF

Ms Yvonne Blucher  
Deputy Chief Nurse  
Barts Health NHS Trust  
The Royal London Hospital  
80 Newark Street  
London  
E1 2ES

Dear Ms Blucher

RE: Barts Health NHS Trust Quality Account for 2014/15

Thank you for submitting the 2014/15 Quality Account to Waltham Forest Council for Scrutiny. In March 2015 an important inspection report was produced by CQC on Whipps Cross University Hospital, a facility used by many of our residents. The report outlined a number of serious concerns about the hospital and as such we welcome the opportunity to provide feedback on this year’s Quality Account.

The Council would like to make the following points in reference to whether the Account is a “fair reflection” of the services provided by Barts Health:

1. “Statement from our Chief Executive” (p.6)
   We welcome the clear acknowledgement of the gravity of the findings from the March 2015 CQC report into Whipps Cross University Hospital and the need to work with all relevant agencies to remove the Trust from the special measures regime.

   We also welcome the introduction of a new senior management team. Among the serious concerns raised by the CQC report were the “culture of bullying and harassment” and “gaps in the governance arrangement at a middle-management level” which I am hopeful will be addressed under the new system.

2. “Our Values” (p.9)
   One of the values of Barts Health, as identified in the draft report, is “to be caring and compassionate, with patients, each other, and our partners” on a consistent basis. However, one of the main findings of the March 2015 CQC report into Whipps Cross hospital was that “improvements were required to ensure staff were always caring and...
compassionate and treated patients with dignity and respect at all times”, identifying that this does not take place consistently at present. As the drive to improvement takes effect, I hope that this will be considered seriously as an area for improvement as it is one of the core values of the organisation.

3. “What is informing our quality priorities?” (p.12)
It is clear that the improvements identified by the CQC must inform the Trust’s quality priorities for 2015/16, and we commend that this has been recognised, and it is welcome that Whips Cross is mentioned explicitly as a key target for improvement. Following the CQC report it seems advisable that monitoring plays a central role in ensuring that improved quality standards can be identified and reported on.

4. “Looking Back” (p.18)
It is welcome that the Quality Account acknowledges the findings of the CQC report into Whips Cross as an essential area to look back on. However it is concerning that the Trust anticipates “themes in common with their findings from the Whips Cross inspection” in the Newham and Royal London hospital reports.

It is clear that improvements must take place across the Trust; however there are also unique concerns related to Whips Cross. It is therefore essential that improvements must be fully applicable to Whips Cross, and due consideration is given to alternative solutions if the current improvement programme cannot deliver.

Changes required to the document
Although there is considerable work to be done, we accept the Quality Account and welcome the focus on improvement at the Trust.

Summary statement of Waltham Forest’s opinion on the Account
Please incorporate the following paragraph as the view of Waltham Forest Scrutiny on the report:
“Waltham Forest Council acknowledges that Barts Health has faced a number of serious challenges since the Trust was created in 2012. The most recent report by CQC raised a number of serious concerns about Whips Cross University Hospital which was subsequently rated as ‘inadequate’ by the health regulator. We are encouraged that the Trust recognises the gravity of the report, and that measures have been put in place to address these. However it is essential that all avenues for improvement to the Whips Cross University Hospital are pursued so that it is able to provide the best possible service to residents of Waltham Forest and beyond.”

I hope that this response will be a constructive contribution to your review process.

Yours sincerely

COUNCILLOR JOHAR KHAN
MARKHOUSE WARD
Statement from Healthwatch

Healthwatch Tower Hamlets, Waltham Forest and the City of London welcome the opportunity to respond to Barts Quality Account. The Account provides a comprehensive overview of the services that Barts delivers across a number of different boroughs, and the significant challenges and achievements they have experienced during the year.

