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Foreword

This report sets out the achievements of the Barts Health group of hospitals during a year in which we once again cared for record numbers of patients. In particular, over the toughest winter in recent NHS history, our emergency departments saw over 8,500 more people than the previous winter, while also treating more of them within the national standard of four hours. Even though we were busier than ever, we made good progress towards our vision of providing safe and compassionate care to all of our patients in east London all of the time.

We remain committed to continually improving the quality of care, while also meeting national operational standards and putting our finances on a sustainable footing. We know that patients can sometimes wait too long for treatment, but resuming national reporting of routine elective treatment waiting times in May 2018 means we are now better placed to improve on this in future. We are also closely involved in some national and local initiatives to integrate services across organisational boundaries. For example, our work with the East London Health and Care Partnership offers exciting opportunities to ensure care in future is provided in the setting most suited to patients.

In 2017 we achieved a significant milestone on our improvement journey by being uprated to ‘requires improvement’ as an organisation, two years after the regulators put us into quality special measures. Our next step is to demonstrate we can sustain this progress, and exit special measures, through a coherent and credible medium-term plan to become ‘good’ and ultimately ‘outstanding’ across the board. The plan we published in March acknowledged that many of our services are already recognised by the Care Quality Commission as ‘good’, and some are rated as ‘outstanding’.

To build on this firm foundation, we began embedding a new approach to continuous quality improvement throughout the trust, known as WeImprove. We also launched a network of clinical boards to lead on our clinical strategy and ensure consistency in standards of care across all specialties. We have a fine record on research, with more than 32,000 patients participating in studies to advance the development of new healthcare and treatments. This year we’re particularly proud that our experts got a step closer to finding a cure for haemophilia, which affects around 2,000 people in the UK.
We listen to our patients, and use their feedback to shape and improve our services. During the year our hospital teams built closer relationships with Healthwatch and we used input from patients to shape the development of non-emergency transport services, patient dining, and wayfinding in hospitals. We also contributed to improving the experience of patients with our partners in primary care, the community, social care and mental health to develop more seamless services in Newham, Tower Hamlets and Waltham Forest.

In all this endeavour we are profoundly grateful to our 16,000 talented and dedicated staff. They demonstrated during the NHS cyber-attack and London terrorist incidents the extent to which they go the extra mile on behalf of patients. On a daily basis they show WeCare by living our values of being welcoming, engaging, collaborative, accountable, respectful and equitable.

Improvements in how staff feel about working here, and the care we provide, mean their willingness to recommend the Trust is at its highest in five years. Nevertheless, the 2017 NHS staff survey showed they are working harder and feeling the pressures facing the NHS generally, with abuse from some patients being a significant concern. We are pleased that staff are able to speak up and report these issues, and we will do more to help them when they do.

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.

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:

Ian Peters
Chair

Alwen Williams
Chief Executive
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).

We welcomed the CQC into all of our hospitals over the year. This led to an overall improvement to our rating from ‘inadequate’ to ‘requires improvement’. This rating includes an overall rating for St Bartholomew’s as ‘good’, and ‘requires improvement’ for Newham University, The Royal London and Whipps Cross hospitals. Surgical services at The Royal London and Whipps Cross are rated as ‘requires improvement’ overall but with an inadequate rating for the safe domain at Whipps Cross and the responsive domain at The Royal London. We responded to the feedback from the CQC in these areas and implemented a number of improvements since their visits.

We received a warning notice on 25 May 2018 in relation to the management of our medicines in our surgery division at Whipps Cross Hospital after an unannounced visit in April 2018. Requirement notices (the first level of compliance requirements) following inspections are outlined in our improvement plan, Getting to good and outstanding. We have taken this seriously and implemented a rapid action plan to ensure that our patients are safe.
### Trust-wide CQC ratings

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### Newham University Hospital CQC ratings

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### The Royal London Hospital CQC ratings

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<th>Caring</th>
<th>Responsive</th>
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### St Bartholomew’s Hospital CQC ratings

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<th>Effective</th>
<th>Caring</th>
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<td>Good</td>
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### Whipps Cross University Hospital CQC ratings

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<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
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Delivering care across east London

Delivered over 15,700 babies this year, and numbers are increasing.

492,561 emergency attendances
(17,402 more than last year)

1,476,597 outpatient attendances

286,590 inpatient appointments and procedures
(5,006 more than last year)

6,223 patients seen every day
(34 more than last year)
Performance report

2017 - 2018
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
Delivering efficient and effective services

Emergency care

We saw an increasingly high number of patients visiting our three emergency departments; in December, 42,250 patients came to our hospitals, the highest number of any trust in England.

To treat our patients safely over the winter period, we strengthened plans to meet the expected rise in A&E attendances, increased A&E and in-hospital acuity, prepared for potential outbreaks of ‘flu and other winter-related conditions, and relieved pressure on care home and rehabilitation beds. The operational winter hub set up in November provided us with the ability to work together more closely as a group of hospitals and to respond quickly to the needs of our patients.

We also appointed a ‘director of winter’ as a joint appointment between our three local CCGs and the trust to work collaboratively and proactively as a health and social care system.

We used improvement methodology across our emergency departments which helped us coordinate better and timelier patient care. By improving the ‘flow’ of patients through our hospitals, we were able to reduce the time our patients spent in hospital and reduce the delays patients sometimes experience when they are leaving hospital.

The winter plan was supported by a comprehensive seasonal ‘flu plan, and more than 64 percent of our frontline staff were vaccinated to protect themselves and our patients. This is the highest level of vaccinations we’ve achieved as a trust. We also strengthened infection prevention and control measures and targeted surveillance of high risk areas to manage the risk of infectious outbreaks.

Toughest winter in recent history

By common consent this has been the toughest winter the NHS has experienced for some time. Yet our emergency departments kept pace with public demand, supporting our patients when they needed us most.

Our hospitals saw, treated and discharged over 11,773 more patients within the national four-hour standard this winter than last. That’s an increase of over nine percent above what we managed to achieve a year ago, in the teeth of the worst winter for years.

Our overall performance across December to March was 85.5 percent - better than the same period a year ago, when 82.9 percent of patients were seen within four hours.

Trust figures show that 8,864 more people attended our emergency departments in the four winter months this year than the corresponding period 12 months ago. This six percent increase was largely fuelled by people requiring attention for relatively minor injuries, and there were fewer serious type 1 patients recorded.

Nevertheless, those numbers a year ago were themselves running at record levels, having increased over previous years. There was also a corresponding fall in the number of times the four-hour target was breached, with 2,909 fewer breaches, an 11 percent drop.
All type A&E performance against the four hour constitutional standard

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<th>2016-17</th>
<th>2017-18</th>
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<tbody>
<tr>
<td>Newham University</td>
<td>93.23%</td>
<td>91.15%</td>
</tr>
<tr>
<td>The Royal London</td>
<td>82.79%</td>
<td>84.28%</td>
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<tr>
<td>Whipps Cross</td>
<td>82.73%</td>
<td>84.79%</td>
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Table 1

Home first

Our system-wide winter plan, developed with partners across health and social care, meant we were well prepared to cope with more patients coming through our doors. This close working helps us to try to minimise situations where patients are fit to leave hospital but are unable to until other support is put in place (known as delayed transfers of care).

Teams at each of our hospitals – such as the integrated discharge team at Whipps Cross – are made up of clinicians and social workers and focus on making sure the right support is in place so people can leave hospital as soon as they are able. Where possible these teams aim to adopt a ‘home first’ or ‘discharge to assess’ process, where patients are discharged and assessed at home to ensure they have the right support; this approach in Tower Hamlets has received glowing national praise. We know that a relatively high proportion of patients are still in hospital after they are medically fit to be discharged, so building on these approaches and close working will be a priority for us in the months ahead.

Treating our patients in a timely manner

We have not been reporting routine elective treatment waiting times for a number of years due to issues relating to the accuracy of our data. A significant amount of work has been done to improve this position so that we can treat patients within the standard of 18 weeks. A new access policy sets out our standards and we trained our staff so that they have the right skills and knowledge to track the pathways of our patients. We resumed reporting of our referral-to-treatment time performance in May 2018.

We know that our patients feel frustrated and worried when they are not seen within the standards set by the NHS. It is a big priority for us to address this and we worked hard to reduce the number of patients waiting for treatment at our hospitals. Between October and February we reduced the total number of patients waiting for treatment by 4,000, including 3,000 patients that had waited longer than 18 weeks. This work was supported by our dedicated orthopaedic centre at Newham as well as working closely with the independent sector for a number of specialities to offer more patient choice.

We increased the number of specialties that were able to be booked electronically by GPs to improve our outpatient services. This is part of our bigger plan to have all consultant-led services booked electronically (through e-referral) by the autumn of 2018. The electronic referral system combines electronic booking with a choice of place, date and time for first hospital or clinic appointments.
Reducing the time our patients wait for tests

Despite consistently meeting the constitutional standards for treating our patients with cancer since 2015, our patients were let down following the unprecedented cyber-attack in May. As a result, we were not able to meet the standard on 62-day and screening performance until quarter two after we put a rapid recovery plan in place.

We are prepared for new standards in the coming year and preparing for further improvements to waiting times in 2020.

The cyber-attack also affected our ability to provide diagnostic imaging tests as quickly as we had done previously. Since the attack, we worked hard over a number of months to recover our stable position of consistently meeting this standard by bringing in additional MRI scanners to give us more space to see patients more quickly.

Getting the outcome Right Every Time for our patients

We feel terrible when our patients experience delays to their care that could have been avoided. One cause of avoidable delays is patients not being correctly captured on our patient tracking lists. Some time ago we realised our waiting list information wasn’t reliable so we stopped reporting our data nationally and cross-checked thousands of records to better understand the problem and clean up the lists. Alongside this we brought all of our systems on to one platform – Cerner Millennium – to give us a better overview of our data across the trust. This has put us in a much better position and we are now going through some final checks before we can resume reporting waiting times nationally.

Even though we have more confidence in our systems than we have had in many months, we’re still seeing too many errors. Errors potentially cost us £30m every year in lost income, correction costs and fines – this is a significant part of our financial challenge and we will be in a far better position if we are able to eliminate these errors once and for all.

In response, we launched a trust-wide campaign to raise awareness of the importance of accurately recording our patients’ outcomes and will be delivering training to nearly 8,000 staff in the coming year.
Delivering great care, every day of the week

We want our patients to receive the best possible care whenever they attend our hospitals, even if it’s late at night or on a weekend. We are working to achieve this by 2020-21.

In preparation, we are working more closely across our group of hospitals and with our local partners to deliver a more seamless experience for patients. This year, all of the patients admitted to our hospitals through medicine or surgery received access to key diagnostic tests and consultant-led interventions every day of the week. Very few trusts across the country achieved this standard of care for its patients.

Making sure that all of our patients are seen by a consultant within 14 hours of admission, and then daily every day of the week, is a longer term piece of work. Our audit data showed that 65 percent of emergency admissions were seen by a consultant within 14 hours (every day of the week) and 81 percent were reviewed at least daily by a consultant (66 percent at weekends). Work will continue in 2018-19 so that 90 percent of our patients are seen by a consultant within 14 hours, measured by twice-yearly audits and commissioner oversight of improvement plans.

Providing a better environment

Better food for staff and patients

In partnership with Serco, we improved patient dining services in all of our hospitals. Offering a wider choice of options, patients now have access to 16 different menus covering a wide variety of medical conditions, cultural and religious requirements eg. gluten free, vegan or halal. Patients are thrilled with the improvements; we saw a ten percent increase in satisfaction in the Picker survey results in comparison with last year.

Our retail food offering, in partnership with Elior, has also improved with healthier options available for staff and patients. In addition, we are excited to be opening an M&S Simply Food at Whipps Cross next year.

Travelling to our hospitals

In October, we took over the provision of all non-emergency patient transport services following patient and staff feedback regarding our former provider, ERS Medical. The transition of this service saw almost 400 staff and 150 ambulances being transferred to the trust. Despite the scale of the transfer, the transition was well executed with little disruption to our patients and clinical services and a considerable reduction in the number of complaints received.

We want to provide a safe and efficient service that best meets the needs of our most vulnerable patients. To help us do that, we will be prioritising transport services for patients that are unable to access other transport options because of a medical or clinical need. Other hospitals in London have shown that prioritising patients that need it most can reduce delays by 15 percent. It also reduces the number of journeys our ambulance staff make, making our patient transport service better for the environment.

A hospital that is fit for the future

In September we finished a £5 million project to improve the infrastructure at Whipps Cross to build a hospital that is fit for the future. The hospital now has reliable essential services including a high voltage supply network and additional standby electrical generation to improve the safety of our clinical services and remove the risk to patient care. We also installed a new heating and hot water system. The systems were old, unreliable and past their useful life.

>> Read more about our plans to redevelop Whipps Cross on our website: bartshealth.nhs.uk/whipps-cross
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

Clinical boards taking shape

The clinical boards replaced our old clinical academic group (CAG) structure and are responsible for setting the direction of travel for all our services. They oversee and coordinate the work of our cross-site clinical networks, make sure that the standards we aspire to are consistent across our services, set strategic direction, drive research strategy, and advise on other areas such as education and workforce. In summary, they drive forward our clinical strategy, Sustaining safe and compassionate care, that was developed in collaboration with over 900 staff.

Our boards are:
- Cancer
- Cardiovascular
- Children’s health
- Emergency care and trauma
- Medicine
- Surgery
- Women and newborn

Each board has a chair drawn from a triumvirate of a medical lead, a nursing/allied health professional lead and a management lead. There are also strategy leads aligned to each board and a clinical board research director.

>> Read our clinical strategy on our website: bartshealth.nhs.uk/our-journey

Increasing choice for women giving birth in east London

Over the next four years, we anticipate a considerable growth in the number of births in east London and we want to give women access to the best choice of maternity care.

Our vision is to increase the number of options available to women outside of traditional obstetric units in line with the Better births strategy and to improve the continuity of care by midwives. To help us meet this vision, we opened a new midwifery-led unit at The Royal London in August, the Lotus birthing centre. We will also be opening a newly remodelled women’s centre at Whipps Cross (read more on page 22) in 2020.

Women also expressed a need for additional support for their newborn babies. To meet this need, we have started to develop a new model of care to better support babies in the community.

Improving access to orthopaedic care

In the coming year we will be changing the way we deliver elective orthopaedic services to treat patients faster. To help us achieve this, we invested £2.5 million to expand our theatres and reorganise the way we carry out surgery at Newham Hospital. This follows a successful day case model trialled at The Royal London this year.

Whipps Cross care goes virtual

Seven hundred patients with the rheumatological condition Ankylosing Spondylitis are forced to take time off work to attend hospital appointments. But from March, patients at Whipps Cross were able to speak to their clinician over Skype, freeing them from having to travel to hospital for appointments. Although only just launched, we’ve received positive feedback from patients. Katherine Chalkley, 28 from Walthamstow and a patient at the hospital for the last three years, said: “I don’t feel like it’s necessary to come into the hospital to see the rheumatology team for every appointment so it’s great that there’s the option to have an appointment via Skype. I used my mobile phone for the appointment at home but I would definitely consider doing it from work in future.”

Skype appointments will be rolled out across more Whipps Cross clinics and our other hospitals next year. Patients will be offered a choice of Skype or traditional appointments in person, except where they are required to attend for physical assessments.
It is hoped that most patients will embrace the option of Skype appointments following a hugely successful scheme at Newham which cut the number of missed diabetes appointments from 30-50 percent to just 11-13 per cent. Last year, the Health Foundation awarded us £3.5 million from its Scaling Up improvement programme to take Newham’s success across the UK and improve patient outcomes.

Getting it right first time

We know there are lessons we can learn from other hospitals to make our services better for patients and more efficient, and equally we think we have lots of good practice to share with others too. That’s why we’ve contributed to the national Getting it Right First Time (GIRFT) programme. The programme helps clinicians to review comparable data and recommendations from across the country to see where variation may exist and what can be done about it.

This year, a range of surgical services (including cardiovascular, orthopaedics, general surgery, vascular, ENT, urology, paediatric surgery) and obstetrics and gynaecology undertook reviews and are now busy working through what they can do to make improvements. There are several opportunities we are exploring, including opportunities to treat people without them having to stay overnight in hospitals, making the best use of time in our operating theatres, identifying more efficient ways to buy equipment and reducing variation between our different hospitals. Crucially our clinicians and clinical boards will be at the forefront of determining the best way of capitalising on these opportunities.

Alongside this work we have prioritised using digital technology to make our work more reliable, efficient and straightforward for staff and patients. We’re working to improve our IT infrastructure and enabling staff to reduce reliance on paper notes.

Advancing healthcare through research

We continue to be one of the top research organisations in the country. Around 32,000 patients were actively involved in our ethically-approved research studies and trials, including in treatment modalities, tissue donation and participating in questionnaire studies. For the second year running, we recruited over 14,000 patients within the North Thames Clinical Research Network area – this is more patients than any other provider in the area.

We also carried out 145 commercial studies. This is the highest number of any NHS trust in the country. After three years of sustained growth and record numbers of patients recruited to National Institute of Health Research (NIHR) portfolio studies, we maintained activity levels this year. Over the next year, we aim to recruit more patients through increased engagement with patient groups in our hospitals. We have also developed our care records system to match patients to available studies and have plans to upgrade our clinical research facilities to enhance the care packages available to our patients.

We saw a drop in income from our two main revenue sources, a seven percent reduction in NIHR sources and an eight percent reduction in commercial income for the year. Although income from commercial research was lower this year, the five year trend is on an upward trajectory. Income from our largest funder, the NIHR, continued to show a gradual decline, largely due to a fall in the number of NIHR Programme awards we held. Bucking that trend are recent successes with obtaining NIHR Research For Patient Benefit grants. We can expect reductions to our Network funding next year and beyond as that correlates to NIHR funding reduction.

