

DRAFT
Quality Account 2013-14

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Review of Quality and Performance

Our priorities for 2014/15

Focus on Quality and Improvement 2013/14

Barnet Enfield and Haringey Clinical Strategy

I can, You can, We can make a difference with hand hygiene

GUM patients benefit from new text messaging service

New infusion suite opens at Finchley Memorial Hospital

Reflections Rounds: 'Caring for the caregivers' and 'Compassion in care'
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Improving the pace of treatment
Accreditation for the Sterile Services Department
Chase Farm Macmillan Information Centre
Stop and Help

The views of our stakeholders

A statement on the quality of our services from our Chief Executive

I am proud to present the Trust's fifth set of quality accounts at the end of a year that has seen huge changes in the way we deliver our services. Following years of planning and a thorough implementation process, the Barnet Enfield and Haringey (BEH) Clinical Strategy is now a reality; we transferred all Maternity and Emergency services from Chase Farm Hospital to Barnet Hospital in November/December 2013 with the intention of improving the quality of care in both of these specialties. Our partner in these changes was North Middlesex Hospital, which also expanded its Emergency and Maternity units to absorb the workload from Chase Farm Hospital. With specialists now focused at two locations rather than three, our patients can expect better clinical outcomes from these teams, whilst an Urgent Care Centre remains open at Chase Farm Hospital to take care of minor illnesses.

Understandably, given the scale of the changes and the process needed to implement them, the BEH Clinical Strategy grabbed most of our headlines over the last 12 months - but it is not the only way in which we have been improving our services. The Friends and Family Test was implemented in the summer and sought to ask all of our patients whether they would recommend the care they received to a loved one. This feedback enables us to target weak spots in our service and implement both short and long term solutions to a variety of issues. Our infection control aims got a big boost thanks to a new two year hand hygiene campaign 'I Can, You Can, We Can', whilst Chase Farm Hospital's kitchen was the recipient of the Food Standards Agency's top hygiene rating. Our dementia care moved forward courtesy of the money we received at the end of the previous Mayor of Barnet's Fundraising Appeal. This amounted to over £40,000 to invest in installing Tiptree Tables on Barnet Hospital's wards, which give dementia patients a sense of normality during their treatment.

A high quality service needs a well functioning workforce and we're extremely appreciative of the patience shown by our staff during all the recent and upcoming changes. In light of the need to support them and help them to support each other, we've established a series of staff sessions known as Reflections rounds, that allow employees of all professional groups to come together and share inspiring examples of how they've continued to make a difference. Feedback from the initial sessions has been excellent, with many examples of good patient care being discussed and we will continue these into 2014/15.

The Trust was pleased to be one of the organisations named in a National Institute for Health Research Clinical Research Network report as contributing to the rise in NHS research studies, having increased the number of our own studies from 22 to 27. You can read about some of these research studies later in this report.

We had a number of unannounced visits by the CQC during the year including a visit to a surgical ward (Canterbury ward) in the summer which found that four of the six essential standards of quality and safety were not being met. These

included respecting and involving service users, staffing issues and cooperating with other providers. This was an area already recognised by the Trust with active measures in place to resolve these problems. A subsequent visit by the CQC has praised the changes which have been made.

We expect to become part of a Foundation Trust in summer 2014 through being acquired by Royal Free London NHS Foundation Trust. As a result of this, we have aligned our quality priorities for 2014/15 to be in line with the Royal Free London as we look forward to a joint future serving the residents of Barnet, Enfield and Camden together.

This acquisition has been planned because it makes clinical as well as financial sense. Senior clinicians from both trusts have been meeting to decide how best to combine our services in a way that meets the needs of local people whilst remaining financially viable long into the future. It is not anticipated that the merger will see a significant change in the day to day work of our patient-facing staff, though it will mean big changes at management level with the implementation of a clinical board.

It is a requirement of the quality account regulations that the Chief Executive takes personal responsibility that information within this document is accurate and I am happy to give you my reassurance that this is indeed the case.

Priorities for improvement and statement of assurance from the board

In this part of the quality report we review our performance against our key quality priorities for 2013/14 and provide examples that illustrate how individual services and specialities are focused on quality improvement. We also provide key data relating to our performance and outline our priorities for improvement in 2014/15.

Performance against our key quality objectives

We place great importance on constantly improving our services and the quality of our patient care. Last year we committed to three key quality improvement objectives. These were:

Priority one: Excellent care including staff satisfaction and patient experience

Priority two: To further develop our clinical outcome measures

Priority three: To launch a patient safety programme across the trust.

Over the following pages, we set out how we have performed against these objectives.

Performance against our three key quality objectives

Priority one Dementia services

The Trust received half of the £80,000+ raised by the former Mayor of Barnet, Councillor Brian Schama for dementia services across his borough. We are investing this money in Tiptree Tables; tables of everyday items that give dementia patients a sense of normal life during their stay in our hospitals. This has meant rebuilding the reception areas in our wards so that the new tables form a permanent part of our service.

The national Audit of dementia report, produced in 2013, has demonstrated a significant improvement in the service we provide for people with dementia. These include improved access to out of hours psychiatry services and staff training with the deployment of a rapid access and intervention service (RAID).

The Trust has developed a new strategy action plan based on the National Audit of Dementia report for 2014/2015. The Trust has also been involved in the UCLP project for training staff in dementia awareness and has over achieved on the target it was set..

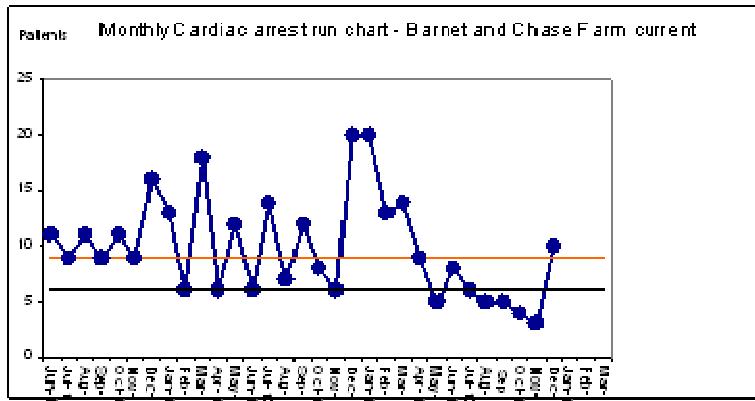
A recent visit from the Care Quality Commission has praised the Trust for the quality of dementia care and noted that it was very clear from the way in which staff cared for patients with dementia that they had been trained and that training had a very positive impact on the quality of patient care.

Priority two National Safety Thermometer

Deteriorating Patient Project - Reduction of cardiac arrests

A sustained and significant reduction in cardiac arrests has been achieved by the Trust in the second and third quarters of the year (July-December 2013).

The Trust has continued to collaborate with the UCLP Deteriorating Patient project over the past 12 months, with the aim of a 50% reduction in cardiac arrests. A sustained and significant reduction has been achieved, and the project, led by UCLP, was in the final 10 shortlisted in the category of Patient Safety, at the National HSJ Awards in London in October. Our data is represented below.



Cardiac Arrest totals
 Jul-Dec 2011 = 65
 Jul-Dec 2012 = 67
 Jul-Dec 2013 = 33

The total of cardiac arrests over comparable 6 month periods for the past 3 years demonstrates a 50% reduction. Reducing cardiac arrests is a key indicator of quality care in two ways:

Early identification by ward teams of patients who are acutely unwell and at further risk of deterioration allows support and intervention by critical care outreach teams or transfer to HDU or ITU.

Some patients may not be appropriate for acute intervention and recognising these patients allows for timely discussions with the patient, and their family so that their care can be planned to allow a peaceful and dignified end to their life.

In line with key recommendations of the NCEPOD Report published in June 2012 - 'A time to Intervene', the Trust is implementing Treatment Escalation Plans for all acute admissions. This is an explicit plan of care for the treatment of every patient based on their individual needs and likely response to treatment in the event of deterioration. The TEP is made in consultation with the patient and or their family so that there is a partnership and confidence between clinicians, patients and families.

A Trust-wide event was held in August to bring the role of investigating and learning from Serious Incidents into focus. The role of the Trust serious incident panel was explored, and the importance of learning from the past to improve the future was discussed.

For example, a trust wide working group is looking at new suppliers for our blood gas machines to allow automatic population of results into the electronic patient record, ensuring these are immediately available to clinicians. Much of the background work has been completed by our IT Department to also allow automatic population of fields on the Electronic patient Record so that high serum lactate results can be flagged to clinicians. This project will enable much earlier recognition of patients at risk from severe shock, and allow earlier intervention.

Sepsis - Trust campaign on the Sepsis 6

In September 2013 the Trust began a major campaign to improve our recognition and management of patients with sepsis. Sepsis carries a high

mortality rate compared to many other conditions (higher for example than stroke or myocardial infarction) but if recognised and treated within 1 hour, the chances of survival increase significantly. The Trust campaign focuses on delivery of 'The Sepsis 6', a Bundle of six interventions which can be delivered by any healthcare professional.

A new sepsis bundle pathway has been implemented and promoted, Barnet ED now have dedicated Sepsis 6 trollies, which enable all 6 interventions to be delivered without delay, and a new e-learning package is now on line for all clinical staff to undertake. Sepsis 6 tea parties, pens, mugs and sepsis 6 champions in white polo shirts with the 'Keep Calm and Do the Sepsis 6' logo are all an important part of keeping sepsis awareness in the clinical arena.

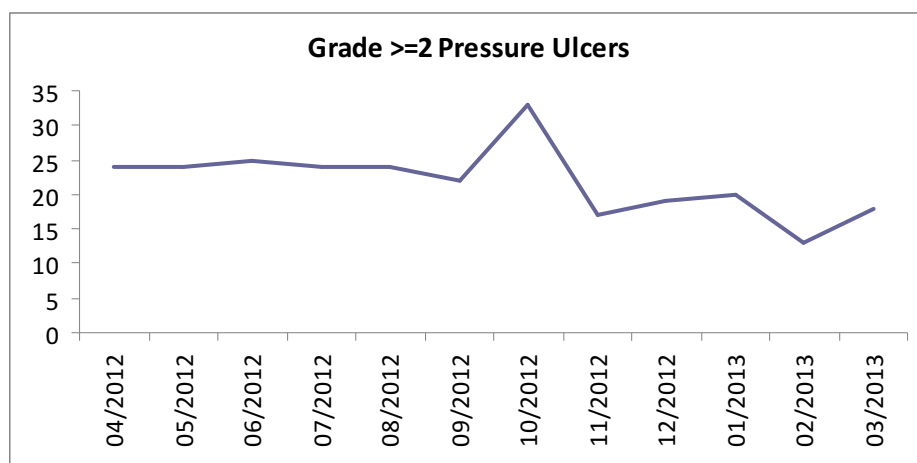
Priority three Pressure ulcers

Avoidable hospital acquired pressure ulcers (often called pressure sores) remain a key indicator of the quality of nursing care. This is an area of concern for the whole health economy and a source of pain and discomfort for our patients.

The Trust gives high priority to this and a zero tolerance approach to avoidable pressure ulcers has been implemented with ongoing focus being given to this area of care. The Trust is currently taking part in an initiative led by University College London Partnership that aims to eliminate avoidable hospital acquired pressure ulcers by 2014. This project facilitates enhanced learning, improved communication between Trusts and the sharing of initiatives that have been successful in a variety of clinical areas.

Moving forward, the tissue viability service remains committed to the delivery of education and continued improvement in prevention of avoidable hospital acquired pressure ulcers and has planned training, education and competency based assessments to improve staff knowledge and skills.

The graph below shows an overall decline in the number of grade 2 pressure ulcers over the last 12 months.



Priority four Administration standards

Our plan for making administrative improvements involves:

- Empowering our front-line staff to redesign our Clinical Offices and using Continuous Improvement to devise the most efficient processes and record them as Standard Operations - also known as the inverted triangle approach.
- Introducing new technology to provide faster turnaround of patient letters as well as integrating into our electronic patient record system to maintain the 'patient context'.
- Forming 'clinical offices' to provide single points of access for groups of specialties.

