

**Appendix 2 - Royal Free London NHS Foundation
Trust**

DRAFT

**Quality Accounts and
Quality Report 2014/15**

The Royal Free London NHS Foundation Trust

PART ONE

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

It gives me great pleasure to introduce our 2014/15 quality report. This report is designed to assure our local population, our patients and our commissioners that we provide high-quality high clinical care to our patients. In addition it shows where we could perform better and what we are doing to improve things.

The last year has been a particularly important year in the history of the Royal Free. On July 1st we acquired Barnet and Chase Farm Hospitals NHS trust to become one of the largest NHS acute trusts in England. We now employ nearly 10,000 staff and own three major hospital sites. I am pleased to report that the integration of the two organisations has gone very well and we have maintained our focus on high quality care throughout the year.

During the forthcoming year we will maintain our focus on integration and on improving the quality of facilities we provide for our patients. We will particularly have a major focus on Chase Farm Hospital. Our staff on that site are dedicated to high quality patient care, but they work under difficult circumstances in buildings that are no longer fit for 21st century healthcare. I am delighted to report that we were recently granted approval to completely rebuild Chase farm hospital. We aim will start work shortly and the new hospital should be fully open for patients in early 2018.

At the Royal Free Hospital in Hampstead we have also been busy making plans for the future. We opened the first phase of the new UCL Institute for Immunity and Transplantation two years ago and we have already seen the results of this exciting new research facility, with important new findings into diabetes already being made by researchers based in the Institute. We will shortly start work on the second phase of the Institute, a brand new multi-million pound building. I have no doubt that this will enable us to attract the very best researchers from around the world, and that this will ultimately lead to great benefit for our patients.

This quality report includes our high-level quality priorities for the next year. We strongly believe that quality improvement takes more than a single year and we have therefore chosen to continue our improvement projects from last year. One of these is our patient safety program which we successfully launched in the autumn of last year with a week of high profile events including invited speakers with national and international reputations in patient safety.

Our governing objective is to provide world class care to all patients at the trust. However during the last year I have been particularly proud of our management of ebola. We host the UKs only High Level isolation Unit for the management of patients with infectious diseases such as this. So far we have successfully treated three healthcare professionals with proven ebola and several others at risk of developing the infection. This has required a major effort by our infectious disease team and many others who are needed to run the unit. I have no doubt that this has provided confidence to those working in West Africa during the current devastating epidemic, and provided additional medical knowledge that will help future patients.

I believe the evidence provided in this quality report demonstrates our commitment to providing the highest quality of clinical care.

I confirm to the best of my knowledge the information provided in this document is accurate.

David Sloman

Chief Executive

The Royal Free London NHS Foundation Trust

Date

PART TWO

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 2014/15 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 2015/16.

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: [World class patient information to reflect our world class care](#)

Priority two: [In- patient diabetes care](#)

Priority three: [Further develop our patient safety programme](#)

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

Priority one: [World class patient information to reflect our world class care](#)

Last year, a key quality objective committed to improving consistency of the information that is available to patients and carers over an 18 month timeframe. The provision of high quality accessible information is key in embedding our world class care values and allowing greater choice and preparation for forthcoming procedures and/ or appointments.

In the last year the Trust with support from the Royal Free Charity have created the post of Patient Information Manager, this person will lead on the development and implementation of our patient information strategy with key internal and external stakeholders (including information providers and patient support groups) in line with NHS guidance.

The Trust has undertaken three recruitment campaigns but has not been successful in making an appointment; as such the patient information strategy was not developed and is carried forward to 2015/16 as a priority. The trust intends to recruit to this role.

In embedding the world class care value of 'Positively Welcoming' value, the trust has become a signatory and is pleased to support the 'hello my name is' campaign, to encourage and remind all healthcare staff about the importance of introductions in the delivery of care.

In line with public expectation and in increasing accessibility of information the trust proactively uses Twitter and other social media as a vehicle for patient information that does not require person specific detail; the trust currently has over 7800 followers on Twitter.

The trust welcomes the involvement we have received in the development of disease information and are pleased that patients using the Liver Transplant service are designing the web pages to ensure that information is targeted and answers questions that patients have.

On objective for this year was to ensure consistency in how information is presented and the trust has introduced a 'house style' for all letters and communication, this is being extended to telephone etiquette.