The value of newly announced grants and contracts has increased. Our activity pipeline projects a robust baseline for future activity and underpins a generally increasing trend in performance over the last five to ten years.
Groundbreaking gene therapy trial set to cure haemophilia A

A ‘cure’ for haemophilia is one step closer, following results of a groundbreaking gene therapy trial led by the Trust. Clinical researchers at Barts Health NHS Trust and Queen Mary University of London found that over one year on from a single treatment with a gene therapy drug, participants with haemophilia A (the most common type) are showing normal levels of the previously missing protein, and effectively curing them.

A single infusion of the gene therapy drug showed improved levels of the essential blood clotting protein Factor VIII, with 85 percent of patients achieving normal or near-normal Factor VIII levels even many months after treatment.

The “transformational” results have particular significance as the first successful gene therapy trial for the haemophilia A.

There are around 2,000 people with severe haemophilia A in the UK. A hereditary genetic condition dominantly affecting men, people with severe haemophilia A have virtually none of the protein factor VIII which is essential for blood to clot. It puts those affected at risk of excessive bleeding even from the slightest injury as well as causing spontaneous internal bleeding, which can be life-threatening. Recurring bleeding into joints can also lead to progressive joint damage and arthritis. The only current treatment involves multiple weekly injections to control and prevent bleeding, but there is no cure.

The trial saw patients across England injected with a copy of the missing gene, which allows their cells to produce the missing clotting factor. Following patients for up to 19 months, tests showed that 11 out of 13 patients in the trial now have normal or near normal levels of the previously missing factor and all 13 patients have been able to stop their previously regular treatment.

The team will now hold further tests widening participants globally to include people in the USA, Europe, Africa and South America.

>> Read about how the trial helped Jake Omer, 29, from Billericay on our website: bartshealth.nhs.uk/news

Bringing new treatments to patients faster

A new cutting-edge life sciences centre is planned for the space next door to The Royal London Hospital to bring new treatments to patients faster.

This initiative will bring together doctors, chemists, engineers and computer scientists to better understand the detection, prevention and management of diseases.

The centre will be home to hundreds of researchers and serve 1,000 students working to solve some of the riddles that puzzle healthcare professionals around the world. It will create thousands of jobs and add billions of pounds of value to the local and national economy.

The new centre will build on the collaboration we have with Queen Mary University of London (QMUL) on the East London Genes and Health programme, which gave us a better understanding of the relationship between genetic characteristics and disease among thousands of volunteers of South Asian origin who are five times more susceptible to diabetes and other indicators or poor health.
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
Providing extraordinary healthcare

Barts Charity is our dedicated charity, working with staff in the trust and the Barts and the London School of Medicine & Dentistry (part of Queen Mary University London) to deliver extraordinary healthcare in our five hospitals.

Barts Charity provides funding for innovative research, equipment, 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 projects funded demonstrating clear, tangible benefits.

Barts Charity awarded over £28 million to healthcare projects in the trust and medical school this year, of which £14.4m was awarded directly to the trust.

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

New women’s and neonatal unit coming to Whipps Cross

Barts Charity awarded £6.8 million to redevelop maternity services and vastly improve the experience for expectant mothers and their families at Whipps Cross. The project will start next year and is set to complete in 2020.

The project will meet a growing need for women’s health services in east London as the birth rate is projected to grow by 33,000 in the next four years. Demand is fuelled not only by this rapid rise but also by complexity – expectant mothers in the local community have the highest proportion of high-risk pregnancy of any population in the UK.

The current facilities, built in 1974, have been described as “cramped” and “aging” by some, with the Care Quality Commission considering them “tired”. This has resulted in a significant number of mothers-to-be choosing to give birth elsewhere after visiting the hospital early on in their pregnancy.

The new women’s and neonatal unit will have capacity to handle the increase in numbers and bring the facilities up to the same excellent standard as the well-recognised maternity care at the hospital. The project looked in detail at how patients and staff use the facilities, and the new plans will reposition the units within the building so that they provide a more logical and convenient ‘flow’.

The two-year project will remodel seven areas including the antenatal clinic, the labour ward and the special care baby unit, including better facilities for parents staying overnight.
Crucially, the centre is also committed to supporting medical research into some of the conditions that most affect pregnant women, new mothers and their babies across east London such as diabetes, excessive bleeding, and dietary problems. There will be dedicated space for a laboratory with research staff so the Barts Research Centre for Women’s Health (BARC) – started with £2m Barts Charity funding earlier in 2017 – will be able to recruit more expectant mothers into research studies and expand their research power, with the aim of producing research beneficial not only to the local community but of potential national and international benefit.

It is expected that 50,000 mothers will benefit from these improvements over the next ten years, with many more likely to benefit from the new research opportunities. Alongside our other maternity facilities, the new centre will be part of the biggest maternity service in Europe.

Kirsty Webb-Wood, general manager, women’s and children’s division, said: “The staff at Whipps Cross women’s and neonatal unit are proud of the care they deliver and want to be proud of their working environment too. With the birth rate in north-east London set to increase by 25 percent in the next ten years, we want to be able to offer a comfortable, welcoming and safe space that will have a positive impact on patients, families and staff. We are looking forward to having facilities that will match the excellent quality of care that is undertaken here each day.”

**Robotic surgery is a first in the UK**

Surgeons at St Bartholomew’s and The Royal London hospitals are now operating using robotic surgery after a Barts Charity grant of £5.5m.

In a first for the UK, St Bartholomew’s has the only robot dedicated to cardiothoracic (heart, chest and lungs) surgery, while The Royal London’s is being shared across six different medical specialties for the first time. The collective strength of this unique collaboration across different surgical specialties will drive huge improvements for patients. The first patients have had operations using the new machines, including a UK first to undergo cardiothoracic surgery using a robotic arm – in this case the removal of a lump in the middle of the chest.

Mr Kelvin Lau, the surgeon who led the procedure, said: “It was successfully done through a robot with incisions no larger than 1cm; it went very well, and the patient is doing well.”

One of the key benefits robotic surgery brings to patients is the tiny incisions that are made; with the robots they can be as small as 5mm, enabling extremely precise and delicate surgery that has only previously been possible with open surgery.
These less invasive techniques mean that patients will benefit from reduced blood loss, less pain, fewer complications after operations and hospital stays decreased by as much as 50 percent. In contrast to traditional surgery where the surgeon stands over the patient, with robotic surgery the surgeon sits at a console away from the patient, with a surgical assistant at the operating table. Robotic surgery is not yet standard within the NHS but now as many as 500 patients each year will be treated using the robot at The Royal London Hospital by 2020.

The Barts Heart Centre team at St Bartholomew’s estimate the robot will be used for as many as 480 thoracic surgical cases each year – 40 percent of their current surgical cases – and will enable staff to treat up to 21 percent more patients at the hospital. The robotic programme across the trust will also benefit from the established research partnerships with Queen Mary University of London helping to develop new robotic surgery techniques and better treatment for patients.

Mr Lau added: “Unfortunately some people are too frail for open surgery, so for some cancer cases our only choice would previously have been radiotherapy which isn’t as effective as surgery. The robot suddenly expands the number of people able to have surgery, as well as proving particularly effective in those who have tumours in places that are difficult to reach. The technology is a completely new experience for me and the clinical advantages are breath-taking. I am incredibly grateful to Barts Charity for making this possible.”

Small improvements make a big impact

In addition to these larger projects, grants were awarded across all of our hospitals and spanned a wide range of service areas such as neurosurgery, children and trauma. Examples include baby yoga and massage at The Royal London Hospital – helping patients and parents to relax – and the rejuvenation of day rooms for older people to encourage socialisation in an uplifting new space. Though small, these projects are having a huge impact on patients and staff.

The cancer day unit at St Bartholomew’s Hospital treats around 100 patients a day, with approximately 70 of these receiving chemotherapy. Thanks to the Charity these patients are now benefitting from specialist chemotherapy chairs to make their experience as comfortable as possible. Holly Nuttall, general manager at the cancer centre, said: “The little things add up and really do make a difference to patients. Barts Charity has been excellent, helping us with things we wouldn’t have been able to provide.”

Our plans for 2018-19

With a grant programme of over £28m, Barts Charity is one of the biggest funders of healthcare innovation in the UK – and yet it is relatively unknown. The Charity wants to change that, and will be embarking on awareness campaigns 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: bartscharity.org.uk
Working with our health partners

Seamless care for patients

This year we continued to work with our partners in primary care, the community, social care and mental health to develop more seamless services in Newham, Tower Hamlets and Waltham Forest. Over the coming year, we have a comprehensive plan to expand this work, including:

> Moving musculoskeletal care into the community at Newham
> Redesign urgent care services to treat people in the right place in the right time
> Supporting people at home in Waltham Forest that are approaching the end of their life

Joining forces to shape the experience of our patients

Working with our partners helps us to provide the best services possible for our patients. We value the relationships we have with individuals, groups and organisations locally, regionally and nationally. This year we made a concerted effort to involve stakeholders more directly in our work to improve care. We established a rolling programme of peer reviews to visit all services and different partners, stakeholders and patient representatives joined us to hear about what we’re doing and advise us on our ongoing work. We will continue to develop this process to make sure we always have the right people involved at each review.

We worked to develop closer relationships between Healthwatch and our hospital management teams and their support and advice has been invaluable over the year, whether it’s discussing CQC action plans, undertaking enter and view visits or directly participating in projects to improve wayfinding around our hospitals.

Individual services also collaborated on specific improvement programmes. For example, the maternity team at The Royal London wanted to improve care for local women and improve the working lives of our staff. Partners and patient representatives joined together in a maternity partnership board to collaborate on solutions. The improved rating published by the Care Quality Commission inspectors was testament to the hard work of staff in the service and the collaborative work of the partnership board.
Similarly, following the success of our innovative We Can Talk training that equipped hospital staff to be more comfortable in caring for young people with mental health problems, we wanted to work with our stakeholders to explore how the programme could develop in the future. We showcased the training to regional and national partners in a symposium designed to generate discussion about what more could be done. Since then the service has expanded across the East London Health and Care Partnership and into other areas of the country.

Involvement in our Patient-Led Assessments of Care (PLACE) audits continued to grow. Since the introduction of the surveys, we increased the number of contributions from patient representatives from 24 to nearly 150. While the PLACE surveys very much focus on facilities inside the hospital, we recognised that it is important to engage with our communities outside of our hospitals too. We are increasingly looking to reach out to local people to get their views on our services to help us improve. We held a listening event at NewVic College in Newham to hear the views of over 300 young people whilst also taking the opportunity to talk to them about our services, volunteering opportunities and career options. We plan to undertake similar events in other areas next year.

Our community engagement event in September in Waltham Forest saw over 100 people gather to help us assess our progress against national equality standards. The event helped to establish adapted equipment required to meet the needs of patients who are visually impaired, demonstrating how important it is to work collaboratively with our community.

We also endeavoured to involve stakeholders in important procurement decisions too. For example, Healthwatch supported us to ensure our patient transport service meets the needs of our patients. You can read more about our non-emergency patient transport services on page 16.

Looking further ahead, we are excited to have launched our collaborative pairs programme working with our clinical boards – our way of ensuring the patient voice is right at the heart of shaping our services. Senior clinical leaders have been paired with a patient leader and they will be supported to come up with a series of improvements for their area.

We continue to be grateful for the partnership working we have for many of our strategic priorities. For example, the shared goal of partners in Waltham Forest and Redbridge to redevelop Whipps Cross Hospital has been palpable in a number of events this year, including the hospital’s centenary celebrations. It was particularly helpful to host the outer North East London Joint Overview and Scrutiny Committee at Whipps Cross to explain more about our ambitions and we hope to build on this close working alongside continuing to fulfil our statutory responsibilities.

We look forward to continuing to strengthen relationships in the months ahead.

Working with Healthwatch to make improvements at Whipps Cross Hospital

At Whipps Cross, regular meetings between Healthwatch and the site management team identified lots of opportunities to work together for the benefit of patients. Healthwatch in Redbridge and Waltham Forest attend the monthly patient panel and are playing a key role in shaping its future.

Volunteers and staff from both Healthwatch organisations are part of the working group to develop PLACE action plans and contributed to improving signage and maps of our hospital. The groups regularly run stalls in the public areas of our hospitals to help us understand the views of patients and their loved ones, and we are increasingly collaborating on communications and publications. Their role in our peer reviews is proving invaluable and we have welcomed them to our safety huddles to help them learn about what is going on in the hospital. They’re also a key partner in helping us design the public involvement for the redevelopment of the hospital.
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
Caring for the most vulnerable

We are working more closely with our partners in social care following an enhancement to our patient record system in March. Clinicians in our emergency departments and minor injury units are now alerted if a child in their care is a looked after child or subject to a child protection plan. Health teams can access contact details for the social care team, social care teams are automatically notified that the child has accessed care, and both parties can see details of the child’s previous 25 visits to unscheduled care settings in England. Previously, our staff had to manually check systems and lists to see if there was a child protection plan in place.

By working together in a more responsive way, we can provide better care and earlier intervention for children considered vulnerable and at risk.

Listening to our patients

Resolving complaints on the wards

Over the past three years we have empowered staff to resolve complaints locally on our wards to provide a better experience for patients, carers and relatives. Not only has it provided a quicker outcome for people unsatisfied with their care and will ultimately improve our services, it reduced the need for people to embark on the more time consuming formal complaints process.

There has been a significant decrease in the number of formal complaints submitted since we started resolving issues locally. We have also encouraged people that have made a complaint to discuss their concerns with the hospital and provide recommendations for how they would like their complaint resolved and managed. This personalised approach has improved the quality of our complaints handling and increased our complainants’ satisfaction. These improvements were recognised by the Parliamentary Health Service Ombudsman (PHSO) – from 2014-15, the number of upheld and partially upheld complaints declined from 67 percent to 44 percent.

After a considerable increase in the number of complaints acknowledged within three days in 2016-17, our performance dipped slightly to 83 percent, although this was still above our target of 80 percent. This was due to the unprecedented cyber-attack in May and high levels of sickness in the team over the winter period.

<table>
<thead>
<tr>
<th>Formal complaints</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,512</td>
<td></td>
<td>1,972</td>
<td>1,786</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PALS enquiries</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,513</td>
<td></td>
<td>7,598</td>
<td>6,911</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaints acknowledged within three working days</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>81%</td>
<td></td>
<td>94%</td>
<td>83%</td>
</tr>
</tbody>
</table>
Understanding our feedback in greater depth

Over the coming year we will be looking at all our patient feedback channels in depth to better understand the key themes raised by people coming to our hospitals. In addition to monitoring themes across our feedback channels, we will be seeking feedback from complainants about their experience with the complaints process so that we can make further improvements.

Signing up to safety

Since 2015 we have been part of the national Sign up to Safety campaign to make the care we provide to patients safe at all times. A key part of our continued improvement has been to empower our staff to be part of the change they want to see. This year, over 250 staff contributed their improvement ideas to meet our quality objectives (read more about our quality objectives on page 60) and we raised awareness amongst all staff of these objectives employing a monthly campaign approach.

New app helps us become ‘perfect’

The perfect ward app incorporates the well run ward tool, helping us to quickly and easily generate real-time reports evidenced by comments and photos for each of our wards. The new app has gone down a storm with our nursing teams and patient concerns are dealt with in the moment using easily downloadable reports. For example, we carried out a ‘safe’ audit on Silvertown ward at Newham Hospital that identified issues related to the storage of medication. These issues were immediately highlighted, recognised and addressed immediately rather than waiting for an audit report to arrive.

Well run dialysis unit

Over 1,100 patients receive haemodialysis treatment in nine units across east London and our active renal patient forum helped us improve the care that they receive.

The ‘well run ward’ group had the responsibility to review and reflect on patient experience and drive improvements locally within the dialysis units. Both patients and staff wanted to create a good service: one that was welcoming, safe and caring. Using the well run ward tool that brings together international best practice into a single user-friendly resource that is matched to the Care Quality Commission domains, the group identified areas for improvement and used the forum to escalate concerns.

Together, staff and patients worked to create a service they are proud of, and with the continued support from our patient group, will continually improve the care we provide in our renal units.
Providing safer care

We continued to make significant improvements towards creating a culture of safety across our hospitals. We reported over 10,000 more safety incidents than last year, demonstrating that our staff felt more confident in highlighting things that need to be improved. The care we provided was safer as we reported less serious incidents this year than last year.

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

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

Despite the reduction in the number of serious incidents, we continued to struggle to submit serious incident investigations to our commissioners on time. At the end of March, 42 investigations were overdue – 18 at Newham, 16 at The Royal London, two at St Bartholomew’s, four at Whipps Cross and two from our corporate teams.

Regrettably we reported eight never events this year. While a considerable reduction from last year, it is still not acceptable and we take these failures very seriously. These never events were thoroughly investigated and the learning was shared across our hospitals. None of these never events resulted in serious harm to our patients.
Serious incidents declared

<table>
<thead>
<tr>
<th>Never event category</th>
<th>2016-17</th>
<th>Hospital</th>
<th>2017-18</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong site surgery</td>
<td>3</td>
<td>RLH</td>
<td>2</td>
<td>RLH</td>
</tr>
<tr>
<td>Retained foreign object post-procedure</td>
<td>4</td>
<td>RLH x 2 SBH WXH</td>
<td>4</td>
<td>NUH x 3</td>
</tr>
<tr>
<td>Wrong implant/prosthesis</td>
<td>1</td>
<td>RLH</td>
<td>1</td>
<td>RLH</td>
</tr>
<tr>
<td>Overdose of insulin due to abbreviations or incorrect device</td>
<td>1</td>
<td>SBH</td>
<td>WXH</td>
<td></td>
</tr>
<tr>
<td>Wrong route administration of medication</td>
<td>2</td>
<td>RLH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misplaced naso or oro-gastric tube</td>
<td>1</td>
<td>WXH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintentional connection of a patient requiring oxygen to an air flowmeter</td>
<td></td>
<td></td>
<td>1</td>
<td>WXH</td>
</tr>
<tr>
<td><strong>Total never events</strong></td>
<td><strong>12</strong></td>
<td></td>
<td><strong>8</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. Table 13 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 3 and 4, 2016-17</th>
<th>NRLS severe harm data</th>
<th>NRLS death data</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

| Quarters 1 and 2, 2017-18 | 12 | 26 |

Table 8 outlines the number of claims made to NHS Resolution during 2017-18 and the payments made to patients and their families in damages. A total of 32 incidents were reported to the National Reporting and Learning System (NRLS) in 2016-17 where the level of harm was death. All of these incidents were reported to the NRLS within the reporting period, although six subsequently had the level of harm increased from a lower severity level. Of these, four patients had problems identified with their care and service delivery, and two did not.