Similarly, we have also empowered our staff in Patient Records and Patient Services, who have benchmarked their processes against other external organisations.

In Patient Services, we are upgrading the telephone and call centre technology by installing additional phone lines to deliver a better service, so that 80% of calls are handled in 30 seconds.

We are introducing direct patient bookings to make appointments easier for patients and also implementing a new appointment reminder service, which uses agent calls, so that patients will be given a personalised service. This has been presaged by the highly successful introduction of online appointments for phlebotomy.

We have integrated our admissions office into Patient Services to further streamline our internal processes. The new self check-in kiosk technology introduced last year is being extended across all clinics to enable receptionists to provide a better service to patients as well as automating clinical outcomes.

Our staff are being trained by one of the UK's leading practitioner of Continuous Improvement. When all these changes have been introduced, they will measure the performance of their own teams to ensure that problems are identified and resolved, as well as continually improving the service to patients.

Priority five Liverpool Care Pathway with an emphasis on dignity, respect and compassion

An independent review, commissioned by Care and Support minister Norman Lamb and published in summer 2013, recommended that the use of the Liverpool Care Pathway be phased out nationally over the next 6-12 months. The review panel recognised that, when applied correctly, the Liverpool Care Pathway does help patients have a dignified and pain-free death, and they supported the ethical principles underpinning it as representing best practise in care of the dying. However, given the many cases of misapplication with failure to take account of individual needs, they felt that its use should come to a close.

The report made 44 recommendations in total. In particular they suggested that the LCP is replaced by a personalised end of life care plan backed by good practise guidance specific to disease groups. The Trust reviewed these recommendations in full, withdrew the use of the LCP and has introduced a new process designed by its palliative care team, embodying a personalised approach to terminal care management. This is being audited on a regular basis and no complaints have been received in relation to it.

Priority six Complaints to Trust Board

Recent national reports including the Francis Report and Keogh reviews have identified the need to embrace complaints as a powerful source of information for improvement. Barnet and Chase Farm Hospitals NHS Trust is committed to promoting an open culture of feedback and improvement. Complaints are viewed as a valuable source of feedback and are used to inform learning and improvements in the experience of our patients.

Lengthy discussion of complaints at Trust Board is part of the Board's development programme and we are focused on understanding and improving the quality of complaint responses. The Chief Executive reads and signs all responses. The Director of Nursing, and where appropriate the Medical Director, also reads the complaint responses in order to ensure they fully address concerns raised and that lessons are being learned from complaints. More serious complaints may lead to investigations through a Serious Incident process, involving an independent investigation and panel led by the Medical Director/Director of Nursing. The Trust's Non executive directors regularly read a randomly picked selection of complaints and responses.

The main area of improvement with regards to complaints management is the timeliness and efficiency of handling the complaint. Focused work throughout 2013/2014 was carried out and remains on-going to improve the complaints process.

Initial acknowledgement

The Department of Health's 2009 complaint regulations require that all complaints are acknowledged within a target time of three working days. In Quarter 1 (Q1) and Q2 (2013/2014), 97 out of the 173 formal complaints (which equates to 56.1%) were acknowledged within the first three days. This has significantly improved in Q3 with 89.8% of all complaints being acknowledged within the first three days - an improvement of 33.7%. This was achieved by holding tailored 'complaints' meetings and raising awareness of the importance of acknowledging all complaints with the complaints facilitators. Work remains ongoing and the target is 100%.

Duration of complaints investigations

In Q1 and Q2, the average number of days taken to process a complaint was 123.8 days whereas in Q3 it was 96.6 days. In order to reduce the duration of

the investigations a number of strategies are currently being implemented which include:

- undertaking a 'whole process complaint review' including data analysis and case review by a designated 'Complaints Review Group'
- strengthening existing processes for reviewing complaints performance data including response times by holding meetings with people responsible or associated with complaints
- weekly 'Open Complaints Lists' (OCL) used to engage senior management and requiring them to outline what actions will be carried out to close complaints
- additional staff resources have been made available
- training for Foundation doctors with regards to handling complaints and legal claims.

Our priorities for improvement in 2014/15

Due to the acquisition process by the Royal Free London NHS Foundation Trust, we are looking to combine the quality priorities of the two organisations so that, as a consequence, there can be a seamless process of governance integration.

We would like to assure our local communities that the needs of all patients have been taken into account by the Royal Free in the writing of their priorities which have looked at the catchment area of both existing trusts.

Priority one: World class patient information to reflect our world class care

Patient information should be clear to read, with easily understood terminology and available in whichever format (electronic or hardcopy) best suits the patient. It should include contact details or links to websites for further advice. It should be honest with the patient about risks and side effects and - where helpful - it should include pictures or diagrams to explain the procedure taking place.

These and other essential ingredients for good patient information are all required under NHSLA guidelines and so it is essential that leaflets for patients at all three sites of the future enlarged trust abide by these rules. In order to achieve these main aims the joint organisation will be undertaking the following:

- Set up a new patient information system and patient information policy which is available on the intranet, along with associated templates and resources (for example online training) to support staff in producing patient information.
- Centralise the provision of patient information and appoint a patient information manager with a dedicated budget
- Define our role as a patient information provider to ensure consistent, easy access to maintained, quality assured patient information for both patients and health professionals

- Look at how we produce patient information - internally, contracted externally or a combination of the two
- As an interim measure, review racks in outpatients to ensure that literature on display is not out of date, is appropriate to the clinic, and the trust

Priority two: Reducing cancellations

Reducing 'Did Not Attend' (DNA) rates is vital to patient experience because keeping an unused slot open in the hope that the patient might eventually arrive increases waiting times for everyone else. Thus bringing down DNA rates is an important part of achieving the next quality priority, reducing Outpatient waiting times.

It has other impacts on patient experience. Since the same staff time is paid for on a wasted slot as it would be for a used one, this is money from departmental budgets that could be saved and used on improving the convenience of patient environments.

Priority three: Reducing Outpatient department waiting times

Patients are often understandably anxious before an appointment, and delays in the waiting room can only increase the sense of anxiety. Thus it is important for patient experience that they are seen on time or, where delays are unavoidable, kept informed of when they will be seen.

Priority four: Inpatient diabetes care

Many patients with kidney and vascular disease also suffer from diabetes. Indeed, because of the particular range of specialist services we offer on any one day at the Royal Free Hospital, nearly a quarter of our in-patients will have diabetes. In addition, many patients on our specialist liver unit will require help with blood sugar control.

Over the past few years, a national audit on in-patients with diabetes has helped us identify where we need to improve aspects of our diabetes care. Our own monitoring has also highlighted concerns, for example, medication errors related to insulin.

Diabetes is therefore one of our key priorities in 2014/15. Our specific aims are to:

- Ensure nutritional balance at mealtimes for our inpatients with diabetes
- Improve the management of insulin and other diabetic medications on our wards
- Improve foot assessments for patients with diabetes.

We will explore innovative solutions to these themes and consult with our academic health science partnership to learn from experience at other organisations. Progress will be monitored by our clinical performance committee.

Priority five - To continue our patient safety programme

Our key priorities for the patient safety programme for 2014/15 are set out below:

Patient safety culture and capability

A key objective for the coming year is to improve trust-wide communication on safety issues to ensure that we improve dissemination of learning from incidents.

We will further strengthen our incident investigation and processes for addressing safety issues throughout the organisation. We also seek to further improve education and mandatory training in patient safety.

Priority clinical work streams

Priority clinical areas for improvement are as follows:

- **Surgical safety**

We aim to be more than 95% compliance with all aspects of the 'five steps to safer surgery' guidance - this is in line with the World Health Organisation Checklist.

- **Medicines safety**

We will focus our efforts on insulin prescribing safety and reduction of medication 'missed dosages' through mandated insulin training.

- **Procedural safety**

We will continue to ensure compliance with the use of ANTT in the insertion of all venous and arterial cannulae across the Trust.

- **Action on abnormal images**

We have commenced a programme of work to ensure all radiological imaging is promptly reviewed and actioned with particular emphasis on emergency work. This will be carried through from last year's progression in this area.

Pressure ulcers

As seen earlier in this report, hospital acquired pressure ulcers were a priority over the previous year and remain a priority for the coming year as well. A zero tolerance approach to avoidable pressure ulcers has been implemented with ongoing focus being given to this area of care.

The Trust is currently taking part in an initiative led by University College London Partnership that aims to eliminate avoidable hospital acquired pressure

ulcers by 2014. This project facilitates enhanced learning, improved communication between Trusts and the sharing of initiatives that have been successful in a variety of clinical areas.

Moving forward, the tissue viability service remains committed to the delivery of education and continued improvement in prevention of avoidable hospital acquired pressure ulcers and has planned training, education and competency based assessments to improve staff knowledge and skills.

Statements of assurance from the Board

This section contains eight statutory statements concerning the quality of services provided by the Barnet and Chase Farm Hospitals NHS Trust. These are common to all trust quality accounts and therefore provide a basis for comparison between organisations.

Where appropriate, we have provided additional information that provides a local context to the information provided in the statutory statement.

Statement one Review of services

During 2013/14 Barnet and Chase Farm Hospitals NHS Trust provided 40 NHS services. Barnet and Chase Farm Hospitals NHS Trust has reviewed the data available to it on the quality of care in all of these services. The income generated by the NHS services reviewed in 2013/14 represents 100% of the total income generated from the provision of NHS services by Barnet and Chase Farm Hospitals NHS Trust for 2013/14.

Additional information

In this context we define each service as a distinct clinical directorate that is used to plan, monitor and report clinical activity and financial information - this is commonly known as service line reporting. Each individual service line can incorporate one or more clinical services. Clinical directorates routinely monitor demand and output data for all services and in aggregate this includes various quality measures. Few services are assessed in isolation. Some very specialised services are routinely reviewed as part of the national commissioning group's processes. Each directorate is lead by a senior clinician reporting via the Trust's management structure to the Trust Board.

The Integrated Performance Report is discussed at every Trust Board meeting. It includes information on clinical activity at directorate level ranging from activity data to contract metrics such as Consultant to Consultant referrals.

Statement two Participation in clinical audits and national confidential enquiries

National clinical audits for inclusion in quality accounts 2012/13

During 2013/2014, Barnet and Chase Farm Hospitals NHS Trust was eligible to participate in twenty eight national clinical audits and two national confidential enquiries.

Of those, the Trust participated in 25/30 (83%) national clinical audits and 2 (100%) national confidential enquiries. These are listed in the table below. The table also highlights the number of cases submitted to each audit or enquiry if available.

National clinical audits for inclusion in quality accounts 2012/13

Name of audit/confidential enquiry	Data collection 2013/14	Barnet and Chase Farm Hospitals NHS Trust participation
Adult critical care (Case Mix Programme - ICNARC CMP)	Yes	<p>Up to 31.12.13 there were 2 separate submissions, one for CFH and one for BH. Data thereafter will be submitted as one site.</p> <p>CFH Data sent up to end of September and is currently being validated. December data not in yet because of delay caused by BEH Clinical Strategy move.</p> <p>BH Data sent up to end of June and is currently being validated.</p>
Emergency Laparotomy	Yes	<p>The Trust has registered. Organisational data was collected to 02.09.13.</p> <p>Clinical data collection commenced 07.01.14. This is a prospective audit so data is submitted as soon as possible prior/during/after surgery.</p>
Emergency use of oxygen (British Thoracic Society)	No	The Trust did not participate in audit.
Chronic Obstructive Pulmonary Disease (COPD)	Yes	<p>BCF has registered to participate in the audit. Data collection commenced on 01.02.14 to 30.04.14 (30 and 90 day outcome data, along with mortality data). Update to be provided at the end of the audit period</p> <p>January 2015: Publication of national report.</p>
National Joint Registry (NJR)	Yes	The Annual report published does not breakdown data by Trusts, but collectively on prosthesis.
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	<ol style="list-style-type: none"> 1) Subarachnoid Haemorrhage: Managing the Flow (November 2013) 2) Alcohol Related Liver Disease: Measuring the Units (June 2013)
Severe trauma (Trauma Audit and Research Network - TARN)	Yes	The Trust has been submitting data since April 2012. During 2013 161 cases were submitted with another 34 cases to enter.
Falls and Fragility Fractures Audit programme, includes Hip fracture database (NHFD)	Yes	The Falls and Fragility Fractures: 202 patients were added to the NHFD database for CFH and 316 patients for BH.

