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This report covers a hugely exciting year which began with the build up to the NHS’ 70th birthday, and ended with our organisation lifting itself out of special measures for quality following a series of inspections.

Throughout the inspections, Team Barts Health was a credit to our organisation, proudly demonstrating how hard we worked to improve care for our patients. As a result, inspectors noted improvements across the board at The Royal London, Whipps Cross and Newham hospitals, together with improvements in the leadership, governance and culture of the Trust as a whole.

The Royal London Hospital is now rated ‘Good’ overall with 80 per cent of its service areas inspected rated ‘Good’ or better. We are proud that domains within the dental hospital and maternity services at The Royal London Hospital achieved outstanding ratings. Over half of the individual ratings at Newham and Whipps Cross hospitals are now rated ‘Good’, with areas of outstanding practice highlighted at both hospitals, which are rated ‘Requires Improvement’ overall. Across the Trust we are rated ‘Good’ for being effective, caring and well-led.

This, together with the ‘Good’ rating secured by St Bartholomew’s Hospital last year, is the culmination of four years of dedication, commitment, drive and sheer hard work since being placed in special measures for quality. We are hugely grateful to our 17,000 staff, which swells to around 24,000 with our students, volunteers and others who are integral members of our hospitals, our partners and our communities. It has been an enormous team effort.

More than two-thirds of all the core service areas ratings at Barts Health are now officially rated as good or outstanding. Over 35 examples of outstanding practice have been highlighted and you can read about many of them in this report. This is in addition to the 17 external awards received by members of Barts Health for contributions across a range of fields. Staff told inspectors of visible and engaging leaders at all levels, and an improved organisational culture, while better oversight of care quality across core services, significant investment in IT systems, improved data quality, and better engagement with patients were all highlighted in the reports.

Rest assured; we will not be standing still. We have lots to do to achieve the ‘Outstanding’ rating we are aiming for and are determined to build on the progress we’ve made this year. We want to become a truly outstanding healthcare organisation, so we are focussed on embedding quality improvement in every corner of our organisation through our WeImprove approach. We will do this while strengthening our financial position as we work towards coming out of financial special measures through credible and deliverable plans.

To help us meet our ambitions, we are realising the benefits of being a large NHS body and have been evolving our group model to devolve operational accountability as close as possible to the front-line and the communities we serve. As well as our four main hospitals, the group comprises a central leadership function, eight clinical boards, and shared services, both clinical (like pharmacy, imaging and pathology) and non-clinical. The future development of our clinical boards will also allow us to transform our services to meet future challenges.

Looking to the longer term, the future is bright. This year we made significant progress in two of our biggest strategic programmes. Our ambition to create a life sciences centre in east London was backed with Government investment, and we were given the go-ahead to develop detailed proposals for the much-needed redevelopment of Whipps Cross Hospital. Both schemes showcase how seriously we take partnership working, with much-valued relationships with local and national organisations critical to their delivery.

Our partnership working extends to many achievements highlighted in this report. We were particularly proud to launch the Healthcare Horizons programme in partnership with Barts Charity, which will help us work...
more closely with local schools and colleges to give 1,000 young east-Londoners their first taste of NHS careers.

The programme is endorsed by the East London Health and Care Partnership, through which we are developing ever closer relationships with local partners in order to tackle the biggest health priorities for local people. The development of our system transformation board with these partners will ensure real focus on how we can collectively make a difference in these areas for our communities.

And it is these communities and our patients who represent arguably our most important partnership, so we were delighted to launch a new patient experience and engagement strategy this year. Delivering its ambitious goals in partnership with local people will be crucial to us taking the next step on our journey to outstanding.

Statement of assurance

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 (in line with requirements set out in Quality Accounts legislation). In preparing their quality account, directors should take steps to assure themselves that:

• The quality account presents a balanced picture of the trust’s performance over the reporting period
• 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 they are working effectively in practice
• The data underpinning the measure 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
• The quality account has been prepared in accordance with any Department of Health guidance. The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the quality account.

By order of the board:

Acknowledgements

We would like to thank everyone who helped us compile this document, including Healthwatch and commissioner colleagues. Most of all, we would like to thank our dedicated staff, who work tirelessly every day to provide quality care to our patients.

Ian Peters
Chair

Alwen Williams CBE
Group chief executive

25 June 2019
About us

The Barts Health group of hospitals provides specialist and acute health services that treat almost one million individual patients every year.

We are among the biggest providers in the NHS and account for 1.5 percent of hospital activity in England. Our vision is to be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in east London and beyond.

The Royal London in Whitechapel is a major teaching hospital providing local and specialist services in state-of-the-art facilities. Whipps Cross in Leytonstone is a busy general hospital with a range of local services. Newham in Plaistow is also a busy general hospital with innovative facilities such as its orthopaedic centre. Mile End Hospital is a shared facility in Mile End at which we provide rehabilitation, outpatient, x-ray and community services. And St Bartholomew’s in the City, London’s oldest hospital, is a regional and national centre of excellence for cardiac and cancer care.

As well as district general hospital facilities for three London boroughs (Tower Hamlets, Waltham Forest and Newham), we have the largest cardiovascular centre in the UK, the second largest cancer centre in London, an internationally-renowned trauma team, and the home of the London Air Ambulance. The Royal London also houses one of the largest children’s hospitals in the UK, a major dental hospital, and leading stroke and renal units.

Care Quality Commission

Barts Health NHS Trust is fully registered with the Care Quality Commission (CQC).

Inspectors from the CQC visited Newham, The Royal London and Whipps Cross hospitals during 2018/19. As a result of these inspections, the CQC recommended that NHS Improvement remove Barts Health from special measures for quality. This recommendation was accepted, and we came out of the regime on 12 February.

The revised ratings for each of our hospitals and their individual services are detailed in the grids below.

Following the inspections of September 2018 we were issued a warning notice regarding maternity services at Newham Hospital. We immediately put in place an improvement plan, and were pleased that when inspectors returned in January they noted significant improvement and upgraded the rating of the service from ‘inadequate’ to ‘requires improvement’. The service will continue with its plans for improving further.

Requirement notices issued following the inspections are published in the CQC reports, available via our website.

One of our most important objectives this year is to deliver quality consistent with ‘Good’ service ratings in all of our hospitals. Each hospital has plans in place to respond to the areas we still need to improve, and we are developing a Trust-wide quality strategy to take us to the next level. A key part of this will be to make sure we are embedding quality improvement throughout our services. Our WeImprove approach to quality improvement will make sure we are not only responding to areas highlighted for improvement by external bodies, but also consistently and comprehensively applying techniques to make our care better across all our services.
Trust-wide CQC ratings

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Hospital CQC ratings

Newham University Hospital CQC ratings

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The Royal London Hospital CQC ratings

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<td>Requires improvement</td>
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St Bartholomew’s Hospital CQC ratings

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Whipps Cross University Hospital CQC ratings

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<td>Requires improvement</td>
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Delivering care across East London

2018/19 at Barts Health NHS Trust:

A record 503,863 emergency attendances

We delivered 14,842 babies

A record 1,554,576 outpatient attendances

A record 311,441 inpatient appointments and procedures

This is a 9% increase on last year

It includes 135,709 day cases

This means 6,533 patients seen every day

(310 more than last year)
Performance report 2018/19

This report highlights our performance over the past year. For the purposes of this report, we have summarised the progress against our business objectives under the headings of our WeCare values.

Details of our financial performance can be found in the accompanying annual accounts. Please review to note 1.3 for details of our financial ‘going concern’ sustainability.
Welcoming

We are welcoming by:

> Introducing ourselves by saying “Hello, my name is …”
> Smiling and acknowledging the other person(s) presence
> Treating others as we would wish others to treat us
> Ensuring the environment is safe and pleasant for our patients, our colleagues and our visitors
Emergency care

The Barts Health group of hospitals continues to be one of the busiest providers of emergency care in the country. This year we had 503,863 attendances at our emergency departments. This is an increase of over 11,000 on last year’s total of 492,561.

Our staff pulled out all the stops to make sure over 85% of these patients were seen, treated, and admitted or discharged within the national standard of four hours. While our overall performance fell by around 1%, across our hospitals we treated, admitted or discharged nearly 5,000 more people within four hours compared with last year.

Based on previous experience, this winter we put aside £2.4m to relieve emerging pressure points. Our hospitals have about 1,500 beds, and this year we made sure we had 24 more at Whipps Cross and 10 more at Newham to meet surges in demand over winter. The Royal London created extra space by doing more day cases and scheduling more routine operations on ‘super Saturdays’.

Over the winter months our hospitals saw over 211,000 unplanned attendances for emergency care. Between 200-500 more ambulances have been arriving at our hospitals every month compared with last year. In November there was a 7.75% increase in the number of ambulances bringing patients to our emergency departments compared with the same month last year. Despite this increase in sick patients arriving at our front door we made sure that over 180,000 patients have been seen, treated and admitted or discharged home within 4 hours, and we did not record any incidents of patients waiting over 12-hours to be admitted to our hospitals.

Our group operations hub helped us to keep a track on peaks and troughs in demand and act accordingly with our partners to maintain safe services. By operating as a group of hospitals we are better able to respond to demand. At various points this winter our different hospitals supported each other when one is particularly busy, either by creating space for patients to be cared for, or by sending additional staff to help maintain safe and high quality care.

<table>
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<th>2017/18</th>
<th>2018/19</th>
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<td>160,460</td>
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<tr>
<td>Royal London</td>
<td>164,710</td>
<td>184,214</td>
</tr>
<tr>
<td>Whipps Cross</td>
<td>167,305</td>
<td>159,189</td>
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<td>Barts Health</td>
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<td>503,863</td>
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<table>
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<tr>
<th>All types A&amp;E performance</th>
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<td></td>
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<td>89.35%</td>
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<td>84.42%</td>
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<td>84.79%</td>
<td>83.13%</td>
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<td></td>
<td>86.60%</td>
<td>85.58%</td>
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</table>
Our outstanding frailty pathway

Good emergency care performance isn’t just the job of the emergency department. The whole hospital plays a part in making sure there are enough beds for people who really need them.

A great example of this is the Forest Assessment Unit at Whipps Cross Hospital, which is at the sharp end of a pathway recognised as ‘outstanding practice’ by inspectors this year.

The Forest Assessment Unit helps frail patients over the age of 65 to have a speedy recovery and avoid the kind of lengthy stay in hospital that can contribute to a longer-term deterioration in health.

Patients often come to the unit straight from A&E, and the aim is to get them well enough to return home within 48 hours. The team says it works because of the speed that decisions are taken thanks to the collaboration with other health and care organisations – mental health specialists, social workers and community nurses join them daily to discuss each patient.

The pathway supports those patients with either short term health conditions, injuries such as falls, or those who may require additional support or therapeutic care to help them on their road to recovery. The team keep in regular contact with GPs if they identify further underlying conditions, and they’ve recently put in place a direct referral line which means GPs or colleagues in community care can discuss referrals or seek advice from the specialist team. They can also refer a patient to alternative support services that can provide them with tailored treatment for their condition, such as a memory clinic, which offers further advice for patients that may experience early memory loss or other cognitive difficulties.

Reducing waiting times for consultant-led care

At the beginning of 2018/19 we achieved a major milestone by resuming publishing waiting times for routine treatment. This was possible because we fixed long-standing problems with the quality of data in our information systems. A colossal effort from a dedicated team involved cross checking thousands of records and overhauling systems to give us, and our partners, the confidence and assurance needed.

Since resuming reporting, over eight out of ten patients on our waiting lists have been waiting within the national standard of 18 weeks for their treatment. Throughout the year we reduced the overall size of the waiting list, though we still have more people than we would like waiting too long for their treatment.

We placed a particular focus on reducing the number of patients waiting over 52 weeks for their treatment. In April 2018, 36 people were waiting over 52 weeks for their treatment, by March 2019 there were 12.

We worked hard to improve the efficiency and effectiveness of our theatre capacity and increased the number of our day case admissions by nearly 5% this year.

Early tests and treatment for cancer

We are extremely proud of our strong track record in ensuring our patients have timely access to diagnosis and treatment for cancer.

We achieved the nine national cancer standards in every quarter of this year, despite rising demand.

We are particularly proud to achieve the national standard of 85% of patients receiving cancer treatment within 62 days of their referral for more than 17 consecutive months.

This performance is down to our teams working together with a real focus on making the right decision for every single patient. We monitor patients according to various different tumour groups, and focus on making sure we get a referral to the right place for each and every patient as early as possible.

This performance has contributed to the East London leading the way in cancer performance in the capital.

We have exciting plans to make sure patients get even earlier diagnoses with the development of a dedicated centre at Mile End Hospital, and you can read more about these in the following chapter.
£1.5m investment from Macmillan set to improve cancer care

Macmillan Cancer Support and Barts Health NHS Trust celebrated 25 years of working in partnership this year, with a further £1.5m investment from the charity to help improve care for people living with cancer across North-East London.

The investment by Macmillan represents a programme of activity including the recruitment of 12 additional specialist nurses and support workers joining the 60 other Macmillan professionals already working across the Trust’s five hospitals.

The new staff will help innovate and improve patient experience and outcomes for the 3,500 people with cancer treated by the Trust each year.

In addition, the partnership means many staff working in cancer care across the Trust will be able to apply to become Macmillan professionals. With access to specialist cancer training and development, they will also benefit from recognition as Macmillan experts in the field of cancer care.

We continue to lead London by exceeding national waiting times targets for treating cancer patients, with cancer care at St Bartholomew’s Hospital rated ‘Good’ by the Care Quality Commission. The teams care for patients from across Tower Hamlets, Waltham Forest, Newham, the City, Hackney and beyond.
High quality care, every day of the week

We are striving to make sure our patients receive great care whenever they need it, even if that’s at the weekend or overnight.

We are continuing to work towards meeting the national standards for seven day services, and undertake audits across our hospitals to keep track of how we are doing.

Our last audits showed we are making progress in this area, with three of the four priority standards met:

• 91% of patients admitted as an emergency were seen and had a thorough clinical assessment by a suitable consultant within 14 hours from admission. This is above the standard of 90%.

• Patients at our hospitals are able to access a range of diagnostic tests every day of the week.

• Inpatients have access to key consultant-directed interventions like stroke thrombolysis and interventional radiology every day of the week.

The fourth priority standard is to ensure all patients with high dependency needs are seen by a consultant twice daily. In our last audit 86% of patients were seen by a consultant twice daily, so we are focussed on improving this area ahead of our next audit.
We are engaging by:

> Getting involved in making improvements and bringing others with us
> Encouraging feedback from patients and colleagues and responding to it
> Using feedback to make improvements, and empowering colleagues to do this without needing to seek permission
> Appreciating that this may be a new experience for patients and colleagues and helping them to become comfortable
> Acknowledging efforts and successes and saying thank you
Transforming our services

Better access to sexual health services

We introduced new sexual health services this year, giving East London’s residents better access to contraceptive choices, more modern facilities and better online support.

Our new service, called ‘All East’, saw the opening of a new centre of excellence in Stratford, and the introduction of a brand new website to give residents better access to sexual health advice, support and services. The website helps people quickly find the right information, book appointments online and even order ‘test at home’ kits for sexually transmitted infections.

All East now offers contraception choices in the same place as sexually transmitted infection testing and treatment. There is better access to greater contraception choice including long-acting options such as implants and coils.

The new model:

- offers more hours of clinic time and face to face support
- maintains the commitment to offer patients an appointment within 48 hours of contacting the service
- offers people greater choice for their contraception needs, including an increased offer of long acting reversible contraception (LARC), and ensures that contraception choices are provided alongside the testing and treatment of STIs (this was previously not always the case)
- is supported by the latest digital technology, with people also able to access tailored, confidential and accessible sexual health services across the region

As well as the new facility at the Sir Ludwig Guttmann Centre in Stratford, we embarked on a £2m major refurbishment at our Whitechapel sexual health centre. Every area of the Ambrose King Centre – which sees around 40,000 people each year – is being upgraded to improve patient access and experience, as well as enhance the overall look and feel of the building.

Mile End to become pioneering cancer centre

Mile End Hospital has been chosen as the home of a pioneering new £5m cancer centre to provide speedier diagnosis for patients across north east London.

We will host and run this innovative service in collaboration with our neighbouring acute providers, Barking, Havering and Redbridge University NHS Trust and Homerton University Hospital NHS Foundation Trust.

Plans are now underway to make sure that the site is ready to go live in 2019/20. A patient advisory group has also been established to co-design services which are intended to give patients greater choice over appointments.

The £5.2m development will host two endoscopy suites and two ultrasound rooms, co-located with an existing...
CT scanner. This will provide capacity to undertake 7,200 extra colonoscopies and 12,000 extra ultrasound scans a year.

The Early Diagnosis Centre will be the first of its kind and will improve diagnosis for patients with conditions that increase the risk of cancer. The first phase will benefit patients with gastrointestinal conditions (such as polyps), inflammatory bowel disease, liver cirrhosis, and Hepatitis B and C. The project to boost diagnostic capacity is being taken forward by the UCLH Cancer Collaborative, of which the Trust is a member.