NHS Resolution claims

<table>
<thead>
<tr>
<th>Number of claims</th>
<th>Damage payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNST (clinical negligence)</td>
<td>152 reported to NHS Resolution</td>
</tr>
<tr>
<td>LTPS (personal injury)</td>
<td>41 reported to NHS Resolution</td>
</tr>
</tbody>
</table>
Learning from deaths

Around 3,000 inpatients die in our hospitals every year; considerably lower than the national average (for more information about our standardised hospital mortality indicator, see page 71).

As part of new guidance, our clinical teams are required to review each death to understand whether the patient’s care was the best it could be and where it wasn’t, to share improvements to further reduce the number of avoidable deaths and facilitate a culture of transparency. This year, we reviewed 72 percent of deaths. Whilst mortality reviews have always happened across our hospitals, this new guidance has given us an opportunity to improve the standard and consistency of these reviews.

To enhance the quality of our reviews, we:

- Published a comprehensive ‘responding to deaths’ policy in line with national guidance and methodology from the Royal College of Physicians. This includes reviewing all inpatient deaths within one week, and undertaking a second stage review where sub-optimal care was thought to be provided and/or where the patient was vulnerable (for example, where they had a learning disability, detained under the Mental Health Act, women giving birth or where serious concerns were raised by staff or the bereaved family).

- Developed a short and accessible initial mortality review form to determine whether any further review is required. Following a successful pilot in older people’s services, we increased the completion rate from less than 50 percent to over 66 percent in just six months. An online version of this form is currently being developed to enable regular and robust audits to be undertaken.

- Recruited to a medical examiner post at The Royal London. This post worked closely with the coroner as an independent reviewer to improve the accuracy and timeliness of death certification. They also assisted bereaved families through the administrative burden and allowed them to comment on the quality of care that the patient received. Following the successful pilot at The Royal London, we are recruiting medical examiners for all of our hospitals.

The impact of these improvements saw the percentage of reviews undertaken increase from 66 percent in quarter two to 87 percent in quarter four. We hope to build on this positive trend in the year ahead.
Being open and honest

When things go wrong it’s 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. Our aim is that in all cases where duty of candour is applicable we will:

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

We strived to meet our duty of candour responsibilities across our hospitals and ensure that every conversation was recorded and followed up with a written apology and explanation. While our performance significantly improved from 2016-17, there is still more we can do to be consistently transparent with our patients and their families. You can read more about our performance by hospital on page 64.

### Duty of candour compliance

<table>
<thead>
<tr>
<th></th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>69.5%</td>
<td>86.5%</td>
</tr>
</tbody>
</table>

#### Using the hospital passport to identify the needs of patients with learning disabilities

Patients with learning disabilities have poorer access to healthcare, more likely to suffer ill health and more likely to die a premature death when compared to general population.

To support our staff to provide the best possible care to patients with learning disabilities, we developed a hospital passport which is designed to be completed before the first visit by the patient and their carer. It records important details of conditions the patient has such as epilepsy or mental health problems; their medication and treatment plans; as well as more personal information such as food preferences, unusual behaviour, communication preferences and anything else that will help them while they visit the hospital. This information is then used to help make clinical decisions.
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

New people strategy shapes our future

We know that if we invest in our staff, our patients will receive better care and a better experience in our hospitals. This year we formalised our plans in a people strategy that set out our priorities to:

> recruit more permanent staff
> offer education, training and development opportunities to all so they stay with us
> embrace inclusivity
> foster staff-led improvement, and
> embed our WeCare values in all that we do

Getting nursing right for London

London is a great place to be a nurse, and an exciting place to live with a wealth of opportunities. However, there are also barriers to living in the capital city such as housing, childcare and travel costs. To help attract and keep more nurses in this fantastic city the CapitalNurse Programme was launched in 2015. The programme is a collaboration between service providers, Health Education England, NHS England, NHS Improvement and others, to support and build an engaged, valued and skilled nursing workforce by creating nurse friendly employment opportunities in London.

Working closely with the CapitalNurse Programme, we have already seen improvements to our recruitment and retention, including:

> conditional offers made to 60 percent of this year’s third year students
> 249 newly qualified nurses joined our 18-month preceptorship programme. 92 percent of our new nurses have stayed with us in the last two years
> the launch of a careers framework to help nurses discuss their career progression
> development of an 18-month post preceptorship programme for nurses working with older people
> development programme for band 5 nurses working in our emergency departments which will be launched in April
> various training offered to nurses to develop their careers in hard-to-fill specialties
Embedding compassionate leadership from the top

This year our top leadership team participated in a ‘Super T’ programme to build their confidence and capability to perform and behave as better leaders, individually and collectively. Run in partnership with Professor Michael West and Aston OD, the 15-month programme has worked ‘on the job’ with our leaders. Next year the programme will go even further and build the skills and confidence of more than 200 senior leaders across the trust.

Sustaining improvements at #TeamBartsHealth

Results from our 2017 staff survey showed that we consolidated recent improvements in employee morale and staff engagement despite the operational pressures experienced by all healthcare providers across the country.

In particular, the results show that we are confident in our collective ability to take action to ensure mistakes and near misses that happen in our care don’t happen again.

Two-thirds of respondents praised the fairness and effectiveness of our procedures for dealing with errors, near misses and other patient care incidents (68 percent). An eight percent rise on the 2015 survey, this finding included how we encouraged the reporting of errors, supported staff involved in them, and learned lessons from them. This has been further illustrated on page 30.

Nearly half of us took part in the 2017 survey, compared to less than a third two years ago.

> Two-thirds of staff now recommend the trust as a place to work or receive treatment (66 percent), an increase of 10 percentage points since 2015
> Two-thirds now believe we act effectively on feedback from patients (67 percent), a nine point increase
> Half now report good communications between managers and staff (49 percent), an eight point increase.

However the findings also indicated rising NHS work pressures in the last 12 months, with a four point increase in those experiencing work-related stress (44 percent) and a three point rise in those working extra paid hours (35 percent). Our public health team is providing further support to our staff in the coming year, as illustrated on page 47.
One in three staff complained of bullying, harassment or abuse from patients or relatives (32 percent), and one in seven say they experienced physical violence (14 percent). These have both gone up slightly in the last year (by two percent), although the incidence of abuse from our colleagues is down (by three percent since 2015) to 22 percent. Furthermore, 32 percent of staff experienced bullying and harassment from colleagues (KF26) which has not shifted since last year.

One in seven complained of discrimination at work (14 percent, up 1 percent), although a clear majority (71 percent) believe we provide equal opportunities for career progression (KF21).

To help us focus on the things that matter most to our staff, we held Welimprove conversations in March to develop improvement plans. Read more about Welimprove on page 66.

Welcome to my appraisal

Following a successful pilot, we are launching a new staff appraisal in April. Over 40 staff shaped the new process, which will now feature:

> A conversation about our WeCare values: to create a positive workplace culture by displaying key behaviours, and any steps for improvement.

> Employees leading the appraisal: the conversation is led by staff, who welcomes the manager to their appraisal from the beginning.

> A focus on career development: providing the opportunity for staff to talk through their career plans and take responsibility for their own professional and career development.

> An ongoing conversation during the year: quarterly reviews will encourage regular open and honest two-way conversation about performance and support.

> Support for health and well-being.

BME and female staff rise up the ladder

Our award winning career development programme is an integral part of our commitment to demonstrating our WeCare vision and values by developing female and black minority ethnic (BME) staff and supporting them to progress in their careers. The programme is particularly important given the under representation of female and BME staff in senior positions. This year, a further 80 people completed the year-long career development programme.

Since the programme started in 2015, 310 people completed the programme and 20 percent of participants achieved a promotion in their careers.

Fair treatment at work

At the end of March 2016, our Workforce Race Equality Standard (WRES) metrics showed that black minority ethnic (BME) staff were more than twice as likely to enter the formal disciplinary process when compared to figures for white staff. Since then, we developed a ‘pause and review’ process.
To help managers make consistently fair decisions, we developed a pre-disciplinary checklist that is completed before deciding to formally investigate a member of staff. The checklist provides a framework for managers to ensure all appropriate steps have been taken to learn from incidents rather than deliver punishment.

If the checklist indicates that disciplinary action may be required, the medical, nursing and operations directors review the case to decide whether an investigation is appropriate.

This year we piloted the checklist across our hospitals. Results from the pilot showed that less than half the number of disciplinaries were taken forward in comparison with 2016. Of these, only two-thirds were taken forward for formal disciplinaries following completion of the ‘pause and review’. It will now be rolled out in all areas to ensure the decisions our managers make are fair and equitable.

Creating a safe environment

Fourteen percent of our staff told us in the staff survey that they had experienced physical violence from patients, their relatives and other members of the public. This rises to nearly one in two members of staff in critical care and emergency departments. This is not acceptable.

We have taken this very seriously and worked closely with the areas that see high levels of violence and aggression. We immediately put in place a working group to take a number of high impact changes forward, including:

> Limiting visitor numbers to two per patient
> Improving the environment in A&E to improve the experience for patients and reduce root causes of violence and abuse against staff
> Improving our reporting of incidents and flagging abusive patients on our patient record system
> Facilitating de-escalation training for all teams – clinical and reception staff
> Raising awareness of the red and yellow card process.

We have a zero tolerance approach to the abuse of our staff and we will continue our efforts to reduce the number of staff that feel unsafe at work over the coming year.

Our Education Academy in numbers

- 98,915 online statutory and mandatory training assessments were completed by 12,854 staff
- 34,000 learning modules have been completed on the eCPD app
- 18,250 statutory and mandatory training events held
- 3,381 staff attended a training course
- 1,842 staff attended simulation training
- 1,500 staff attended corporate induction
- 1,000 junior doctors attended medical induction
- 249 newly qualified nurses and midwives attended the preceptorship programme
- 156 simulation courses delivered
- 31 nurse associates
- 22 physician associates
- 6 films made to complement our safety training
Spotlight on nursing associates

The creation of the nursing associate role was a landmark innovation for the nursing and care professions and we were delighted to be selected as a pilot site to support its development. The introduction of this new role has been welcomed by a broad spectrum of health and social care stakeholders, all of whom wanted a defined highly trained support role to help registered nurses deliver effective, safe and responsive care. Nursing associates will play a key part of the multidisciplinary workforce that is needed to respond to the future needs of the public and patients.

The role will serve as a scaffolding role to enable linear and lateral career progression across the care and nursing workforce, a key vision as part of Heath Education England’s response to the Shape of Caring Review (HEE 2015) to ensure we provide careers that are attractive and accessible.

As part of the programme, we are helping to train a cohort of 122 nursing associates who started the North East London programme in 2017. This will equip them with the knowledge, skills and behaviours that help them to support the delivery of nursing care, in and across a wide range of health and care settings. Under the leadership and direction of registered nurses, they will work within all aspects of the nursing process to provide high-quality, holistic and person-centred care to individuals and will support the registered nurse in the assessment, planning and evaluation of care.

Skilling up our workforce

Our Education Academy provides education, training and development opportunities for our staff to make sure we are providing the very best care to our patients in line with a 21st century healthcare system. We are at the forefront of new ways of working and our nursing and physician associate roles continued to attract new people into a career in healthcare. From next year, these roles will be delivered through an apprenticeship programme to further advance our associates’ development opportunities.

We want people to feel part of #TeamBartsHealth from day one, but feedback from staff showed that our induction programme wasn’t meeting their needs. In response we revamped the induction to make it more engaging, developed separate inductions for managers and consultants, and improved how new joiners can complete their statutory and mandatory training.

Our new online statutory and mandatory training tool means that new joiners can complete their essential training before they join us, and existing staff can access training from any location. It also provides people with immediate feedback as to whether they’ve passed or not so they can review their learning and recomplete the quiz.

>> Maintaining a 90 percent compliance rate is one of our quality objectives and we continued to achieve this. Read more about our quality objectives on page 60.
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. We will be curious to find out

> 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

We worked with people across east London to support positive lifestyle changes and improve their life chances through access to employment, education and training in the healthcare sector. We also supported our staff to improve their health and wellbeing.

Reducing ill-health through risky behaviours

Over 2,872 referrals were made to our specialist stop smoking service. Staff referred patients (or themselves) through electronic health records, the intranet or by attending an onsite clinic at The Royal London, St Bartholomew’s or Whips Cross hospitals. A specialist clinic was also set up at The Royal London Hospital for expectant mothers and, following training, midwives will shortly be able to start providing nicotine replacement therapy to patients. We hope to extend this capacity to pre-op assessment nurses.

Hospital admissions for alcohol are particularly high in east London. In 2016-17 Public Health England estimated that there were 2,487 alcohol related hospital admission per 100,000 population in east London (City and Hackney, Newham, Tower Hamlets and Waltham Forest) compared to 2,185 in England and 2,254 in London. To respond to this, we will expand screening inpatients using the recommended alcohol screening tool (AUDIT C) tool to identify whether patients require additional support to reduce alcohol consumption or could benefit from referral to specialist services. Over the past year we also updated our IT systems to make it easier for clinicians to complete patient screening. In the year ahead, we will train all frontline staff to increase their confidence to talk to patients about their smoking and alcohol consumption and refer them to a specialist service where necessary. This work is part of a CQUIN (read more about our CQUINS on page 66).
Improving life chances for east Londoners

The Community Works for Health programme created a pool of local job-ready candidates and candidates primed to apply for entry levels and apprenticeship positions across the trust. We worked closely with key partners Newham Workplace, Tower Hamlets Workpath and Waltham Forest Adult Learning Services. Over 130 people attended an event in November to celebrate their achievements in securing work or completing apprenticeship or placement opportunities.

This year we faced the challenge of implementing the new Apprenticeship Levy. In response, we created over 80 apprenticeships in scientific and technical and administrative roles. We are extending our scope in the coming year with a particular emphasis on leadership and management apprenticeships for existing staff. Forty-two interns were placed in outpatients, orthodontics, the medical library and catering from our Project Search scheme. Project Search provides a 33-week internship for people aged 18-24 with learning disabilities. The interns received structured job coaching on a daily basis and worked to complete three, 11 week rotations within the academic calendar.

The East London Health Careers Programme provided advice and guidance to 1,000 local students to help them make career choices. Of these students, 745 received work experience in both clinical and non-clinical settings in our hospitals.

Your health matters

Over 700 staff took part in our Your Health Matters programme which sought to improve physical activity, mental wellbeing and healthy lifestyles. As part of this programme, staff accessed:

- Exercise classes and challenges
- Mental health first aid network
- MOTs for the over 40s
- Free eye tests
- Healthier food options in our hospitals

However the 2017 staff survey found that pressure on staff was increasing and we know that we need to do more. Over the coming year, we will be extending the reach of the programme across the trust and responding to areas of high need.
Providing safe and compassionate care in our hospitals
Newham University Hospital

It has been a year of continued improvements for patients of Newham University Hospital.

The Care Quality Commission (CQC) carried out two inspections and confirmed that care and facilities are getting better all the time. There are now no inadequate services on the site and more than a third of the CQC’s individual ratings are now ‘good’. Surgery moved from ‘requires improvement’ to ‘good’, while care in medical specialties jumped from ‘inadequate’ up to ‘good’ – an exceptional achievement.

Improvements were also noted in maternity services. A major recruitment drive has seen us reduce the number of midwifery vacancies by more than 80 percent, and the number of women who would recommend the hospital has vastly improved. We also welcomed the 1,000th baby born at the Barking Birth Centre.

A brand new, state-of-the-art MRI scanner is now in place meaning that Newham patients no longer have to travel elsewhere for diagnostic scans, as they have access to the very latest equipment on site.

Performance against the national emergency access standard continues to be strong. Although, along with many other hospitals, we struggled to hit the 95 percent standard over the extremely busy winter months (read more on page 14). To improve the situation we introduced the Perform patient flow programme – streamlining the patient pathway to reduce unnecessary delays and get people home as soon as they were well enough. This saw an increase in the number of patients being discharged earlier in the day, easing pressures in the emergency department as we freed up beds in the hospital. We also carried out a successful pilot project boosting ambulatory care so that patients are only admitted if it is absolutely necessary.

Along with the trust as a whole, we demonstrated improved financial grip this year, delivering our agreed savings to help reduce the overall deficit. Services worked hard to deliver their cost improvement programmes whilst continuing to improve standards of patient care.

The hospital has put a strong focus in supporting its staff this year. The senior team took part in the Super T leadership development programme (read more on page 36), and we implemented a staff recognition programme. In response to the findings of the 2016 staff survey, we ran a Respect campaign to encourage people to raise concerns and to tackle instances of bullying and harassment. There is still more to do to make staff feel safe at work, but recent survey results showed there has been some improvement. We also introduced Schwartz Rounds, recognising the emotional impact that working in a hospital can have, and were nominated for a national award for our Caring For You campaign for maternity staff.
Improving the quality of care for patients at the end of their life

We implemented a number of improvements, in line with the trust’s end of life care strategy, to enhance the experience for patients at the end of their life and their families.