National Comparative Audit of Blood Transfusion - programme contains the following audits: a) O neg blood use b) Medical use of blood c) Bedside transfusion d) Platelet use	Yes	Blood transfusion audits are undertaken regularly as part of Trust Blood Transfusion Policy.
Bowel cancer (NBOCAP)	Yes	In the 2013 NBOCAP report the Trust submitted 210 cases which was 95% case ascertainment in comparison to those identified in HES/PEDW. 100% cases were discussed at MDT 97.3% patients were seen by clinical nurse specialists. Of the 117 patients having major surgery from this cohort 71.8% had laparoscopic surgery attempted. The adjusted 30-day mortality rate was 2.7% The adjusted 90-day mortality rate was 2.8%.
Head and neck oncology (DAHNO)	Yes	The audit year runs from November to October each year. For the period November 2012 to October 2013, 92 patient cases were submitted. The Trust is awaiting verification of data by DAHNO.
Lung cancer (NLCA)	Yes	Data for 2013 can be uploaded to the national data base until 30.06.14. It is expected that approximately 300 patients will be uploaded by this time, the highest number in the network. The National Lung Cancer Audit Report for patients seen in the Trust from 01.01.12 to 31.12.12 was published on 04.12.13. The total number of patients submitted was 247.
CEM - Severe sepsis and septic shock	Yes	Both Emergency Medicine sites registered. The data collection period was from 01.08.13 to 31.01.14 for BH and until 09.12.13 for CFH. Update awaited.
CEM - Paracetamol overdose	Yes	Both Emergency Medicine sites registered. The data collection period was from 01.08.13 to 31.01.14 for BH and until 09.12.13 for CFH. Update awaited.
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	This is an ongoing audit with continuous submission of data on all patients with suspected myocardial infarction. During 2013, CFH submitted 28 cases (up to the closure of A&E at CFH). BH submitted 232 cases.
Cardiac Rhythm Management (HRM)	Yes	BH submitted 200 procedures of all types since 01.04.13 to date.
Heart failure (HF)	Yes	The number of records submitted to date from April 2013 is 264.
National Cardiac Arrest Audit (NCAA)	No	The Trust did not participate in this audit. All cardiac arrests outside A&E are routinely followed up by the Trust's core Recognition of the Deteriorating Patient group. There has been a reduction of over 50% of cardiac arrests in the last year as a result.

CEM - Moderate or severe asthma in children	Yes	The audit ended on 31.03.14. National Audit reports will be published thereafter. CFH Emergency Department closed on 09.12.13. Data for CFH was collected up until 31.11.13. As agreed with the National Audit team, data collected will be analysed separately for both CFH and BH Emergency Departments. It is expected that less than the target 50 cases will be collected for the CFH ED.
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	No	The Trust did not participate in this audit. However, work is ongoing to fund the Diamond Database required for this audit.
Diabetes (Paediatric) (NPDA)	Yes	The audit for 2012-13 closed on 31.01.14. 180 cases were submitted to the audit. The final audit report will be published early 2015. Data submission for the 2013-14 audits will begin on 14.04.14 and close on 14.07.14.
Inflammatory bowel disease (IBD) Includes: Paediatric Inflammatory Bowel Disease Services.	Yes	Only BH registered for the audit as there is no Emergency Department at CFH. 15 cases were submitted during 2013. BH completed the organisational audit which was submitted on 31.03.14.
Sentinel Stroke National Audit Programme (SSNAP) - programme combines the following audits: a) Sentinel stroke audit b) Stroke improvement national audit project	Yes	The audit commenced December 2012. To date, 41 cases for BH and 4 cases for CFH have been submitted.
Elective surgery (National PROMs Programme)	Yes	PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery. Questionnaires returned for BCF for the period April 2013-December 2013: Hip - 215 Knee - 212 Hernia - 46 Varicose Vein - None. Reports are published on a monthly basis directly by HSCIC
Epilepsy 12 audit (Childhood Epilepsy - 12 measures of quality applied to the first 12 months of care after the initial paediatric assessment)	Yes	The identification of applicable patients by the Trust and primary data collection commenced 01.03.13-31.12.13. Completion of data on each relevant patient will take place between 01.01.14-30.04.14.
Maternal infant and perinatal (MBRRACE-UK)* (Also known as Maternal, Newborn and Infant Clinical Outcome Review Programme)	Yes	Cases to be audited are reported as they happen. No BCF cases were identified/selected by (MBRRACE-UK).

Parkinson's disease (National Parkinson's Audit)	No	The Trust did not participate in this audit.
National Audit of Seizure management in Hospitals	No	The Trust did not participate in this audit.
Paediatric asthma (British Thoracic Society)	Yes	The data collection period is from 01.11.2013-28.02.14. Update to be provided at the end of the audit period.

Barnet and Chase Farm Hospitals NHS Trust was not eligible to participate in the audits listed below in 2013/2014 as the Trust does not provide these services.

Congenital heart disease (Paediatric cardiac surgery) (CHD)		N/A
Coronary angioplasty (subscription funded from April 2012)		N/A
Adult cardiac surgery audit (ACS)		N/A
Paediatric intensive care (PICANet)		N/A
Renal replacement therapy (Renal Registry)		N/A
Prescribing in mental health services (POMH)		N/A
National audit of schizophrenia		N/A
Pulmonary hypertension (Pulmonary Hypertension Audit)		N/A
Paediatric Bronchiectasis (British Thoracic Society)		N/A

The Trust took part in 156 local clinical audits. These are reviewed by the directorate and any changes to practice/risks identified are managed locally, unless they impact on other areas or the Trust as a whole, in which case the appropriate action is taken in collaboration with the relevant groups

Additional information

In addition to the above, the Trust participated in the two audits listed below by providing data via the MDT. The procedures itself are performed at Specialist Centres/Units, not at Barnet and Chase Farm Hospitals NHS Trust.

1. Peripheral vascular surgery (VSGBI Vascular Surgery Database, NVD)

2. Oesophago-gastric cancer (NAOGC)

Although eligible to, the Trust did not participate in the following audits during 2013/2014:

1. Parkinson's disease (National Parkinson's Audit)
2. National Cardiac Arrest Audit (NCAA)
3. Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)
4. Emergency use of oxygen (British Thoracic Society)
5. National Audit of Seizure management in Hospitals

The Trust did not submit data for the National Parkinson's Audit because it was felt that the audit was more community rather than hospital based. However, the Trust will participate in this audit in 2014/15.

The Trust did not participate in the National Cardiac Arrest Audit because the Trust's resuscitation service continues to concentrate on changes to service provision leading to a greater than 50% reduction in cardiac arrests in the last year. However, a working group regularly reviews the notes of those who have suffered a cardiac arrest and the information obtained assists the Trust's efforts better to identify and care for the deteriorating patient.

The Trust is still awaiting installation of a Diamond Database necessary for participation in the Diabetes audits. The Diamond Database business case has been approved by the Trust and is being installed, whilst the staff appointments to run this are being made.

The Trust was not involved in the emergency use of oxygen audit due to lack of Consultant resources which was particularly stretched in relation to the implementation of the BEH Clinical Strategy. However, we do have an ongoing internal improvement programme and expect to participate in the 2014/15 audit.

The Trust did not participate in the National Audit of Seizure Management as this is conducted within the A&E department where staff time has been unavailable owing to the joint pressure of winter activity and the changes of the BEH Clinical Strategy.

We intend to submit data to the next audit round for all these audits.

In addition to the national audits, the Trust undertakes a local annual audit programme in response to its own requirements. Results of local clinical audits are reviewed in detail within the directorates and lessons learned and/or changes to practice are highlighted at the Trust's Clinical Governance Committee. The audits are documented on the Trust's bespoke database.

Statement three Participation in clinical research

The number of patients receiving NHS services provided or subcontracted by Barnet and Chase Farm NHS Trust in 2013/2014 that

were recruited during that period to participate in research approved by a research ethics committee was 134.

Research is a core part of the NHS and remains embedded within the NHS Constitution with the expectation that all patients will be invited to take part in research which is relevant to them. Research is vitally important to the NHS because the outcomes are used to improve the quality of services delivered to patients.

Our research portfolio

Over the last year we have significantly developed the Trust's R&D processes and have invested significantly in the team required to develop its research portfolio. We operate a growing portfolio of both academic and commercial research. All clinical trials, whether supported by a pharmaceutical company or another organisation such as the National Institute of Health Research (NIHR), are designed to meet high quality standards. A rigorous system of checks is in place to ensure that these standards are consistently met, including a review by an independent ethical committee and the requirement to obtain permission from the NHS organisation that is to act as the research site.

We continue to expand the number and range of studies that we offer within the Trust. In 2013/14:

- 26 National Institute for Health Research (NIHR) studies were actively recruiting patients
- Over 300 hundred patients recruited in research in previous years were in follow-up
- The areas of research included cancer, cardiovascular, child health, dermatology, gastroenterology, mental health, neurology, orthopaedics, rheumatology, and stroke.
- 14 more studies are currently being set-up.
- We have increased the number of Trust research investigators to over 30.
- Our investigators authored more than 20 publications since December 2011.

Trust research team

The Trust Research Team continues to be led by Dr Ameet Bakhai, Consultant Cardiologist, who was appointed to the post of the Trust R&D Director in December 2012. Further research appointments this year included:

- Dr Heather Angus-Leppan, Consultant Neurologist and Epilepsy Lead for Royal Free and Barnet Hospitals, Honorary Senior Lecturer, Neurosciences R&D Lead
- Liba Stones, first Trust R&D Manager
- Lai Lim, Lead Cardiology Nurse
- Vinodh Krishnamurthy, Physician Associate in stroke research

- Virginia Jennings, Cancer Clinical Trials Research Assistant

The Trust operates a monthly R&D Committee chaired by Dr Bakhai, reporting to the Clinical Governance and Risk Committee.

Our collaborations

The Trust is an active member of University College London Partners (UCLP) which is one of five accredited academic health science systems in the UK. We actively support the 'harmonisation project', a single system for study review across multiple trusts in the Central and East London Local Clinical Research Network. The harmonisation project provides the Trust with the opportunity to work in partnership with some of the most research intensive institutions in the country.

Dr Bakhai acts as the network Cardiovascular Research Lead which is charge of cardiovascular studies across 8 hospitals. The Trust R&D Manager, Liba Stones, acts as the Division Portfolio Officer with a role in coordinating the set-up and management of studies. Cardiovascular research funds 14 members of staff and operates studies which recruited 1963 patients in 2013/14. In the last three months, additional funding of £250,000 was secured for additional manpower and projects.

We are part of the Quintiles Extended Prime Site initiative of 6 hospitals aimed at delivering an efficient set-up and management of commercial research.

In 2013/14 we have been successful in securing a place in the National Institute of Health Research (NIHR) Leadership Support and Development Programme, joining a peer network and working group of around 40 leading research active Trusts.

Active collaboration is under way in the Royal Free to ensure the combined trust takes full advantage of the opportunities for collaboration and integration made available through the acquisition.

Funding

We have secured external funding to over £250,000 for the period 1 April 2013-31 March 2014 to support the NIHR Portfolio Research. This represented an increase on last year, in recognition of our improved performance in NIHR research and enabled us to appoint new research posts.

Snapshot of open studies

British Society for Rheumatology Biologics Registers – Ankylosing Spondylitis (BSRBR-AS)

The British Society for Rheumatology commissioned the University of Aberdeen to set up this study to monitor the safety of treatments for Ankylosing Spondylitis

(AS) and to find out more about how treatments affect the lives of patients in areas such as work, driving and general quality of life. The Principal Investigator at Barnet and Chase Farm the study is Dr Jeffrey Lee, Consultant Rheumatologist and General Physician. The study was approved in June 2013 and so far recruited 11 patients.