The trust recognises that patient information is not solely in the printed form and has invested this year in mobile Induction loops to be used for patients with hearing aids, these are available throughout the trust and can be collected at a number of sights.

One area of success in in the presentation of information during the episode of care in the Emergency Department where the trust above average for 'information given on condition or treatment' in the National A&E Survey.

Priority 2: In-patient diabetes care

We selected diabetes care as our improvement priority for clinical effectiveness for 2014/15 these were to:

- Improve meals and 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.

Royal Free Hampstead and Chase Farm Hospital participated in the National Diabetes Inpatient Audit which reported its findings in 2014, thus providing the opportunity to monitor our improvement on these sites. Our Barnet site has not previously taken part in this audit.

Meals & mealtimes

The most recently-published report from the National Inpatient Diabetes Audit demonstrates an improvement in meals and mealtimes as reported by patients. 64% of patients with diabetes reported that they were always, or almost always, able to choose a suitable meal at our Hampstead site; 78% at Chase Farm.

62% reported that meals were always, or almost always, provided at a suitable time at Royal Free Hampstead; 80% at Chase Farm.

This is an improvement on patients' previous reports for both measures:

National Diabetes Inpatient Audit Report:		2013	2014	Increase/Improvement
Choice of meals was always, or almost always, suitable	RFH:	53.6%	64.2%	20%
	CFH:	66.8%	78.2%	17%
Timing of meals was always, or almost always, suitable	RFH:	57.6%	62.1%	8%
	CFH:	60.4%	80.2%	33%

RFH= Royal Free Hampstead; CFH = Chase Farm Hospital; Barnet Hospital no data

Foot assessments

Across England, 37.6% of patients with diabetes received a documented foot risk assessment within 24 hours of admission to assess the risk of developing foot disease. Patients identified at high risk can be offered preventative strategies to avoid foot ulcers.

At Chase Farm, we improved the number of patients for whom we undertook a foot risk assessment from 25.6% to 41.9% (a 63% increase) between the two audit periods. Unfortunately, our performance at the Royal Free Hospital site deteriorated from 24.2% to 6.5% (a 73% decrease). We have made improvement in the use of foot risk assessment a priority for next year (see Look Forward section).

5.3% of all inpatients at Chase Farm Hospital and 10.6% at Royal Free Hospital were admitted with active foot disease (2014 report). 50% at Royal Free Hospital were assessed by our specialist multidisciplinary team within 24 hours, an improvement on the previous year's 30%. Of the few patients identified with foot disease at the Chase Farm site, all were seen accordingly.

Medication management

Adjustments to diabetic medication are often required when patients are admitted to hospital, especially in the context of infection or surgery, when the blood sugar may become more difficult to control. Errors in these adjustments are referred to as 'medication management errors'.

We have improved our medication management at both Hampstead and Chase Farm sites but we want to do more. Across England, trusts reported an average of 22.3% errors in diabetes medication management.

National Diabetes Inpatient Audit Report:		2013	2014	Decrease/Improvement
Errors of medication management	RFH:	31%	27.5%	10%
	CFH:	51.4%	17.9%	65%

At a diabetes improvement workshop, supported by our academic health science partnership, we have explored the drivers of good quality care and have since devised quality improvement metrics which we will use to drive further improvements in the coming year.

Priority 3: Patient safety programme

Our key 2014/15 objectives to develop patient safety culture and capability were to:

- Strengthen our incident investigation and processes for addressing safety issues throughout the organisation
- Improve trust-wide communication on safety issues to ensure that we improve dissemination of learning from incidents
- Improve education and mandatory training in patient safety

We have redesigned the processes around incident reporting, investigation, learning and improving as part of the integration work of the expanded Trust. This has included reviewing incident reporting at all sites and identifying the areas that work best.

We have upgraded the whole trust to using the web-based Datix reporting system, and have merged the practices for reviewing and investigating serious incidents.

We have reviewed the staffing and structures that support our patient safety and risk processes and have updated these to provide the right number of staff, with the appropriate skills and ensure robust review of this at relevant committees, such as the Patient Safety Committee.

We have invested in safety simulation, root cause analysis and after action review training for clinical and non-clinical staff, as well as further leadership development and quality improvement training.