Caring staff

We increased the amount of time our palliative care consultants were at the hospital. We also delivered training to staff to support them in having sensitive and compassionate conversations and to respond sensitively to the needs of dying patients and their loved ones.

Individual care

We agreed individual care plans for patients who were close to the end of their life, which included food and drink, symptom control and psychological, social and spiritual support. An audit undertaken showed that this was delivered with compassion for most of our dying patients. Our audit also showed that pain relief was provided to 80 percent of patients that told us they were experiencing pain or discomfort. The majority of these patients were ‘satisfied’ or ‘extremely satisfied’ with their pain management.

Consistent quality of care

We developed standard operating procedures to make it clear that patients at the end of life are prioritised for side rooms and that arrangements should be made for loved ones to stay with our patients. We are working on plans to create quiet, attractive rooms for breaking difficult news and upgrading some rooms to make it easier for families to stay overnight with their dying relatives, with guest beds, dimmed lighting and tea and coffee making facilities.

We moved the area of the hospital in which we care for patients after death into a temporary unit whilst we develop plans for a modernised permanent facility. We strengthened management and standard operating procedures for the unit and we continue to check that all standards relating to temperature control, cleaning and infection control, are met.

Listening to the needs of our patients

We made it easier to identify complaints and incidents relating to end of life care and made changes to our bereaved carers’ survey. This allows meaningful review by our end of life care steering group, and helps us share and learn lessons.
Improving the safety of our maternity services

We are delighted that following an unannounced inspection of our maternity services in July, the Care Quality Commission upgraded our safety rating to ‘requires improvement’ from ‘inadequate’. This improvement was down to addressing challenges in three key areas: governance, staffing and premises.

Better governance

To help us respond to complaints and incidents in a timely way, learn lessons about what went wrong, and share learning effectively with our staff, we increased staffing in the team and reduced the backlog of cases awaiting response to zero. We also implemented a maternity governance framework to support staff to categorise incidents correctly.

We now share learning from incidents and complaints with all staff through:

> discussion of incidents at daily safety huddles in our wards
> information on noticeboards, and
> presentations at staff meetings and forums.

More staff to help mums-to-be

We increased our obstetricians to bring our staffing levels into line with best practice and thanks to a successful midwifery recruitment campaign, we only had one midwife vacancy at the end of March.

The majority of midwifery students who train at Newham go on to apply to work here, and our robust preceptorship programme provided additional support to newly qualified midwives as they took up their roles.

Valuing our midwives is important to us and we were shortlisted for the Royal College of Midwives Caring for You national awards for the impact we’ve made to the experience of our team.

We will soon be recruiting additional anaesthetists and theatre staff to ensure that we are able to provide timely epidural anaesthesia to women, and that our obstetric theatres are safe.

Keeping babies safe

We introduced an electronic baby tagging system to keep our youngest patients safe and provide reassurance to their parents.

We also staff the entrances and exits to our maternity wards to make sure we know who is visiting at all times.

Better food and drink for our patients

Good nutrition is one of the basic fundamentals of care, and one of the things that matter most to our patients. Up to a third of our patients may be malnourished or at risk of malnutrition on admission to hospital. Malnutrition is directly linked to increased morbidity, mortality and length of stay so it is vital that we identify those patients in need of help as soon as possible.

Following the introduction of a new caterer this year (highlighted on page 16), patients now have a greater choice of meals and they are happier with the quality of food and food service.
However we know that we need to improve signage around protected mealtimes, hand hygiene and supervision at mealtimes following a visit from Healthwatch. Spotlight audits are carried out regularly using the perfect ward app (read more on page 29) and unnecessary interruptions to mealtimes are challenged.

Better support for vulnerable patients

Nutrition and hydration boards in wards are updated twice daily and we increased the number of planned drinks rounds offered to patients. We also introduced:

- Dementia-friendly crockery and cutlery
- Red trays and red lid jugs to highlight patients that need additional support with eating and drinking
- A finger food menu
- Menus in a number of languages, including Braille

Looking ahead: plans for 2018-19

1. Building on the Super T programme, we will launch a major cultural and leadership development programme across the hospital to create a culture that is safe and compassionate and get us to good and outstanding. This will be led by a ‘change team’ made up of staff from a range of levels and professional groups within the hospital, and supported by experts in organisational development from within and outside the trust.

2. We will continue to make improvements in our maternity services by enhancing our engagement with our mothers. We will work with local women, families and community organisations to redesign and enhance our services.

3. We will make all of our services better by improving how we share the feedback received from patients with our staff and working more collaboratively with our patients.

Improving productivity and orthopaedic patient outcomes

The standalone Gateway Centre is being turned into an elective hub that will be an orthopaedic centre of excellence for the whole of Barts Health. This is part of our vision of Getting it Right First Time that centralises services to improve productivity, efficiency and most of all, patient outcomes.

The new centre will treat additional elective orthopaedic patients using specialist staff located in state-of-the art facilities that are able to will meet the demands of a growing population. We approved a £2.9 million business case to provide:

- Laminar air flow in a third operating theatre
- A brand new fourth theatre for day case surgery
- Additional consultant and multi-professional staff recruitment
- An anaesthetic room
- Improved storage

Once the work is complete next year, all suitable patients from Whipps Cross and The Royal London will come here for elective orthopaedic surgery. They will benefit from single rooms and a patient experience which would be hard to rival even in the private sector.

This proven model of care will raise the profile of Newham Hospital as a centre of specialist treatment. Meanwhile clinical teams previously based in the Gateway Centre will move to the main hospital.
The Royal London and Mile End hospitals

Our commitment to delivering outstanding trauma care as well as serving our east London community remains unshaken. Following its inspection in May, the Care Quality Commission upgraded our maternity services from ‘inadequate’ to ‘requires improvement’. This was a huge boost for our teams responsible for the care of our local women and families, and was well received by our partner organisations.

This revised rating is a reflection of the overhaul in our approach to security, including installing baby tagging and new doors, the 98 hour consultant cover in the delivery suite, and improved arrangements to monitor and govern the process of sterilising theatre instruments.

Much has been done to nurture the culture in the service too, with health and wellbeing initiatives in place and a visible and committed leadership team. The Lotus birthing centre, which provides the choice of receiving midwife-led care within a hospital setting, was officially opened by Baroness Cumberlege in August. This centre is a demonstration of our commitment to listening to our local community, who worked with us on the design of the service, and how we offer choice to women on how and where they give birth. In its first year, the centre delivered 746 babies.

We are also proud of our work to improve the experience of our patients by making changes to accessibility and wayfinding around the hospital. We’ve made changes to our outpatients’ letters, including comprehensive directions to clinics, and made significant layout changes at the main entrance of the A&E, helping our patients get to the right place at the right time.

We provided a first class response to the terrorist attacks in Westminster and London Bridge and are doing excellent work to reduce violent crime. The relaunch of the physician’s response unit thanks to the Tower Hamlets Together partnership means that we are going out in the community to serve our patients in their homes and avoiding hospital admissions in some cases.

Our partnership with London’s Air Ambulance continued to protect people in east London and beyond. This year, the charity attended 1,797 missions and responded to three major incidents (Westminster, London Bridge and Grenfell Tower).
Patient dining gets the thumbs up

In February, a patient survey found that 97 per cent of patients thought their dining experience was ‘excellent’ or ‘good’. This is up 14 percent from last year. In addition to Serco joining our team (read more on page 16), we made it our priority to see that the fundamental care of our patients was being met.

Whilst we are providing more menu options than ever before and more patients are getting their first choice, we know that we need to do more to improve the dining experience. Patients still report that they are being interrupted during mealtimes and sometimes they’re not aware of the food offers available. In the coming year, we will work together to make sure menus are always at the bedside and protected mealtimes are followed.

We will also work with our Youth Empowerment Squad next year to improve catering services in our children’s wards.

Providing the right support for our patients

Our nurses continued to use the malnutrition universal screening tool (MUST) to identify patients who were underweight and at risk of not eating or drinking. We aim to do this for all patients within 24 hours of admission. While this was largely achieved, we know from our regular audits that we need to do more to reach this ambition.

Patients that had been identified as requiring extra support with eating and drinking were added to our wards’ nutrition and hydration boards. Red trays were used to serve food to these patients so that our staff and volunteers knew who they needed to provide extra support and encouragement to, and red lids on jugs were used for patients that were dehydrated. These patients were closely monitored so that any decline in intake could be acted upon immediately.

Crockery was also provided in different colours for patients with sight impairment as it helps the food to stand out from the crockery.

Next year we will be developing pictorial menus to help patients with learning difficulties, dementia or language barriers.

Getting around the big blue hospital easily

Many patients reported that they had difficulty finding their way to their outpatient clinics, making them late for their appointments.

We know that we need to do more to help patients feel more comfortable with attending hospital appointments, including what to expect when they visit us, and our new patient experience group will be prioritising this in the coming year.
Directions to outpatient clinics

We made a number of improvements to our outpatient letters, including:

> Adding the lift number and floor level to the address
> Changing the order of the letter so that the date, time and location was clearer
> Adding in the name of the hospital where the appointment is to avoid confusion with our ‘Barts Health’ logo

The directions included in the letters also helped staff to be more welcoming to patients in the hospital. While most staff would be able to direct people to the right lift or floor, they are not always familiar with specific clinic locations. Staff now feel more confident about approaching patients that may be lost. We also included clinic directions in our text message reminders.

Contacting the right people for help

Our letters used to include the relevant outpatient clinic phone number and patients rightfully used this number to contact the clinic with enquiries. However the clinic was unable to assist patients in most cases, leaving our patients frustrated.

As part of our overhaul of outpatient letters, we changed the contact number to our central appointments team who answer the phone within 90 seconds. Importantly, this is also the right team to make changes to appointment times so patients are helped first time, and quickly. The central appointments team also redirected patients to the right team if they had a clinical enquiry.

Creating a more friendly hospital

A new layout for A&E

Following feedback from patients and the Care Quality Commission, our emergency department entrance has been redesigned so that patients can be seen and treated more efficiently. Changes include:

> Two new patient rooms
> Two-way glass and door panels to increase the nurses’ visibility of patients waiting for treatment
> Separate entrances for children and adults

New garden rooms for people living with dementia

Thanks to a generous grant from Barts Charity, we created dementia-friendly garden rooms for people living with dementia on the 14th floor. The rooms include a relaxing sensory space with aromatherapy scents, floral murals and the sounds of a summer garden. Both rooms also have a tea room, providing a social space away from their beds.
Working together to improve maternity services

The maternity team wanted to improve care for local women and improve working lives for staff. Meanwhile the Care Quality Commission (CQC) and other partners were raising issues of concern. Rather than working in isolation, the team got everyone round the same table to collaborate on solutions.

The maternity partnership board was born, and set about making improvements, backed by a thorough weekly review of actions. For example, the culture was changed by introducing overnight visiting for partners. Mothers were involved in co-designing a set of ‘always events’ – things new parents would always want to experience when accessing the department.

The CQC returned and in October published a follow-up report which upgraded the service rating to ‘requires improvement’. Inspectors found that women felt supported in making decisions about where to have their baby, and security practices had improved. Vacancies in the department reduced from 35 to seven, with staff saying morale had improved and that they ‘loved coming to work’. The stage is set for further improvements now the new Lotus midwife-led unit is fully operational.
Spotlight on ending PJ paralysis

We joined the #endpjparalysis movement to raise awareness of the health benefits of getting dressed, out of bed and being as active as possible whilst in hospital.

When in hospital a gown or pyjamas can reinforce the ‘patient’ role; psychologically you adopt the sick person role if you are dressed as one and this effects how a patient can be seen by doctors, nurses, and their families - in fact this affects how they see themselves.

Our role is to help our patients recover and yet there are accepted practices in hospital such as extended bed rest, not sitting at a table for meals, or not wearing your usual clothes. The evidence shows us that these factors can slow recovery or even have a long term impact on our patient’s health. The facts speak for themselves:

> At home, older adults typically take at least 900 steps a day. In hospital these are reduced to 250.
> We know that for every 10 days of bed-rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80-years old, and building this muscle strength back up takes twice as long as it does to deteriorate.
> One week of bed rest equates to 10 percent loss in strength, and for an older person who is at threshold strength for climbing the stairs at home, getting out of bed or even standing up from the toilet. A 10 percent loss of strength may make the difference between dependence and independence.

Patients who are encouraged to dress in their own clothes are more likely to feel independent, recognise their own recovery, and be engaged in discharge plans. They will take more steps, the loss of mobility is prevented, and fitness and strength is maintained. Ultimately what this means is that our patients get home to their loved ones quicker.

Looking ahead: plans for 2018-19

1. We will be enhancing recovery after surgery by improving engagement and communication with patients throughout their surgical pathway so that they know what to expect at each stage of their journey and what their roles and responsibilities are. Research suggests that key to a safe and speedy recovery is getting up and active, which is why we joined the #endpjparalysis movement this year (read more about this movement above).

2. We will be improving antenatal services by listening to the feedback from our mothers. Our mothers want to be more involved in their care, feel listened to by our midwives and have greater choice about where and how they deliver their babies. We also recognise we need to get the basics right, so we will be strengthening our routine referral booking and appointment systems.

3. Listening to our patients will be at the heart of everything we do and our new patient experience operational group will be reviewing patient feedback, data, observations and reports to prioritise areas for improvement.
St Bartholomew’s Hospital

St Bartholomew’s Hospital has had a hugely successful year.

Its first Care Quality Commission inspection saw it given a ‘good’ rating overall – a particularly impressive result following the integration of staff and services from three hospitals just two years ago. It was also given an ‘outstanding’ rating in the ‘well led’ domain, with inspectors praising the strong medical and nursing leadership and the “positive and collaborative“ culture.

One of the many areas of outstanding practice highlighted in the report was the hospital’s success in recruiting people to medical trials. It highlighted the fact that almost 1,000 patients were taking part in trials developing practice-changing medicine for different types of cancer.

And this year a global trial led by St Bartholomew’s saw the first new drug approved to treat people with bladder cancer in 40 years.

Our cutting edge research work has moved on apace.

We hosted a very successful visit from the British Heart Foundation who wanted to hear about the translational research work taking place at the Barts Heart Centre. We also continued to grow our team of young clinical academics, encouraging our workforce to get involved in research and supporting people to study for Masters and PhDs.

You can read more about the trust’s research activity on page 19.

Cementing our reputation as a world-leading hospital, we used a new Da Vinci robot to carry out world-first operations. It is the UK’s only dedicated cardio-thoracic surgical robot, and it allowed us to offer cutting-edge treatment in a fraction of the time it would have taken using traditional methods.

We rounded off the year with a visit from Jeremy Hunt, the Secretary of State for Health and Social Care. He personally thanked staff for their “exceptional” care after one of his closest friends received life-saving treatment at the hospital.
Mortality halved for aortic dissections

The cardiac surgical team at Barts Heart Centre improved emergency access to the hospital, diagnostics and operating theatres for aortic dissections to save 50 percent more lives than last year. We launched a new thoracic abdominal aortic vascular repair service in September. Led by world-leading aorta vascular surgeon, Professor Oo, a comprehensive training and governance programme was established to optimise safety and clinical outcomes. There are currently three to four cases per month with a plan to increase this to eight per month by 2019. We are also working with the Liverpool Heart and Chest Hospital to maximise research and development potential at either end of the country for the thoracic abdominal aortic vascular repair service.

Top ratings for lung cancer care

The 2017 lung cancer audit showed that St Bartholomew’s achieved above the national average for curative treatment rates and above the national average for one year survival rates for lung cancer. The lung cancer team are now rated as one of 18 top teams in the country to achieve “good practice for lung cancer resection rates” and one of 15 top teams in the country to achieve “good practice for systematic treatment rates”.

24-hour advice line for chemotherapy patients

This initiative by specialist chemotherapy nurses to improve care for our cancer patients was so successful it has been recommended as a national standard of care. Anyone having chemotherapy at any of our hospitals is encouraged to call the hotline number at any time if they are feeling unwell. They will speak direct to a nurse, who will ask them to describe their symptoms and decide on a course of action. This means that any illnesses or infections are picked up quickly and dealt with immediately, leading to better patient outcomes. If the nurse is particularly concerned, a patient will be asked to go straight to St Bartholomew’s or their nearest A&E. The nurse will then advise the hospital that the patient is on the way and will send over all the notes. The scheme is providing a safe service, preventing admissions to hospital, and reassuring patients that support is available 24 hours a day.
Better communication saves lives

We are saving twice as many lives for patients with endocarditis because we are brought together the expertise of various colleagues and developed individual plans for our patients.
A multidisciplinary team was set up to bring together colleagues from a broad range of specialties including cardiology, cardiothoracic surgery, echocardiography, nuclear medicine, microbiology and pharmacy. The team discussed all of our patients with endocarditis every week and developed a clear care plan.
The endocarditis medical consultants took responsibility for the ward for at least two weeks at a time so that patients received seamless care. Patients also had surgery performed by three or four top surgeons that have significant experience in this area. This way of working, and the number of patients we saw every week, has helped us grow our knowledge of the condition, expand our skills, and therefore, save even more patients’ lives.
The installation of brand new videoconferencing facilities will further advance our communication as a team in the coming year.

Looking ahead: plans for 2018-19

1. We will be reducing delays for patients receiving chemotherapy. This year, our patients saw considerable delays to their treatment caused by an increase in the number of patients requiring chemotherapy, as well as technical challenges with our IT systems. We have already set up an operational group to improve this situation and will be implementing additional resources and a change to the way we work to improve the experience of our patients.

2. Our acute oncology service needs more doctors and nurses to bring it in line with national standards. We will be developing a business case that will deliver improvements to the design of the service, including how we make decisions, provide care and deliver training and education across the trust.