British Association of Dermatologists' Biological Interventions Register (BADBIR)

The purpose of this research study is to assess whether the new biological treatments used in the treatment of psoriasis have any side effects when used long-term. The study involves following up patients taking a number of different drugs for psoriasis and assessing the frequency that long-term side effects occur. The study is funded by the British Association of Dermatologists (BAD) and coordinated/sponsored by the University of Manchester. The study has been opened since 2006 at Barnet and Chase Farm and our Principal Investigator is Dr Wanda Robles, Consultant Dermatologist and Senior Lecturer in Dermatology. In 2013/14 the study recruited 15 patients. For more information, see www.badbir.org

Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis - preliminary study (Optima *prelim*)

OPTIMA *prelim* is a 'randomised controlled trial' which seeks to advance treatment of breast cancer by using tests to identify women who are likely to benefit from chemotherapy and those would do just as well with hormone treatment only. This trial is funded by the National Institute for Health Research (NIHR) and sponsored by University College London. The Principal Investigator at Barnet and Chase Farm is Dr Rob Stein, Consultant and Senior Lecturer in Medical Oncology. The study has been running at Barnet and Chase Farm Hospitals NHS Trust since 2012 and recruited 15 patients in 2013/14.

Can Shoulder Arthroscopy Work? (CSAW)

The aim of the CSAW study is to find out what the best way is to treat persistent shoulder pain and examine ways to improve communication about treatments with for people with shoulder complaints. The study is funded by Arthritis Research UK and sponsored by the University of Oxford. At Barnet and Chase Farm Hospitals NHS Trust the study was opened in September 2012. The Trust Principal Investigator is Mr Dan Rossouw, Consultant Orthopaedic Surgeon. 6 patients were recruited in 2013/14.

Statement four Use of CQUIN payment framework

The Trust has been working with a variety of Commissioning Groups for 2013/14 in order to deliver a quality service for local patients. Each Commissioning group had specific areas of focus for quality improvement initiatives with payment conditional upon achievement of associated milestones.

The CQUIN Indicators for 2013/14 account for Trust income of 2.5% of the Acute Contract value. The Trust's payments for the CQUIN Indicators were included as part of the agreed financial settlement for NEL Commissioners for 2013/14 therefore the performance for the CQUIN Indicators continued to be reported in line with the Acute Contract for 2012/13 with no financial impact. For NHS England and Herts CCGs payment has been made in agreement of milestones achieved.

THE TRUST'S IMPROVEMENT PROGRAMME CONSISTED OF:

Nationally mandated

- Improving patient experience - Friends and Family
- Reduce number of pressure ulcers and falls
- Improving dementia awareness, referral and support of the carers.
- Improving process of Venous thromboembolic assessment

Locally Agreed

- Improving patient pathways within the emergency department
- Improving the management and dispensing of drugs
- Reviewing patient experience - walking in their shoes
- Prevention - providing advice, signposting and referral for smokers and people with alcohol issues
- Improving discharge advice for patients with Chronic Obstructive Pulmonary Disease
- Providing an improved integrated approach to patient care

NHS England

Neo-natal Intensive Care (NICU)

- Improvement in volume of mothers opting for breastfeed on discharge
- Improvement of proportion of pre-term babies who start total parental nutrition by day 2 of life

CQUIN scheme priorities 2013/2014	Objective Rationale
Friends and Family	A way of gauging how likely patients are to recommend the Trust to their loved ones. This will provide valuable feedback on the overall experience patients have of their care.
NHS Safety Thermometer	Participation in data collection is an important preparatory step for providers reducing harm in areas of concern highlighted nationally by establishing national baselines of performance. This will allow the establishment of quality improvement aims for future years.
VTE	Venous thrombo embolism (VTE) is a significant cause

	of mortality, long term disability and chronic ill health.
Dementia Screening	25% of beds in the NHS are occupied by people with dementia. Their length of stay is longer than people without dementia and they often receive suboptimal care. Half of those admitted have never been diagnosed prior to admission and referral out to appropriate specialist community services is often poor. Improvement in assessment and referral will give significant improvements in the quality of care and substantial savings.
Chronic obstructive pulmonary disease (COPD) discharge bundle	Use of the bundle has been proven to improve the care of patients admitted to hospital with an exacerbation of COPD, improve their understanding of the disease, reduce future reliance on secondary care and reduce chances of further admissions
Integrated Care	Frail older people are a significant population in terms of numbers and hospital activity. Identification and assessment of frail older people, sharing information with primary care and participation in MDT case conferences will help in reducing expensive hospital admissions amongst this cohort of patients.
Prevention – Smoking	Helping patients to stop smoking is among the most effective and cost-effective of all interventions the NHS can offer. Simple advice from a clinician during routine patient contact can have a small but significant effect on smoking cessation.
Prevention - Alcohol Screening	Alcohol-related problems represent a significant share of potentially preventable attendances to emergency departments and urgent care centres. Screening for alcohol risk has been shown to reduce subsequent attendances and alcohol consumption.
Ambulatory Care	AEC is an approach which results in a significant proportion of emergency adult patients being managed safely and efficiently on the same day avoiding admission to a hospital bed.
Medicine Management	Aimed at improving patients' knowledge about their medicines, how to take them and any side effects that they may experience.
Patient Experience	The 15 Steps Challenge is a series of toolkits. They have been co-produced with patients, service users, carers, relatives, volunteers, staff, governors and senior leaders, to help look at care in a variety of settings through the eyes of patients and service users, to help capture what good quality care looks, sounds and feels like.
Making Every Contact Count (MECC)	Working with staff and patients to reduce risks and improve health in relation to smoking.

Statement five Care Quality Commission statement of assurance

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is fully compliant.

The Care Quality Commission has not taken enforcement action against the Trust during 2013/14.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Additional information

Between 1 April 2013 and 31 March 2014 the Trust had four inspections.

The first was in November 2013 and looked at the birth unit and maxillofacial outpatients in Edgware Community Hospital. The Trust met five essential standards and no action was needed.

The second inspection was at Barnet Hospital's new Maternity Unit in December 2013. Four standards were met and no action was required.

The third inspection was at Chase Farm Hospital, also in December 2013. 10 standards were inspected, of which three specifically related to a thematic review of the quality of care provided to support people living with dementia. The Trust met nine of the standards; the one that was missed was cleanliness and infection control and only required action by theatres to address the issue. Following this announcement in the report, the Trust declared it had an externally-shared action plan in place that was being monitored at a CQC compliance group and reported to at a Quality and Safety Committee. The Trust now believes it is fully compliant and has so advised the CQC requesting a further inspection.

The fourth inspection was at Barnet Hospital in January 2014. It looked at six essential standards of which five were met. Action was needed on the sixth standard which related to medical records; the Trust developed action plans to improve this and has shared them with the CQC, from whom we are awaiting further feedback.

Statement six Data quality

Standards for Data Quality are monitored by a host of external bodies including Monitor, the CQC (Care Quality Commission), DoH (via the Information Governance Toolkit) and our Commissioners. Regular analysis of key quality indicators benchmarked against national comparisons and/or improvement over time also help to identify priorities for improvement.

During the course of 2013/14 the Data Quality team were involved in the following:

- responding to over 98% of helpdesk calls on the same day
- assisting the clinical coding team to achieve 100% coding of diagnosis and treatment thereby improving both clinical care & financial reimbursement
- running data quality awareness sessions for staff to ensure high standards are met and maintained.
- monitoring standards, both internal and external, reporting progress against targets and providing project plans and guidelines for improvement.

Barnet and Chase Farm Hospitals NHS Trust submitted records during 2013/14 (April-December) to the Secondary Uses Service (SUS) for inclusion in the hospital episodes statistics, which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS Number was (London average in brackets):

2013/14

98.4% for admitted patient care (97.3%)
 98.9% for outpatient care (98.1%)
 91.9% for Accident and Emergency care (89.8%)

The percentage of records in the published data which included the patient's valid General Medical Practice Code was (London average in brackets):

2013/14

99.9% for admitted patient care (99.7%)
 99.8% for outpatient care (99.8%)
 99.8% for Accident and Emergency care (99.4%)

Statement seven Information Governance Toolkit attainment levels

The Trust's 'information governance assessment report score' overall score for 2012/13 was 95% and was graded green.

Additional information

Information governance is the process that ensures we have necessary safeguards in place for the use of patient and personal information, as directed by the Department of Health and set out within national standards. The trust's overall score was satisfactory, meaning that a level two or above was achieved for all 45 requirements.

Statement eight Payment by Results clinical coding audit

The Payment by Results (PbR) Data Assurance Framework supports the improvement of data quality which underpins payments and financial flows within the NHS. The assurance framework is carried out on behalf of the Department of Health (DH) and is a key component of the PbR system.

This year Barnet and Chase Farm Hospitals NHS Trust has not been selected for the Payment by Results Data Assurance Framework

Following the 2012-13 Payment by Results Data Assurance Framework audit, the Coding Department has taken major steps to improve the Trust's coding.

To improve data quality, coders have received Coding Refresher and Specialty Workshop training, provided by the London Clinical Coding Academy. Monthly coded data review audits and individual coder audits are also undertaken, with regular feedback given to coding team and individual coder on any errors identified.

Additional information

Clinical coding is the process by which medical terminology written by clinicians to describe a patient's diagnosis, treatment and management is translated into standard, recognised codes in a computer system. It is important to note that the clinical coding error rate refers to the accuracy of this process of translation, and does not mean that the patient's diagnosis or treatment was incorrect in the medical record. Furthermore, in the definition to determine the clinical coding error rate, 'incorrect' most commonly means that a condition or treatment was not coded as specifically as it could have been, rather than there was an error.

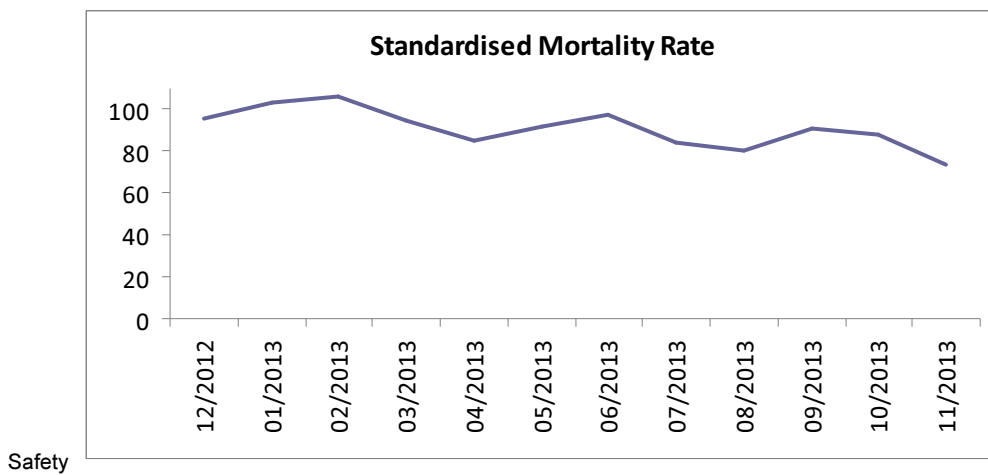
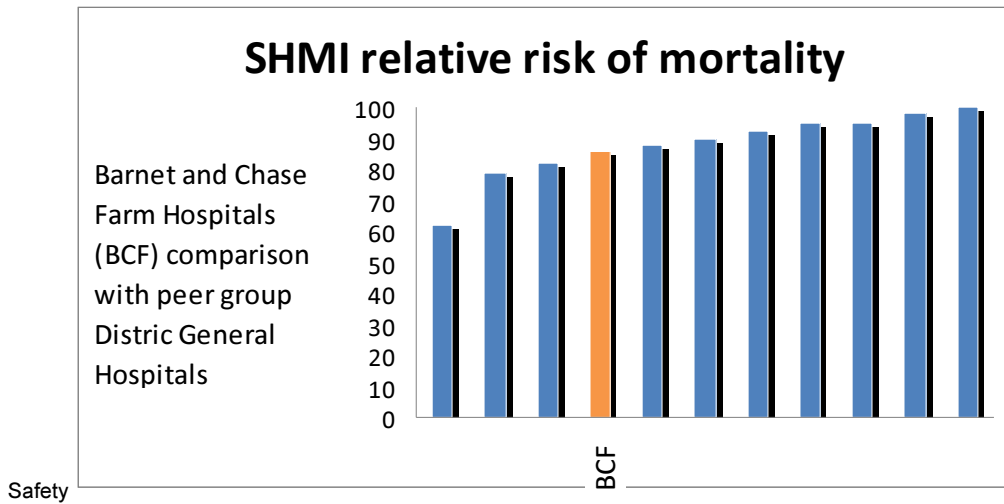
Data quality is monitored by the Hospital Management Board which receives a quarterly report containing progress against Key Performance Indicators.