Clinical boards defining our standards

Our clinical boards are a crucial part of our group model. They look across our hospitals, defining the strategy and standards that make sure that patients can expect the very best care from all Barts Health hospitals and services, now and in the future.

While some of this work is developing exciting long-term strategies and innovations, it’s equally important that the boards ensure the right standards are in place today, while reducing variation. Ultimately, our aim is to develop best practice in all our services, making sure our patients’ journey through our care is the best it can be. Achieving this invariably requires collaboration with partners, so our boards also have an important role in fostering links with other organisations.

This year the emerging boards have really started to come into their own. For example, the surgery clinical board has worked with surgeons across 17 clinical specialties and with the board’s patient representative to develop a new elective surgical consent policy (for adults). This is a vital and complex piece of work which will help us provide the highest level of safety and assurance for our patients.

Learning from the rest of the NHS

The national Getting it Right First Time (GIRFT) programme helps us to learn from other hospitals to make our services better for patients and more efficient. Our involvement also enables others to benefit from our areas of good practice.

Last year a range of surgical services contributed, with clinicians reviewing comparable data and recommendations from across the country to see where variation may exist and what can be done about it.

This year we expanded our involvement to medical specialties and our teams will be taking forward the learning over the coming months.
We take huge pride in being one of the leading research organisations in the NHS.

The total number of patients actively involved in our research studies and trials, whether in treatment modalities, or tissue donation and participating in questionnaire studies, is around 34,000 – an increase on last year.

For the fourth year running we led the table for patient recruitment in the North Thames Clinical Research Network area, with over 16,000 patients recruited in 2018/19.

These numbers mean we are in the top ten highest recruiting trusts in the country for all types of research. We maintained a top five place in the table for research activity in commercial studies, supporting an estimated 160 industry sponsored studies this year. Whilst performance in some of our key activity areas remains fairly static, including the number of portfolio trials we are supporting, research income increased this year.

Income from our main revenue source, the National Institute for Health Research, decreased slightly this year by 1%, due to a reduction in our Local Comprehensive Research Network funding. However this was offset by a significant 10% increase in our commercial research income.

This year we were also delighted to launch our research hub for nurses, midwives and allied health professionals – an area we are keen to grow over the coming years.

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### Barts Health research links low levels of air pollution with serious changes in the heart

People exposed to air pollution levels well within UK guidelines have changes in the structure of the heart, similar to those seen in the early stages of heart failure.

This study, led by Barts Health and Queen Mary University of London, was part-funded by the British Heart Foundation (BHF) and published in the journal *Circulation*.

It looked at data from around 4,000 participants. Participants had blood tests and health scans, and heart MRI (magnetic resonance imaging) was used to measure the size, weight and function of the participants’ hearts at fixed times.

The team found a clear association between those who lived near loud, busy roads, and were exposed to small particles of air pollution, and the development of larger right and left ventricles in the heart. The ventricles are important pumping chambers in the heart and, although these participants were healthy and had no symptoms, similar heart remodelling is seen in the early stages of heart failure. Higher exposure to the pollutants was linked to more significant changes in the structure of the heart.

In the study, average annual exposures were well within UK guidelines, although they were approaching or past World Health Organisation guidelines.

Dr Nay Aung, who led the project from Queen Mary’s William Harvey Research Institute, said that the team’s future studies will include data from those living in inner cities using more in-depth measurements of heart function. Doctors and the general public need to be aware of their exposure when thinking about heart health, just as they think about blood pressure, their cholesterol and their weight.
First immunotherapy success for triple-negative breast cancer

There is new hope for those with an aggressive type of breast cancer, as our immunotherapy trial showed for the first time that lives can be extended in people with triple-negative breast cancer.

The research at St Bartholomew’s Hospital showed that by using a combination of immunotherapy and chemotherapy the body’s own immune system can be tuned to attack triple-negative breast cancer, extending survival by up to ten months.

The research, published in the New England Journal of Medicine last summer, and presented at the European Society for Medical Oncology 2018, also showed that the combined treatment reduced the risk of death or cancer progressing by up to 40%.

Triple-negative breast cancer often affects young women, with many people diagnosed in their 40s or 50s. The standard treatment is chemotherapy, which most patients quickly develop resistance to. If the disease spreads to other parts of the body, survival is often only 12 to 15 months.

The new treatment combines standard weekly chemotherapy with the immunotherapy medication atezolizumab which is given once every two weeks. The combination works by chemotherapy ‘roughening up’ the surface of the cancer, which enables the immune system to better recognise and therefore fight the cancer as a foreign object.

Author of the trial Prof Peter Schmid, Clinical Director of the Breast Cancer Centre, believes the results represent a significant step forward. This work changes how triple-negative breast cancer is treated in proving for the first time that immune therapy has a substantial survival benefit.

Based on the results of this trial, new treatments are currently under review and will hopefully become available in the NHS in the near future. In the interim, patients at St Bartholomew’s Hospital with triple-negative breast cancer are offered immunotherapy within ongoing trials.
Barts life sciences campus plan backed by Government investment

Our plans for a world-class life sciences centre in east London to invent and implement medical breakthroughs took a step closer this year after we sold spare land in Whitechapel to the Department of Health and Social Care for the development.

The £77m deal was based on independent land valuations, and means progress on creating the cutting edge research campus next to The Royal London Hospital is not dependent on selling the sites on the open market.

We are now focussing on attracting scientists, entrepreneurs and other investors to translate innovative life sciences research into new ways of monitoring, diagnosing and treating health conditions.

We are already working with scientists at Queen Mary University of London to capitalise on the advantage we share in having a snapshot of the world’s population on their doorsteps.

Health Minister at the time James O’Shaughnessy said: “This innovative project has unlocked surplus NHS land and allows us to unleash a major life sciences investment into east London. The project won’t just allow researchers and entrepreneurs to benefit. It will help NHS patients access new diagnostics and treatments more quickly and 168 homes for NHS staff will also be provided.”

The deal enables this work to be accelerated and expanded in order to bring new treatments to patients faster. For example, this year we launched CAP-AI, a pioneering research programme in Artificial Intelligence (AI). Comprised of five projects, CAP-AI is London’s first AI-enabling programme focused on using AI and machine learning to improve outcomes for patients.
We are collaborative by:
>
Giving time and energy to develop relationships within and outside our immediate teams
>
Demonstrating pride in #TeamBartsHealth
>
Respecting and utilising the expertise of colleagues
>
Knowing our own and others’ parts in the plan
Working in partnership to fund extraordinary healthcare

Barts Charity is the dedicated charity for Barts Health NHS Trust, working with staff here and at the Barts and The London School of Medicine & Dentistry (part of Queen Mary University London) to deliver transformative healthcare and research.

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

In total last year, Barts Charity awarded over £31million to healthcare projects in the Trust and Medical School.

Barts Charity also administers the charitable donations and legacies given for the hospitals and offers support to anyone looking to fundraise for their benefit.

Barts Charity funds projects across all the Barts Health hospitals, spanning a wide range of service areas. Big or small these projects are having a huge impact on patients and staff.

Examples include a ‘Hope Wall’ at The Royal London Hospital’s A&E department – to reassure patients that are experiencing extreme mental distress (read more about this below) – and a remote patient monitoring scheme at St Bartholomew’s Hospital that allows blood cancer patients to interact with doctors in the comfort of their own home.

At Whipps Cross Hospital, the Charity has funded ‘rise and recline’ chairs that are making a great difference in enabling staff to care for end-of-life patients in a way that keeps them as comfortable as possible. The chairs are relaxing and supportive to sit in, even for long periods of time, and their functions help enormously when people have worsening mobility. The visitors get great benefit and rest using them too, especially when they don’t want to be apart from their loved ones, whatever the time of day or night.

Staff at Newham Hospital have been benefitting from ‘Performing Medicine’ – a structured programme of role play and group exercises that gives individuals and teams the time and space to consider how they manage their own health and wellbeing as well as that of their patients, and to reflect on how they interact with colleagues. The aim of this programme is healthier and more resilient staff that are at their best to care for patients.

The packs give families comfort at a difficult time – it’s just a small thing but it’s really appreciated by families.

Ojie Cabalan, Tayberry Ward Manager

"
£1.5m grant to advance brain tumour care

Barts Charity recently awarded £1.5m to advance brain tumour research and its application into the clinical hospital environment, with the end goal of finding a cure for this devastating disease.

Brain tumours kill more people under the age of 40 than any other cancer. The survival rates are very low, with less than 20% of those diagnosed surviving beyond five years, compared to 50% of all other cancers.

This funding is enabling world-leading brain tumour expert Silvia Marino, Professor of Neuropathology at Queen Mary University of London and Edward McKintosh, Consultant Neurosurgeon at Barts Health NHS Trust, to vastly enhance the current research into brain tumours. They will focus on glioblastoma, the most common and deadly form.

Working with Rachel Lewis, Consultant Clinical Oncologist at Barts Health, the team will use the grant to create infrastructure within the Trust’s hospitals to run clinical trials with brain tumour patients. The project will bring the translation of laboratory findings to patient treatments ever closer and will also mean a significant increase in the amount of experimental treatments available to patients with brain tumours in hospital.

This will help the team of researchers to build upon the success in basic science at the Brain Tumour Research Centre (created with funding from Barts Charity and charity Brain Tumour Research in 2014).

Professor Marino said: “I am thrilled to have been awarded this funding from Barts Charity, which complements the support we are receiving from Brain Tumour Research and other sources. It will allow us to move faster from the bench to the bedside and offer more experimental treatments to brain tumour patients.”
The NHS Long Term Plan, published this year, makes clear the importance of collaboration between GPs, community services, primary care, social care, mental health care and acute care in order to transform services so they meet the needs of communities.

At Barts Health we have excellent relationships with our local partners and are keen to build on these to play a key role in delivering the ambitions set out in the Long Term Plan.

Over the last year we played a role in each of the three partnership programmes which bring organisations together in Newham, Tower Hamlets and Waltham Forest.

For example, in Waltham Forest, the Better Care Together programme has enabled partners to come together to improve services for patients at the end of their life. A new enhanced palliative care service gives patients and health professionals easier access to dedicated services which enable more people to fulfil their wishes towards the end of their life.

Similar partnerships are in place in Tower Hamlets (Tower Hamlets Together) and Newham (Newham Wellbeing Partnership). This year we agreed to establish an overarching Board to support the local partnerships to address the biggest priorities across Waltham Forest and east London. We will play a key role on the newly established inner north east London system transformation board and this will help us work even closer with our health and care partners to deliver the Long Term Plan. The immediate priorities agreed by the board are: outpatients, urgent care, health and wellbeing of rough sleepers and homeless people and clinical configuration / provider collaboration.

We’d also like to thank the charities that we’ve worked in partnership with over the past year, including London’s Air Ambulance, Macmillan, the Maggie’s Centre and the Barts Guild.

Working with our health partners and stakeholders

Working with partners and service users to design a UK-first

An award-winning new room to support people with mental health conditions in A&E opened at The Royal London Hospital this year.

The mental health room is the first room of its kind in the country to have artwork specially created for its users, by its users – a ‘Hope Wall’.

With heart-felt messages from people who themselves have struggled with mental health issues and have recovered, the Hope Wall is a piece of art work that aims to offer hope to people who come to A&E because they are struggling with their mental health or are suffering from a mental health crisis.

NHS staff worked with artist Mike Miles and service users to design and transform the room into a private and calm place of safety for people to discuss their mental health needs with staff.

In a creative and integrated approach, charitably-funded Vital Arts worked closely with East London NHS Foundation Trust (ELFT) and Tower Hamlets Together to commission the work.

Plans for 2019/20

With an annual grant programme of £30m, Barts Charity is one of the biggest funders of healthcare innovation in the UK. The Charity has ambitious plans to become much more visible in the hospitals and embark on significant awareness activity aimed at making staff, patients and general public more aware of the Charity’s role and the great work that it does.

Visit our charity’s website to help our hospitals be extraordinary: www.bartscharity.org.uk
Work starts on plans for new Whipps Cross Hospital

Along with our local partners, we were delighted to make significant progress towards a new Whipps Cross Hospital this year.

We joined forces with our local commissioners, Waltham Forest Council and the local community and mental health NHS trust to set out an exciting vision for the future of Whipps Cross two years ago.

While our strategic case is yet to be formally approved, we were given the go-ahead to proceed to the next stage – developing detailed plans.

Our vision would bring hospital, community, primary and social care together in one place, making Whipps Cross a flagship campus offering the best for tomorrow’s patients.

Preliminary assessments suggest a brand new state-of-the-art hospital – complete with an A&E and maternity department – could be built on a fraction of the existing estate. This would release land for other uses, including integrated health and care facilities and new homes for the community.

A balance between all the potential aspects of the redevelopment has yet to be determined, so we are now working with local people and partners on detailed plans for the 18-hectare estate that can unlock its full value.

At the same time we are continuing to work with the national NHS to strengthen the strategic case, exploring ways to ensure any capital borrowing requirement is affordable for the taxpayer.

In March Secretary of State for Health and Social Care Matt Hancock came to see the potential first hand, telling staff the need to improve the estate is “evident to anybody walking around it”.

Matt Hancock MP said: It was great to visit Whipps Cross Hospital with Iain Duncan Smith to hear the proposals for a new hospital for the people of North East London.

“They highlighted some of the challenges they face, but the trust has already made strong progress – coming out of special measures just a few weeks ago – and I’ve been struck by the dedication and commitment of staff to make a difference to the patients in their care.”

Showcasing robotic surgery

This year we asked our partners how we could work better with them, and one thing they said was that we should do more to show them the work we’re doing to transform patient care for our communities. So in the autumn we opened our doors to The Royal London Hospital and held a showcase of our robotic surgical equipment.

The robot was on display throughout the day, with people as young as seven able to try their hand at our operation game. In the evening we were joined by national NHS leadership, local politicians, commissioners and patient representatives for more demonstrations and talks from this amazing team who have now treated hundreds of patients with the equipment.
Accountable

We are accountable by:

> Always striving for the highest possible standard
> Fulfilling all commitments made to colleagues, supervisors, patients and customers
> Admitting mistakes, misjudgments, or errors; immediately informing others when we are unable to meet a commitment; not being afraid to speak up to do the right thing
> Not pretending to have all the answers and actively seeking out those who can help
> Taking personal responsibility for tough decisions and see efforts through to completion
Providing safe and compassionate care

Caring for the most vulnerable

This year we’ve had much better links with social care colleagues, enabling us to improve care for vulnerable young people. This is thanks to an improvement in our electronic systems which alerts our staff if a child in their care is a looked after child or subject to a child protection plan. We can in turn access contact details for the social care team, and social care teams are automatically notified that the child has accessed care. Previously, our staff had to manually check systems and lists to see if there was a child protection plan in place.

Since launching at the very end of last year, we've been alerted to nearly 2,000 children and young people who fall into one of these two categories. This has been particularly helpful in supporting us to forge important links with social care teams from further afield than our most local boroughs. It means we have a much more robust process to help children and young people get the right support.

This year we also remodelled our safeguarding adults team, introducing coordinators based at our hospitals to offer greater support to all staff. In providing this support there has been an increase in training compliance across all hospitals.

How investigations and learnings from deaths help us improve

In recent years, following new national guidance and frameworks, we’ve worked incredibly hard to embed an improved culture around learning from and responding to deaths.

Barts Health has around 3000 inpatient deaths per year; the expectation is that each of these will receive a review by the clinical team. Regular review allows the team to highlight both good and sub-optimal care, and share this amongst clinicians at each level of experience to facilitate a more open and supportive working environment.

This year we reviewed 2,073 deaths in the first three quarters of the year. Of these, 1,534 case record reviews or investigations were carried out.

<table>
<thead>
<tr>
<th>Case record reviews or investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
</tr>
<tr>
<td>Quarter 2</td>
</tr>
<tr>
<td>Quarter 3</td>
</tr>
<tr>
<td>Quarter 4</td>
</tr>
</tbody>
</table>

Sixteen cases were subjected to both a review and an investigation because they were judged to be more likely than not to have been due to problems in the care provided to the patient. This represented 0.53% of the patient deaths.

These numbers have been estimated using an in-house mortality review tool use by the medical examiner to provide a brief clinical review for each death and from Datix where deaths have been referred to the serious incident pathway.

<table>
<thead>
<tr>
<th>Deaths where a review and an investigation were carried out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
</tr>
<tr>
<td>Quarter 2</td>
</tr>
<tr>
<td>Quarter 3</td>
</tr>
<tr>
<td>Quarter 4</td>
</tr>
</tbody>
</table>
Over the course of the year, a number of key learning points were identified:

- The importance of documentation and following policies consistently, particularly around the national early warning score (NEWS) and falls assessment
- Training for staff
- Empowering junior doctors, pharmacy teams and nurses to escalate concerns to senior clinicians
- Sharing and displaying safety briefings and learnings at huddles and in staff areas
- Putting formal handovers in place in emergency departments

An important part of our improvement in this area is the introduction of a medical examiner. The aim of the role is to improve the accuracy of death certificate reporting, working closely with the coroner as an independent reviewer. A consultant not involved in the care of the patient reviews the clinical notes, talks to the clinical team and the bereaved family, and decides on the cause of death and whether discussion with the coroner is appropriate. While this is not yet a mandated role, we have been piloting it at The Royal London Hospital. This has contributed to more accurate death certification, appropriate, timely and accurate referrals to the coroner and more support for bereaved families.