3. We will be working towards being rated as ‘outstanding’ for safety by the Care Quality Commission following our rating of ‘good’ this year. We will be undertaking regular internal self-assessment process which we will report on weekly and invite external groups to undertake peer review of our specialties to inform our action plan.
Whipps Cross University Hospital

There is no question that we are on a journey of improvement. The Care Quality Commission (CQC) carried out an unannounced inspection of surgery, end of life care and outpatients and diagnostic imaging in May and its findings moved the hospital’s overall rating from ‘inadequate’ to ‘requires improvement’. This was a significant step forward and testament to the grit and determination to get better shown by the whole hospital. While there is recognition that there is still more to do, the hospital has moved forward at pace since the CQC’s last visit, demonstrated by the ten week improvement plan for our surgery service.

We recognise that over the next decade its elderly population will increase, so ensuring that it becomes a centre of excellence for the wellbeing of our older people is a key priority. That’s why the completion of work to improve the environment for those with dementia and delirium thanks to funding from Barts Charity can be seen as such a huge achievement. Improvements include better signage and flooring, a day room, new furniture and artwork on the walls – all chosen with the help of our patients.

We took positive steps to bolster our workforce, with career and peer support clinics, a redesign of the local induction process and recruitment events. A trip to the Philippines in February was a success, with 50 new staff members set to arrive in the summer, joining the already-established Philippines community. Work to improve retention at Whipps Cross also continued, underpinned by a focus on embedding our WeCare values and recognising our staff through our star of the month awards. We also celebrated our centenary in November with a week of events for staff, patients, stakeholders and the local community. We were honoured that the Duchess of York visited our Acorn children’s ward and unveiled our centenary plaque.

>> Watch the film of our celebrations on our YouTube channel

We look forward to the year ahead, and indeed the next 100 years, with optimism and a determination to maintain our place as an important institution in the communities it serves.
Moving on up

The Care Quality Commission (CQC) improved our overall rating from ‘inadequate’ to ‘requires improvement’ in September.

In addition to the improvements we made in surgery (see below), we undertook a monthly programme of peer-reviews and our senior leadership team went ‘back to the floor’ on Fridays to make sure we continue to make improvements to the quality of care we provide.

Improvements in surgery

Following an unannounced Care Quality Commission (CQC) inspection in May that identified shortcomings in the surgery service, the hospital leadership drew up a ten-week rapid improvement plan, supported by an NHS improvement director and an external consultant surgeon.

They identified 22 separate problems and put mechanisms in place to resolve them, including enhanced audit and scrutiny. Half of the actions are now completed, embedded into business as usual, and monitored through improved governance to ensure that safe care is the norm. Some of the remainder are dependent on factors outside the team’s control, like theatre refurbishment and recruitment of permanent staff, but are being taken forward at site and trust level.

An independent external review found significant changes in approach and leadership, and a positive attitude amongst staff. Actions identified in an earlier peer review were rectified swiftly, and most ward areas felt safer and more organised. The review highlighted areas of good practice but also made recommendations which are being implemented as part of a further 11-20 week action plan.

John Peters, clinical director for surgery, said: “We have learned a lot and feel we are in control of our destiny. We are one team with a clear vision and a common purpose. This process has given us huge confidence – and reassured others internally – that we can deliver what is required to provide a safe and effective service.”

Surgery was again revisited in April 2018 and received an improved rating of ‘requires improvement’, illustrating the positive impact of our improvement plan.

Love you!

The breast screening clinic won the nursing team of the year in this year’s Love Your Borough awards. They “are an outstanding team of dedicated nurses and practitioners, who help patients and families through what can be a really frightening time. They have worked hard to deliver a modern and effective service, whilst building the profile of the unit with our Waltham Forest communities. One example of how much they are loved is that one patient went on to raise £4,000 for the unit after treatment there.”

Tina Donoghue is one of the team that supports the smooth running of the breast screening clinic and she won a Barts Health Hero award this year for being ‘engaging’.

She won the award for her commitment and dedication in caring and supporting patients with breast cancer. In addition to being cheery and helpful on a day-to-day basis, she set up, and runs, a monthly breast support group that encourages patients to meet others and learn from regular guest speakers.

She is also a keen fundraiser, and has raised money to advance cancer research for the past six years.

>> You can meet Tina is our Whipps Cross celebrations film on our YouTube channel and nominate your hero on our website: bartshealth.nhs.uk/heroes
Looking ahead: plans for 2018-19

1. We will be redeveloping our women’s and neonatal unit thanks to support from Barts Charity. You can read more about this on page 22.
2. We will be working with our partners to develop an integrated care system in Waltham Forest. This will bring together a more seamless experience for patients. Our priorities over the coming year will be to set up systems for urgent care and end of life care.
3. We will continue to build a permanent and sustainable workforce by offering existing staff access to career clinics, peer support clinics and specialist rotations. We will also recruit new people to the Whipps Cross family through innovative recruitment events and advertising.

Dementia-friendly care

Thanks to a grant from the Barts Charity, we improved the experience for patients living with dementia on five wards.

The changes include:

- Dementia-friendly signage and wayfinding that uses contrasting colours with the use of both a picture and text identifying the room or area
- Wooden matt-effect flooring to prevent falls
- New furniture which is recognisable and comfortable for patients, chosen by both patients and staff
- Touchdown desks and LED skylight panels in each bay
- A day room for patients to escape the ward environment and socialise with others watching TV or having a cup of tea
- A welcoming and open reception area
- Artwork in the hallway and on the walls
- Improved entrances to each of the bays and side rooms to make them more identifiable

In addition to improving the experience of our patients, their visitors and our staff, we anticipate that the new wards will help our patients return home earlier, reduce the need for antipsychotic medication and reduce the number of falls.
Quality is our priority
We set ourselves nine very ambitious quality improvement objectives for 2017-18 in addition to our ambitions set out in Safe and Compassionate 2. We appreciate that we did not achieve the majority of the standards we set ourselves, but we are pleased with the progress we made towards improving the overall care using our new WeImprove approach (read more about WeImprove on page 66). This progress was recognised by the Care Quality Commission and led to our improved rating to ‘requires improvement’ in November.

In March we published our blueprint, Getting to good and outstanding, to deliver further progress against these objectives and our ambitions for 2018-19 are set out on page 82.
Promote harm free care

Reduce the number of falls by 50 percent

We did not meet this objective.
We achieved a further 23 percent reduction in the number of falls in our hospitals and importantly, the total number of falls remained at 4.6 per 1,000 bed days – below the national threshold of 4.8 per 1,000 bed days.

Where targeted improvement plans were put in place and a falls prevention toolkit was used, wards saw up to a 60 percent reduction in the number of falls. We will be taking the lessons learnt from this success into the coming year.

Achieve 95 percent of admitted patients VTE risk assessed within six hours of admission

We met this objective.
This was achieved for 97.2 percent of patients this year. In May and June, our performance dipped slightly due to the cyber-attack and we achieved this for 94.7 percent and 94.9 percent of patients respectively.

Reduce the total number of hospital acquired pressure ulcers by 35 percent

We did not meet this objective.

<table>
<thead>
<tr>
<th>Grade</th>
<th>2016-17 incidents</th>
<th>2017-18 incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 4 pressure ulcers</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Grade 3 pressure ulcers</td>
<td>150</td>
<td>166</td>
</tr>
<tr>
<td>Grade 2 pressure ulcers</td>
<td>409</td>
<td>431</td>
</tr>
<tr>
<td>Total number of pressure ulcers</td>
<td>564</td>
<td>605</td>
</tr>
</tbody>
</table>

Unfortunately we saw a 6.8 percent increase in the total number of pressure ulcers in our hospitals, with the exception of St Bartholomew’s that saw a 14 percent decrease in grade 2 pressure ulcers and no grade 4 pressure ulcers for two years running. Whipps Cross also achieved a nine percent reduction in grade 2 and grade 3 pressure ulcers. Although there were more pressure ulcers this year. The number of hospital acquired pressure ulcers per 1,000 bed days dropped from 1.13 in April to 0.88 in March. This represents a 40 percent drop since 2014.

We are using targeted acceleration programmes, deep dives, observation, and enhanced training and development, supported by a film that shows the effects of pressure ulcers from the perspective of our patients to reduce harm caused to patients. In the last quarter of the year, we saw a 40 percent reduction in grade 3 pressure ulcers, illustrating the success of our interventions.

>> Watch our film ‘If only’ on our YouTube channel
Achieve 50 percent reduction of MRSA bacteraemia on all wards

We did not meet this objective.

We had ten MRSA bacteraemias in our hospitals this year, an increase of one case from last year. Several of the post 48-hour bacteraemia were device-related or contaminants.

We responded to this increase through an extensive training programme and competency assessment e.g. aseptic non touch technique (ANTT). In the last quarter, no patient developed a hospital acquired MRSA bacteraemia.

Promote safer surgery and ensure harm free care in invasive procedures

Aim to eliminate never events through effective organisational learning

We did not meet this objective.

We had eight never events this year (read more on page 31), down from 12 last year. St Bartholomew’s did not record any never events this year and therefore met this target.

The majority of these never events related to invasive surgery and in February we launched local safety standards based on the national NatSSIPs guidelines and a trust-wide awareness campaign to further reduce never events next year.

Achieve 95 percent compliance in the delivery of invasive care and the implementation of NatSIPPS/WHO sequential steps

We met this objective.

As outlined above, we launched our local safety standards which is accompanied by a new checklist for use in all major procedure areas. A multi-media approach was used to launch this to all hospitals, supported by a film and training resources. We will continue to engage our theatre staff and audit compliance to sustain the implementation objective.

>> Watch the film on our YouTube channel.

Improve the care for deteriorating patients

Achieve a 35 percent reduction in cardiac arrests

We did not meet this objective.

We saw a reduction in all of our hospitals, including a 32.5 percent reduction at Whipps Cross Hospital. Overall, we reduced the number of cardiac arrests by 21.5 percent.

We will continue to make progress against this target next year through greater collaboration and a shared approach to reviewing scoring, enhancing escalation and improving our response to patients that are deteriorating. The implementation of RADAR (recognition of acute deterioration and response) to highlight patients at particular risk of deterioration will further our progress next year. We are also enhancing our clinical informatics to increase the uptake of digital observations through vital links.
Reduce the impact of serious infections through improving the timely identification and treatment of Sepsis establishing 90 percent implementation of the Sepsis bundle

We did not meet this objective.
We implemented the Sepsis bundle, including issuing antibiotics within one hour of deterioration, for 63 percent of patients. Whilst we did not meet our ambitious target, this is a considerable improvement on last year where we did not have the foundations in place to record this data.
We saw an improvement in both screening and time to treatment with antibiotics over the year. We reduced variation on all sites for time to antibiotics and our 72 hour review of antibiotics for patients with Sepsis remains high, achieving 88-97 percent. St Bartholomew’s screened 100 percent of patients in the last quarter.
A considerable amount of work was done this year to raise awareness of the Sepsis bundle amongst our staff and patients and we implemented a standard operating procedure to outline the timelines, roles and responsibilities to meet the Sepsis 6. This work has laid the foundations for us to improve upon our performance next year.

Implement and use the STOP AKI bundle checklist on all wards

We did not meet this objective.
We have developed a digital system for the checklist and it will be trialled in the acute admissions unit and a surgical ward at Whipps Cross next year. Following the trial, it will be rolled out across all hospitals next year.

Review all deaths in hospital to learn lessons and assess whether they were avoidable

We did not meet this objective.
Seventy-two percent of deaths were reviewed in our hospitals. You can read more about our progress in meeting this objective on page 32.

Continue to understand and reduce medication errors

Increase the reporting of medication errors by 15 percent

We did not meet this objective.
We increased the reporting of medication errors by two percent.
We are pleased that the number of serious incidents relating to medication errors is low and national data shows that we are significantly below the national average in relation to medication errors that cause harm – 5.93 percent compared with 11.71 percent.
Establish reliable compliance with the SAFER bundle by implementing on all wards

We did not meet this objective.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Compliance rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newham</td>
<td>81%</td>
</tr>
<tr>
<td>The Royal London</td>
<td>87.5%</td>
</tr>
<tr>
<td>Whipps Cross</td>
<td>89%</td>
</tr>
</tbody>
</table>

The overall percentage of eligible wards using SAFER was 86%.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Compliance rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Bartholomew’s</td>
<td>35%</td>
</tr>
</tbody>
</table>

We saw the benefits of implementing the SAFER bundle across our wards as despite a 3.5 percent increase in emergency attendances, we saw more patients treated within the four-hour standard than a year ago.

Achieve 100 percent duty of candour compliance

We did not meet this objective.

This year we strived to meet our duty of candour responsibilities across our hospitals, including recording every conversation and following up with a written apology and explanation. Our performance has improved to 86.5 percent from 70.5 percent, including 100 percent compliance at Whipps Cross.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Compliance rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newham</td>
<td>79.0%</td>
</tr>
<tr>
<td>The Royal London and Mile End</td>
<td>78.6%</td>
</tr>
<tr>
<td>St Bartholomew’s</td>
<td>97.3%</td>
</tr>
<tr>
<td>Whipps Cross</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Total 86.5%

You can read more about duty of candour on page 33.
Maintain 90 percent compliance with statutory and mandatory training

We met this objective.
We maintained 90 percent compliance for statutory and mandatory training, using technology to provide a streamlined approach which is readily accessible for all staff.
You can read more about the training and development we provide on pages 38 and 39.

Promote and learn from our patient feedback

Achieve 95 percent satisfaction in real time patient feedback

We did not meet this objective.
Eighty-nine percent of patients said they would recommend our hospitals via the friends and family test. St Bartholomew's Hospital is rated 4.5 stars (out of 5) on NHS Choices, The Royal London is rated 3.5 stars and Newham and Whipps Cross are rated 3 stars.
You can read more about our plans for improving the experience for patients by listening to their feedback on page 28.

Increase FFT response rate in ED to 20 percent and inpatients to 30 percent

We did not meet this objective.
We improved the response rate in our emergency departments by nearly five percent to an average of 7 percent across our three hospitals.
We recognised that a paper-based survey was not helping us reach as many patients as we’d hoped for so we launched a text/telephone pilot with a new provider in December. Since then, we have seen an average response rate of ten percent.
The response rate in our inpatient wards was an average of 17 percent across our three hospitals. This is slightly lower than last year but we hope to improve this in the year ahead using our text and telephone feedback service.

Explicitly report to the board on BME response rates and satisfaction

We met this objective.
We reported the response rates and satisfaction levels of our BME patients to the board via our equality and diversity data working group.
Delivering quality and innovation for our patients

WelImprove

We have come a long way on our improvement journey and are getting better all the time. Our patients are positive about their experience of care, and our partners are confident about the standards of our services.

We laid the groundwork in our two Safe and Compassionate improvement plans, first published in 2015. In March, we published our blueprint to sustain the progress we have been making in providing safe and compassionate care to patients at all times. Getting to good and outstanding summarises the improvement plan drawn up in response to the Care Quality Commission upgrading our quality rating to ‘requires improvement’ in November.

To get us to good and outstanding, we brought all our quality improvement efforts together under the umbrella of a single unified approach. WelImprove builds on the foundations established by following a series of simple steps to translate listening (through staff conversations) into action. Over the coming year, we want to go further by reflecting the voice of our patients in the design and measurement of improvements, and utilising the science of cultural change in implementing them.

WelImprove is used to meet our quality objectives as well as a number of other trust-wide projects including recruitment and retention and violence and aggression. You can read more about our improvement efforts in these areas on pages 35 and 38 respectively.

We report on the progress we’re making on our intranet, at regular staff events, on social media, to our partners every month and to our Board (where papers are published on our website).

>> WelImprove applies to all our quality objectives, starting with those that have the most immediate impact on patient safety. Read more about our objectives on page 60.

Our CQUIN performance

Table 16 shows the income associated with each individual CQUIN (Commissioning for Quality and Innovation Scheme) for 2017-18, who had commissioned the CQUIN and our full year end projection. As shown in the overall totals, we are predicting an overall trust performance of 87 percent, a marked improvement on last year. This is largely due to the ‘flu campaign being part of the Health and Wellbeing CQUIN rather than a standalone CQUIN, which represented a financial risk at the outset of last year. Our success was also supported by the removal of the local CQUINS authored by the CCGs and the tremendous work we did to record Sepsis across all of our hospitals.

Even though there was a marked improvement in performance, the recording process of Sepsis is still very labour intensive and needs the use of paper pro-forma to help show compliance. Until all wards have the capability to record everything electronically via a Powerform (currently in development), this process will continue. The emergency departments at Newham and The Royal London are still a challenge as they have gone paperless and are waiting for the CRS solution.

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.
2017-18 CQUIN performance

Table 11

<table>
<thead>
<tr>
<th>Objective Area</th>
<th>Expected</th>
<th>Actual</th>
<th>%</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving staff health and wellbeing</td>
<td>100%</td>
<td>100%</td>
<td>100</td>
<td>Marked improvement</td>
</tr>
<tr>
<td>Improving staff productivity and efficiency</td>
<td>90%</td>
<td>95%</td>
<td>5</td>
<td>Significant improvement</td>
</tr>
<tr>
<td>Improving patient experience</td>
<td>80%</td>
<td>85%</td>
<td>5</td>
<td>Noticeable improvement</td>
</tr>
<tr>
<td>Improving patient safety</td>
<td>70%</td>
<td>75%</td>
<td>5</td>
<td>Improvement</td>
</tr>
<tr>
<td>Improving access to services</td>
<td>60%</td>
<td>65%</td>
<td>5</td>
<td>Improvement</td>
</tr>
</tbody>
</table>

Table 11
Participating in clinical audits

We participated in 52 national clinical audits (100 percent of national audits) and six local audits; next year we will be participating in 57 audits. These are outlined in further detail in Appendix 1 and 2 respectively.

We reviewed 16 national clinical audit reports and 477 local clinical audit reports. We will be using the findings from these reports to inform quality improvements in the coming year (see page 82 for further details about our quality objectives).

To further support audit submissions on the ward, we will be improving and encouraging the use of the electronic health record for recording data.