Our quality performance indicators

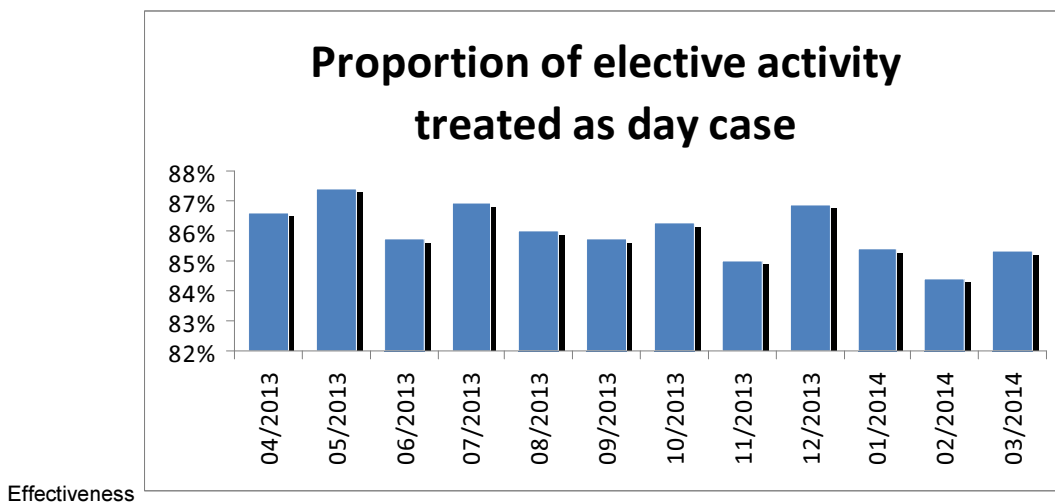
An overview of the quality of care based on performance in 2013/14 against key national indicator priorities is detailed within our annual report.

This section contains an overview of quality of care offered by the Trust based on performance in 2013/14 against indicators selected by the Board in consultation with stakeholders. They cover the three dimensions of quality:

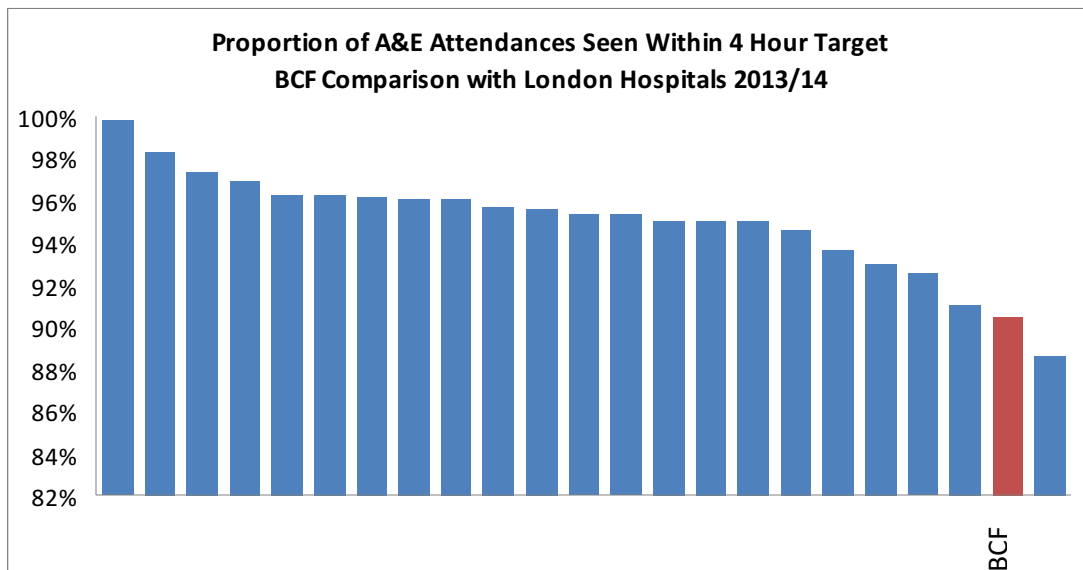
- patient safety
- clinical effectiveness
- patient experience.



The Trust has a MSMR of 80 which compares very favourably with the rest of London and the UK (13th best in the country). This is a measure of the likelihood of dying in the organisation where 100 is the national average. A figure lower than 100 indicates a lower than average result.



This represents the Trust's ongoing improvement with its day surgery processes.

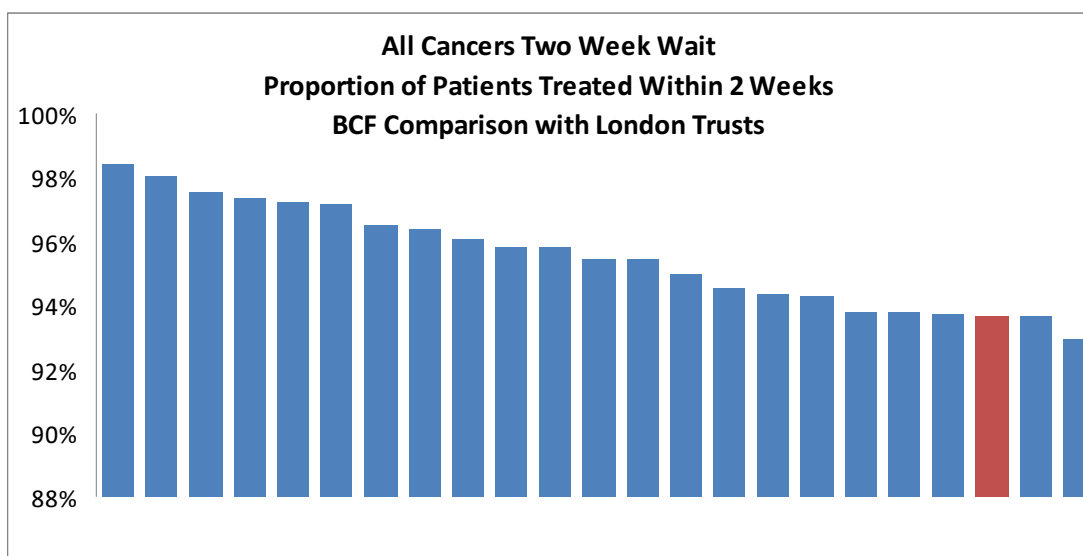


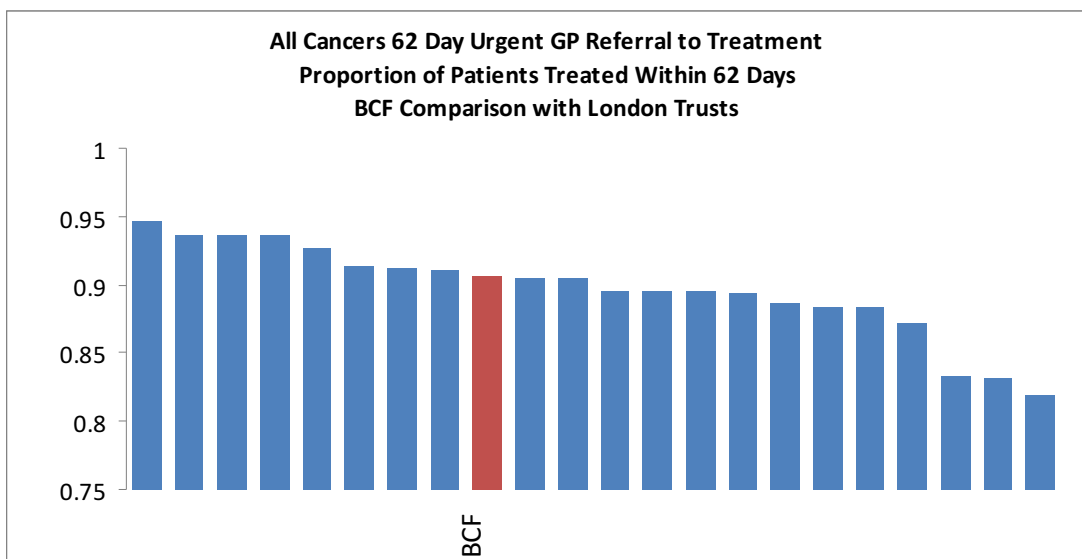
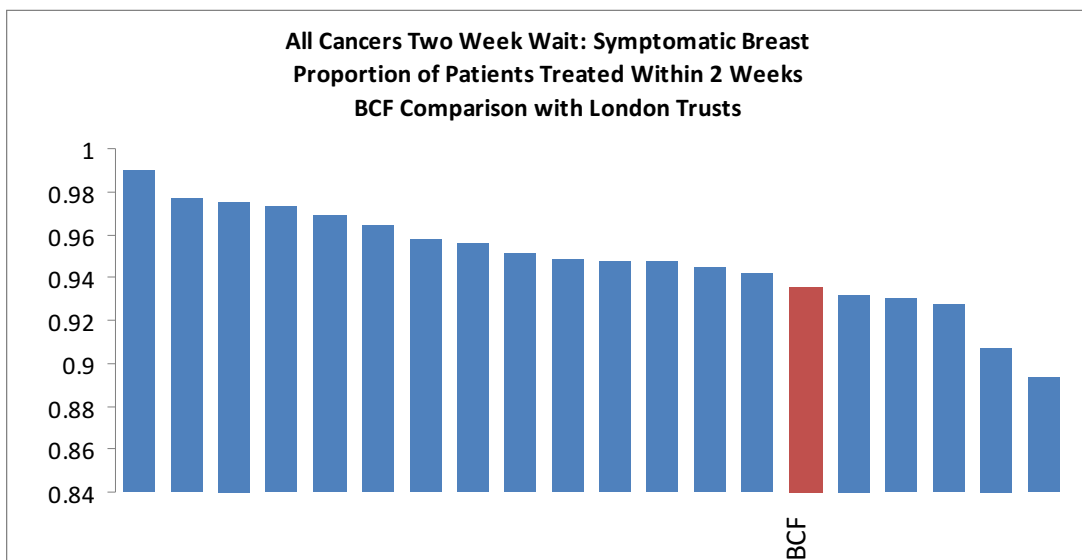
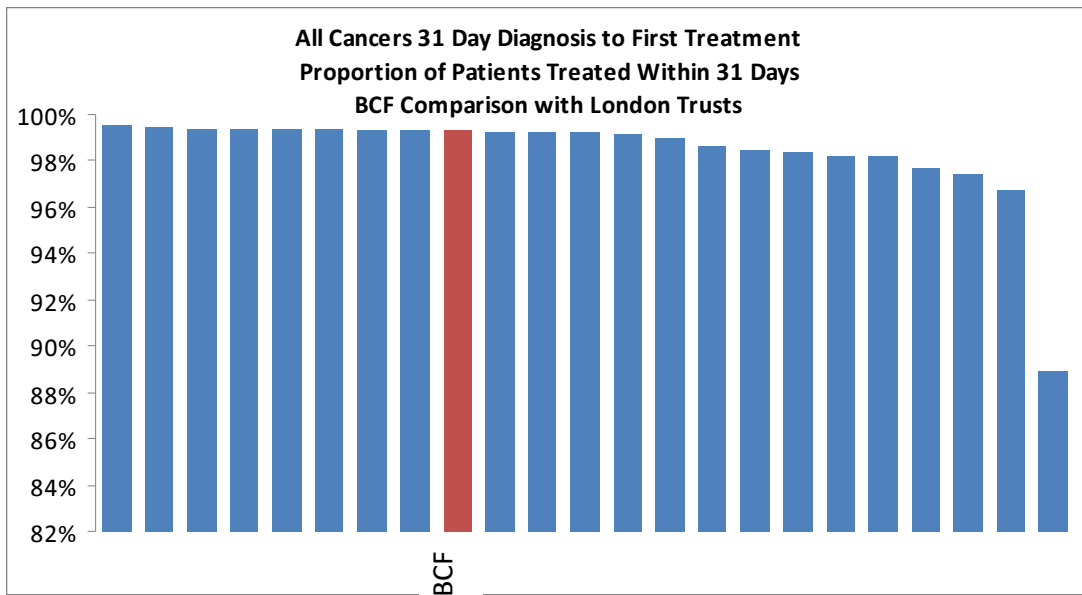
The Emergency department is often the patient’s point of arrival, especially in an emergency when patients are in need of urgent treatment.