We now have a fully-staffed medical examiner team at The Royal London and further recruitment is on-going at our other hospitals.

**Being open and honest**

When things go wrong it is important to our patients that we are open and honest regarding what has happened. We have a duty to do this – the duty of candour. The duty of candour is a statutory requirement, complementing the existing professional duty for healthcare professionals.

We continued to embed the duty of candour throughout Barts Health in 2018-19. Performance against our key performance indicator is strong at 89.8 per cent – a slight improvement on our performance in 2017-18 of 86.5 per cent.

Most of our hospitals are consistently achieving 100 percent compliance with the duty with only small numbers of non-compliant incidents appearing to have a disproportionately large effect on performance. We impose our own time-frame for completing the duty of candour which is more stringent than the legal duty, even when we miss our own performance indicator, the legal duty is discharged in the vast majority of cases.

**Signing up to Safety**

Our work on the national Sign up to Safety campaign – which began in 2015 – continued to shape our efforts to make our hospitals as safe as they can be.

We now put on bi-annual quality summits to showcase improvement and celebrate achievements. Our newly formed Safety Academy – led by our deputy chief medical officer – will take on a key role in engaging staff across our hospitals between each quality summit, including exploring the themes of never events to stop these from being repeated (see p70).

This year we’ve been using simulation more than ever before to help people learn and develop their skills on key safety issues. By strengthening the link between simulation training, human factors training (better understanding the behaviour of individuals through their interactions with each other and with their environment) and quality improvement work, we believe we will see real benefits in the safety of our services.

Last year we introduced the Perfect Ward app – a tool that can be used on a smart phone or tablet to check the quality of care on wards. The app helps staff to quickly complete a set of questions monitoring the key indicators of high quality care and put things right there and then. It gives nurses and doctors data about the care in their ward in real time, saving hours that would be spent writing up and analysing the findings from paper-based audits.

The technology captures everything from the basics such as ensuring patients have enough to drink or whether the medicine cabinet is locked correctly, through to more complex indicators like assessing the processes used to spot and treat sepsis infections or pressure ulcers.

We now operate this on 94 of our wards, have over 650 users across the Trust and have undertaken over 6500 reviews since the launch in the last quarter of last year. The team behind the initiative were selected as finalists in the Nursing Times national award for Data and Technology in Nursing in 2018.
Listening to our patients

This year we saw a significant improvement in responding to complaints within the timescales we negotiate with complainants. In 2017/18 68% of responses were completed within the negotiated timescale. This improved to 76% this year and we intend to improve this further.

We also improved the percentage of complaints acknowledged within 3 working days. In the previous year this dipped due to sickness absence and the challenges associated with the notorious cyber attack, so it is encouraging to see performance restored to above 90% this year.

We did see an increase in the number of complaints this year across all of our specialties and all of our hospitals except St Bartholomew’s. While we are seeing a record number of patients year-on-year, we are ever mindful of the need to maintain a positive patient experience, as reflected in our updated patient experience strategy.

Whilst these improvements in our PALS and complaints processes are ongoing, we are clear that a focus on quality is as important as a focus on performance. Handling complaints in the right way is crucial to embedding a culture of continuous improvement, and we must ensure that we are not only providing timely responses but also responding in the right way so that complainants are confident that their issues have been handled professionally and sympathetically. To that end we now have a complaints quality assurance team with responsibility for ensuring we are able to monitor and improve patients’ experience during the complaints process. The team are already working on developing standards for monitoring consistency.

<table>
<thead>
<tr>
<th></th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal complaints</td>
<td>1,786</td>
<td>1,876</td>
</tr>
<tr>
<td>PALS enquiries</td>
<td>6,911</td>
<td>6,409</td>
</tr>
<tr>
<td>Complaints acknowledged in 3 working days</td>
<td>83%</td>
<td>91%</td>
</tr>
<tr>
<td>Complaints responded to within negotiated timescale</td>
<td>68%</td>
<td>76%</td>
</tr>
</tbody>
</table>
Providing safer care

We want all our staff to be empowered to report incidents of safety. By reporting whenever something isn’t as safe as it should be, it helps us improve care. And by having a culture that encourages this reporting among all our staff, it helps us prevent more serious incidents occurring.

We continued to make progress in embedding this culture, with around 7,000 more incidents reported this year than last across our hospitals, demonstrating that our staff felt more confident in highlighting things that need to be improved. The care we provided was again safer as we reported fewer serious incidents this year than last year.

Number of safety incidents we reported

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25,911</td>
<td>29,328</td>
<td>40,986</td>
<td>47,129</td>
</tr>
</tbody>
</table>

Serious incidents declared

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of serious incidents declared</td>
<td>398</td>
<td>317</td>
<td>221</td>
<td>204</td>
</tr>
<tr>
<td>Number of serious incidents de-escalated*</td>
<td>40</td>
<td>27</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Total number of serious incidents</td>
<td>358</td>
<td>290</td>
<td>206</td>
<td>197</td>
</tr>
</tbody>
</table>

*Serious incidents are de-escalated if they subsequently fail to meet the serious incident framework criteria

The number of serious incidents reported has continued to fall in 2018-19. Completing these large investigations within the 60 working days time-frame continues to be a challenge although significant progress has been made in reducing the number of overdue investigation reports. Last year we reported 42 overdue investigations whilst at the close of 2018-19 there were 8. We hope to eliminate these in the first weeks of 2019-20 releasing more resource to focus on timely submission of investigation reports.
Never events

Regrettably we did not achieve our quality objective to reduce the number of never events by 50 per cent, in fact the number increased significantly from the eight never events we reported in 2017/18 to 13 in 2018/19.

Although no patient suffered serious harm as a result of these never events it is still not an acceptable position and we take these failures very seriously. All of these never events were thoroughly investigated and the learning was shared across our hospitals. Themes from these never events will be explored through the Safety Academy (see p30).

<table>
<thead>
<tr>
<th>Never event category</th>
<th>2017-18</th>
<th>Hospital</th>
<th>2018-19</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong site surgery</td>
<td>2</td>
<td>RLH</td>
<td>5</td>
<td>RLH x 3 / WXH x 2</td>
</tr>
<tr>
<td>Retained foreign object post-procedure</td>
<td>3</td>
<td>NUH x 2 / RLH x 1</td>
<td>5</td>
<td>RLH x 2 / WXH x 2</td>
</tr>
<tr>
<td>Wrong implant/prosthesis</td>
<td>1</td>
<td>WXH</td>
<td>1</td>
<td>RLH</td>
</tr>
<tr>
<td>Wrong route administration of medication</td>
<td>1</td>
<td>RLH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintentional connection of a patient requiring oxygen to an air flowmeter</td>
<td>1</td>
<td>WXH</td>
<td>1</td>
<td>RLH</td>
</tr>
<tr>
<td>Misplaced naso or oro-gastric tubes</td>
<td></td>
<td></td>
<td>1</td>
<td>RLH</td>
</tr>
<tr>
<td><strong>Total never events</strong></td>
<td><strong>8</strong></td>
<td></td>
<td><strong>13</strong></td>
<td></td>
</tr>
</tbody>
</table>

We are sorry that despite our best intentions, we caused severe harm or death to a small number of our patients. The table below shows the specific number of incidents reported to the National Reporting and Learning System.

Incidents of severe harm or death caused to our patients

<table>
<thead>
<tr>
<th>Quarters</th>
<th>NRLS severe harm data</th>
<th>NRLS death data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 and 4, 2017-18</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td>1 and 2, 2018-19</td>
<td>19</td>
<td>11</td>
</tr>
</tbody>
</table>

NHS Resolution claims

The following table outlines the number of claims made to NHS Resolution during 2018/19 and the payments made to patients and their families in damages.

<table>
<thead>
<tr>
<th>Number of Claims</th>
<th>Damage Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNST (clinical negligence)</td>
<td>156 reported to NHS Resolution £9,103,455 in settlements</td>
</tr>
<tr>
<td>LTPS (personal injury)</td>
<td>49 reported to NHS Resolution £749,955 in settlements</td>
</tr>
</tbody>
</table>

Improving our infrastructure

This year was the first of a three-year programme which will see extensive improvements made to the fire safety of our hospitals. We’re investing over £4m to make sure we meet required standards, predominantly at Newham and Whipps Cross hospitals.

While making these improvements, we took the opportunity to refurbish other parts of the areas where work is required. Read about how this benefitted patients and staff alike in one ward at Whipps Cross.
New-look Chestnut Ward gets seal of approval

We invested £850K to completely revamp one of the oldest wards located at Whipps Cross Hospital as part of a programme of improvements across the Trust.

The new Chestnut Ward incorporates a dementia-friendly design, and has transformed the ward into a modern facility, with improved features that enhance patient safety, infection control, privacy and dignity.

Transforming Chestnut Ward is part of a four year refurbishment programme, that will upgrade all existing wards at Whipps Cross to ensure they meet safety requirements and improve patient experience.

Previously an open 'nightingale-style' ward, Chestnut is now an airy 12 bedded ward which is bright and spacious. There is a six-bed bay, a double side room and four single rooms which have ensuite toilet and showering facilities. The new ward is for elective orthopaedic patients that are undergoing surgical procedures to correct bone or muscle damage. Elective procedures include operations such as hip or knee replacements.

"Ward Manager Bea said that the facilities on the new ward have boosted staff morale, and have already been praised by patients. “Our brand new home makes such a difference to our working environment. The ward has more space and we have a greater capacity to ensure that elective procedures aren’t cancelled and can go ahead. This will help patients to get home quickly and reduce their time in hospital.

“One gentleman who stayed with us on our former Sage Ward last year agreed that the new ward is a nicer environment and that our quality of care remains excellent.”

Rob Speight, Head of Estates said: “Not only does this improvement work help us to meet required standards for safety, we’ve also taken the opportunity to improve the experience for those on the ward. We’ve improved infection control and installed additional facilities including side rooms and bathrooms for patients.”

While we have exciting plans to redevelop Whipps Cross Hospital we are continuing to invest in the existing facilities to make sure they meet required safety standards and offer today’s patients the best care possible.

You can read about our long-term plans for Whipps Cross in the section titled ‘Collaborative’.
Sustainable solution scoops national award
We were victorious in the 2018 HSJ Value Awards facilities and estates management category for our ‘re-use’ programme, an initiative that has saved thousands of pounds by refurbishing old office and hospital furniture that would have been discarded. We beat off competition from across the country, with judges saying the team demonstrated “innovation and passion to take recycling and reuse to the next level, with a wide stakeholder involvement inside and outside the NHS.”

Faster and better WiFi for patients
Faster and better WiFi is now available for patients in all our main hospitals.
Thanks to funding from NHS England, we worked with a new provider, WiFi Spark, to install a brand new system that will enable patients and visitors to easily browse the internet and send messages free of charge. We hope that providing the public with this service will not only be useful in its own right, but help reduce tensions in our emergency departments when people are distressed and want to contact friends and relatives, or just be distracted while they are waiting for treatment.

Unlike its clunky predecessor, there’s no time limit on use of the new system, and we have expanded capacity in order to ensure continuous access for as many users as possible.
However, it cannot support streaming movies or high-intensity computer games. A separate project is in the pipeline to deliver bedside patient entertainment as part of our facilities management contract with Serco, and now the improved WiFi system is up and running we hope this will come on stream soon.

Path labs get an upgrade
Our pathology labs are crucial to the care and treatment of our patients. They process more than 60,000 test results every day - around three-quarters of all diagnoses in the NHS rely on pathology testing, which ranges from blood tests to tissue analysis and the study of infections, viruses and the immune system.
That’s why we’ve been delighted to revamp our pathology labs this year. We’ve now got more state-of-the-art equipment and redesigned spaces in which our teams complete their vital work.
We are respectful by:

- Being helpful, courteous and patient
- Remaining calm, measured and balanced in challenging situations
- Showing sensitivity to others’ needs and be aware of your own impact
- Encouraging others to talk openly and share their concerns
Developing our people

The litmus test – what do our staff feel about working here?

The results of this year’s anonymous national staff survey were a cause for celebration. They showed significant improvement in five of ten areas scored across our hospitals, with no reduction in scores for any area.

We do better than the rest of the country in three areas, including how staff rate the quality of care provided to patients, the quality of staff appraisals and fostering a culture of safety.

However, whilst there is much improvement there are also areas that require attention, with a higher than average number of staff reporting having experienced bullying and harassment.

In response, any colleague who reports that they have experienced instances of violence or aggression are now quickly followed up to offer support. Staff who have benefited report feeling cared for, saying that it has assisted them to feel prepared to return to work.

Making safety at work a key priority, training is being put in place which will help staff to further develop skills in personal safety and de-escalation of volatile situations in an effort to reduce the number of violent instances.

We also acknowledge that we have more to do to improve our Workforce Race Equality Standards, and will build on the success of our career workshops to improve opportunities for all. Focusing on personal effectiveness, career planning and job interview preparation, over a quarter of the 350+ employees who have so far participated have been promoted or moved up a pay band as a result.

Comparing our results from 2015

2015:
less than 1/3 of Barts Health staff took part in the survey

This year (2018):
Around 50% took part
We’ve seen nearly 20% increase in response rates in 5 years.

<table>
<thead>
<tr>
<th>National average</th>
<th>2015:</th>
<th>This year (2018):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff believing our communication with them is effective</td>
<td>34% 45% 41%</td>
<td>56% 69% 71%</td>
</tr>
<tr>
<td>Staff who would recommend Barts Health as a place to work</td>
<td>47% 63% 62%</td>
<td>56% 69% 71%</td>
</tr>
<tr>
<td>Staff who would recommend Barts Health as a place of care</td>
<td>56% 69% 71%</td>
<td>59% 73% 71%</td>
</tr>
<tr>
<td>Staff who believe the organisation takes action to ensure errors are not repeated</td>
<td>59% 73% 71%</td>
<td>59% 73% 71%</td>
</tr>
</tbody>
</table>
Spotlight on new apprenticeships

Apprenticeships bring many benefits to our organisation. They help to create skilled, motivated and loyal members of Team Barts Health leading to improved care for patients, while helping us to grow the workforce of the future and address our recruitment challenges.

These challenges include:

- high turnover rates - currently 13.7% p.a. for all staff
- “hot spot” areas where recruitment and retention are particularly difficult eg midwifery, service managers
- poor retention rates eg feedback from the staff survey states that 30% of nursing and midwifery staff leave within 12 months of joining
- a lack of career development and job satisfaction, cited in staff surveys as the main reasons for leaving.

We’ve been successfully delivering apprenticeship schemes for many years in a range of areas including peri-operative, customer care, maternity support, health science technician, business administration, contract management and human resource management.

More recently we’ve started to broaden out the areas that offer apprenticeships, offering more variety of experience in terms of professional area and banding. As part of this we’ve started offering apprenticeships in pharmacy, theatres and clinical physics.

The apprenticeship programme had huge success in 2018/19 with the total number of apprenticeship starts trebling to over 210.

This year, we extended our apprenticeship opportunities to more senior levels, developing bespoke leadership programmes using the apprenticeship framework as part of exciting new partnerships with The University for Hertfordshire, Ashridge Management College and The University of East London.
1,000 school students set to become tomorrow’s NHS heroes

Over 1,000 school students from east London are set to take the first steps in NHS careers in healthcare and health sciences, thanks to the launch of our exciting Healthcare Horizons programme.

Run in partnership with Barts Charity, and supported by JPMorgan Chase Foundation, Healthcare Horizons is enabling students to learn more about different health professions, access higher education and secure employment within the NHS.

In what is believed to be the biggest scheme of this kind, the programme intends to increase awareness of the wide range of health careers and support young people to gain the necessary knowledge and experience to provide care to their communities as a healthcare professional.

Over 1,000 school and college students from over 20 schools in the boroughs of Tower Hamlets, Waltham Forest, Newham and Hackney will participate in a variety of initiatives tailored to their age. The programme includes a raft of support to give young people a taster of stepping into the shoes of healthcare workers:

- Secondary school students will have access to career awareness sessions, hands on events and work experience placements.
- Teenagers will be able to immerse themselves in how an operating theatre works in the cutting edge simulation suite at The Royal London Hospital.
- Direct support and advice will be offered for students completing applications for university.
- Bespoke support including motivational training, interview skills development and regular events showcasing the range of available opportunities will help young people to get straight into work.