Improving care for children with cancer at Whipps Cross

In 2016, we found that only 19 percent of children received antibiotics to treat suspected neutropenic sepsis within one hour of coming to the ward, as recommended by NICE. Forty percent of patients waited over two hours and 17 percent did not have their time recorded.

To improve the outcomes for these children, we provided training to more nurses, developed a nursing checklist and installed a sepsis trolley on the ward to enable access to the child’s central line quickly.

Last year we repeated the audit. It found that all children had a time recorded on their notes, 64 percent of children were treated within the hour and only nine percent waited over two hours for their antibiotics. To make sure these improvements are sustained, all new doctors and nurses receive regular training on the importance of treating suspected febrile neutropenia quickly and a stop clock has been added to the sepsis trolley to provide a visual countdown.
The quality of our care:

2017 - 2018
Quality assurance

Data quality

The trust takes the issue of data quality very seriously. Poor data quality can result in poor decision making and can have serious consequences both clinically and financially.

Barts Health NHS Trust is currently ranked 13 out of 33 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 1.3 percent above the national average of 96.5 percent and 1.0 percent above the London average of 96.6 percent.

Barts Health submitted records during 2017-18 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 2017 – January 2018) which included the patient’s valid NHS number was:

- 98.3% - for admitted patient care (against London average of 98.2%)
- 99.5% - for outpatient care (against London average of 98.4%)
- 94.5% - for accident and emergency care (against London average of 94.2%)

The percentage of records in the published data as at month 10 (April 2017 – January 2018) which included the patient’s valid GP Practice Code was:

- 100.0% - for admitted patient care (against London average of 99.9%)
- 100.0% - for outpatient care (against London average of 99.9%)
- 99.8% - for accident and emergency care (against London average of 98.5%)

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. To provide further assurance and a degree of independent review, the trust also appointed external auditors during 2017-18.

Information governance assessment

Our self-assessment against the information governance toolkit standards was informed by a routine internal audit review of the evidence. Forty-four of the 45 standards were declared as being at level two (compliant) or above. One standard, information governance training, was assessed as non-compliant as the requirement for 95 percent of staff to have completed their training was not met. This gives an overall score for 2017-18 of 74 percent compared with 77 percent in 2016-17. Raising training compliance will be a major focus in 2018-19.
Quality indicators

The following tables present an indication of the quality of our care in comparison with other trusts in England and Wales. A number of indicators were worse than the national average with the exception of SHMI, readmissions within 28 days for 0-14 year olds, VTE and safety reporting and incidents resulting in severe harm or death.

We are taking this very seriously and laid out our plans for improvement in Getting to good and outstanding, published in March.

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 July 2016 – June 2017; published in December 2017

>> Source: https://indicators.hscic.gov.uk/webview

<table>
<thead>
<tr>
<th>Best</th>
<th>0.73</th>
<th>The Whittington Hospital NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>0.74</td>
<td>Imperial College Healthcare NHS Trust</td>
</tr>
<tr>
<td>3rd</td>
<td>0.75</td>
<td>Guy's And St Thomas' NHS Foundation Trust</td>
</tr>
<tr>
<td>19th</td>
<td>0.90</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Average</td>
<td>1.01</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>1.23</td>
<td>Wye Valley NHS Trust</td>
</tr>
<tr>
<td>13th</td>
<td>0.87</td>
<td>Barts Health (October 2015 – September 2016)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Best</th>
<th>56.3%</th>
<th>Royal Surrey County Hospital NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>30.4%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Worst</td>
<td>11.2%</td>
<td>The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>32.4%</td>
<td>Barts Health (October 2015 – September 2016)</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 period April 2016 – March 2017

<table>
<thead>
<tr>
<th>PROMS</th>
<th>Best</th>
<th>Average</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Groin Hernia - ED – VAS (%) Adjusted average health gain</td>
<td>3.27</td>
<td>-0.24</td>
<td>-6.51</td>
</tr>
<tr>
<td>2nd</td>
<td>3.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>3.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>-3.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>171st of 189</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>-5.04</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROMS</th>
<th>Best</th>
<th>Average</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii) Varicose Veins - ED – VAS (%) Adjusted average health gain</td>
<td>6.27</td>
<td>0.08</td>
<td>-4.9</td>
</tr>
<tr>
<td>2nd</td>
<td>3.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>3.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>-4.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>-5.04</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bmi Gisburne Park Hospital

New Hall Hospital

Royal Berkshire NHS Foundation Trust

England

Barts Health NHS Trust

Blackpool Teaching Hospitals NHS Foundation Trust

Barts Health (April – December 2016)

Wye Valley NHS Trust

University Hospital Of South Manchester NHS Foundation Trust

East And North Hertfordshire NHS Trust

England

St Helens And Knowsley Hospital Services NHS Trust

Barts Health NHS Trust (due to less than 30 In modelling sample)

Barts Health (April – December 2016) (due to less than 30 In modelling sample)
<table>
<thead>
<tr>
<th>PROMS</th>
<th>Best</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>iii) Primary hip replacement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgery - ED – VAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% Adjusted average health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>gain)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best</td>
<td>20.15</td>
<td></td>
<td>Nuffield Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cambridge Hospital</td>
</tr>
<tr>
<td>2nd</td>
<td>18.818</td>
<td></td>
<td>Spire Cambridge Lea</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hospital</td>
</tr>
<tr>
<td>3rd</td>
<td>18.253</td>
<td></td>
<td>BMI – The Chiltern</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hospital</td>
</tr>
<tr>
<td>Average</td>
<td>13.619</td>
<td></td>
<td>England</td>
</tr>
<tr>
<td>223 of 238</td>
<td>10.483</td>
<td></td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Worst</td>
<td>8.523</td>
<td></td>
<td>Western Sussex Hospitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NHS Foundation Trust</td>
</tr>
<tr>
<td>Worst</td>
<td>11.0</td>
<td></td>
<td>Barts Health (April –</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>December 2016)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROMS</th>
<th>Best</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>iv) Primary knee replacement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgery - ED – VAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% Adjusted average health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>gain)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best</td>
<td>14.1</td>
<td></td>
<td>Kettering General</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hospital NHS Foundation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Trust</td>
</tr>
<tr>
<td>2nd</td>
<td>12.4</td>
<td></td>
<td>Royal Berkshire NHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Foundation Trust</td>
</tr>
<tr>
<td>3rd</td>
<td>11.6</td>
<td></td>
<td>Royal Devon And Exeter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NHS Foundation Trust</td>
</tr>
<tr>
<td>Average</td>
<td>6.8</td>
<td></td>
<td>England</td>
</tr>
<tr>
<td>67th</td>
<td>6.5</td>
<td></td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Worst</td>
<td>-0.9</td>
<td></td>
<td>University College</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>London Hospital NHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Foundation Trust</td>
</tr>
<tr>
<td>67th</td>
<td>6.5</td>
<td></td>
<td>Barts Health (April –</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>December 2016)</td>
</tr>
</tbody>
</table>

* 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 2017 – December 2017 against a selected peer group

Data source: CHKS

<table>
<thead>
<tr>
<th>Overall</th>
<th>Best</th>
<th>3.41%</th>
<th>University College London Hospitals NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>4.76%</td>
<td>University Hospitals Bristol NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>5.18%</td>
<td>The Newcastle Upon Tyne Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>7.51%</td>
<td>CHKS Peer group</td>
</tr>
<tr>
<td></td>
<td>118th of 135</td>
<td>9.10%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>10.32%</td>
<td>Great Western Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>8.76%</td>
<td>Barts Health (April 2016 – March 2017)</td>
<td></td>
</tr>
</tbody>
</table>

**Readmissions 0-14**

<table>
<thead>
<tr>
<th>Readmissions 0 - 14</th>
<th>Best</th>
<th>0.51%</th>
<th>Sheffield Teaching Hospitals NHS Foundation trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>0.57%</td>
<td>North Bristol NHS Trust</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>1.79%</td>
<td>University College London Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>50th out of 135</td>
<td>7.24%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>8.35%</td>
<td>CHKS Peer group</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>15.32%</td>
<td>Northern Devon Healthcare NHS Trust</td>
</tr>
<tr>
<td></td>
<td>6.58%</td>
<td>Barts Health (April 2016 – March 2017)</td>
<td></td>
</tr>
</tbody>
</table>
### Readmissions age 15 and over

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>3.64%</td>
<td>University College London Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>2nd</td>
<td>4.75%</td>
<td>University Hospitals Bristol NHS Foundation Trust</td>
</tr>
<tr>
<td>3rd</td>
<td>5.13%</td>
<td>The Newcastle Upon Tyne Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>Average</td>
<td>7.41%</td>
<td>CHKS Peer group</td>
</tr>
<tr>
<td>124th out of 135</td>
<td>9.40%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Worst</td>
<td>10.21%</td>
<td>Great Western Hospitals NHS Foundation Trust</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: 1 July – 31 July 2016; Survey collected 1 August 2016 – 31 January 2017_  
_Publication: February 2018_

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></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>Queen Victoria Hospital NHS Foundation Trust</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>
</tbody>
</table>

_Barts Health: Hospital stay: 1 July 2015 – 31 July 2015; Survey collected 1 August 2015 – 31 January 2016_
## 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>Percentage recommended</th>
<th>Best</th>
<th>100%</th>
<th>The Royal Marsden NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>100%</td>
<td>The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>100%</td>
<td>The Hillingdon Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>80%</td>
<td>England</td>
</tr>
<tr>
<td></td>
<td>150th of 227</td>
<td>75%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>43%</td>
<td>Dorset County Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>26th</td>
<td>73%</td>
<td>Barts Health (2016)</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 2018 - Inpatients response rate

**Note:** Independent sector data is excluded

<table>
<thead>
<tr>
<th>Percentage recommended</th>
<th>Best</th>
<th>55.73%</th>
<th>Moorfields Eye Hospital NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>51.31%</td>
<td>The Rotherham NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>50.60%</td>
<td>Queen Victoria Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>22.74%</td>
<td>England (excluding independent sector)</td>
</tr>
<tr>
<td></td>
<td>103rd of 151</td>
<td>19.48%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Worst</td>
<td>3.03%</td>
<td>Torbay And South Devon NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td>114th</td>
<td>18.8%</td>
<td>Barts Health (January 2017)</td>
</tr>
</tbody>
</table>
Data period January 2018 – Outpatient response rate

<table>
<thead>
<tr>
<th>Position</th>
<th>Response Rate</th>
<th>Trust Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>32.82%</td>
<td>East Cheshire NHS Trust</td>
</tr>
<tr>
<td>2nd</td>
<td>27.29%</td>
<td>Epsom And St Helier University Hospitals NHS Trust</td>
</tr>
<tr>
<td>3rd</td>
<td>23.10%</td>
<td>Wirral University Teaching Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>Average</td>
<td>6.88%</td>
<td>England (excluding independent sector)</td>
</tr>
<tr>
<td>125th of 151</td>
<td>2.00%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Worst</td>
<td>0.07%</td>
<td>Southport And Ormskirk Hospital NHS Trust</td>
</tr>
<tr>
<td>52nd out of 155</td>
<td>6.86%</td>
<td>Barts Health (January 2017)</td>
</tr>
</tbody>
</table>

Data period January 2018 – A&E response rate

<table>
<thead>
<tr>
<th>Position</th>
<th>Response Rate</th>
<th>Trust Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>49.12%</td>
<td>University Hospitals of North Midlands NHS Trust</td>
</tr>
<tr>
<td>2nd</td>
<td>46.53%</td>
<td>Royal Free London NHS Foundation Trust</td>
</tr>
<tr>
<td>3rd</td>
<td>34.37%</td>
<td>The Princess Alexandra Hospital NHS Trust</td>
</tr>
<tr>
<td>Average</td>
<td>12.16%</td>
<td>England</td>
</tr>
<tr>
<td>78th of 138</td>
<td>10.28%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Worst</td>
<td>0.00%</td>
<td>Bradford Teaching Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>131st</td>
<td>2.5%</td>
<td>Barts Health (January 2017)</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 2017 to December 2017
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>
<th>47th of 152</th>
<th>96.98%</th>
<th>2nd</th>
<th>1.62</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Essex Partnership University NHS Foundation Trust</td>
<td>Barts Health NHS Trust</td>
<td></td>
<td></td>
<td>The Robert Jones and Agnes Hunt Orthopaedic Hospital</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>95.20%</td>
<td>England</td>
<td></td>
<td></td>
<td>3rd</td>
<td>1.65</td>
</tr>
<tr>
<td></td>
<td>Liverpool Heart and Chest Hospital</td>
<td></td>
<td></td>
<td></td>
<td>Average</td>
<td>13.03</td>
</tr>
<tr>
<td></td>
<td>England</td>
<td></td>
<td></td>
<td></td>
<td>118th of 150</td>
<td>13.51</td>
</tr>
<tr>
<td>Worst</td>
<td>77.43%</td>
<td>Mid Essex Hospital Services NHS Trust</td>
<td></td>
<td></td>
<td>Worst</td>
<td>75.62</td>
</tr>
<tr>
<td></td>
<td>Barts Health (April 2016 To March 2017)</td>
<td>The Royal Marsden</td>
<td></td>
<td></td>
<td>58th</td>
<td>10.48</td>
</tr>
<tr>
<td></td>
<td>Barts Health (January 2016 - January 2017)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Hospitals with G&A beds under 50 is excluded

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. Overall, we had 86 cases of C. difficile, amounting to 1,608 bed days.

Data period: April 2017 to January 2018

<table>
<thead>
<tr>
<th>C Diff</th>
<th>Best</th>
<th>0</th>
<th>Alder Hey Children's (+ 4 more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>1.62</td>
<td>The Robert Jones and Agnes Hunt Orthopaedic Hospital</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>1.65</td>
<td>Liverpool Heart and Chest Hospital</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>13.03</td>
<td>England</td>
<td></td>
</tr>
<tr>
<td>118th of 150</td>
<td>13.51</td>
<td>Barts Health NHS Trust</td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td>75.62</td>
<td>The Royal Marsden</td>
<td></td>
</tr>
<tr>
<td>58th</td>
<td>10.48</td>
<td>Barts Health (January 2016 - January 2017)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Hospitals with G&A beds under 50 is excluded
Our overall incident of post 72 hours C. diff increased this year, however ribotyping of individual cases provides assurance that we do not have issues with cross infection or an endemic strain. All individual cases were assessed by the clinical support unit expert and any breaches of practice were highlighted. This information is fed back to the sites management team to ensure lessons are learnt. Furthermore, our pharmacy and microbiology teams are reviewing the antibiotic CQUINS as we believe this has contributed to our sudden increase in cases.

**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 2017

<table>
<thead>
<tr>
<th>Rate of patient safety incidents reported (a higher rate of incident reporting is seen as positive)</th>
<th>111.69</th>
<th>Croydon Health Services NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>26th of 135</td>
<td>49.81</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Average</td>
<td>42.84</td>
<td>Acute non-specialist trusts</td>
</tr>
<tr>
<td>Worst</td>
<td>21.15</td>
<td>South Tyneside NHS Foundation Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35.8</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 2016

<table>
<thead>
<tr>
<th>Percentage of patient safety incidents which resulted in severe harm or death</th>
<th>0.00%</th>
<th>Royal Berkshire NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>50th of 135</td>
<td>0.25%</td>
<td>Barts Health NHS Trust</td>
</tr>
<tr>
<td>Average</td>
<td>0.37%</td>
<td>All acute (non specialist) trusts</td>
</tr>
<tr>
<td>Worst</td>
<td>1.98%</td>
<td>United Lincolnshire Hospitals NHS Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.2%</td>
</tr>
</tbody>
</table>
Our year ahead:

2018 - 2019
Our strategic priorities

A  Safe and compassionate care
1. Achieve a ‘good’ CQC rating and exit quality special measures
2. Deliver improved patient experience through Safe and Compassionate2 plan
3. Deliver cancer and diagnostic standards and return to national reporting on RTT
4. Deliver 90% on 4-hour A&E waiting time standard by September 2017 and 95% by March 2018
5. Improve quality indicators, including pressure ulcers, falls and infection control
6. Address issues in CQC inspection reports on Whipps Cross, Royal London and Newham, and any forthcoming on St Bartholomew’s

B  Efficient and effective services
1. Achieve agreed control totals and exit financial special measures
2. Deliver our cost improvement plans - £65m in each year
3. Achieve 95% permanent staffing and reduce agency spend
4. Agree solution to PFI sustainability challenge
5. Improve productivity in line with Carter priorities, including imaging, pathology, orthopaedics and corporate services
6. Improve clinical productivity through standardisation and implementation of Getting It Right First Time measures

C  Service transformation
1. Deliver hospital transformation priorities: ambulatory care and acute hubs, surgical hubs, maternity and outpatients
2. Deliver specialised services priorities: cancer, cardiac and renal service redesign
3. Progress new care models around patients’ needs, eg: Tower Hamlets CHS, Newham MSK and Waltham Forest ACS.
4. Support planning for safe implementation of changes to King George hospital, Ilford
5. Address capacity challenges in elective surgery, particularly orthopaedics
6. Further embed clinical networks and implement trust-wide clinical strategy

D  Developing our people
1. Achieve 95% permanent staffing and reduce agency spend
2. Create a culture of staff led change, embedding a common improvement method
3. Achieve recognition for staff experience/patient engagement
4. Deliver our equality objectives; enabling a fair, diverse and motivating place to work
5. Improve cultural competence of our organisation
6. Improve development/progression of staff to help retention and prepare staff for the future

E  Improving our infrastructure
1. Maintain essential infrastructure and manage risk across our estate
2. Progress redevelopment of Whipps Cross hospital
3. Realise priorities for capital investment, including estates, ICT and diagnostic equipment investments
4. Develop future strategy for corporate services
5. Invest in essential IT infrastructure and increase paperless working
6. Work with partners to develop future strategy for the Mile End site

F  Better research and education
1. Increase research revenues to the trust and expand clinical trials capacity and numbers
2. Develop plans for life sciences at Whitechapel with focus on genomics, population health and trauma care
3. Develop cohesive plans for the development of Barts Health Biomedical Research Centre
4. Develop more innovative approaches to education & training
5. Reduce attrition from training and pilot new roles (inc. Physicians / Nursing Associates)
6. Explore new ways of delivering training through Apprenticeship scheme
Our quality objectives

We set out our nine ambitious priorities for quality improvement in ‘Getting to good and outstanding’ in March.