Historically, patients often had to wait a long time from arrival in A&E to be assessed and treated.

The graph summarises Barnet and Chase Farm Hospitals NHS Trust performance in relation to meeting the four hour maximum wait time standard compared to the performance of London Hospitals. The performance for 2013/14 was 90.4%..

The Trust has experienced significant difficulties in maintaining the 4 hour target during the process of BEH transition. However the Trust has seen this as important target and in the last month has been maintaining compliance with the national standard of 95% or more.





Clinical evidence demonstrates that the sooner patients urgently referred with cancer symptoms are assessed, diagnosed and treated, the better the clinical outcomes and survival rates.

National targets require 93% of patients urgently referred by their GP to be seen within two weeks, 96% of patients to be receiving first treatment within 31 days of the decision to treat and 85% of patients to be receiving first definitive treatment within 62 days of referral.

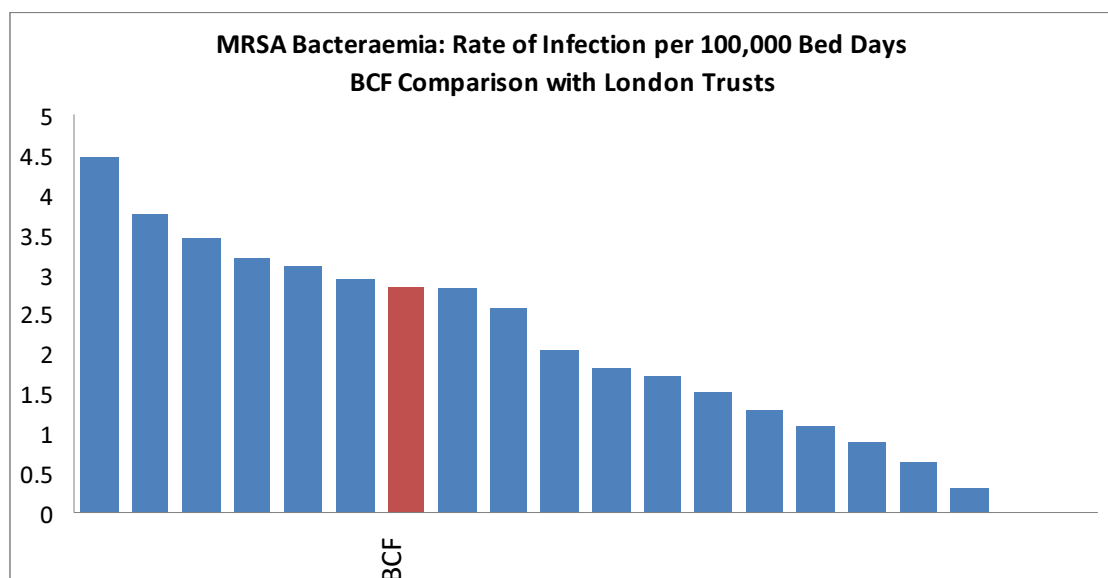
For the period for which national data is available April-December 2013, BCF performed better than the national targets.

From April-December 2013 for All Cancers Two Week Wait BCF achieved 93.7% passing the National Target and were third lowest performance Trust in London.

From April-December 2013 for All Cancers 31 Day Diagnosis to First Treatment BCF achieved 99.3% passing the National Target and were ranked 9th Trust in London.

From April-December 2013 for All Cancers 62 Day BCF achieved 91% passing the National Target and were ranked 9th Trust in London.

From April-December 2013 for All Cancers 2 Week Wait Symptomatic Breast BCF achieved 94% passing the National Target and were ranked 15th Trust in London.

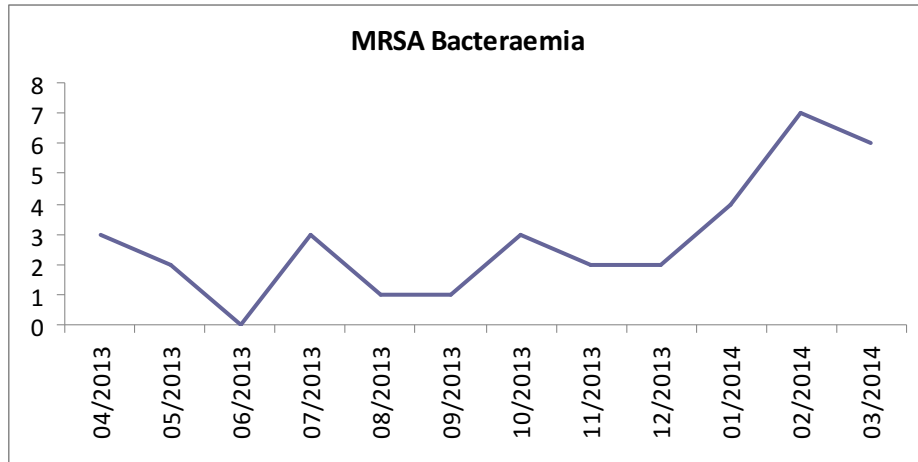


MRSA is an antibiotic resistant infection associated with admissions to hospital. The infection can cause an acute illness particularly when a patient's immune system may be compromised due to an underlying illness.

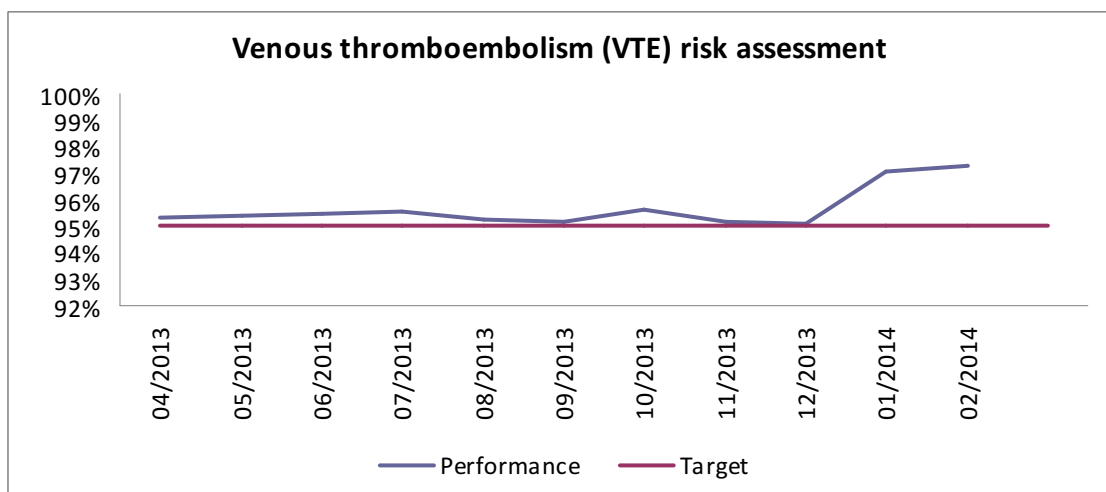
Reducing the rate of MRSA infections is a key government target. The infection rate is seen as an indicator of the degree to which hospitals prevent the risk of

infection by ensuring their facilities are clean and their staff comply with infection control procedures.

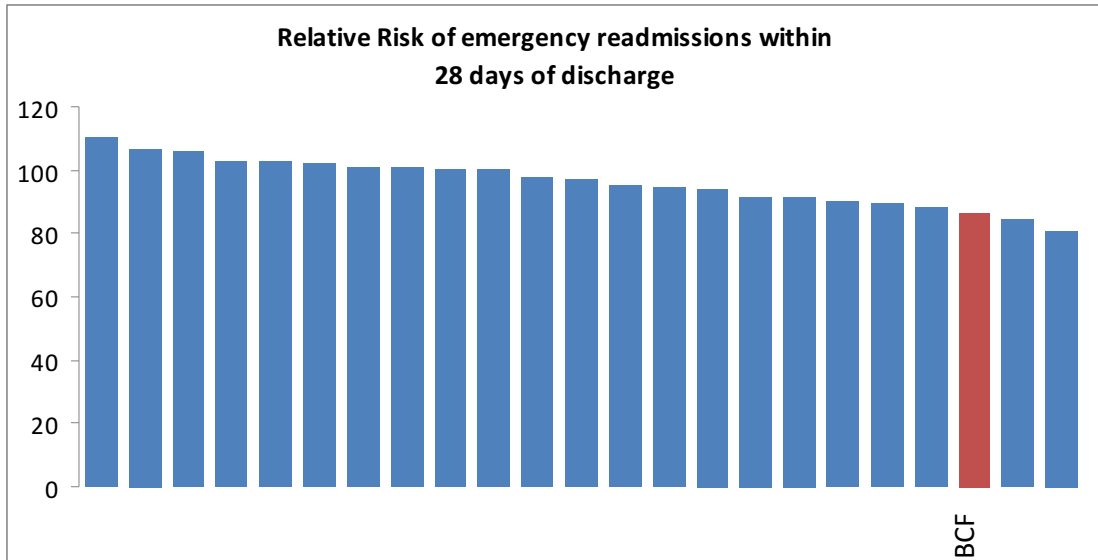
During 2013/14 BCF had 6 cases attributed to MRSA with a 2.8 Rate per 100,000 bed days.



This graph shows that we failed to meet our target of zero MRSA infections in 2013/14. There were actually six cases, of which four were directly affected by their treatment here.



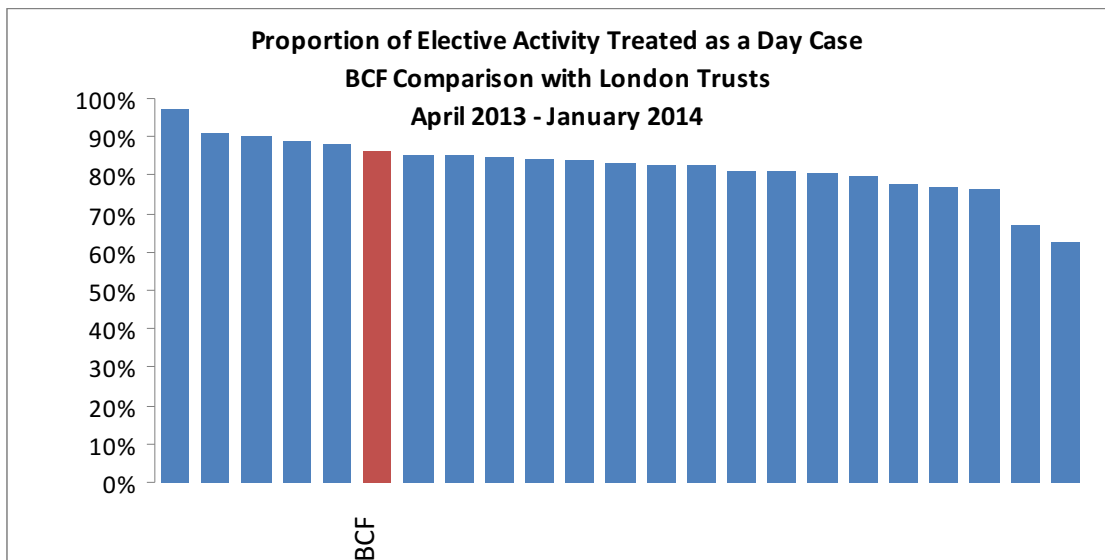
Many deaths in hospital result each year from hospital acquired thromboembolism (HAT). Some of these deaths could be prevented. The government has therefore set hospitals a target requiring 95% of patients to be assessed in relation to this risk. BCF met or performed better than the target for 2013/14.