"Sadiq Khan, Mayor of London, fully supports the Healthcare Horizons Programme:

“Our capital is full of talented and motivated young people, and I’m determined that Londoners from all backgrounds are able to access the wealth of career opportunities available in our city. I’m delighted to support the Healthcare Horizons programme, which will make a real difference in helping young Londoners gain the skills and practical experiences to help them access the wide range of rewarding jobs available in London’s healthcare sector.”
Recognising our staff

Our staff are committed to providing safe and compassionate care, and we like to recognise the people that go above and beyond for patients and colleagues. Barts Charity generously funds Barts Health Heroes to recognise this commitment.

This year, we recognised over 1,000 teams and employees in our annual Barts Health Heroes – receiving a whopping 46% more nominations than last year.

Supporting our staff

We take the wellbeing of our staff seriously, and whilst we continue to embed positive improvements to create a kinder and more compassionate culture we know that having someone to talk to can help staff feel better able to cope with a stressful situation.

At the same time, it’s important to us that staff feel confident that they can freely raise concerns about any issue; that’s why we’ve put in place a variety of channels of support staff can access.

SpeakInConfidence is an online system that provides a way for staff to anonymously and directly raise ideas and concerns with our senior leadership, 24 hours a day, 7 days a week.

The web-based service is run by a third party and allows staff to send an anonymous message to their choice of executive leaders in the trust. A conversation can then take place with the senior leader.

The Guardian Service is a separate, safe and independent route for staff to raise issues or concerns that affect them, the safety of our patients or their ability to do their job well. A completely confidential face-to-face service, the Guardian Service is operated by an external organisation. It offers staff an opportunity to talk through their issue before it is raised formally, get support and work to see if a resolution can be found.

Our Confidence in Care employee assistance programme gives staff access to a range of services including confidential counselling service and advice on a range of topics that affect our lives day to day.
Skilling up our workforce

Training and development are a crucial part of our work, and fundamental to securing our future workforce and developing a learning culture across our organisation.

Every year we train or host:

- **Clinical placements for medical students**: (400 WTE)
- **Clinical placements for dental students**: (295 WTE)
- **Doctors in training**: 150+
- **Nursing associates**: 50+
- **Medical students**: (400 WTE)
- **Physician associates**: 50+
- **Clinical placements for medical students**: (400 WTE)
- **Nursing associates**: 50+
- **47**
- **900+**
- **275+**
- **249+**
- **156+**
- **150+**
- **75%**

This year:

- **140,315** statutory / mandatory training online assessments / quizzes completed
- **16,000+** attendances at face to face statutory and mandatory training courses
- **2,600+** people attended inductions
- **3,381** staff attended a skills-based training course
- **788** people attended bespoke training courses (eg. time management)
- **249+** newly qualified nurses and midwives attended the Preceptorship Programme
- **156+** courses ran in our simulation centres, training 1,842 delegates
- **75%** of healthcare assistants started the National Care Certificate
- **150+** staff successfully completed the leadership and management courses
We're proud of our reputation for high quality training:

We have an **84% pass rate at first attempt** for nurses who trained outside the European Economic Area taking the Nursing and Midwifery Council’s Objective Structured Clinical Examination (OSCE).

The national average is 48%

We've recorded significant improvements on results of the GMC national training survey year on year. The national average is 48%

90% + nursing and health care assistant students report a positive learning experience with us.

This year we introduced new ways of supporting specialty and associate specialist doctors (doctors who are not in formal training roles but do have at least four years of postgraduate training, two of those being in a relevant specialty.) This includes workshops, study days and an annual conference, all aimed at ensuring they can reach their full potential and offer the very best care possible.

Maintaining statutory and mandatory training is one of our quality objectives. We launched a range of videos to support our efforts this year – you can read more about our quality objectives in the next section.

We've continued our efforts to be at the forefront of training and developing the roles of the future. When the national pilot was launched to train nursing associates, 22 of our health care assistants were recruited as nursing associate trainees across the Trust - all qualified in March 2019. 12 of these are now going on to undertake a two-year accreditation route to become registered nurses.

47 more nursing associate trainees started in the autumn 2018 and we continue to work with national partners to evaluate the role. This work, alongside the Level 2 healthcare assistant, and our new nursing degree apprenticeships (starting in September 2019), means we are now able to offer health care support workers clear career progression through to their registration as a registered nurse.

**Introducing the Barts Health school of nursing, midwifery and AHPs**

The launch of our school of nursing, midwifery and AHPs in November 2018 marked the start of a new journey in developing stronger partnerships and collaborative working with our higher education institutes.

The school provides our nurses, midwives and AHPs with relevant education and training opportunities, responding to new and emerging models of care and service.

A joint initiative between Barts Health and our higher education institute partners, the School offers a flexible programme of undergraduate and postgraduate courses, as well as short courses and study days.

The School will play a key part in helping us become the employer of choice for nurses, midwives and AHPs, with a local and national reputation for delivering excellence in clinical research, education and development.
Equitable

We are equitable by:

> Valuing the perspectives and contributions of all and that all backgrounds are respected

> Recognising that individuals may have different strengths and needs, and that different cultures may impact how people think and behave.

> Working to enact policies, procedures and processes fairly

> Being open to change and encourage open, honest conversation that helps foster an inclusive work and learning environment

> Remembering that we all have conscious and unconscious bias; getting to know what ours are and working to mitigate them
Improving the health of our east London community

Tobacco and alcohol
In east London we have high smoking prevalence when compared with the national average and high hospital admissions for alcohol-related conditions, especially alcohol-related cardiovascular disease conditions. During 2018/19 we improved the health of our local population by supporting our patients who smoke to give up, as well as screening patients for alcohol risk levels and providing advice on reducing alcohol consumption.

Our staff have been asking patients if they smoke across various services including pre-op assessment, maternity clinics and inpatient ward. Those who smoke are given brief advice on the health benefits of giving up and are offered support through a referral to specialist stop smoking services. If the patient is a hospital inpatient they are also offered nicotine replacement therapy. This year 2,499 patients, visitors and staff were referred to their local stop smoking service through the national referral service.

Following a review by external experts, we’ve also been updating our non-smoking signage around our hospitals and raising awareness of available support services.

Alcohol screening has improved, in no small part due to better recording using our electronic patient record systems. This year well over 4,000 inpatients were screened for alcohol risk levels and those that drink above the low risk levels were given advice or offered a referral to specialist support.

Improving air quality
Alongside local boroughs we are striving to improve air quality around our hospitals given the impact poor air quality has on health. St Bartholomew’s was the first hospital in London to have one of the Mayor of London’s air quality pollution monitors installed. The monitors provide real-time air quality measurements that allow health professionals to take appropriate action to protect patients and employees – for example, warning patients about high pollution episodes and advising which hospital entrances have the lowest levels of pollution.

The Royal London, Newham and Whipps Cross hospitals followed hot on the heels of St Bartholomew’s in having the monitors installed.

Staff health and wellbeing
We were very proud to achieve the Excellence Level of London’s Healthy Workplace Charter in 2018. The Charter, backed by the London Assembly, aims to help make work places healthier and happier. The award recognises dedication to the health of staff. The graphic below shows just some of the support we’ve offered to our staff this year.

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost neutral physiotherapy</td>
<td>1,859</td>
</tr>
<tr>
<td>Staff MOT appointments</td>
<td>431</td>
</tr>
<tr>
<td>Staff supported with weight</td>
<td>53</td>
</tr>
<tr>
<td>Employee assistance programme</td>
<td>412</td>
</tr>
<tr>
<td>Mindfulness courses</td>
<td>3</td>
</tr>
<tr>
<td>Saved by Staff</td>
<td>£10,000+</td>
</tr>
</tbody>
</table>
Improving life chances for east Londoners

Our Community Works for Health programme continues to provide local people with pathways into entry-level roles in the Trust through a talent pool approach and apprenticeship schemes. You can read more about our apprenticeships and our exciting new Healthcare Horizons programme in the Respectful section.

Our Project Search programme continues to support local people with learning disabilities and autism to gain employment. This year 43 students from Whitefields and William Morris Schools in Waltham Forest were provided with 33-week internships at Whipps Cross and Mile End Hospital and 24 students from Newham Workplace were placed in Newham Hospital. A huge range of departments including admin and clerical, stores, portering and domestics, hospitality, retail, clinical and ward-based services supported the programme. At the time of writing 16 students have since been employed by the Trust following their placements.

These achievements have helped us to again be listed in the top 50 employers in the Social Mobility Index – the top NHS trust in the table. We were also shortlisted in the Health Service Journal Awards ‘Widening Participation’ category.
Taking positive action on diversity and inclusion

This year we developed and launched our Diversity and Inclusion Positive Action Charter, covering seven key commitments we seek to proactively pursue to create an inclusive place to work and an environment to provide safe and compassionate care.

Below are just a few of the actions we’ve taken against our commitments:

- **Taking positive action in how we mobilise our recruitment and retention processes**
  We trained inclusion ambassadors to sit on interview panels. Starting with senior band 8a and above posts in nursing and midwifery, our ambassadors are formal members of the decision-making interview panel.

- **Taking positive action to secure access to workplace adjustments on the basis of need**
  Our BartsAbility passport helps staff with disabilities, long term health conditions and/or different learning styles get the adjustments in working conditions or practices they need to enable them to be more effective. Managers can access dedicated funding for these adjustments too.

- **Taking positive action to support, fund and directly engage with staff networks**
  We now have four active sub groups of our staff network; BartsAbility, BAME, LGBTQ and Women’s networks each have co-chairs and are establishing leads at each hospital. A carer’s network is soon to be formed. The networks have received national recognition this year, shortlisted in the Inclusive Companies Awards, the Global Equality and Diversity Awards and the European Diversity Awards.

- **Taking positive action to ensure our WeCare values and behaviours permeate all aspects of our employee experience**
  Our career development programme for BME and Female staff is now on cohort 28 with over 376 participants in total. 29% (110) moved up to a higher band since completing the programme. In addition, 100 senior leaders have attended Inclusion Lab programmes, delivered in partnership with the London Leadership Academy.

- **Taking positive action to plan services that take into account our population**
  We are analysing data we are able to improve the equity of our services. We are examining data on incidents, complaints, missed appointments, readmission to hospital, cardiology, oncology and maternity services in order to plan improvements. For example, this has led to more community events to raise awareness of sexual health screening in under-represented communities. Work is underway to embed this analysis in the work of all our clinical boards as they step up planning the future strategies of all our services.

- **Taking positive action to support all our staff in playing their part in these commitments**
  We’re focussing efforts on responding to increased incidents of violence and aggression towards staff from members of the public. Building on the work outlined in last year’s account, we’ve developed respect champions and delivered a new ‘train the trainer’ programme to 20 colleagues, while a foundation programme is being rolled out to 1,800 in 2019. We are reviewing signage and mirrors so that staff can see around corners, and directly supporting hot-spot areas such as our emergency departments and acute critical care unit.
Delivering safe and compassionate care in our hospitals
Newham Hospital

This year we have continued to demonstrate our ability to improve services for local people.

Following the Care Quality Commission’s inspection of our urgent and emergency services, medical care, maternity, critical care, services for children and young people, end of life care, outpatients and diagnostic services in September 2018, many improvements were highlighted. While our hospital’s overall rating remains at ‘requires improvement’, our urgent and emergency, surgical and children and young people’s services are now all rated ‘good’.

In the 2016 CQC report into care at our hospital, around a third of our individual ratings were ‘good’. In this year’s report we are proud that around a half are rated ‘good’.

Inspectors recognised 11 areas of outstanding practice while they were with us. One area highlighted was our children and young people’s service – which improved from ‘requires improvement’ overall to ‘good’ in every single category; an amazing achievement. You can read more about the team’s work below.

We were disappointed that the findings in our maternity services in September’s inspection did not live up to the high standards we, and our patients, expect. After being issued with an ‘inadequate’ rating and warning notice, we responded immediately by putting in place a comprehensive improvement plan. The CQC returned in January and subsequently upgraded the service’s rating to ‘requires improvement’. This is testament to the turnaround made by all staff in the department. In particular the CQC heaped praise on Gloria Rowland, our Director of Midwifery who spearheaded the improvement plan.
Rainbow Centre celebrates outstanding care on second birthday

This year our Rainbow Centre for children and young people celebrated two years since opening its doors.

To coincide with the milestone, the centre was praised by inspectors as demonstrating outstanding areas of practice. The CQC report commended the Rainbow Centre for being a “coherent, well organised and child-friendly environment” where staff felt “reinvigorated and motivated” to work.

Ward Manager Josephine Bakah said the facility has transformed care for Newham’s young patients and created an environment that staff are proud to work in. “The state-of-the-art equipment, especially the respiratory equipment means we have managed more children on the ward whereas on the old ward we would have had to transfer patients out. The environment is clean and the compliments we receive from parents are great,” she said.

The 22-bed centre opened on 12 February 2017 following a generous £6.8 million Barts Charity-funded makeover to make the hospital experience for children and their families as pleasant as possible. It takes a holistic care approach, featuring colourful walls, a garden, activities rooms and schoolroom, as well as providing weekly activities for children and their families spending time in hospital.

Since being in their new home the ward has implemented a star of the month award that is voted for by patients and has introduced a new feedback system. The centre has child-friendly comment cards and a box at the perfect level for children to post their responses, as well as drawings and comments from children displayed on the wards.

One initiative that the CQC highlighted as an outstanding area of practice is the introduction of a learning disability passport to paediatrics. The passport meets the individual needs of vulnerable patients and those with specific needs by giving a comprehensive overview of factors that may influence the child’s care. This includes their medical history, dietary requirements, any special equipment needed and likes and dislikes. It allows staff to stop repetition, have a more efficient handover, and ensures they aren’t continually asking questions that may upset patients and their parent or carer.
Culture and leadership programme

Newham’s culture and leadership programme aims to make Newham an outstanding place to work and to receive excellent care.

Over the past year, a team of 17 culture change champions - staff who work in all kinds of roles at Newham Hospital - have been exploring the way culture and leadership affect what it feels like to work at the hospital, and the care that patients receive.

The team carried out in-depth interviews with members of the hospital management board. They invited staff to complete a questionnaire, and they held focus groups to talk about the issues raised in more detail. They also analysed the results of the NHS staff surveys from the last few years.

They looked at results from a wide range of patient surveys and feedback, including compliments and complaints, and held a coffee morning with patients to discuss their experiences of our culture.

After examining all the data collected, they identified 9 priorities for improving culture and leadership at Newham which have been shared with hospital staff at an engagement event. The hospital will work to embed a more collaborative and compassionate culture over coming years by addressing these priorities.

Making our operating theatres as safe as they can be

At Newham we led a quality improvement project to implement national standards for invasive procedures (NATSSIPs) within our operating theatres. NATSSIPs are a set of checklists designed to engage the whole team in the operating theatre in making sure the right safety checks are made. They are proven to focus every member of staff within the operating theatre to ensure that patient safety is optimised.

As part of this programme, at Newham we led on designing the checklists for maternity emergency cases for Barts Health. We also designed an effective audit and reporting system to support continuous improvement.

Since the programme started there have been no serious incidents relating to operating theatre systems and processes at Newham Hospital. The team are also working to ensure all invasive procedures that occur outside of theatres have safety checklists designed for them and teams are trained and audited to complete the process effectively.
Improving patient safety
We are particularly focussed on preventing patients from deteriorating by improving early recognition. We are using in-situ simulation training to train medical, nursing and therapy staff to recognise symptoms of deterioration and to act quickly. This is in addition to the launch of electronic recording of patient observations, such as blood pressure and heart rate. We aim to have all our areas recording electronically by the end of the year and this will significantly impact on our ability to monitor patients who may be deteriorating.

Improving support for breastfeeding
We are working with a group of mothers from Newham to improve our breastfeeding focus within the maternity and neonatal units. We aim to pro-actively promote breastfeeding and ensure all mothers are supported in their choice of how they feed their baby.

Increasing capacity in the Barts Health Orthopaedic Centre
We will complete our expansion of the centre this summer when we plan to increase the number and type of orthopaedic surgical cases we undertake in our state of the art facility.
Feeling Good!

A series of inspections this year led to our hospital rating being upgraded to ‘good’. We’re very proud of this achievement, which recognises the tireless work of our staff over the last four years.

Following inspections in September and October, emergency care, surgery, children’s services and dental hospital received an overall rating of ‘good’. Outpatients and medical (including older people’s care) received an overall rating of ‘requires improvement’.

Inspectors returned later in the year to assess maternity and end of life care. Both were rated ‘good’ and these findings upgraded the overall rating for the hospital.

Our hospital now has 80 per cent of all the service areas inspected rated ‘good’ or better. Inspectors found our dental hospital as ‘outstanding’ in most respects, with maternity being ‘outstanding’ for being well-led.

In all the CQC has highlighted 22 areas of outstanding practice at the hospital, including our trauma team, a clinic for survivors of childhood abuse, multi-disciplinary teams for end-of-life care, and initiatives to support mothers-to-be among the Bengali community of Tower Hamlets.
Outstanding results for our dental hospital

Following this year’s inspections, our dental hospital received three outstanding ratings, with seven specific areas of outstanding practice highlighted.