As the independent consumer champion for health and social care we reflect the concerns and experiences of local patients and communities. Based on the information we have received during 2014/15 we remain very concerned about many aspects of patient care and patient experience including:

- poor administrative systems and processes that mean that appointments are often delayed, wrong, impossible to change or are never arranged, widespread inaccuracies in correspondence (including attending patients issued DNA letters and discharged).
- congested telephone systems resulting in lack of customer service.
- unreliable patient transport in terms of timing and ability to book causing serious disruption to treatment.
- clinics running late and consultants not having test results or patient files.
- planned surgery being postponed and cancelled on multiple occasions.
- poor or delayed discharge processes.
- demoralised or and/insufficient staff.
- lack of stimulation in wards that care for older people.
- a Patient Advice and Liaison Service which is hard to access and complaint handling procedures that are difficult to navigate with responses that are often overly legalistic and defensive.

We are pleased to note that some of these concerns are reflected within this Quality Account and we understand that improvement programmes are either in place or are planned across the Royal London, Newham and Whipps Cross sites. However many of these issues have been raised with the Trust before and improvements have been slow or have failed to materialise. Again in this report issues and theme are identified with corresponding aims but these have no qualifying measure/timeframe or actions defined.

Whipps Cross and the Royal London hospitals are two hospitals under enormous pressure to deliver more care for less money in a quicker time with high occupancy rates. The need to share accommodation with those of the other sex is probably one result of this pressure.
We are reassured by the minimal reductions in pressure sores and falls. The ‘never events’ that have occurred such as wrong site surgery and the wrong implant must have been devastating for those concerned. The ongoing problems of C. diff and MRSA continue to be a concern as are the missed cancer referral targets.

It is interesting that the hospitals’ own patient satisfaction tests look fine although this does not mirror the lengthy list of issues giving concern and the feedback provided to Healthwatch by residents. This is evidence that the Family and Friends Test system could benefit from modification to allow feedback to be captured in a more representative way.

With regards to the surveys undertaken by Barts Health, it would appear that the quantitative data of 75% of patients in ‘near real time’ feeling that they were involved in decisions about discharge from hospital contradicts the national patient survey indicating that patients felt staff did not discuss the need for further health or social care services following discharge. We are hearing from patients that they did not feel that doctors always actively listen to them or acknowledge that patients know their own conditions.

We have been encouraged by the investigation and actions following the large number of complaints received about the new Trust wide patient transport service in June 2014. It is hoped that the improvements in the transport system will be maintained and that the issues reported will continue to be monitored. We are disappointed that there is not a dedicated section of the report with more information on the actions being taken.

The national Accident and Emergency survey raises concerns over waiting times and insufficient explanations of treatments. City residents are concerned that their local hospital, St Bartholomew’s, whilst being a specialist centre, does not offer the more general facilities that a local hospital would have such as an A&E.

We welcome the increased attention to listening and responding to patients, carers and staff, referred to in the Account. However, the report is largely responding to patient’s comments and gives little sense of how the Trust involves and empowers patients. There is no overall strategy for patient engagement and empowerment in service redesign or pathway improvement, involving patients is not just about gathering patient experience data or conducting a friends and family test. We would like to see evidence of how patients have informed decision-making and how their comments, concerns and complaints have fed into changes within Clinical Academic Groups and on the wards. We would also like to see within the document
a summary of where patients were listened to, what they said and what was done as a result.

Suggestions include:
- A PALS service on each site with a publicly visible office, an open door policy and the authority to resolve issues quickly for patients, if at all possible, across all levels of the Trust.
- A new and innovative strategy for engagement is agreed that enables real understanding of what patients and their carers want.
- A clear definition of the role that patients and the public will play on boards and groups and what power they actually have.
- That the tone of the report changes to a more meaningful engagement possibly using new digital technology and that a short public facing summary be produced.
- Greater focus on the elderly/dementia and end of life.

As the independent consumer champion Healthwatch is in a unique position to support the Trust to hear from its patients and undertake targeted work to drill down into some of the problem areas around patient experience, performance breaches and quality of service, such as those identified in this quality account. We would urge the Trust to work more proactively with Healthwatch to identify and support the undertaking of joint initiatives to involve patients in analysing issues and helping to drive forward service improvements. We believe that through listening to the patient and public voice, and harnessing the local passion that exists, that Barts Health can drive better learning and better care.
Appendix 3 - An example of our new performance dashboard
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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