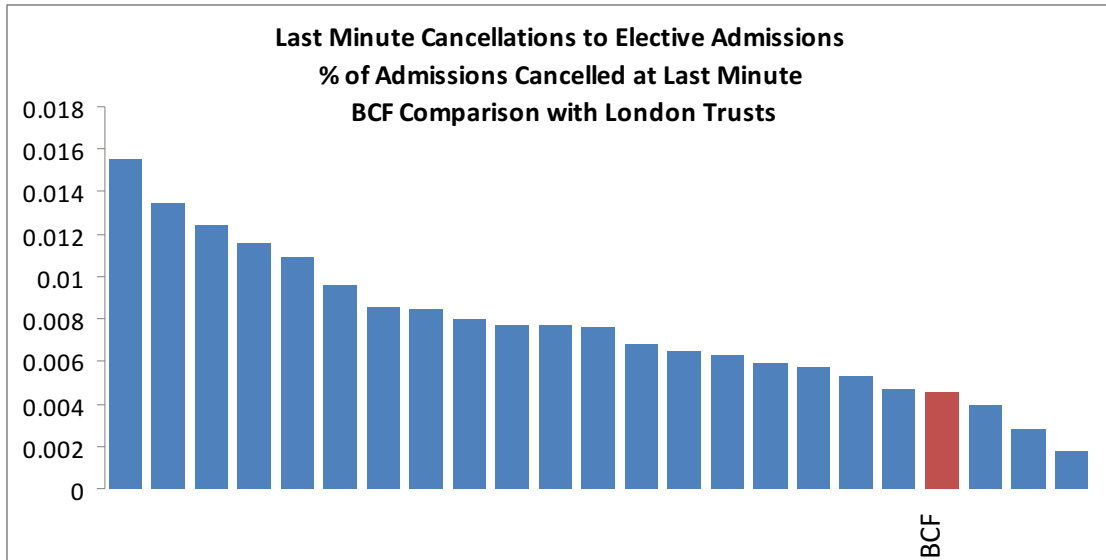
We carefully monitor the rate of emergency re-admissions as a measure of the quality of care and the appropriateness of discharge.

A low, or reducing, rate of re-admissions is seen as evidence of good quality care.

The chart presents the relative risk of readmission in which BCF has a rate of 86.7 which is within expected levels. Compared to other London Trusts we have a lower relative risk. This chart demonstrates that, during the BEH Clinical Strategy implementation period, the Trust had a relatively low risk of readmission as compared to its peer organisations.

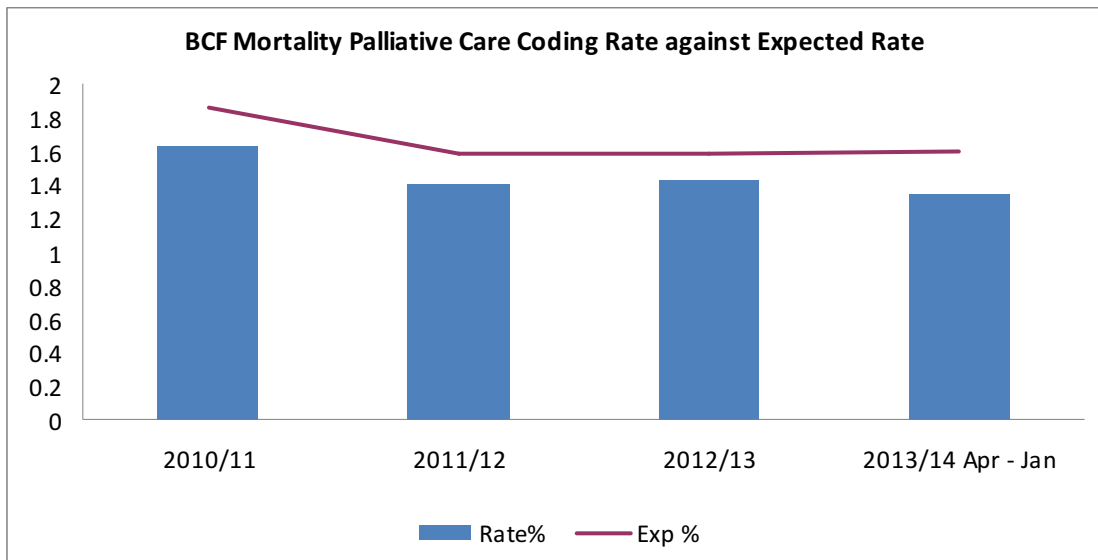


Day cases are procedures that allow you to come to hospital, have your treatment and go home, all on the same day. A high day case rate is seen as good practice both from a patients perspective and in terms of efficient use of resources.



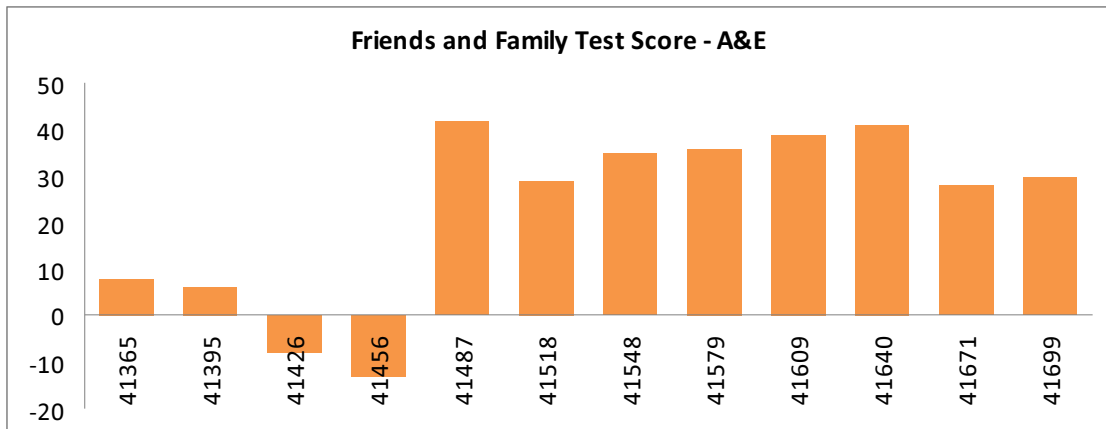
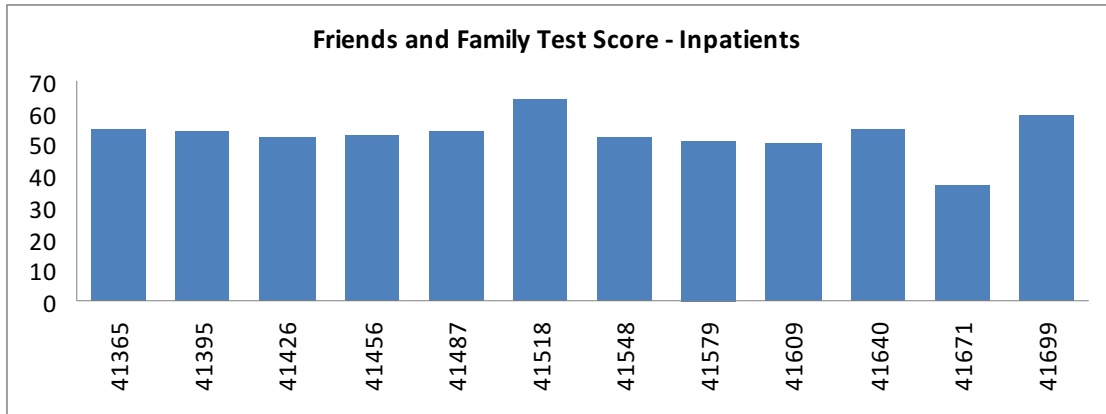
Cancelling operations on the day of, or following admission, is extremely upsetting for patients and results in longer waiting times for treatment.

In the period April-December 2013 BCF had the 4th lowest rate when compared to London Hospitals.



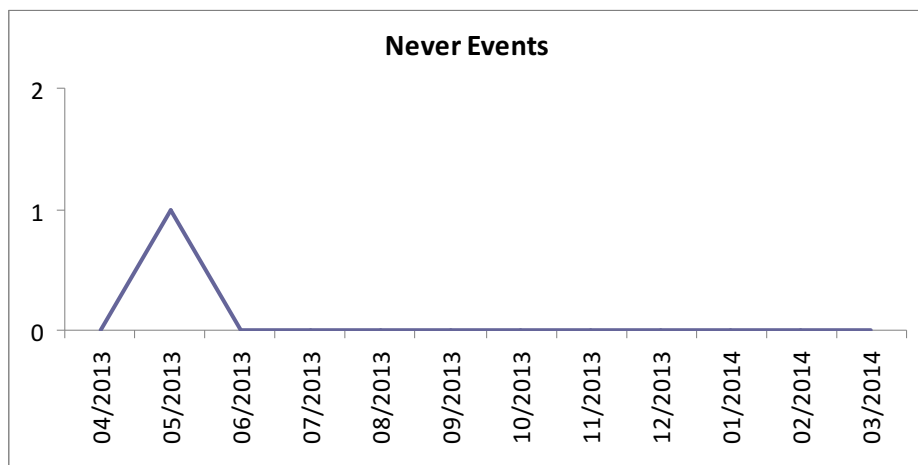
This graph displays the yearly mortality rate for palliative care for the Trust over a 4 year period. This is a percentage of deaths in the Trust that are coded as having been seen by the Palliative care team.

The graph shows the BCF performance rate against what the expected rate. BCF have consistently been below this.



The friends and family test (FFT) was introduced in April 2012. Its purpose is to improve patient experience of care and identify the best performing hospitals in England.

FFT aims to provide a simple, headline metric which, when combined with follow up questions, can be used to drive cultural change and continuous improvements in the quality of care received by NHS patients.



The Trust has fully investigated the never event and shared learning both within the organisation and externally to other parties.

Focus on Quality and Improvement

Barnet Enfield and Haringey (BEH) Clinical Strategy

The Barnet Enfield and Haringey Clinical Strategy became a reality in November and December 2013, as first Maternity and then Emergency services were moved from Chase Farm Hospital into expanded facilities at Barnet Hospital and at North Middlesex University Hospital. This long planned focusing of these services in North London at two sites rather than three was driven by a need to increase clinical effectiveness. Patients now benefit from improved Consultant cover across a full range of services and it is expected that improved outcomes will accrue.

The emergency medical and surgical services now benefit from significantly higher levels of Consultant input - allowing improvement in both clinical services to patients and training. However, emergency work flows have been significantly higher at Barnet than pre-BEH modelling predicted. The Trust is actively implementing new models of working, e.g. Post Acute Care Enablement (PACE), Triage and Rapid Elderly Assessment Treatment (TREAT) and Rapid Assessment Intervention and Decision (RAID) and is working with its community partners to ensure the best possible processes for patient care.

I can, You can, We can make a difference with hand hygiene

A new hand hygiene campaign - 'I Can, You Can, We Can, make a difference for patients' - was launched in 2013/14 to inspire the fight against healthcare associated infections (HCAIs). It features a series of visually striking banners and posters that can be seen throughout all our hospital sites, together with a number of hand washing-themed pictures drawn by younger patients at the Trust.

The campaign also includes a music video based on Gangnam Style, 'Use This Handwash Style!'. The video features over 300 members of staff cleaning their hands to a specially-amended version of the song.

The video proved popular across the world attracting over 20,000 hits on YouTube.

GUM patients benefit from new text messaging service

The Clare Simpson Clinic - the Trust's Genito Urinary Medicine (GUM) service - provides free, confidential advice and treatment of sexually transmitted infection (including HIV). Although they welcome referrals from GPs, this is an open access service; patients do not need to be referred.

In 2013/14 they introduced a text based booking system within the morning clinics and appointments are available at other times throughout the week at Barnet Hospital.

Reserving a time slot is a hassle free way for patients to see our sexual health team within their morning clinics, men's clinic and young persons clinic at Barnet. Time slots are limited and fill up quickly, if there are no spaces available patients are put onto a 'Wait list'. If a space then becomes available they receive a text and will have 10 minutes to respond to it. If they are texting outside of the reserving a time slot opening hours they may be asked to repeat their request for a slot the next day.