The dental hospital saw a record 110,000 patients last year and is one of the largest outpatient departments in the Trust. They have a particular focus on patients who need secondary and tertiary care and there are thirteen dental specialties.

A world renowned trauma team operates from the hospital. Patients can have significant reconstructions of mouths and faces after cancer, while adults can access care after being born with cleft lips and palates, or severe facial abnormalities.

The dental hospital has been internationally recognised for dental implants and postgraduate specialty trainees come here to learn the most advanced surgical techniques.

Our adult special care team, though only two-consultants strong, has brought several Barts Health Hero awards into the service because of their amazing levels of integrated care and ability to think outside the box in tending to the individual needs of patients.

The paediatric dentistry department sees the most patients of any of the four dental hospitals in London. The range of care includes the extraction of teeth under general anaesthesia, which is the likeliest reason a child is admitted to hospital anywhere in the UK, to children with special needs who cannot be managed anywhere in the community.

The Dental School was also rated as the number one dental hospital for research in the last REF (Research Exercise Framework). Our postgraduate clinical training is attracting applicants from all over the world and at any one time there are over 50 students in residence. The number of applications outweighs the places by ten to one.

A talented and innovative team of dental technicians are also an integral part of this outstanding team.
More choice for local mums

In last year’s Quality Account, we identified improving choice for expectant mothers, and improving antenatal care, as a priority.

Over the last year, our new Tower Hamlets Home birth service supported 37 new mums to birth their babies at home, compared with 22 in 2017.

Speaking at our one year anniversary event in January, Jessica Mears – who gave birth with the team 9 months ago - said: “I was already a mum of two when I was pregnant with Idris, so having the midwives visit me at home for all my appointments was so helpful and made the whole process much less stressful… Juggling work and kids is stressful enough without having to juggle getting to and from hospital appointments as well.

“Too me it’s a no brainer. The care you get with Tower Hamlets Home birth team is the highest quality and you have midwives who are truly invested in you and care about you and your baby.

“Already knowing and trusting the women who are going to be there with you during the birth is so comforting. The delivery is just one part of a much bigger picture. Having the amazing home birth team look after you throughout the pregnancy is what’s so special about the experience.”

We began providing the service in early 2018, increasing choice alongside our other local maternity services, including our midwife-led Lotus Centre, and the Barkantine Birth Centre on the Isle of Dogs. We are one of only two NHS trusts to offer all four birthing options in London.

We have joint midwifery and obstetric birth reflections and birth options clinics where women have time to discuss their care either during the antenatal period or after birth. These clinics offer longer appointment times to enable quality time to be able to discuss and support women to make informed decisions in their choice for care. These services have also helped us to reflect on our care and the feedback given allows us to modify our services in order to improve the support and care of women and their babies in the future.

Our patient satisfaction scores have improved significantly in the last 2 years, feedback is noting that our services are more responsive to our local population needs and we are continuously striving to work with local women, their families, maternity voices partnership, Social Action for Health, Healthwatch and the Council to make services even better.
Recognition for our work to prevent violence, and care for victims

The rise in serious youth violence has regularly made the headlines this year. Our teams are at the forefront of caring for victims of all kinds of violence and are leading the way in efforts to curb the worrying trend.

Surgeon Martin Griffiths was selected from across the country to receive the accolade ‘hero doctor’ in awards held to celebrate the 70th birthday of the NHS. Awarded for ‘saving the lives on a daily basis of people who have been stabbed and shot’, Martin was also recognised for his role in caring for people injured in the London Bridge terror attack.

Three more of our heroes who cared for patients following the London Bridge atrocities were awarded Office of the British Empire Awards in the New Year’s Honours.

Joy Ongcachuy, robotic lead nurse, Dr Malik Ramadhan, emergency consultant, and Emma Senyard, associate director of nursing, have collectively cared for patients in east London for 58 years and are familiar faces to many across the hospital.

Our world-leading trauma research team this year called for a police and community focus during the hours after school, as their research found that young people are most likely to be stabbed after school finishes for the day. They say the findings present the opportunity to specifically target violence reduction strategies, as part of a public health approach to sustainably reducing youth violence.

Enhancing recovery after surgery

Our enhanced recovery program puts patients at the centre of their care, giving them the information they need to prepare for surgery and actively engage in their recovery. We asked patients what we can do to improve their experience and how we can help them on their journey back to fitness. We responded to their feedback by redesigning the information given to patients at pre-operative assessment and started discussions on what to expect in their post-operative recovery right from their first visit. We also created daily patient diaries, activity circuits on the wards and patient care pathways that improve communication between staff and patients. Our enhanced recovery pathways also prompt early referrals to other services, where indicated, to ensure we get you home faster and fitter.

Better patient experience and engagement

As part of our new patient experience and engagement strategy, we focused on establishing better systems and processes to capture more patient feedback. We have used experience-based co-design to transform pathways, we’ve worked with patients on environmental changes such as the creation of changing facilities for people with learning disabilities, and partnered with patients to develop improvement plans and help us with quality assurance. Patient contributions have been invaluable on the journey from ‘requires improvement’ to ‘good’ and will continue to play an ever increasing role on the journey to ‘outstanding’.
Looking ahead: plans for 2019/20

01 Using feedback to improve outpatients
We listened to feedback through our patient survey, concerns and complaints process and are looking to improve our approach to administrative services. Access to patient information should be easier this year with our transition to more electronic information. We will therefore work with patients and Healthwatch to improve experience in outpatients.

02 Increasing the influence of the patient voice
In partnership with our public and patient forum we will ensure the patient voice is present through our quality improvement work and present in key meetings on site. We would like to see our patient forum grow in number and key partners join our clinical boards.

03 Improving the experience of children and adults with mental health conditions whilst receiving care in our hospital
We will work with local mental health providers, education providers and other acute organisations to design a model of care to support mental health assessment and care delivery whilst in our hospital.
St Bartholomew’s Hospital

While we didn't have any CQC inspections this year, we've been working tirelessly to build on our ‘good’ rating. Specifically, we want to become the first NHS hospital in the country to be rated ‘outstanding’ in the ‘safe’ domain.

To do that, we know we need to make our hospital an outstanding place to work as our staff are key to delivering the best care possible for patients. We now have 95% of our positions filled by permanent staff – a big improvement from 88%. Our turnover has also reduced from 14% to 13%. We continue to invest in our staff by providing opportunities to pursue apprenticeships, obtain higher degrees and present and attend conferences. We are proud that over 60% of measures in the annual staff survey improved over the last year.

We’ve placed a big emphasis on understanding and reducing medication errors. Medicines are the most common intervention in healthcare. Based on figures from 2018, it is estimated that 237 million medication errors occur each year in the NHS in England. One way we worked to improve medication safety is to encourage people to report errors every time they happen. The site exceeded the Trust target of 1% of occupied bed days for reporting errors. It is important to note that less than 1% of incidents reported cause harm. As a result of improved reporting, St Bartholomew's has seen a reduction in incidents related to serious harm and are below the target set for incidents causing harm (<4%).
Saving lives from heart disease

Clinical teams at the Barts Heart Centre are leading the way in treating aortic dissections - a tear in the wall of the major artery carrying blood out of the heart. Mortality rates for our patients with aortic dissection have halved, from around a quarter dying within a month of the rupture two years ago to 13% now.

This is not an isolated advance: heart patients have benefited from improvements across the board. Mortality rates for endocarditis, or infection of the heart, also halved.

And spectacular results are being achieved with a non-invasive procedure called TAVI, in which defective heart valves are replaced via catheters (in a cath lab), avoiding the need for open heart surgery. The number of TAVI procedures we carry out has more than doubled over three years, while our survival rates have trebled. Our teams are world leaders in this field, with just 5% of patients dying within a year of treatment, compared to the national average of 15%.

The benefits of organising care through the Barts Heart Centre extend beyond the specialist services at St Bartholomew’s Hospital to encompass patients across the Trust.

For around two years now the heart centre has run cardiology clinics at The Royal London, Newham and Whipps Cross on a network model. Workforce improvements, better use of clinic space, extra sessions at evenings and weekends and the introduction of tele-medicine has eliminated long waits for treatment at the three hospitals. All our sites now meet the national standard for referral to treatment times for cardiology patients.

We are now working on an ambitious three-year strategy to further develop the cardiovascular network across Barts Health. Building on the specialist expertise in the Heart Centre, our aim is to expand capacity at all our hospitals and deliver more routine care for heart patients closer to home. Watch this space.
UK-first procedure to repair leaking heart valves

An innovative procedure to repair leaking heart valves without the need for invasive surgery was carried out at St Bartholomew’s Hospital for the first time in the UK this year, giving hope to patients suffering from mitral regurgitation who are deemed high risk for surgery.

Mitral regurgitation is a condition where weakness in the heart muscle causes the mitral valve to stretch and leak. As a result of this leaking, some blood flows the wrong way and the heart has to work harder to pump this extra blood, which over time can be life threatening.

Our experts successfully performed the UK’s first Transcatheter Mitral Valve Repair (TMVR) procedure with a device called a Cardioband to treat this potentially deadly condition.

The Cardioband is a new technique that emulates the surgical operation in that a band is attached to the orifice of the mitral valve using multiple screws and then tightened to shrink the orifice, reducing the amount of leakage. However, this innovative procedure now allows interventional cardiologists to reach the heart and repair the valve non-invasively through a small tube, known as a catheter, which is inserted into a vein at the groin.

Until now, some patients suffering from mitral regurgitation have had to live with their symptoms due to being ineligible or too high risk for surgery or their medical management not being effective. This new procedure means there is now hope for such patients suffering with the debilitating condition.

New era for lung cancer patients

One of our patients was the first in the world to have their lung tumour treated using a unique combination of innovative techniques and technology which avoid puncturing the skin. The procedure carried out at our hospital combined the use of a hybrid surgical theatre equipped with the latest imaging devices, a catheter inserted through the mouth and guided using GPS-style images and finally a targeted dose of microwave energy, administered directly to the tumour without making a cut.

The combination paves the way for many patients previously deemed too unfit to have the usual more invasive operation to undergo the procedure.

The new equipment was funded by Barts Charity to replace the current method, which involves puncturing the lung through the skin and muscles. This can be painful and up to half of all patients will suffer a collapsed lung, with others experiencing internal bleeding. The innovative method uses software to create a 3D ‘map’ of the lung and guides surgeons as they pass a catheter through the patient’s mouth and airways, making the correct twists and turns along the way, to safely reach the tumour.
Looking ahead: plans for 2019/20

01

Becoming the first NHS hospital in the country to be recognised for delivering outstanding safety for patients. A real focus on quality improvement, leveraging our partnership with the Institute of Healthcare Improvement and East London Foundation Trust will see an unrelenting focus on pursuing outstanding care in the ‘safe’ domain.

02

Modernising our radiotherapy department. In the Barts Cancer Centre, we are embarking on a programme to upgrade four linear accelerators.

03

Giving patients quicker access to therapy in our heart centre. We want our TAVI patients to have the best patient experience and quality of life possible. By improving our use of clinical frailty assessments and sharing the results across our teams more systematically, we will make sure patients get quicker access to physiotherapy and occupational therapy, and hopefully get home faster.
Whipps Cross Hospital

There’s been a lot to celebrate in 2018/19 at Whipps Cross Hospital.

The Care Quality Commission (CQC) visited in September and October 2018, taking a look at our urgent and emergency services, medical care (including older people’s care), surgery, critical care, outpatients and diagnostic services.

Inspectors found improvements across our services and, while our overall hospital rating remains ‘requires improvement’, we now have over half of our individual ratings scored as ‘good’.

It’s also been a significant year in building for a bright future, with progress made towards our redevelopment which you can read about in detail earlier in this report. We are also delighted that work has begun on creating our women’s and neonatal centre – the £6.7m investment from Barts Charity is expected to be completed in 2020.
Improved staff experience leads to fewer vacancies

This year we placed a big focus on helping our staff feel empowered and engaged.

For example, our surgical division made sure more staff had timely appraisals and introduced other forums for staff to feedback. This led to more training opportunities being introduced, including surgery rotations for nurses and a training programme for junior managers. This helped the division reduce its vacancy rate from 21% to 11%.

Our focus on improving our culture is arguably most notable in our ophthalmology department. The team were shortlisted for a prestigious Health Service Journal award for creating a supportive staff culture.

These efforts, alongside continued drives to recruit locally, nationally and internationally have had a big impact on our staffing levels – we now have around 90% of our positions filled with permanent staff; our strongest position in several years.

Safer medicines management

In May 2018 we were disappointed to receive a warning notice regarding the safe storage of medicines. In response, we left no stone unturned to rectify the issues. A detailed rapid improvement plan was agreed and implemented. Whilst it was disappointing to receive the warning notice, it supported the site to work effectively across disciplines to develop robust and sustainable solutions. In addition, learning was rapidly shared across all Barts Health hospitals led by the Trust’s Chief Medical Officer.

At Whipps Cross we clarified roles and responsibilities, enacting new protocols for clarity. Air conditioning units were installed to ensure safe environmental temperature control and digital locks and swipe access installed to drug storage cupboards and rooms. A top-up service has been implemented across the site to ensure adequate stock levels. A robust assurance process is in place through regular audit using the Perfect Ward App, meaning rapid access to results from every area.
Getting to Great Governance: progress in numbers

• Fewer formal complaints: 519 compared with 555 last year
We’ve been prioritising responding to patients’ issues on our wards and as a result have been able to reduce the number of formal complaints we’ve received this year.

• 46% serious incident investigations completed within 60 days compared with 35% last year.
We’ve worked hard to complete thorough reviews of serious incidents in a timely manner. This helps us find out if there are lessons we can learn and put things right more quickly.

New technique increases life expectancy for people with rare liver cancer

Using a specialist technique, doctors at Whipps Cross can now extend the lives of patients with liver cancer cholangiocarcinoma, where the main liver tubes become blocked causing liver failure. This form of cancer affects nearly 2 per 100,000 people every year.

Historically, patients with this form of cancer lived for an average of four months. Thanks to this technique several patients at Whipps Cross have lived for up to two years.

In cholangiocarcinoma, drainage tubes (stents) are inserted through the cancer to unblock the liver, meaning people are no longer at risk of liver failure. Traditionally when more than one stent is required, this has been done by inserting a stent through the skin into the liver and then into the intestine; but this can be associated with severe complications that reduce a person’s life expectancy.

Our doctors are instead going through patients’ mouths to place two stents into each side of the liver internally, using a specialised camera called an endoscope while the patient is sedated. As the stents are inserted internally there is less risk of bleeding and damage to other organs. In addition, stents can be inserted in one procedure whereas several procedures are required using the traditional method.

Walk-in clinic offering cervical screening tests for FGM survivors first of its kind in England

Last year, we launched the first walk-in clinic in England offering cervical screening tests to women who have experienced female genital mutilation (FGM).

According to NHS Digital there were 5,391 newly recorded cases of FGM reported in England in 2016-17 with almost half of all cases relating to women and girls living in London. It has serious health consequences that go into adulthood, with long-term emotional, psychological and physical effects from the damage caused by FGM.

Our team, led by Dr Reeba Oliver, have worked tirelessly to respond to local needs by providing this service and it was recognised by CQC as an example of outstanding practice this year.

The team provides ‘dignified and supportive’ care to women who are experiencing symptoms, as well as to women who are pregnant and those wishing to have a cervical smear test. Mental health support, information and advice is also available.

Run by Barts Health NHS Trust alongside Waltham Forest CCG and Waltham Forest Council, the dedicated clinic includes a specialist gynaecologist, midwife, psycho-social practitioner, a sample taker and access to interpreters.

Sudeep Tanwar, consultant gastroenterologist and hepatologist at Barts Health NHS Trust said:

“Thanks to this less invasive procedure - with fewer complications compared to the traditional stenting – I’m delighted that we’re seeing a significant increase in the survival of our patients.”
Looking ahead: plans for 2019/20

Engagement with service users
We will transform the hospital's engagement and involvement of patients and the public by acting on feedback to inform the planning and delivery of services. We will do so by engaging and involving service users to co-design processes, such as discharge planning, understanding their expectations and empowering them with clear information.

Workforce transformation
We will continue our efforts to make Whipps Cross a great place to work by listening to our staff through open forums, the staff survey and improving appraisal rates. We will place a particular focus on improving the safety and security of staff. In addition, we will continue with our ambition to build a permanent and sustainable workforce.

Transforming the hospital
We will transform the care we provide for patients by ensuring that the configuration of our wards and beds is appropriate to each specialty. This transformation will be based on our clinical networks' strategies and our collaboration with other health and care providers as we continue to develop integrated care systems.
Quality is our priority
Performance against our 18/19 quality objectives

Harm free care

- Achieve less than 4.8 falls with harm per 1,000 bed days every month

We did not achieve this objective

Whilst we achieved our falls prevention target over the year and have an overall figure of 4.7 falls per 1,000 occupied bed days there were 5 months where we exceeded the threshold between 0.03 and 0.31 per 1000 occupied bed days. This is a small number and within our control limits. We continue to use our falls prevention toolkit and to provide resources for patients and teams, focussing efforts on those areas that have had falls in order to improve further.