- Fewer falls, severe infections and pressure ulcers on wards
- No never events and maintain NatSIPPS and WHO surgical standards
- Increase responses, achieve 95% satisfaction, involve in service design, and use insight to inform quality improvement
- Review all hospital deaths and maintain low mortality rate
- Reduce avoidable cardiac arrests and implement Sepsis and acute kidney injury bundle
- Share learning from medication errors and reduce serious incidents
Our ambition is to:

**Promote harm free care**
- Reduce the number of hospital acquired pressure ulcers by ten percent per 1,000 bed days
- Achieve less than 4.8 falls with harm per 1,000 bed days every month
- Deliver a ten percent reduction in E. coli bacteraemia GNB with a target to deliver a 50 percent reduction by 2021
- Halve the number of MRSA infections on wards

**Improve the care for deteriorating patients**
- Reduce avoidable cardiac arrests by 10 percent
- Implement the Sepsis bundle for 90 percent of patients in line with the CQUIN target
- Implement the AKI checklist across all adult wards and develop metrics to review its impact

**Halve the number of never events**

**Achieve 100 percent compliance with the duty of candour**

**Reduce the number of medication errors by ten percent**

**Launch and use the SAFER bundle on all eligible wards**

**Maintain our compliance of statutory and mandatory training at 90 percent**

**Promote and learn from patient feedback**
- Increase friends and family test response rates by 20 percent in ED and 30 percent in inpatients
- Achieve 95 percent patient satisfaction in the three national questions in the friends and family test
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.

The CQUINS from 2017-18 (see page 67) were contracted for a two year period. The exception is NHS e-referrals which has been replaced by a CQUIN to prevent ill health by risky behaviours – alcohol and tobacco – and the safe and proactive discharge CQUIN that has been suspended for one year.

Highlights of expected patient benefits

Hepatitis C
The continued support of the HepC ODN with The Royal London Hospital as the hub led by Professor Foster and his team, has allowed the service to reach and treat more at risk patients, by improving identification and referral to treatment. This includes linking with our virology department and actively searching out high risk patients via the cooperation of local drug dependency charities to help treat their intravenous drug users, who are one of main sources of re-infection.

Sepsis
You can read more about our plans for Sepsis within our quality objectives on page 83.

Offering advice and guidance
This CQUIN is designed to improve the way GPs refer patients to the trust to make better use of the finite appointment slots available. It aims to reduce the number of patients who do not attend their appointments and the new to follow up appointments made.

Automated exchange transfusion for sickle cell care
Two new apheresis machines have been purchased for the Trust via a charitable donation. These machines will greatly improve the treatment of patients with sickle cell by reducing the number of times in a year a transfusion is required. As the machine can provide a full blood transfusion, the health benefits of this are hoped to reduce the need for non-elective admissions caused by the disease, a reduced use of iron chelation drugs, a decreased frequency of ED attendance, admissions and length of stay.
Feedback 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:

- Healthwatch Tower Hamlets, Newham, City of London and Waltham Forest
- Newham overview and scrutiny committee
- NHS North East London commissioning alliance
- Waltham Forest scrutiny committee

Where possible, we incorporated the feedback from these stakeholders into the final version of these accounts, including stating our commitment to reduce delayed transfers of care and waiting times for patients that cause our patients to feel frustrated. We also communicated our intention to improve our learning from complaints and incidents with the NHS North East London commissioning alliance, as well as our intention to achieve the indicators within the maternity dashboard; these priorities are outlined in our improvement plan, Getting to good and outstanding.
Healthwatch (City of London, Newham, Tower Hamlets and Waltham Forest)

Local Healthwatch welcome the opportunity to comment on the Barts Quality Account and we recognise the significant progress the Trust has made during the year to address quality concerns raised by patients. We particularly appreciate the new report format, the improved laypersons’ language and the increased images and look forward to seeing the more public facing summary version.

We are pleased to see the recent Care Quality Commission (CQC) report has not rated any services as ‘Inadequate’ and the move to a ‘Good’ rating for some areas.

During the year Local Healthwatch have gathered feedback through a wide range of mechanisms including: community outreach; hospital visits; patient forums; online feedback and from social media. Our recommendations have helped drive improvements in maternity services, food and nutrition, transport, signage and wayfinding and the PALS and complaints process. Our feedback is now regularly used by departments, wards and clinics to support service redesign.

Our overall view is that the Quality Account broadly reflects people’s real experiences of services and that Barts is on trajectory of gradual improvement in relation to patient experience. Our evidence suggests that:

> Maternity services have consistently improved, as has the quality of hospital food and patient transport.

> Most patients found doctors to be professional and trustworthy.

> Clinical nursing has improved with nurses being praised for their kind, compassionate attitude.

In relation to treating patients in a timely manner we are not sure this quality account fully reflects the frustration patients report with long waiting times between initial referrals and receiving treatment, beyond NHS guidelines and to the extent that they feel there is a risk of significant harm. Surgical clinics are particularly affected by cancellations, as users waiting to have elective or scheduled procedures are pushed back to free up clinics for those in need of emergency surgery. In some cases, a surgical procedure can be cancelled multiple times increasing the risk of the patient’s condition deteriorating and on-going pain and discomfort impacting on their physical, emotional and mental wellbeing. It is very important that the Trust resume reporting their referral-to-treatment time performance.

We recognise that the challenges the health services face in managing emergency access and that Newham Hospital has met targets. We have recently received both positive and negative feedback on hospital discharges and will continue to work with the Trust and local communities to understand better what is and isn’t working well.

There is evidence from Healthwatch that administration and patient information systems are not working well at the Trust.

Administrative issues have a strong negative impact on patients and they have reported experiencing:

> Lost or delayed referrals;

> Failure to receive appointment letters (in some cases resulting in patients being discharged from the service for not attending appointments they were not aware of);

> Errors in appointment letters;

> Busy/ unresponsive telephone lines;

> Turning up for appointments only to find out it they have been cancelled or rescheduled, with no notification.

These administrative issues are compounded a lack of access to information leaving patients struggling to take control of their care and battling bureaucracy rather than focusing on rebuilding their health.
This includes advice and information offered to patients including diagnosis and treatment explanations from medical professionals, as well as information about how hospital wards operate, estimated waiting times and reasons for delays/cancellations/changes in service provision.

Staff can assume that patients know how wards or clinics work and those assumptions lead to patients feeling anxious about expectations of them.

In this regard we are pleased to see a developing focus on e-referral and consultant-led interventions and a recognition that digitally held medical records and referral will improve administrative processes. We support the increased use of new technologies and hope that this leads to patients being empowered to manage their care through:

- Access to their medical records including referrals, appointment letters, test results and discharge and care plans;
- Signposting to trusted NHS websites that can provide information on their condition, treatment and what to expect on discharge
- Information on the hospital and the ward if they are having a planned procedure including the role of different staff members and expectations for patients
- Access to e-consultations and virtual appointments
- Who to call if things go wrong.

We also recognise that more work needs to be done to understand the impact on older people, those with disabilities and the black and minority ethnic patients’ in introducing greater online services and a recognition that one size will not fit all.

The Quality Account sets out a direction of developing a better learning culture to allow people’s real experiences to be captured and used. Significant progress has been made this year to use patient experience and to engage with local people to ensure that it has an impact.

We hope the Trust will take a more patient centred approach and include patients in co-producing service redesign.

We welcome the prioritisation of the development of a patient and community engagement strategy over the coming year but we would like to see specific measures and targets for assessing improvement. We are still concerned about the slow progress in relation to the Patient Panels and their role within the Trust improvement plans.

We have stronger relationships with site based leadership teams, have been involved in the peer review and PLACE processes, helped develop a new Patient Experience Operational Group at the Royal London site and fed into the development of the perfect ward app.

We welcome the changes and increased staffing levels in Maternity Services and the development of an active Maternity Voices group in Newham and the Maternity Services Programme Board in Tower Hamlets. As a result, we have seen maternity services consistently improve and learning shared. Healthwatch Newham has alerted maternity lead staff to the lack of interpretation services and care for deaf patients and families. This resulted in an action plan for improved guidance and training for staff. We provide regular local resident feedback on maternity services, and are keen to see improvements in care, governance and security. We think it is important that maternity continues to be a priority across the Trust.

**Performance against 2017-18 Quality Objectives.** We welcome Barts Health’s transparency in reporting on its performance against its objectives, although we are of course concerned about the issues raised. We are pleased to see all of the work on identifying and tackling Sepsis however C.diff infection levels are still challenging. These and the never events and serious incidents are a serious concern. We note the introduction of online Friends and Family Test and hope that paper versions will still continue.

**Year ahead 2018-19.** We welcome the strategic priorities, particularly in relation to cancer standards falls and pressure ulcers. It is useful to have more data and the planned action on the quality objectives, particularly on medical errors and never events. From an external point of view, the targets are not ambitious in these areas.
There is no clear target for improving patient engagement or building it into the clinical boards within a representative framework.

A target for the increased use of e-referrals and consults would help us to measure the implementation of the new technologies programme.

Both Healthwatch Newham and Tower Hamlets have prioritised projects to work with the Trust to ensure that the voice of local people is able to feed into quality improvement. We will continue and expand our enter and view visit programmes and will play an active part in the ongoing peer review programme.

There are is a lot of goodwill in the community to support the trust to deliver their services and this offer should be taken up more vigorously by the trust as we move forward.

Newham overview and scrutiny committee
The Newham overview and scrutiny committee has considered the Newham Hospital improvement journey over the 2017-2018 municipal year and published a separate report on our findings. Overall, the committee was impressed by the improvements made. It noted the hospital management team's commitment to ongoing improvement, and the focus on their continued drive on the key areas for improvement identified, whilst maintaining standard and progress across the board. The committee will continue to monitor the improvement progress. In particular, it will take on board the particular issues highlighted by the trust, the areas highlighted by the CQC that have yet to be fully addressed, and the CCG's plans to consider changes to the payment model for acute care and the impact any such changes might have on the care of Newham residents. The committee noted that there may be areas where the council can work more effectively in collaboration with the hospital in the future - in terms of infrastructure, affordable accommodation and accessibility improvements - to support them in their challenges with recruitment and retention of staff.

Waltham Forest Health Scrutiny Committee
We welcome the opportunity to respond the Barts Health Group Quality Account, and congratulate the Trust on its progress to a CQC rating of “Requires Improvement”, while noting that there is some way to go before the Trust is consistently delivering “Good” and better care. The Committee also notes with concern that surgery was rated “Inadequate” at Whipps Cross, a hospital that provides many valued services for Waltham Forest residents. On 22 November 2017 the Committee received an update on progress on the improvement plan at Whipps Cross. It thanks the hospital’s Managing Director and Director of Nursing and Governance for attending this meeting and giving an update. At the time the Committee noted improvements made in staffing levels and staff retention rates at the hospital.

The Committee also recognises the collaborative work undertaken with the council around Delayed Transfers of Care, which it reviewed as part of a report on hospital discharge arrangements in September 2017. It would like to highlight this in particular, given the national focus on how hospitals and local authorities work together to ensure continuity in care arrangements. It is felt that the Quality Account could make more explicit reference to this as a priority, as seamless continuity has a clear benefit for both patients and services.

The Committee welcomes the inclusion of work undertaken with local Healthwatch services to make improvements at Whipps Cross within the Quality Account. It looks forward to hearing further information for this as the plans for the hospital develop in 2018-19. The Committee thanks the Trust for its prompt response to queries raised relating to winter pressures, and in its continued engagement with health scrutiny in Waltham Forest. It would welcome a conversation about how we develop this relationship in the year ahead, particularly as a number of new councillors will be joining the council following the local elections. The Committee is keen to work with the Trust to demonstrate how we ensure that local people's priorities and concerns are at the heart of planning health services across the borough.

Cllr Mark Rusling, Chair of the Waltham Forest Health Scrutiny Committee
NHS Tower Hamlets CCG, NHS Newham CCG, NHS Waltham Forest CCG Joint Commissioner Statement for Barts Health NHS Trust 2017-18 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. We have reviewed the content of the Quality Account against the requisite information, form and content as set out by the Department of Health. It is a fair reflection of the healthcare services provided by the Trust in 2017-18.

We commend the Trust on the improvements made in 2017-18. The Trust should be proud of its achievements as they are a reflection of the excellent leadership, dedication and hard work of all the staff. These improvements were recognised by the Care Quality Commission (CQC) and in 2017-18, the Trust moved from inadequate to requires improvement.

Review of Performance and Quality 2017-18

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 2017-18.

Despite an increase in demand at Trust sites performance against the accident and emergency 4 hour target improved when compared to 2016-17. It is noted that Newham University Hospital demonstrated strong performance in meeting this target.

We recognise the challenges at the Royal London Hospital due to it being a tertiary centre and we note the significant amount of work undertaken to improve patient flow with a focused piece of work on delayed discharges.

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

- 95% compliance in the delivery of invasive care and the implementation of national safety standards for invasive procedures (NatSIPPS) and the World Health Organisation (WHO) sequential steps. The number of invasive surgery Never Events demonstrates that further embedment of processes is required.
- 90% percent compliance with statutory and mandatory training.

We acknowledge that the target 95% of admitted patients VTE risk assessed within six hours of admission was achieved for at least 95% of patients in ten of the twelve months this year.

We commend the Trust on its timely reporting of serious incidents and improving reporting culture. There has been a decline in the required standard for serious incident investigation being received and closed. It is important that when a harmful incident occurs patients and their families are informed and involved and overall the Trust did not achieve compliance with duty of candour. It is noted that Whipps Cross University Hospital did achieve compliance and the staff should be congratulated on this achievement.
Despite Trust and site improvement plans for pressure ulcer management it was disappointing to see an overall increase in hospital acquired pressure ulcers which is a concern for us. We would like to acknowledge that despite the overall increase, there has been a decrease on some wards and staff have worked hard to achieve this. We agree that pressure ulcer reduction should be a priority for the Trust in 2018-19.

We recommend that whilst targets need to be stretch they need to be realistic and achievable. We ask the Trust to consider this when setting the targets against the quality objectives for next year.

**Priorities for Improvement 2018-19**

We are supportive of the quality improvement objectives in place for 2018/19 however as stated above we would encourage the Trust to consider their achievability.

Given the increasing number of deaths due to sepsis we are keen to see improvements in implementation of the sepsis bundle and we ask the Trust to make this a priority for improvement in 2018 -19.

We note that the Trust has a target to half the number of Never Events in 2018-19 but we would support the ambition of zero tolerance, this would support definition of the culture required to ensure commitment, accountability and learning.

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

- Delayed transfers of care and reduction in the numbers of medically optimised patients still in hospital.
- Improvement in governance to gain assurance that lessons learned from complaints and incidents are embedded into practice.
- Improvements in achieving the indicators included within the maternity dashboard at site level and Trust wide.