Texts are charged at the standard mobile network rate for sending them, but it's free to receive texts from the clinic. Reserving a time slot is open from 7pm the night before a clinic.

The Clare Simpson Clinic also runs a service in Edgware Community Hospital, where they phased out walk-in clinics and replaced them with the texting service in April.

New infusion suite opens at Finchley Memorial Hospital

Cancer patients are benefiting from a brand new infusion suite which is bringing care closer to their homes.

The nurse-led service at Finchley Memorial Hospital (FMH) is a joint project between the Trust and Royal Free London NHS Foundation Trust. Some cancer patients can receive chemotherapy infusions and supportive treatments in the purpose-designed unit instead of having to travel to the Royal Free, Barnet Hospital or Chase Farm Hospital.

All patients will continue to start their treatment at the Royal Free, Barnet or Chase Farm hospitals but, where clinically appropriate, and patients are offered the choice of continuing their treatment at FMH if this is more convenient for them. Patients also continue to have regular appointments with their oncologist or haematologist at Barnet, Chase Farm or Royal Free hospitals.

More than 1,300 infusions every year are expected to be conducted at the unit, which is open 9am-5pm, Monday-Friday.

Reflections Rounds: 'Caring for the caregivers' and 'Compassion in care'

The Trust embarked on a new series of staff sessions in 2013/14 that will bring employees together to share experiences on how they can deal with the personal pressures of providing better patient care.

Reflections Rounds are monthly 1 hour meetings that are open to staff members of every profession and grade within the Trust. The round can consist of one to four cases for reflection about patient and staff experience.

The first session was attended by over 150 members of staff with many spontaneous workshops afterwards. It was an introduction of things to come and an explanation of how it would benefit attendees, who were encouraged to share information via an online group and think of cases that they could bring

back to future sessions. Feedback after the event was overwhelmingly positive, with most attendees saying that they plan to come again.

Developing our culture of compassionate care

Over 100 members of staff came together for a workshop in July that looked at developing a culture of compassionate care within the Trust. With compassion defined at the start of the workshop as a “deep awareness of the suffering of another coupled with the wish to relieve it”, staff looked at the Mid Staffordshire report and asked whether similar incidents could have taken place at Barnet and Chase Farm Hospitals. Using anonymous real patient stories and working in multidisciplinary groups, staff explored what compassion meant to them, why this sometimes went wrong and the next steps that were needed to ensure compassion was evident at all times.

The workshop was led by a member of PRAG - the Patient, Relatives and Advisory Group. The workshop output will be reported through to the Trust Board via the Patient Experience Strategy Group. Anyone who would like to be involved in the group should contact Terina Riches, Director of Nursing.

The event was described as productive and useful by those who attended and further, similar workshops are now being planned.

Transanal Endoscopic Microsurgery (TEMS)

The Trust's Minimally Invasive Surgical Unit was chosen to be a Tertiary Referral Unit for the provision of Transanal Endoscopic Microsurgery (TEMS) in 2013/14. This is a minimally invasive technique which involves using a special operating scope with magnified views to remove rectal tumours that cannot be dealt with using colonoscopic (endoscopy) or other local excision methods.

Previously, Trust patients who were deemed suitable for TEMS were sent to Oxford or Central London, which was very inconvenient for them. In 2008 two of the Trust's Consultant Colorectal Surgeons decided to provide the service at the Trust. They underwent appropriate training and mentoring. The specialised equipment required was purchased using charitable funds from the League of Friends and now both surgeons undertake the procedure independently. They have now undertaken 26 cases with six patients with early rectal cancer. There have been very few complications and no deaths. All patients are discussed at a special MDT (multi disciplinary team) meeting and are seen in the outpatient clinic prior to any procedure to meet the surgeon and our Clinical Nurse Specialists.

This is a major achievement and means that other hospitals such as University College London Hospital, North Middlesex Hospital, Royal Free Hospital, Whittington Hospital and Princess Alexandra Hospital can send suitable patients to the Trust for consideration for TEMS.

This will considerably raise the profile of the Trust's Minimally Invasive Surgical Unit both regionally and nationally, but more importantly provide a specialist service to our patients locally and close to home.

Home for Lunch and Green Friday

Home for Lunch is a new initiative at Chase Farm Hospital that brings huge convenience to patients both when they come into hospital and also when they leave. It involves a drive to discharge patients, where possible, on the morning of their last day in hospital rather than in the afternoon.

Discharging current patients in the morning will also be more convenient to patients who've just arrived at hospital. With more beds available earlier in the day, those in A&E can be admitted sooner onto the wards, drastically reducing their waiting times and improves the patient experience. The new processes may also be expanded into Barnet Hospital.

The aim of Green Friday (at Barnet Hospital only) is to identify potential discharges for the weekend to support and increase the number of patients who are medically fit for discharge at weekends.

Ward teams complete a Green Friday discharge form if they think a patient is nearly ready for discharge, this will then enable the Multi Disciplinary Team (MDT) to discharge patients within set guidelines.

Improving the pace of treatment

Important projects that have started at our Trust include Triage and Rapid Elderly Assessment Treatment (TREAT) and Post Acute Care Enablement (PACE).

TREAT is a multi-disciplinary team based in the new Acute Assessment Unit at Barnet Hospital's Emergency Department. They provide rapid assessment with admission avoidance for patients aged over 80, allowing patients to return home without the need for a hospital admission.

The desired outcome for this work is both admission avoidance and prevention of re-attendance to the Emergency Department by ensuring that the best care for elderly patients is provided in the most suitable care setting.

The multi-disciplinary team will include Care of the Elderly Consultants, junior doctors, occupational therapists and specialist nurses who will review elderly patients and where necessary provide further assessment via follow up (in hospital outpatient clinics). A clinical management plan will be developed, redirecting the patient into pathways in the community.

PACE provides early supported discharge for patients who are not yet medically fit but are able to finish their current care in their own home. The desired outcome is to reduce length of stay and improve patient flow across the system by providing clinically safe care in a more pleasant surrounding.

A case-finder from Central London Community Healthcare, based at Barnet Hospital, works with medical teams to 'pull' patients from secondary care into community services to be cared for at home. PACE will also work closely with the TREAT service.

Accreditation for the Sterile Services Department

Since March 2007 all Trusts have been required to plan towards gaining accreditation for their SSD based on standards that relates specifically to medical products, process controls and quality. This requirement has been on the Trust's risk register and is seen as a key milestone objective to the development of the Sterile Services Department and the service it provides to theatres and users.

Following the conclusion of a recent independent audit, Barnet and Chase Farm SSD has been awarded accreditation.

The Sterile Services Department can now not only supply our own Trust, but also any other organisation with products within their scope. This is a significant achievement considering where the unit has come from. The staff have had to take on and implement new working practices, changing the way they have been doing things for a long time to ensure that they comply with the new regulations. The staff have been flexible and adapted very well. They have embraced the changes, understanding the significance and enhancements that this brings to the department.

Chase Farm Macmillan Information Centre

Following on from the success of the Barnet Macmillan Cancer Information and Support Centre, Chase Farm Hospital now also benefits from the new appointment of a second Macmillan Information Specialist (MIS). The service offers good quality and appropriate information on all aspects of living with and beyond cancer, including practical, emotional and financial advice.

The MIS attends clinics, meeting and supporting patients and carers who require additional support or who are in need of a listening ear. Patients or carers who don't get to meet the MIS in clinics can call to discuss issues over the phone or arrange to meet for a quiet and informal chat. The MIS also offers information on local and national support centres and organisations for both patients and carers.

Plans for a permanent Macmillan Information and Support Centre with a 'drop in' facility are in progress as part of the new hospital development plans. In the interim, there will be information displays providing booklets and resources at locations around the hospital.

Stop and Help

'Stop and Help' is a new Trust initiative encouraging staff to stop and help a visitor who looks lost on our premises. This work is bolstered by the Trust's Behaviour Standards:

- Greet everyone in a friendly manner, including patients and visitors
- Introduce yourself by name and role
- Wear an identification badge that is visible to the public at all times and dress appropriately at all times
- Treat everyone courteously with respect and dignity
- Speak clearly at all times, without haste or impatience
- Listen actively, don't interrupt or presume you know what people are going to say.

Appendices

APPENDIX A

The views of our patients, local community, governors and staff are essential in helping us maintain and develop high quality clinical services. We carried out a series of exercises to ensure we engaged our various stakeholders and partners as much as possible in developing this quality report.

We sent this year's draft quality report to the following organisations for comment on XX/XX/2014:

- Healthwatch Barnet
- Healthwatch Enfield
- Barnet Health Overview and Scrutiny Committee
- Enfield Health Overview and Scrutiny Committee
- North and East London Commissioning Support Unit
- Barnet Clinical Commissioning Group
- Enfield Clinical Commissioning Group
- Hertfordshire Clinical Commissioning Group

Our external auditor, Grant Thornton, also reviewed our quality report and we have incorporated its preliminary comments into the final version.

The following statements have been received from our stakeholders.

Statements from clinical commissioning boards and overview and scrutiny committees

(insert replies from the following organisations)

- Healthwatch Barnet
- Healthwatch Enfield
- Barnet Health Overview and Scrutiny Committee
- Enfield Health Overview and Scrutiny Committee
- North and East London Commissioning Support Unit
- Barnet Clinical Commissioning Group
- Enfield Clinical Commissioning Group
- Hertfordshire Clinical Commissioning Group

APPENDIX B

Response to comments (for future drafts)

In response to comments received from xxx we have outlined our responses in the following table.

APPENDIX C

Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

The content of the quality report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2013 to June 2014
- Papers relating to quality reported to the board over the period April 2013 to June 2014
- Feedback from commissioners dated [XX/XX/2014]
- Feedback from local Healthwatch organisations dated [XX/XX/2014]
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated [XX/XX/20XX]
- The latest national patient survey [XX/XX/20XX]
- The latest national staff survey [XX/XX/20XX]
- The head of internal audit's annual opinion over the trust's control environment dated [XX/XX/20XX]
- CQC quality and risk profiles dated [XX/XX/20XX].

The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;

The performance information in the quality report is reliable and accurate;

There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;

The data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

The quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board

(NB: sign and date in any colour ink except black)

Insert signature

Baroness Wall of New Barnet
Chairman
Date.....

Insert signature

Dr Tim Peachey
Chief Executive
Date.....

APPENDIX D

Independent auditor's limited assurance report to the Trust Board of Barnet and Chase Farm Hospitals NHS Trust on the annual quality report

The Board reviewed structures in light of the Keogh, Francis and Berwick reports to allow increased opportunity for appropriate debate and discussion of the many governing issues taking place in NHS organisations. The Trust Board created a number of committees (Quality and Safety and finance) chaired by Non-Executive Directors where detailed discussions take place on quality and safety.

These committees report directly to the main Trust Board. Furthermore the Trust has created a Quality Improvement Board - chaired by the Chief Operating Officer and attended by senior clinician representatives from each directorate reporting to the Trust Board at each Trust Board meeting. The directors in turn present their Key Performance Indicators (KPIs) in relation to infection control, read and discuss a complaint and compliment.

The Board reviews the KPIs of the Trust across all areas at each Board meeting as well as detailed discussion around issues such as the national patients' survey.

The Executive and Non Executives of the Trust Board undertake regular workarounds of the clinical areas. The Board also regularly undertakes a process of the nationally prescribed 15 step challenge which is aimed at ensuring the Board are well organised and demonstrate focus and patient centred.

The Trust seeks and encourages feedback from patients and families using its services, both via the standardised Friends and Family Test and also Patient Feedback Trackers.

The Trust has a requirement for all members of its staff to undergo a documented annual appraisal and in the case of medical staff an enhanced appraisal reflecting the requirements of the GMC. This has allowed the organisation to proceed through the new medical revalidation process of the GMC.

As a consequence of the BEH Clinical Strategy the Trust has been able to produce a 7/7 Consultant dedicated emergency, medical and surgical service and can now meet the staff requirements laid down by NHS London, with the exception of a few areas which can only be met by cooperation with external partners.