- Reduce the number of hospital acquired pressure ulcers by ten percent per 1,000 bed days

We achieved this objective

During 2018/19 we reduced grade 2 to 4 hospital acquired pressure ulcers at all hospitals. At the start of the year we had 1.18 per 1000 occupied bed days, this reduced to 0.7 per 1000 occupied bed days by March 2019. Over the last year this represents a reduction of 40%.

The patient centred film “If Only” made by the Barts Health Tissue Viability team and nursing staff is a recognised resource in the national NHSI Pressure Ulcer prevention curriculum.

We started collaborative quality improvement work with our community partners to understand the rise in community acquired pressure ulcers.
• Deliver a ten percent reduction in E.coli bacteraemia GNB with a target to deliver a 50 percent reduction by 2021

We achieved this objective

We continued on our improvement journey to reduce E. coli bacteraemia. The main cause of these incidents are urosepsis, gastrointestinal procedures and urinary catheter, and we are addressing these causes in our quality improvement groups in each hospital. We have achieved reduction, compared with our 2016/17 baseline data:

- 140 post 48 hour E. coli bacteraemias (reduction 2.7%)
- 526 pre 48 hour E. coli bacteraemias (reduction 13.1%)
- Total 666 (reduction 11.1%)

• Deliver a ten percent reduction in E.coli bacteraemia GNB with a target to deliver a 50 percent reduction by 2021

We did not achieve this objective

In 2017-18 we had 10 cases of MRSA infections on our wards. We managed to reduce this number this year, but not by 50%. In 2018-19 we had 8 which is a 20% reduction. St Bartholomew's Hospital has not had a MRSA infection in over a year.
Improve the care for deteriorating patients

- Reduce avoidable cardiac arrests by 10 percent

**We achieved this objective**

**We reduced our avoidable cardiac arrests by 10.4%**

There is continued quality improvement work focused on the detection and management of the deteriorating patient. The latest version of the National Early Warning Score system (NEWS2) has been implemented and the electronic NEWS2 scoring system has been launched. Calls to medical emergencies continue to improve.

<table>
<thead>
<tr>
<th></th>
<th>2016 - 2017</th>
<th>2017 - 2018</th>
<th>2018-2019</th>
<th>% change last year</th>
<th>% change this year</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Royal London</td>
<td>81</td>
<td>61</td>
<td>58</td>
<td>24.7</td>
<td>4.9</td>
</tr>
<tr>
<td>St Bartholomew's</td>
<td>44</td>
<td>39</td>
<td>34</td>
<td>11.4</td>
<td>12.9</td>
</tr>
<tr>
<td>Whipps Cross</td>
<td>83</td>
<td>56</td>
<td>55</td>
<td>32.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Newham</td>
<td>49</td>
<td>46</td>
<td>34</td>
<td>6.1</td>
<td>26.1</td>
</tr>
<tr>
<td>Barts Health</td>
<td>257</td>
<td>202</td>
<td>181</td>
<td>21.5%</td>
<td>10.4</td>
</tr>
</tbody>
</table>

- Implement the Sepsis bundle for 90 percent of patients in line with the CQUIN target

**We did not achieve this objective**

We implemented the Sepsis bundle in all patient areas and led awareness campaigns and multidisciplinary teaching. Through the implementation of electronic solutions we achieved higher rates of Sepsis screening. The learning is being transferred across the hospitals.

Over the last year, we screened 78% of patients for Sepsis. For those patients where screening identified a high risk of Sepsis, we administered appropriate antibiotics within 60 minutes of deterioration for 61% of patients. The CQUIN target asks that patients identified with Sepsis when screened by a clinical decision maker should receive antibiotics within 60 minutes of that diagnosis. Appropriate antibiotics were administered within 60 minutes of diagnosis for 82% of patients.

- Implement the AKI checklist across all adult wards and develop metrics to review its impact

**We achieved this objective**

We designed and implemented the AKI bundle and rolled this out electronically using our millennium system. We are able to understand more about our Acute Kidney Injury patients and make an impact on their care including reviewing length of stay and completion of the AKI bundle. We will build on this information in 2019/20 as part of our quality collaborative work including reviewing the average length of stay for AKI patients, coding completion and the completion of the bundle for each patient.
Halve the number of never events

**We did not achieve this objective**

Regrettably we did not achieve our quality objective to reduce the number of never events by 50 per cent; in fact the number increased significantly from the eight never events we reported in 2017/18 to 13 in 2018/19. Although no patient suffered serious harm as a result of these never events it is still not an acceptable position and we take these failures very seriously. All of these never events were thoroughly investigated and the learning was shared across our hospitals. Themes from these never events will be explored through the Safety Academy (see p30).

Achieve 100 percent compliance with the duty of candour

**We did not achieve this objective**

We achieved this for 89.8% of patients across the trust.

As a Trust we promote a culture that encourages candour, openness and honesty at all levels. This is an integral part of a culture of safety that supports organisational and personal learning. Whipps Cross met this objective for ten months over the year and St Bartholomew’s achieved this for eight months.

Medication errors

- **Increase to 1% of occupied bed days for error reporting**
- **Reduce the proportion of medication incidents causing harm at final approval to less or equal to 4%**

**We achieved this objective**

We know that having a culture of reporting helps us fix problems and prevent them recurring. We are pleased that in the last year, we increased our error reporting by 1.2%.

We maintained a low incidence of errors resulting in harm. Over the past year, the proportion of medication incidents causing harm was below our target of 4% at 2.6%. This was achieved through pharmacy education sessions and targeted medication safety improvement activity.

Launch and use the SAFER bundle on all eligible wards

**We achieved this objective**

We implemented the SAFER bundle on remaining wards.

Over the next year, we will be focussing on reducing the length of stay for our patients and the proportion of discharges by noon.
Maintain our compliance of statutory and mandatory training at 90 percent

**We achieved this objective**

Our teams continue to achieve their required statutory and mandatory training. Innovative solutions to developing simulation and online access are continuously improving learning and development. We continued to achieve our 90% target for the year since April 2018.

Promote and learn from patient feedback

We experienced difficulties with the implementation of a new approach of using text messages to hear from our patients about whether they would recommend us to their friends and family. Over the year, we worked hard to better understand how our patients want to provide feedback to us. This insight is being incorporated into services to improve response rates over the coming year.

- **Increase friends and family test response rates by 20 percent in ED and 30 percent in inpatients**

  **We did not achieve this objective**

  Our response rates increased from 1.4% to 4.9% in our emergency departments. Our response rates for inpatients increased from 1.5% to 7.9%.

- **Achieve 95 percent patient satisfaction in the friends and family test**

  **We did not achieve this objective**

  Within inpatients, 89.5% of patients would recommend us to their friends and family. Within our emergency departments, 73.2% of patients would recommend us to their friends and family. Within maternity, 93.4% of patients would recommend us to their friends and family.
Delivering quality and innovation for our patients

Our CQUIN performance

The table below and information here shows the income associated with each individual CQUIN (Commissioning for Quality and Innovation Scheme) for 2018-19, who had commissioned the CQUIN and our full year end projection.

<table>
<thead>
<tr>
<th>National CQUIN Value £8,509,000</th>
<th>CCG</th>
<th>Potential</th>
<th>Actual</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving staff health and wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement of Health and Wellbeing of NHS Staff</td>
<td>£610,076</td>
<td>£244,030</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Healthy Food for NHS Staff, Visitors and Patients</td>
<td>£609,345</td>
<td>£609,345</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Uptake of Flu Vaccinations</td>
<td>£609,345</td>
<td>£609,345</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely identification of sepsis in EDs and acute inpatient settings</td>
<td>£457,191</td>
<td>£45,719</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Timely treatment for sepsis in EDs and acute inpatient settings</td>
<td>£457,191</td>
<td>£45,719</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Antibiotic review</td>
<td>£457,191</td>
<td>£457,191</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Reduction in antibiotic consumption per 1,000 admissions</td>
<td>£388,613</td>
<td>£388,613</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Offering Advice and Guidance</td>
<td>£1,828,765</td>
<td>£768,081</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Alcohol &amp; Smoking</td>
<td>£1,828,765</td>
<td>£1,504,159</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Improving services for people with mental health needs who present to A&amp;E</td>
<td>£1,828,765</td>
<td>£1,828,765</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£9,143,827</td>
<td>£6,500,968</td>
<td>71%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spec Comm CQUIN Value £7,992,813</th>
<th>NHSE</th>
<th>Potential</th>
<th>Actual</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GE3: Medicines Optimisation (inc HIV)</td>
<td>£943,074</td>
<td>£656,181</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>SACT Dose Banding</td>
<td>£250,061</td>
<td>£250,061</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>IM2: Cystic Fibrosis Patient Adherence</td>
<td>£200,049</td>
<td>£200,049</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>IM4: Complex Device Optimisation</td>
<td>£376,540</td>
<td>£315,352</td>
<td>84%</td>
<td></td>
</tr>
<tr>
<td>WC4: Paediatric Networked Care</td>
<td>£450,279</td>
<td>£405,211</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>WC5: Neonatal Community Outreach</td>
<td>£746,380</td>
<td>£497,537</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>BI1: Improving HCV pathways through ODNs</td>
<td>£4,670,086</td>
<td>£4,484,624</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>BI3: Automated Exchange Transfusion for Sickle Cell Care</td>
<td>£728,096</td>
<td>£728,096</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>BI4: Improving Haemoglobinopathy Pathways through ODNs</td>
<td>£457,812</td>
<td>£457,812</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>GE1: Clinical Utilisation Review</td>
<td>£1,000,246</td>
<td>£1,000,246</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>IM3: PID Primary Immune Diseases</td>
<td>£45,011</td>
<td>£11,253</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>AKI</td>
<td>£394,836</td>
<td>£394,836</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£10,262,470</td>
<td>£9,401,258</td>
<td>92%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Local Area CQUIN £6,000,000</th>
<th>NHSE</th>
<th>Potential</th>
<th>Actual</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>STP</td>
<td>£8,534,238</td>
<td>£8,534,238</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Totals</th>
<th>Potential</th>
<th>Actual</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>£27,940,535</strong></td>
<td><strong>£24,436,464</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>
We are predicting an overall trust performance of 84%, a slight reduction on last year’s performance of 87%. This is a continued reflection of the hard work that staff across the trust devote to delivering the CQUINs each year.

The sepsis and advice and guidance CQUINs have been challenging to achieve. The recording process for sepsis remains labour-intensive as it requires the use of a paper pro-forma to help show compliance. This labour-intensive process will need to continue until all areas have the capability to record compliance electronically. Achieving our goals for issuing advice and guidance to GPs has also been challenging, with a turnaround time of two-days agreed. As with last year, for the national CQUINs, 2.5 percent of our contract was set aside for CQUIN income, but only 1.5 percent was directly linked to the CQUINs. The remaining one percent was split between sustainability and transformation plans (STP) adherence and hitting our financial control total. For the specialised CQUINs, we had 2.8 percent of our contract allocated and 0.1 percent is retained by them to help fund the various operational delivery networks. This is applicable to all providers.

Participating in national, local and clinical audits

We participated in 51 national audits this year – 100% of relevant mandatory national reviews – in addition to our local audits. Our clinical effectiveness unit continues to work closely with all specialities involved in national clinical audit to provide as much support as possible to ensure they can participate fully.

Audit highlights excellence of neonatal unit

Having participated in the National Neonatal Audit Programme, The Royal London Neonatal Unit has been confirmed as a positive outlier by the Royal College of Paediatrics and Child Health. The team measured 87.5% of the qualifying babies’ temperature within one hour of birth and kept it in the desired target range (36.5-37.5°C). The national average for this measure is 71.9%, so the unit is considered ‘excellent’ as it is 2-3 standard deviations above the average or somewhere between the 95.5-99.7th centiles of units in the UK. Keeping small babies warm can only be achieved with consistently well-delivered thermal care, which is an integral part of the complex ‘Golden hour’ care package for preterm infants. As such it is a simple, but very good measure of the overall quality care given.
Quality assurance

Data quality

We know how important it is to have good quality data. It helps us with decision making and poor data quality can have serious consequences both clinically and financially.

Barts Health NHS Trust is currently ranked 11 out of 31 in the London area, as represented via the HSCIC data quality dashboard, with an overall data quality performance index of 97.8 percent. This performance is 1.1 percent above the national average of 96.7 percent and 1 percent above the London average of 96.8 percent.

Barts Health submitted records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data as at month 10 (April 2018 – January 2019) which included the patient’s valid NHS number was:

- 98.3% - for admitted patient care
- 99.5% - for outpatient care
- 94.7% - for accident and emergency care

The percentage of records in the published data as at month 10 (April 2018 – January 2019) which included the patient’s valid GP Practice Code was:

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

The trust is committed to and continues to make improvements in the accuracy and completeness of patient records by proactively reviewing all known data quality issues, including:

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

The clinical coding function underpins the trust’s mortality review and income recovery. Following the abolition of regular externally commissioned clinical coding audits, trusts are now selected at random on an ad-hoc basis. In order to continue to provide internal assurance and ensure that the trust maintains a high standard of clinical coding, the trust employs a number of accredited coding auditors to review the accuracy and completeness of clinical coding across the organisation, undertaking regular targeted reviews of specialties on a rotational basis.

Information governance assessment

2018/19 has seen the introduction of a new nationally-mandated Data Security and Protection Toolkit (DSP-T). This replaced the previous Information Governance Toolkit which had been in use since 2004. The new DSP-T draws together both the statutory legal obligations and the national NHS standards set out by DHSC policy and presents them in a single matrix as a set of information governance requirements. The DSP-T has also incorporated assurances around the General Data Protection Regulation and cyber security.

Our performance against the new toolkit

The introduction of the new toolkit coupled with the implementation of EU GDPR and the new Data Protection legislation in May 2018 meant that 2018/19 was a particularly busy year for information governance in the Trust.

We put in place an extensive work programme to ensure that the necessary data security policies and associated compliance procedures were implemented during the year.

As a result of this work, the Trust was able to meet the compliance levels required for all 10 standards/40 assertions/100 requirements by March 2019. These compliance ratings were then subject to internal audit, approval by our Information Governance Committee, sign off by the SIRO and submitted to NHS Digital. NHS Digital has since confirmed the Trust’s submission as fully COMPLIANT.
Quality indicators

The following tables present an indication of the quality of our care in comparison with other trusts in England and Wales. While we made progress in a number of areas, some indicators were worse than the national average. We are determined to reverse these areas and our quality improvement plans at each hospital, as well as our emerging Trust-wide quality strategy, focus our attention on this improvement.

**SHMI**

**Definition**

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to –

(a) the value and banding of the summary hospital-level mortality indicator (‘SHMI’) for the trust for the reporting period; and

(b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. *The palliative care indicator is a contextual indicator.*

Data period Oct 2017 – Sept 2018; published in February 2019

**Source:** [https://indicators.hscic.gov.uk/webview/](https://indicators.hscic.gov.uk/webview/)

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

<table>
<thead>
<tr>
<th>SHMI</th>
<th>Best</th>
<th>2nd</th>
<th>3rd</th>
<th>13th</th>
<th>Average</th>
<th>Worst</th>
<th>19th</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST</td>
<td>0.69</td>
<td>0.70</td>
<td>0.73</td>
<td>0.88</td>
<td>1.00</td>
<td>1.27</td>
<td>0.90</td>
</tr>
<tr>
<td>GUY’S AND ST THOMAS’ NHS FOUNDATION TRUST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST</td>
<td></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>
<td></td>
</tr>
<tr>
<td>SOUTH TYNESIDE NHS FOUNDATION TRUST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARTS HEALTH July 2016 – June 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients receiving palliative care</th>
<th>Best</th>
<th>2nd</th>
<th>3rd</th>
<th>Average</th>
<th>Worst</th>
<th>39.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST</td>
<td>59.5%</td>
<td>38.9%</td>
<td>33.8%</td>
<td>THE QUEEN ELIZABETH HOSPITAL, KING’S LYNN, NHS FOUNDATION TRUST</td>
<td>14.3%</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>BARTS HEALTH July 2016 – June 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PROMS**

**Definition**

The data made available to the National Health Service trust or NHS foundation Trust by the Health and Social Care Information Centre with regard to the trust’s patient reported outcome measures scores for –

(i) groin hernia surgery,   
(ii) varicose vein surgery,   
(iii) hip replacement surgery, and   
(iv) knee replacement surgery, during the reporting period.