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 with Barts Health NHS Trust to 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 CCG’s)

**Senior Responsible Officer North East London Sustainability and Transformation Partnership**
Appendices
<table>
<thead>
<tr>
<th>Audit Title</th>
<th>National Clinical Audit supplier</th>
<th>CAG</th>
<th>Inclusion criteria - data to be submitted in 2017/18</th>
<th>Number of participating sites/number of eligible sites</th>
<th>Site coverage - to be submitted in 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute coronary syndromes or Acute myocardial infarction (MINAP)</td>
<td>NICOR</td>
<td>Cardiovascular</td>
<td>Any acute coronary syndromes, including non-ST-elevation myocardial infarction and ST-elevation myocardial infarction. All in-hospital patients.</td>
<td>4/4</td>
<td>Participating Participating Participating Participating Not eligible</td>
</tr>
<tr>
<td>Adult cardiac surgery audit (ACS)</td>
<td>ACS (Society of Cardiothoracic Surgeons)</td>
<td>Cardiovascular</td>
<td>Patients undergoing two major types of cardiac surgery: aortic valve surgery and coronary bypass surgery in audit year.</td>
<td>1/1</td>
<td>Not required to participate - patients are referred to other sites</td>
</tr>
<tr>
<td>BAUS Urology Audits: Cystectomy</td>
<td>BAUS</td>
<td>Surgery and Cancer</td>
<td>Transurethral resection of the prostate (TURP), transurethral resection of the bladder (TURB), and transurethral resection of the urethra (TURU) for benign prostatic hyperplasia or cancer.</td>
<td>3/3</td>
<td>Participating Participating Participating Not eligible Not eligible</td>
</tr>
<tr>
<td>BAUS Urology Audits: Nephrectomy</td>
<td>BAUS</td>
<td>Surgery and Cancer</td>
<td>Laparoscopic, robotic-assisted, or open nephrectomy for benign or malignant conditions.</td>
<td>3/3</td>
<td>Participating Participating Participating Not eligible Not eligible</td>
</tr>
<tr>
<td>BAUS Urology Audits: Percutaneous nephrolithotomy</td>
<td>BAUS</td>
<td>Surgery and Cancer</td>
<td>Removal of stones from the kidney or ureter using a small puncture in the skin of the affected side. Small instruments are then passed to break up and remove the stones. PCNL can be done with the patient lying prone (face down) or supine (face up).</td>
<td>3/3</td>
<td>Participating Participating Participating Not eligible Not eligible</td>
</tr>
<tr>
<td>BAUS Urology Audits: Radical prostatectomy</td>
<td>BAUS</td>
<td>Surgery and Cancer</td>
<td>Removal of the whole prostate gland and seminal vesicles for cancer of the prostate. The operative technique used may be open, laparoscopic, or robotic-assisted.</td>
<td>3/3</td>
<td>Participating Participating Participating Not eligible Not eligible</td>
</tr>
<tr>
<td>BAUS Urology Audits: Urethroplasty</td>
<td>BAUS</td>
<td>Surgery and Cancer</td>
<td>Treatment of a stricture which is causing troublesome symptoms is usually surgical. Initial surgery is usually optical urethrotomy (a telescopic procedure under anaesthetic) or dilatation (stretching) of the urethra.</td>
<td>3/3</td>
<td>Participating Participating Participating Not eligible Not eligible</td>
</tr>
<tr>
<td>Bowel Cancer (NBOCAP)</td>
<td>RCS</td>
<td>Surgery and Cancer</td>
<td>All patients diagnosed within the audit year undergoing major surgery.</td>
<td>3/3</td>
<td>Submitted as Barts Health for NUH, SBH and WXH Not eligible</td>
</tr>
<tr>
<td>Bowel Cancer Management</td>
<td>HealthRyn ANG</td>
<td>Cardiovascular</td>
<td>Placemakers (PMs) for study arms (abnormally slow heart rates) and implantable defibrillators (ICDs) for the treatment of ventricular arrhythmias who may otherwise suffer sudden cardiac death. All 5 studies on procedures (excluding diagnosis by EP studies).</td>
<td>2/2</td>
<td>Not eligible Participating Not eligible Participating Not eligible</td>
</tr>
<tr>
<td>Case Mix Programme</td>
<td>ICD/ICNARC Case mix programme</td>
<td>Surgery</td>
<td>All critical care patients in audit year. Audit of patient outcomes from adult general critical care units (intensive care and combined intensive care/high dependency units)</td>
<td>3/3</td>
<td>Participating</td>
</tr>
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<tr>
<td>Child health Clinical Outcome Review</td>
<td>ICNARC</td>
<td>Children's</td>
<td>The Child Health programme is one of four Clinical Outcome Review Programmes which are designed to help assess the quality of healthcare and evaluate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data.</td>
<td>3/3</td>
<td>Participating</td>
</tr>
<tr>
<td>Congenital heart disease (Paediatric Cardiovascular Surgery)</td>
<td>CHD Cardiovascular</td>
<td>Children's</td>
<td>All cardiac or intrathoracic great vessel procedures carried out in patients under the age of 15 years and all adult congenital cardiac procedures performed for a cardiac defect present from birth.</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Common angioplasty otherwise known as Audit of Percutaneous Coronary Interventional Procedures (PCI)</td>
<td>NICOR: National Institute of Cardiovascular Outcomes Research (also BCIS) Cardiovascular</td>
<td>Children's</td>
<td>All PCI patients in the audit year.</td>
<td>2/2</td>
<td>Not required to participate</td>
</tr>
<tr>
<td>Diabetes (Paediatric) (BPHA)</td>
<td>Royal College of Paediatrics and Child Health</td>
<td>Children's</td>
<td>Patients that have been seen at paediatric diabetes clinics from 1 April to 31 March inclusive, including 31 years of age. PBMV: Families who attended CHS</td>
<td>3/3</td>
<td>Participating</td>
</tr>
<tr>
<td>Elective surgery (National PROMs Programme)</td>
<td>NHS Digital Surgery</td>
<td>All groin hernia, varicose veins, hip fracture and knee fracture patients</td>
<td>3/3</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>Endocrine and Thyroid National Audit</td>
<td>British Association of Endocrine and Thyroid Surgeons Cancer</td>
<td>All</td>
<td>For all cases referred</td>
<td>3/3</td>
<td>Participating</td>
</tr>
<tr>
<td>Falls and Fractured Hip Fracture Audit Programme (FFAP), including Hip Fracture Database</td>
<td>Royal College of Physicians ECAM</td>
<td>All falls and hip fractures reported. Identifies eligible patients aged over 50 years who have suffered a fragility fracture and treats or refers them to appropriate services with the aim of reducing their risk of subsequent fractures</td>
<td>3/5</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>Fractured Neck of Femur</td>
<td>RCEM ECAM</td>
<td>Include: Adult patients past their 18th birthday. Patients presenting to the ED with a fractured neck of femur. Exclude: PI with multiple injuries or other conditions which need immediate resuscitation. Audited cases should be consecutive during the collection period (1 January, 2017 to 31 December, 2017): &lt;50 - all eligible cases &gt; 250 100 consecutive cases.</td>
<td>3/5</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>Head and Neck Cancer Audit</td>
<td>Saving Faces Surgery and Cancer</td>
<td>All patients diagnosed within the audit year undergoing major surgery</td>
<td>4/4</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>Inflammatory bowel disease (IBD) Includes Paediatric Inflammatory Bowel Disease Services</td>
<td>Royal College of Physicians ECAM and Children's</td>
<td>The IBD Registry biological therapies audit collected data on all patients of all ages diagnosed with the ICD-10 codes below and receiving biological therapy at any time during the year. The data was requested at three time points: initiation, post-induction review and 12-month review.</td>
<td>3/4</td>
<td>Participating</td>
<td>No participation</td>
</tr>
<tr>
<td>Programme</td>
<td>University/Department</td>
<td>Participants</td>
<td>Not eligible</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------------</td>
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<td>-------------</td>
<td></td>
</tr>
<tr>
<td><strong>Learning Disability Mortality Review Programme</strong></td>
<td>University of Bristol</td>
<td>All</td>
<td>5/5</td>
<td>All Inpatient deaths where the patient had a learning disability.</td>
<td></td>
</tr>
<tr>
<td><strong>Major Trauma</strong></td>
<td>TARN</td>
<td>3/3</td>
<td>Participating</td>
<td>ECAM</td>
<td></td>
</tr>
<tr>
<td><strong>Maternal, Newborn and Infant Clinical Outcome Review Programme</strong></td>
<td>MBRACE-UK</td>
<td>Women's and Children's</td>
<td>3/3</td>
<td>Participating</td>
<td></td>
</tr>
<tr>
<td><strong>Medical and Surgical Clinical Outcome Review Programme</strong></td>
<td>NCORDD</td>
<td>All</td>
<td>5/5</td>
<td>Participating</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Clinical outcome review programme, National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)</strong></td>
<td>Centre for Mental Health and Risk, University of Manchester</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td><strong>National Audit of Anxiety and Depression</strong></td>
<td>TAC</td>
<td>Running in 2018/19</td>
<td>TAC</td>
<td>TAC</td>
<td></td>
</tr>
<tr>
<td><strong>National Audit of Breast Cancer in Older Patients (NABCP)</strong></td>
<td>RCS</td>
<td>Surgery and Cancer</td>
<td>5/5</td>
<td>Participating</td>
<td></td>
</tr>
<tr>
<td><strong>National Audit of Dementia</strong></td>
<td>Royal College of Psychiatrists</td>
<td>ECAM</td>
<td>5/5</td>
<td>Participating</td>
<td></td>
</tr>
<tr>
<td><strong>National Audit of Intermediate Care (NAIC)</strong></td>
<td>MHFB Benchmarking Network</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td><strong>National Audit of Pathways</strong></td>
<td>TBC</td>
<td>Running in 2018/19</td>
<td>TBC</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td><strong>National Audit of Rheumatoid and Early inflammatory Arthritis</strong></td>
<td>TBC</td>
<td>ECAM</td>
<td>Running in 2018/19</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td><strong>National Audit of Seizures and Epilepsies in Children and Young People</strong></td>
<td>TBC</td>
<td>Women’s and Children’s</td>
<td>Running in 2018/19</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td><strong>National Bariatric Surgery Registry (NBSR)</strong></td>
<td>British Obesity and Metabolic Surgery Society (BOMSS)</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

TBC: To be confirmed, ECAM: East of England Audit Management.
<table>
<thead>
<tr>
<th>Audit Name</th>
<th>Organising Body</th>
<th>Type</th>
<th>Description</th>
<th>Participants</th>
<th>Waiting</th>
<th>Not eligible</th>
<th>Participating</th>
<th>Not eligible</th>
<th>Not eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Cardiac Arrest Audit (NCAA)</td>
<td>ICNARC</td>
<td>ECAM</td>
<td>All individuals (excluding neonates) receiving chest compressions and/or defibrillation and attended by the hospital-based resuscitation team (or equivalent) in response to the 2222 from 1 April to 31 March 2018.</td>
<td>5/5</td>
<td></td>
<td></td>
<td>Participating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>Royal College of Physicians</td>
<td>ECAM</td>
<td>Continuous data collection. Consecutive admissions from participating hospitals are to be collected, and the data gathered from patient care notes will be entered into a secure and bespoke web-based audit tool.</td>
<td>3/3</td>
<td></td>
<td></td>
<td>Participating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Clinical Audit of Specialist Rehabilitation for Patients with Complex needs following Major Injury (NCRSRI)</td>
<td>London North West Healthcare NHS Trust</td>
<td>ECAM</td>
<td>An organisational audit to identify the specialist rehabilitation services providing care to trauma patients, and to map the pathways of care into and out of these services. A prospective clinical audit of new patients presenting at the major trauma centres who have complex needs and receive specialist rehabilitation at LGI from June 2017. A flexible study for identifying the pathway and outcomes for patients who require specialist rehabilitation on discharge from major trauma centres, but do not subsequently attend LGI from June 2017 to January 2019.</td>
<td>1/1</td>
<td></td>
<td></td>
<td>Not eligible</td>
<td>Participating</td>
<td>Not eligible</td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion</td>
<td>NHS Blood and Transplant</td>
<td>CBS</td>
<td>The National Comparative Audit of Blood Transfusion (NCABT) is a programme of clinical audits which look at the use and administration of blood and blood components in NHS and independent hospitals in England and North Wales.</td>
<td>2/2</td>
<td></td>
<td></td>
<td>Participating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Diabetes Audit - Adults</td>
<td>NHS Digital</td>
<td>ECAM</td>
<td>All patient diagnosed with diabetes and seen in in and outpatient care in three month audit period</td>
<td>1/3</td>
<td></td>
<td>Waiting for EMIS System</td>
<td>Participating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Emergency Laparotomy Audit (BEAGA)</td>
<td>The Royal College of Anaesthetists</td>
<td>Surgery</td>
<td>All patients over the age of 16 years having a general surgical emergency laparotomy.</td>
<td>3/3</td>
<td></td>
<td></td>
<td>Participating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National End of Life Care Audit</td>
<td>TRC</td>
<td>Surgery and Cancer</td>
<td>Running in 2018/19</td>
<td>3/3</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
</tr>
<tr>
<td>National Lung Cancer Audit (NCLA)</td>
<td>RCP</td>
<td>Surgery</td>
<td>All patients diagnosed within the audit year undergoing major surgery.</td>
<td>4/4</td>
<td></td>
<td></td>
<td>Participating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Maternity and Perinatal Audit (NMPA)</td>
<td>RCOG</td>
<td>Women's and Children's</td>
<td>A survey of the organisation and delivery of care in England, Scotland and Wales will provide an up-to-date overview of maternity care provision, women’s access to services and options available therein. A continuous prospective clinical audit of a number of key interventions and outcomes to identify unexpected variation between service providers or regions. A flexible programme of periodic audits on selected topics within a focused time frame.</td>
<td>3/3</td>
<td></td>
<td></td>
<td>Participating</td>
<td></td>
<td>Not eligible</td>
</tr>
<tr>
<td>Neonatal Intensive and Special Care (NICU)</td>
<td>Royal College of Paediatrics and Neonatal Care</td>
<td>ECAM</td>
<td>All babies admitted to the neonatal unit in 2013, including neonatal babies.</td>
<td>3/3</td>
<td></td>
<td></td>
<td>Participating</td>
<td></td>
<td>Not eligible</td>
</tr>
<tr>
<td>National Ophthalmology Audit</td>
<td>RCS</td>
<td>Not applicable</td>
<td>The project aims to prospectively collect, collate and analyse a standardised, nationally agreed cataract surgery dataset from all centres providing NHS cataract surgery in England &amp; Wales to update benchmark standards of care and provide a powerful quality improvement tool. In addition to cataract surgery, electronic ophthalmology feasibility audits will be undertaken for glaucoma, retinal detachment surgery and angio-occlusive vascular damage (COVID).</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>----------------------------</td>
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</tr>
<tr>
<td>National Vascular Registry</td>
<td>Royal College of Surgeons</td>
<td>Surgery</td>
<td>Patients undergoing vascular procedures including; abdominal aortic aneurysm (AAA) surgery, infrainguinal bypass, amputation or Carotid surgery</td>
<td>1/1</td>
<td>Not required to participate - all patients referred to RLH</td>
<td>Not required to participate - all patients referred to RLH</td>
<td>Participating</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Neurosurgical National Audit Programme</td>
<td>Society for British Neurosurgeons</td>
<td>ECAM</td>
<td>It’s a programme to support neurosurgical units in the UK and Ireland to improve patient care, outcomes, safety and experience by providing high-quality, robust audit data that is analysed and presented in a consistent and clinically relevant way.</td>
<td>1/1</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Participating</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Oesophago-gastric cancer (GNOG)</td>
<td>RCS</td>
<td>Cancer</td>
<td>Patients undergoing gastric surgery, including surgery for oesophageal and gastric cancer, high-grade glandular dysplasia (HGD).</td>
<td>3/3</td>
<td>Not required to participate - all patients referred to RLH</td>
<td>Not required to participate - all patients referred to RLH</td>
<td>Participating</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Paediatric Intensive Care</td>
<td>PICNet</td>
<td>Children's</td>
<td>All children and young people admitted to the paediatric intensive care unit in the audit year.</td>
<td>1/1</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Participating</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Pain in Children</td>
<td>RCPE</td>
<td>ECAM</td>
<td>ECAM</td>
<td>3/3</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health (POMH)</td>
<td>POHM</td>
<td>Not applicable</td>
<td>Mental health services provided by East London NHS Foundation Trust and North East London NHS Trust, not Barts Health.</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Procedural Sedation in Adults (care in emergency departments)</td>
<td>Royal College of Emergency Medicine</td>
<td>ECAM</td>
<td>Inclusion criteria: Adult patients past their 16th birthday, undergoing procedural sedation at all levels (minimal, conscious, moderate, deep).</td>
<td>3/3</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>RCS</td>
<td>Surgery and Cancer</td>
<td>All patients diagnosed with prostate cancer during the audit year, undergoing major surgery.</td>
<td>4/4</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
<td>Royal College of Physicians</td>
<td>ECAM</td>
<td>All stroke patients within the first three days in hospital.</td>
<td>3/3</td>
<td>Participating</td>
<td>Participating</td>
<td>Participating</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
</tbody>
</table>
Appendix 2

Barts Health audit programme 2017/18

### Key Priority:
1. Trust Core Audit Priority
2. NICE Audit
3. National Audit
4. Local Priority

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Key Priority</th>
<th>Project Title</th>
<th>Start Date</th>
<th>End Date</th>
<th>Presentation Forum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Mortality and Morbidity Review</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Mortality Review Group</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Trust Record Keeping Audit 2017/18</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Health Records Committee</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>VTE audit</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>VTE Committee</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Nursing Documentation Audit</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Health Records Committee</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>All Key NICE Guidelines to be identified and audited at local level</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Clinical Effectiveness Committee</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>All Mandatory National Audits to be audited as described.</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Clinical Effectiveness Committee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site</th>
<th>Project Lead(s)</th>
<th>Start Date</th>
<th>End Date</th>
<th>Presentation Forum</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>CMO</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Mortality Review Group</td>
</tr>
<tr>
<td>All</td>
<td>CEU</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Health Records Committee</td>
</tr>
<tr>
<td>All</td>
<td>CMO</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>VTE Committee</td>
</tr>
<tr>
<td>All</td>
<td>CN</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Health Records Committee</td>
</tr>
<tr>
<td>All</td>
<td>Clinical Effectiveness Leads</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Clinical Effectiveness Committee</td>
</tr>
<tr>
<td>All</td>
<td>National Audit Clinical Leads</td>
<td>Apr-17</td>
<td>Mar-18</td>
<td>Clinical Effectiveness Committee</td>
</tr>
</tbody>
</table>
Appendix 3

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 2018 (“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, as subsequently amended in 2011, 2012, 2017 and 2018 (“the Regulations”).

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the following indicators:

- Percentage of reported patient safety incidents resulting in severe harm or death
- Rate of Clostridium difficile infections

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 the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

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

> Board minutes for the period April 2017 to June 2018;
> papers relating to quality reported to the Board over the period April 2017 to June 2018;
> feedback from commissioners dated 29 May 2018;
> feedback from local Healthwatch organisations dated June 2018;
> feedback from the Overview and Scrutiny Committee dated June 2018;
> the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated March 2018;
> the national patient survey dated 13 June 2018;
> the national staff survey in 2017;
> the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2018;
> the Annual Governance Statement dated 23/05/2018; and
> the Care Quality Commission's inspection reports for Newham University Hospital dated 28/04/2017, St Bartholomew's Hospital dated 20/09/2017, the Royal London Hospital dated 13/10/2017, Barts Health NHS Trust dated 10/11/2017 and Whipps Cross University Hospital dated 21/6/2018.

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 that 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. 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 those 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 2018

> 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
30 Finsbury Square
London
EC2A 1AG

28 June 2018
Large print and other languages

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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 02082238934.

Maclumaaadkan waxaa lagu heli karaa qaabab kale, sida akhriska fudud ama daabacaadda wayn, oo waxaa lagu heli karaa luqaddo kale, marka la codsado. Fadlan la xidhiidh 02082238934.

Bu bilgiler, okumasi kolay veya büyük baskilar gibi alternatif bicimlerde ve talep üzerine alternatif dillerde de sunulabilir. İrtibat için lütfen 02082238934 numaralı telefondan ulaşın.