Data covers period April 2017 - September 2017 (published June 2018)

<table>
<thead>
<tr>
<th>PROMS (i) Groin Hernia – ED –VAS</th>
<th>Best</th>
<th>3.61</th>
<th>NUFFIELD HEALTH, TEES HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>3.44</td>
<td>NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>3.09</td>
<td>SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>-</td>
<td>BARTS HEALTH NHS TRUST</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>-1.16</td>
<td>ENGLAND</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>-9.20</td>
<td>WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST</td>
<td></td>
</tr>
<tr>
<td>171 of 189</td>
<td>-3.14</td>
<td>Barts Health April 2016 – March 2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROMS (ii) Varicose Veins – ED –VAS</th>
<th>Best</th>
<th>5.35</th>
<th>SHREWSBURY AND TELFORD HOSPITAL NHS TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>2.70</td>
<td>EAST AND NORTH HERTFORDSHIRE NHS TRUST</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>2.45</td>
<td>THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>-</td>
<td>BARTS HEALTH NHS TRUST</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>-0.09</td>
<td>ENGLAND</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>-5.42</td>
<td>BUCKINGHAMSHIRE HEALTHCARE NHS TRUST</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n/a*</td>
<td>Barts Health April 2016 – March 2017</td>
<td></td>
</tr>
</tbody>
</table>

*Not available due to less than 30 in modelling sample

<table>
<thead>
<tr>
<th>PROMS (iii) Primary hip replacement surgery – ED –VAS</th>
<th>Best</th>
<th>20.15</th>
<th>NUFFIELD HEALTH CAMBRIDGE HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>18.818</td>
<td>SPIRE CAMBRIDGE LEA HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>18.253</td>
<td>BMI - THE CHILTERN HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>13.619</td>
<td>ENGLAND</td>
<td></td>
</tr>
<tr>
<td>223 of 238</td>
<td>10.483</td>
<td>BARTS HEALTH NHS TRUST</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>8.523</td>
<td>WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST</td>
<td></td>
</tr>
<tr>
<td>223 of 238</td>
<td>10.483</td>
<td>Barts Health April 2016 – March 2017</td>
<td></td>
</tr>
</tbody>
</table>
**PROMS**  
(iv) Primary knee replacement surgery – ED – VAS  
(% Adjusted average health gain)

<table>
<thead>
<tr>
<th></th>
<th>Best</th>
<th>2nd</th>
<th>3rd</th>
<th>98 of 243</th>
<th>Average</th>
<th>Worst</th>
<th>67th</th>
</tr>
</thead>
</table>

KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST  
NUFFIELD HEALTH, CAMBRIDGE HOSPITAL  
CIRCLE READING HOSPITAL  
BARTS HEALTH NHS TRUST  
ENGLAND  
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST  
Barts Health April 2016 – March 2017

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

---

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

**Definition**
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged –

(i) 0 to 14; and

(ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

**Data period January 2018 – December 2018 against a selected peer group**

**Data source: CHKS**

There is an ongoing review by NHS Digital of emergency readmissions indicators across the frameworks, many of which have not been published since 2014. Phase one of this review involved the publication of two indicators on March 21 2019; CCG Outcomes Indicator Set indicator 3.2 and NHS Outcomes Framework indicator 3b – Emergency readmissions within 30 days of discharge from hospital.

<table>
<thead>
<tr>
<th></th>
<th>Best</th>
<th>2nd</th>
<th>3rd</th>
<th>CHKS PEER GROUP</th>
<th>Overall</th>
<th>118</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.64%</td>
<td>4.76%</td>
<td>5.18%</td>
<td>10.36%</td>
<td>8.01%</td>
<td>9.10</td>
</tr>
</tbody>
</table>

UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST  
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST  
KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST  
CHKS PEER GROUP  
BARTS HEALTH NHS TRUST  
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST  
BARTS HEALTH January 2017 – December 2017
<table>
<thead>
<tr>
<th>Readmissions</th>
<th>Best</th>
<th>0.00%</th>
<th>AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>0.11%</td>
<td>ROYAL LIVERPOOL AND BROADGREEN NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>0.18%</td>
<td>THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>9.39%</td>
<td>CHKS PEER GROUP</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>17.66%</td>
<td>EAST AND NORTH HERTFORDSHIRE NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td></td>
<td>50th</td>
<td>7.24%</td>
<td>BARTS HEALTH January 2017 – December 2017</td>
</tr>
<tr>
<td>Readmissions</td>
<td>Best</td>
<td>3.78%</td>
<td>UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>4.82%</td>
<td>UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>5.23%</td>
<td>KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>7.84%</td>
<td>CHKS PEER GROUP</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>11.24%</td>
<td>WALSALL HEALTHCARE NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td></td>
<td>124th</td>
<td>9.40%</td>
<td>BARTS HEALTH January 2017 – December 2017</td>
</tr>
</tbody>
</table>
Responsiveness

**Definition**

The data made available to the trust by the Information Centre with regard to the trust’s responsiveness to the personal needs of its patients during the reporting period.

Patient experience measured by scoring the results of a selection of questions from the National Inpatient Survey focusing on the responsiveness to personal needs.

Consultation feedback indicated that personalisation and service responsiveness are important issues for inpatients. This indicator aims to capture inpatients’ experience of this.

**Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018**

<table>
<thead>
<tr>
<th>Trust Responsiveness to the personal needs of its patients</th>
<th>Percent</th>
<th>Hospital/Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>85.2</td>
<td>THE ROYAL MARSDEN NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>2nd</td>
<td>84.9</td>
<td>THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>3rd</td>
<td>83.6</td>
<td>LIVERPOOL WOMEN’S</td>
</tr>
<tr>
<td>Average</td>
<td>68.1</td>
<td>ENGLAND</td>
</tr>
<tr>
<td>135th of 149</td>
<td>63.6</td>
<td>BARTS HEALTH NHS TRUST</td>
</tr>
<tr>
<td>Worst</td>
<td>60</td>
<td>LEWISHAM AND GREENWICH NHS TRUST</td>
</tr>
<tr>
<td>135 of 149</td>
<td>63.6</td>
<td>BARTS HEALTH HOSPITAL STAY: 1 July – 31 July 2016; Survey collected 1 August 2016 – 31 January 2017</td>
</tr>
</tbody>
</table>

Friends and Family Test – staff

**Definition**

Friends and Family Test - Question Number 12d – Staff –

The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre ‘If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation’ for each acute and acute specialist trust who took part in the staff survey.

<table>
<thead>
<tr>
<th>FFT– staff – Percentage recommended</th>
<th>Percentage</th>
<th>Hospital/Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>100%</td>
<td>ROYAL BROMPTON &amp; HAREFIELD NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>2nd</td>
<td>98%</td>
<td>THE WALTON CENTRE NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>3rd</td>
<td>97%</td>
<td>LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>Average</td>
<td>81%</td>
<td>ENGLAND</td>
</tr>
<tr>
<td>107th of 213</td>
<td>80%</td>
<td>BARTS HEALTH NHS TRUST</td>
</tr>
<tr>
<td>Worst</td>
<td>39%</td>
<td>THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>150th</td>
<td>75%</td>
<td>BARTS HEALTH 2017</td>
</tr>
</tbody>
</table>
Friends and Family Test – patients

**Definition**

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

**Data period January 2019 - Inpatients response rate**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Type</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>SHEFFIELD CHILDREN’S NHS FOUNDATION TRUST</td>
<td>90.54%</td>
</tr>
<tr>
<td>2nd</td>
<td>ROYAL PAPWORTH HOSPITAL NHS FOUNDATION TRUST</td>
<td>60.13%</td>
</tr>
<tr>
<td>3rd</td>
<td>LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST</td>
<td>52.29%</td>
</tr>
<tr>
<td>Average</td>
<td>ENGLAND (excluding Independent sector)</td>
<td>23.74%</td>
</tr>
<tr>
<td>136th of 147</td>
<td>BARTS HEALTH NHS TRUST</td>
<td>9.24%</td>
</tr>
<tr>
<td>Worst</td>
<td>SOUTH TEES HOSPITALS NHS FOUNDATION TRUST</td>
<td>3.03%</td>
</tr>
<tr>
<td>103rd</td>
<td>BARTS HEALTH January 2018</td>
<td>19.48%</td>
</tr>
</tbody>
</table>

Note: Independent sector data is excluded

**Data period January 2019 – Outpatient response rate**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Type</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>CROYDON HEALTH SERVICES NHS TRUST</td>
<td>42.83%</td>
</tr>
<tr>
<td>2nd</td>
<td>EAST CHESHIRE NHS TRUST</td>
<td>31.72%</td>
</tr>
<tr>
<td>3rd</td>
<td>WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST</td>
<td>25.34%</td>
</tr>
<tr>
<td>125th of 151</td>
<td>BARTS HEALTH NHS TRUST</td>
<td>7.14%</td>
</tr>
<tr>
<td>Average</td>
<td>ENGLAND (excluding Independent sector)</td>
<td>6.99%</td>
</tr>
<tr>
<td>Worst</td>
<td>ROYAL DEVON AND EXETER NHS FOUNDATION TRUST</td>
<td>0.00%</td>
</tr>
<tr>
<td>125th</td>
<td>BARTS HEALTH January 2018</td>
<td>2.00%</td>
</tr>
</tbody>
</table>

**Data period January 2019 – A&E response rate**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Type</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST</td>
<td>31.09%</td>
</tr>
<tr>
<td>2nd</td>
<td>WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST</td>
<td>30.99%</td>
</tr>
<tr>
<td>3rd</td>
<td>UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST</td>
<td>30.73%</td>
</tr>
<tr>
<td>Average</td>
<td>ENGLAND</td>
<td>11.73%</td>
</tr>
<tr>
<td>101st of 137</td>
<td>BARTS HEALTH NHS TRUST</td>
<td>5.19%</td>
</tr>
<tr>
<td>Worst</td>
<td>BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST</td>
<td>0.00%</td>
</tr>
<tr>
<td>78</td>
<td>BARTS HEALTH January 2018</td>
<td>10.28%</td>
</tr>
</tbody>
</table>
**VTE**

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

**Data period April 2018 to December 2018**
Percentage of patients admitted to hospital who were risk assessed for VTE

<table>
<thead>
<tr>
<th>Percentage of patients admitted to hospital who were risk assessed for VTE</th>
<th>Best</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>36th of 153</td>
<td>97.28%</td>
<td>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>Average</td>
<td>95.55%</td>
<td>BARTS HEALTH</td>
</tr>
<tr>
<td>Worst</td>
<td>70.94%</td>
<td>MEDWAY NHS FOUNDATION TRUST</td>
</tr>
<tr>
<td>47</td>
<td>96.98%</td>
<td>BARTS HEALTH April 2017 – December 2017</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 2 or over during the reporting period.

**Data period: February 2018 to February 2019**

<table>
<thead>
<tr>
<th>C Diff</th>
<th>Best</th>
<th>0</th>
<th>BIRMINGHAM WOMEN’S AND CHILDREN’S (+ 3 MORE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>1.227</td>
<td>LUTON &amp; DUNSTABLE UNIVERSITY HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>1.524</td>
<td>ALDER HEY CHILDREN’S</td>
<td></td>
</tr>
<tr>
<td>45th of 148</td>
<td>9.088</td>
<td>BARTS HEALTH NHS TRUST</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>12.9</td>
<td>ENGLAND</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>82.66</td>
<td>THE ROYAL MARSDEN</td>
<td></td>
</tr>
<tr>
<td>119</td>
<td>15.7</td>
<td>BARTS HEALTH January 2017 – January 2018</td>
<td></td>
</tr>
</tbody>
</table>

Note: Hospitals with G&A beds under 50 is excluded
Patient safety incident reporting

Patient safety incidents reported

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 – 30 September 2018

<table>
<thead>
<tr>
<th>Rate of patient safety incidents reported</th>
<th>Best</th>
<th>CROYDON HEALTH SERVICES NHS TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>23th of 131</td>
<td>54.74</td>
<td>BARTS HEALTH NHS TRUST</td>
</tr>
<tr>
<td>Average</td>
<td>35.69</td>
<td>ACUTE NON-SPECIALIST TRUSTS</td>
</tr>
<tr>
<td>Worst</td>
<td>13.10</td>
<td>WESTON AREA HEALTH NHS TRUST</td>
</tr>
<tr>
<td>45</td>
<td>35.8</td>
<td>BARTS HEALTH 1 April – 30 September 2016</td>
</tr>
</tbody>
</table>

Percentage of incidents that resulted in severe harm or death

Definition

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

Data period 1 April – 30 September 2018

<table>
<thead>
<tr>
<th>Percentage of patient safety incidents which resulted in severe harm or death</th>
<th>Best</th>
<th>ROYAL DEVON AND EXETER NHS FOUNDATION TRUST (+1 Other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>33rd of 131</td>
<td>0.00%</td>
<td>BARTS HEALTH NHS TRUST</td>
</tr>
<tr>
<td>Average</td>
<td>0.34%</td>
<td>ALL ACUTE (NON SPECIALIST) TRUSTS</td>
</tr>
<tr>
<td>Worst</td>
<td>1.22%</td>
<td>MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST</td>
</tr>
<tr>
<td>58</td>
<td>0.30%</td>
<td>BARTS HEALTH 1 April – 30 September 2016</td>
</tr>
</tbody>
</table>
Our year ahead
Summary of our priorities for 2019-20
2019/20 Group strategic priorities and objectives

To be a high-performing group of NHS hospitals, renowned for safe and compassionate care to our patients in east London

*WelImprove* is our #TeamBartsHealth approach to realise that vision. The next step on our journey at Barts Health described below. We will achieve these goals at #TeamBartsHealth by applying our We Care values and behaviours are visible and always guide us in how we work together and with our patients and communities at all times.

**Goals**

**An outstanding place to work**

In which our We Care values and behaviours are visible and always guide us in how we work together and with our patients and communities at all times.

(A) Safe and compassionate care

1. Deliver quality consistent with ‘good’ in all our hospitals
2. Develop and implement quality strategy for the Trust
3. Deliver agreed trajectories for all constitutional standards
4. Support the deteriorating patient*
5. Ensure safety at the point of care*
6. Provide the right care in the right place*

(D) Developing our people

1. Further develop group model and make improvements against the ‘well-led’ framework
2. Build our culture of staff led change by partnering with IHI and setting out a ‘new era’ for talent in our hospitals.
3. Deliver our Positive Action Charter commitments
4. Achieve ‘above average’ staff survey results
5. Re-set the ‘Your Health Matters’ Programme, including psychological safety*
6. Reduce violence and aggression*
7. Promote inclusion in the workplace*
8. Promote Health and wellbeing*

* Indicates *WelImprove* objective
of improvement, following our exit from special measures for quality, is to work together towards our goals for distinctive WeImprove improvement approach to all our activities. We report on the progress we’re making on our website).

<table>
<thead>
<tr>
<th>(B) Efficient and effective services</th>
<th>(C) Service transformation</th>
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<tbody>
<tr>
<td>1. Deliver YTD financial position</td>
<td>1. Deliver same day emergency care standards</td>
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<td>2. Exit financial special measures</td>
<td>2. Develop recommendations on cross-site surgery configuration</td>
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<td>3. Secure financial support for structural deficit drivers</td>
<td>3. Develop business case to support the creation of an East London Pathology network</td>
</tr>
<tr>
<td>4. Deliver targeted clinical productivity improvement (outpatient and inpatient productivity standards)</td>
<td>4. Transform outpatient services to support the creation of an East London Pathology network</td>
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</tbody>
</table>

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<thead>
<tr>
<th>(E) Improving our infrastructure</th>
<th>(F) Leading the way in research and education</th>
</tr>
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<tbody>
<tr>
<td>1. Develop Trust-wide estates strategy</td>
<td>1. Advanced Barts Life Sciences through integrated access to data, genomic and bio-resources, and new facilities for SME collaboration and skills development</td>
</tr>
<tr>
<td>2. Execute spend in line with our capital plan (378.4m)</td>
<td>2. Maximise the use of the Apprenticeship Levy in building and developing future workforce</td>
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<td>3. Commence datacentre migration to cloud hosting capabilities and agree network replacement and management service to reinforce cyber security resilience.</td>
<td>3. Develop career pathways for non Trust grade doctors and SAS doctors</td>
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<tr>
<td>4. Develop outline business case for Whipps Cross redevelopment</td>
<td>4. Achieve income of £7m from commercial research</td>
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<td>5. Develop our future strategy for how Group support services will further support frontline care.</td>
<td>5. Increase number of commercial research studies by 10%</td>
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<td>6. Increase recruitment to NHR portfolio studies by 5%</td>
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<td>7. Provide resources to pay 2 pas each for 4 researchers in Whipps Cross and Newham</td>
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Renowned for delivery of consistently high standards of harm free care and always caring for patients in the right place at the right time.
### Quality objectives 2019/20

<table>
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<tr>
<th>Quality Objective 19-20</th>
<th>Measurements used</th>
<th>Target for 19-20</th>
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</thead>
<tbody>
<tr>
<td>01 Reduce harm to patients</td>
<td>Reduction in number of incidents that result in moderate, severe harm or death</td>
<td>10% REDUCTION in 19-20 compared to 18-19</td>
</tr>
<tr>
<td>02 Reducing avoidable cardiac arrests on general wards</td>
<td>Number of cardiac arrests in general wards leading to attempted cardio-pulmonary resuscitation</td>
<td>50% REDUCTION of cardiac arrests on general wards in 19-20 compared to 18-19</td>
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<tr>
<td>03 Reducing infection from MRSA</td>
<td>Reduction in hospital acquired MRSA infection</td>
<td>10% REDUCTION in 19-20 compared to 18-29</td>
</tr>
<tr>
<td>04 Reducing the risk of falls in elderly inpatients</td>
<td>Giving older inpatients access to falls prevention schemes</td>
<td>80% of patients on elderly care wards being part of falls prevention scheme by end March 20</td>
</tr>
<tr>
<td>05 Reducing medication errors which result in harm to the patient</td>
<td>Number of medication incidents reported which cause harm to patients</td>
<td>&lt;4% of all medication incidents associated with harm</td>
</tr>
<tr>
<td>06 Reducing hospital acquired pressure ulcers</td>
<td>Number of pressure ulcers acquired while under the care of the Trust</td>
<td>10% in Trust wide monthly total by March 2020 compared to 18-19 data</td>
</tr>
<tr>
<td>07 Improving the timely treatment of possible sepsis</td>
<td>Time to antibiotics after possible sepsis is diagnosed</td>
<td>90% of all patients diagnosed as possibly septic to receive first dose of antibiotics within 1 hour by end March 20</td>
</tr>
<tr>
<td>08 Improving the experience of care as reported by our patients</td>
<td>Patients self reported ratings on the quality of care they receive</td>
<td>90% or more of patients who complete feedback report they are ‘happy with their care’ by end March 20</td>
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</tbody>
</table>
CQUINs

The CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change. These will impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved. In isolation, CQUINs will not address these issues, but if aligned with the sustainability and transformation plans covering the whole health and social care systems, they can be a strong lever to help bring about changes: to deliver improved quality of care to patients through clinical and service transformation.

Our CQUIN priorities

The CQUINs agreed with our CCGs cover the following areas:

- **Staff Flu Vaccinations**
- **Alcohol and Tobacco Brief Advice**
- **Three High Impact Actions to Prevent Hospital Falls**
- **Antimicrobial Resistance – Urinary Tract Infections and Antibiotic Prophylaxis for Elective Colorectal Surgery**
- **Same Day Emergency Care – Pulmonary Embolus/Tachycardia with Atrial Fibrillation/Pneumonia**

Quality objectives 2019/20

The CQUINs agreed with our CCGs cover the following areas:

<table>
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<tr>
<th>Objective</th>
<th>Target/Measure</th>
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<tr>
<td>Reduce harm from incidents</td>
<td>Reduction in number of incidents that result in moderate, severe harm or death (10%)</td>
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<tr>
<td>Avoidable cardiac arrests on wards</td>
<td>50% reduction in general ward areas</td>
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<tr>
<td>MRSA</td>
<td>Reduction of avoidable MRSA (10%)</td>
</tr>
<tr>
<td>Falls</td>
<td>Achieving 80% of older inpatients receiving key falls prevention schemes</td>
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<tr>
<td>Medication errors</td>
<td>Maintain the proportion of medication incidents causing harm at final approval to less or equal to 4%</td>
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<tr>
<td>Pressure ulcers</td>
<td>10% reduction by March 2020</td>
</tr>
<tr>
<td>Sepsis 6</td>
<td>90% of patients identified and receive antibiotics within 1 hour</td>
</tr>
<tr>
<td>Patient experience</td>
<td>Patients report being “happy with their care” &gt;90%</td>
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</tbody>
</table>

As our group model has matured, we have placed greater emphasis on monitoring key quality areas such as never events through our enhanced reporting and performance management processes at each hospital. While these are not listed specifically in our quality objectives, they remain a central focus of our regular reviews.
Feedback and reports from our stakeholders
Thank you

We would like to thank the following stakeholders for their helpful and constructive feedback in the development of these quality accounts:

- East London Healthwatch
- NHS North East London commissioning alliance

We are committed to acting on the feedback from our stakeholders and working closely with them over the coming year to deliver our objectives and improve the experience and quality of care for our patients.
The East London Healthwatch are pleased to recognise the improvement in services being provided to local residents as outlined in this Quality Account. We continue to be impressed with the new leadership and thank the staff for their hard work and commitment to improving services for patients as recognised by an upgraded CQC rating with many areas moving from inadequate to good and outstanding. We are however disappointed that these improvements have not been embedded across all the hospital sites and departments, particularly in Newham University Hospital.

During the year Healthwatch have gathered and analysed the experience of patients from across the Barts Trust hospitals through a wide range of mechanisms including: community outreach; hospital visits; patient forums; online feedback and from social media. Adding up to 4391 issues from 878 individual comments. Our evidence supports a trajectory of gradual improvement in patient experience and we would highlight that:

- Service users across the region largely trust hospitals; they are confident they receive good quality care from competent professionals.
- Patients are generally happy with the attitude of hospital staff (doctors, nurses, receptionists), whom they find to be pleasant, kind and compassionate.
- Service users praise the quality of clinical care they are receiving, including diagnosis, clinical treatment and clinical nursing.
- Patients find the attitude of doctors, nurses and reception staff to be professional, empathetic and warm.
- St Bartholomew’s Hospital is particularly praised by patients for the quality of clinical nursing and the attitude of nursing staff.

Based on patient and residents’ feedback and our community engagement we think Barts should continue to prioritise:

- The development of its patient engagement strategy, action plans with targets for all sites and dedicated staff to help involve patients. We would like to see action plans that will turn these commitments and ambitions into reality.
- Continued improvements in complaints handling, both the timescales and the culture and delivery of the service. Healthwatch Newham NHS Complaints Advocacy Service has been pleased to meet and work more closely with the PALS and complaints handling staff recently and we will continue this through 2019-20.

In addition, we are pleased to see Barts’ focus on innovation and improvements, resulting in developments such as the A&E room for people with mental health conditions and the Perfect Ward app.

- There is however a key area requiring improvement if patient experience is to continue to improve and that is patient administration processes including:
  - Appointments that patients ought to receive not being booked, or, not being recorded in the system upon booking.
  - Appointment letters being lost, delayed or sent containing errors/ inaccurate information.
  - Cancellations by the patient not being recorded in the system, leading to patients being wrongfully marked as DNA and discharged.
  - Cancellations by the hospital not being communicated to patients, leading to patients travelling and showing up for appointments they do not have.
  - Test results being lost, delayed or otherwise not communicated to patients; as well as the loss of test samples.
  - Errors in patient records, causing delays in care or lack of appropriate care.
  - Errors in discharge papers, or delays in receiving them.
• Poor communication between medical professionals, both within the hospital and with third parties such as GPs; including loss of referrals or failure to communicate important information about patients.
• Poor communication with patients, such as providing incorrect/contradictory information, or difficulties in contacting the hospital.
• General poor organisation and timing, leading to delays in care.

Newham Hospital’s rating of ‘Requires Improvement’ in End of Life Care is concerning and particularly affects frail patients and their families/carers. We have also received feedback from family members about where improvements could be made. We welcome the support the Barts Charity has given to families in this situation.

The Royal London Hospital and Whipps Cross Hospital are seen by patients as the best places to give birth. Whipps Cross Hospital and particularly Newham Hospital are being criticised by expecting parents for a poor standard of antenatal care. Complaints include administrative issues and poor communication. Newham Hospital patients report waiting for a long time in triage when coming to the hospital to give birth. All sites have problems with waiting times to be seen when attending antenatal appointments. We recognise and fully support the swift response and changes that Newham Hospital has implemented, after the CQC rating, to improve maternity at Newham. We look forward to continued improvements and that these are communicated with patients so they are confident about the quality of services.

We do recognise the enormous pressure on Urgent and Emergency Care, but also note the variable ratings given by the CQC. Some patients have related concerns about re-admission, after using A&E services.

We welcome the priorities for 2019-20 for Newham Hospital but think that patient engagement should also be prioritised, reflecting the senior level commitment to the Patient Engagement Strategy and also reflecting the variable performance in some of the responses from patients in the data analysis. Our analysis from our own NHS Complaints Service shows that staff attitude is a recurring issue.

We appreciate the level of engagement that Barts undertook with patients on the hospital transport service, prior to the changes being implemented. We will continue to gather feedback on the new system, and raise any concerns about the ongoing delivery of the service.

We congratulate the Trust on its achievement in seeing more patients whilst delivering care to a higher standard. However many patients across the region believe that hospitals are under-staffed and over-stretched. With the Trust showing year on year increases in the number of patients they are seeing there is continued concern as to the pressure that puts on staff and patients.

We heard from over 1,500 local residents as part of our community engagement on the NHS Long-term Plan. This highlighted the increasing willingness of a significant segment of the local population to use technology to reduce the need for face to face hospital appointments and to enable them to take more control of managing their health and care. Greater access to medical records and test results, increased self and remote monitoring and improved signposting and information would all help patients to manage their care effectively and reduce the need for hospital visits. We therefore welcome the transition to more electronic information and the new enhanced recovery program after surgery. We look forward to working with the Trust to bring the patient voice into the introduction of new technology based services in the future.

One of the major health concerns identified by the community engagement was air pollution and the impact that has on people’s willingness to exercise outdoors. It is essential that Barts, as one of the largest statutory service providers with a large fleet of vehicles, takes a strong lead in tackling this concern with a move to electric fleets, reduced idling, and strong cycling and vehicle free transport promotion.

We would like to see a stronger partnership approach to joining up our patient experience and community insights data to support the Trust to take positive action to plan services that take into account the local population and greater patient input into co-designing service improvement.
NHS Tower Hamlets CCG, NHS Newham CCG, NHS Waltham Forest CCG Joint Commissioner Statement for Barts Health NHS Trust 2018-19 Quality Account

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

Having reviewed the content of the Quality Account against the requisite information, form and content as set out by NHS Improvement we are of the view that the account is in line with the requirements and is a fair reflection of the healthcare services provided by the Trust in 2018-19.

We would like to congratulate the Trust on the significant improvements in quality of services made in 2018-19, this is recognised by the Care Quality Commission (CQC) who have removed the Trust from quality special measures. Improvements were seen across the Trust with both the Royal London Hospital and St Bartholomew's being rated as 'good' by the CQC. We would also like to highlight the significant improvements in both Maternity and Dental services at the Royal London Hospital. These improvements were a reflection of the leadership, commitment and enthusiasm of staff.

We were disappointed with the warning notice in maternity for Newham University Hospital, however, acknowledge the journey that has been taken to improvement since the notice was issued. We will ensure there is robust oversight of these improvements to assure ourselves that they are sustained. We recognise that following the CQC inspection more resource have been focused on Newham University Hospital, this is welcomed.

We would like to commend the Trust on the work being undertaken with partners in East London to improve services for the population of East London and the excellent work happening in cancer services. Going forward we would like this to be strengthened and built on.

Review of Performance and Quality 2018-19

We welcome the presentation of the performance and quality information that identifies key achievements under the CQC domains and progress on the quality improvement objectives in 2018-19.

All sites, with the exception of Whipps Cross, have seen an increase in demand in Accident and Emergency compared to 2017-18. It is noted that the Royal London Hospital saw a significant increase in attendances, seeing an additional 19,504 patients compared to 2017/18 and despite this managed to improve performance against the four-hour target.

It was good to see the Trust return to the reporting of Referral to Treatment waiting times in 2018 - 19. We acknowledge the amount of work undertaken to improve the quality of the data reporting.

We would like to congratulate the Trust for achieving the nine national cancer waiting time standards, ensuring all patients are seen and treated in a timely way.

The results from the national lung cancer audit indicated St Bartholomew's Hospital performed better than the national average in every indicator demonstrating that patients are receiving excellent quality care.

The Trust set itself eight quality objectives with eleven ambitious targets to demonstrate achievement. Out of the eleven ambitious targets, the Trust achieved the following:

- A reduction in the number of hospital acquired pressure ulcers by 10% per 1,000 bed days. The Trust achieved a 40% reduction.
- 10% reduction in E Coli bacteraemia. The Trust achieved an 11% reduction.
• A 90% compliance with statutory and mandatory training.
• Implementation of the acute kidney injury bundle.

In 2017-18, we asked the Trust to make implementation of the sepsis bundle a priority for 2018-19 and we acknowledge the hard work undertaken at all sites. It is disappointing to see that despite this at year-end only 61% of patients received their antibiotics within one hour. Given the national picture of increasing deaths due to sepsis, we are pleased to see that the Trust have continued to prioritise the sepsis work for 2019-20.

Priorities for Improvement 2019-20

We are supportive of the quality improvement objectives in place for 2019/20. We welcome the Quality Improvement programme being undertaken across the Trust, and the focus on workforce, as the organisational culture and staff experience directly impact on the quality of care provided.

We would also ask the Trust to consider the following key areas for improvement:

• Continued work to reduce the length of stay in hospital to improve patient experience and patient safety
• A reduction in the numbers of medically optimised patients still in hospital to prevent patients coming to harm
• A reduction in the number of Never Events reported
• Continued focus on improvement in Maternity services at Newham Hospital
• Improvement in outpatients and diagnostics at Whipps Cross Hospital in relation to the CQC safe domain.
• Improvements in the CQC ‘responsive’ domain at the Royal London Hospital Further work to ensure equitability of resource across sites, and improvement in governance
• Waiting times in accident and emergency departments across all sites and a focus on delivery of the site level trajectories

Having reviewed the mandated content and format of the quality account as outlined in the national guidance we are of the view that the account is in line with the requirements. Securing improvement in performance and quality of care and ensuring our residents are safe is key.

We continue to be committed to working in partnership and collaboration with Barts Health NHS Trust on their improvement journey.

Jane Milligan
Accountable Officer
NHS North East London Commissioning Alliance
(City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)

Senior Responsible Officer North East London
Sustainability and Transformation Partnership
## Appendix 1

### Annual national audit programme 2018/19

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>National Clinical Audit Program Supplier</th>
<th>CAM</th>
<th>Inclusion criteria to date [2018/19]</th>
<th>Number of participating sites/number of eligible sites</th>
<th>Start date</th>
<th>Type of evidence</th>
<th>Site visits</th>
<th>Eligibility</th>
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</thead>
<tbody>
<tr>
<td>Adult Community Acquired Pneumonia British Thoracic Society</td>
<td>ECAM - Quality Accounts</td>
<td>Barts Health</td>
<td>Adults admitted with confirmed or suspected pneumonia</td>
<td>2/2</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
<td>Eligible</td>
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<td>BAUS Surgery and Cancer</td>
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Appendix 2

Barts NHS Trust Quality Account opinion 2018-19

Independent Practitioner’s Limited Assurance Report to the Board of Directors of Barts Health NHS Trust on the Quality Account

We have been engaged by the Board of Directors of Barts Health NHS Trust to perform an independent assurance engagement in respect of Barts Health NHS Trust’s Quality Account for the year ended 31 March 2019 (“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 and as subsequently amended in 2011, 2012, 2017 and 2018 (“the Regulations”).

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the following indicators:

- Rate of Clostridium difficile infections
- Percentage of patients risk-assessed for venous thromboembolism (VTE):

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

Respective responsibilities of the directors and Practitioner

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and NHS Improvement 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 and NHS Improvement 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 the Department of Health in March 2015 (“the Guidance”); and
- the indicators in the Quality Account identified as having been subject to limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and 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 1 April 2018 to June 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to June 2019;
- feedback from commissioners dated 23 May 2019;
- feedback from local Healthwatch organisations dated 23 May 2019;
- feedback from the Overview and Scrutiny Committee dated 24 May 2019;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 21/06/2019;
- the national patient survey dated 12/02/2019;
- the national staff survey dated 2017;
- the local staff survey dated 01/09/2018;
- the Head of Internal Audit’s annual opinion on the Trust’s control environment dated 31/03/2019;
- the annual governance statement dated 28 May 2019; and
- the Care Quality Commission’s inspection report dated 12/02/2019.

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.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for 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, except 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;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against 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 affect 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 of these criteria, 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 and NHS Improvement. 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 limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Barts Health NHS Trust.

Our audit work on the financial statements of Barts Health NHS Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Barts Health NHS Trust’s external auditors. Our audit reports on the financial statements are made solely to Barts Health NHS Trust’s directors, as a body, in accordance with the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to Barts Health NHS Trust’s directors those matters we are required to state to them in an auditor’s report and for no other purpose. Our audits of Barts Health NHS Trust’s financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Barts Health NHS Trust and Barts Health NHS Trust’s directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of these audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- 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 identified as having been 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
Chartered Accountants
London
26 June 2019
Large print and other languages

For this leaflet in large print, please speak to your clinical team. For help interpreting this leaflet in other languages, please ring 020 8223 8934.

Te informacje mogą zostać na żądanie przedstawione w formatach alternatywnych, takich jak łatwy do czytania lub dużą czcionką, i w różnych językach. Prosimy o kontakt pod numerem 020 8223 8934.

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Bu bilgiler, okuması kolay veya büyük baskılar gibi alternatif biçimlerde ve talep üzerine alternatif dillerde de sunulabilir. İrtibat için lütfen 020 8223 8934 numaralı telefondan ulaşın.