We held a Patient Safety week in October with National speakers to launch our Patient Safety Programme, and have joined the national "Sign Up To Safety" Campaign.

We continue to work closely with UCL Partners collaborating on improvements for Sepsis and Acute Kidney Injury.

Priority clinical areas for improvement

Surgical safety

Our aim was to be more than 95% compliant with all aspects of the 'five steps to safer surgery' guidance (Step one: Briefing, Step two: Sign in, Step three: Time out, Step four: Sign out, Step five: Debriefing).

We have not completely met this aim, but we have made progress, with over 95% compliance with steps two, three and four. The most challenging steps are at the start and end of the process, as this requires all staff to be present, but does not easily fit with the way that theatres are run, with surgeons having to move between patients more quickly than other staff. As the process is most robust at Barnet Hospital we are learning how we can adapt, so that all sites can attain 95% compliance and so we will keep this as a priority for 2015/16 as well.

Medicines safety

Our aim was to reduce missed doses of insulin. We have appointed a medicines safety officer and merged the Medicines safety committee across all sites. We have initiated pilot work on missed doses in 4 ward areas, via the use of Safety Crosses and this has resulted in a reduction in errors.

We are now looking at how we can expand this across the trust. Alongside this, the PARRT has attended those patients who have been escalated when at risk, to ensure a prompt review of their insulin needs.

Procedural safety

We have started a programme of work to reduce complication rates from line insertions, initially by undertaking thematic review of the issues relating to guidewire retention.

Through a task and finish group we have clarified line insertion management and introduced a checklist and additional training through simulation.

Action on abnormal diagnostic images

With the merged organisation we have started a programme of work to ensure all abnormal x-ray images are actioned promptly. This work has been extended to include delayed action on diagnostics such as radiological imaging and histopathology results.

However, there are challenges with the information systems in use and we will be working over the next year to streamline the process across the sites so that staff are using the same systems with the same expectations for results accountability.

Falls and pressure ulcer reduction

We have continued to approach both of these safety incidents with increased vigilance and new ideas.

Our falls improvement programme across all sites has shown a 20% reduction in harm from falls. We have amalgamated the Falls Steering Group to have oversight of the whole trust and have increased education and learning via study days, e-learning and by working directly with wards after an incident to learn the lessons and share good practice.

Pressure ulcers have been reviewed thematically across the trust and a new more robust tool is now used to investigate these incidents, which helps to identify contributing factors such as malnourishment and dementia. Further work is planned to ensure harmonised documentation and further education to enable improvement.

Priorities for improvement 2015/16

To help us provide the best possible care to our patients, each year we set three quality improvements priorities for the year ahead, which are monitored by the trust board.

One focuses on patient experience, one on clinical effectiveness and one on patient safety. Before setting these, we seek the views of our patients, staff and the local community.

We invited representatives from our stakeholders to give their opinion on what our priorities should be. These included staff, commissioners and our governors.

The trust board considered the responses and agreed the following three priorities for 2015/16.

Priority one:

Delivering World Class Experience

The trust's mission is to provide world-class expertise and local care. Central to this mission is our five-year strategic objective to ensure excellent experience for patients and staff. Our ambition to provide excellent experience is intrinsically linked with our culture, the decisions we make moving forward about how we engage our patients, carers and staff and the improvements we prioritise.

Historically, the trust has defined and measured patient experience in relation to patient satisfaction. Key performance measures comprise patient Friends and Family Test (FFT) feedback and annual National Patient Survey feedback. FFT performance is fed back to Matrons and reported quarterly to the Patient and Staff Experience Committee. Going forward in 2015/16 The trust's definition of patient experience is:

“The sum of all interactions, shaped by the culture of the Royal Free, that influence patient and carer perceptions across their pathway”

The Beryl Institute

We want to use our strength as a large acute trust across three hospital campuses with a skilled and committed workforce to catalyse opportunities for enhancing the experiences for those who use our services, their carers and families.

During 2015/16 we will publish a four year patient experience strategy that will see the trust focus on four strategic aims; these aims are derived from a number of sources, public health profiles, legislative changes, national experience survey results and local intelligence; all underpinned by local experience data. Whilst they are derived from multiple sources there is a commonality; if we are successful in positively nudging the experience that those who use our services, their carers and families we know that tangible improvements will be made across the services provided by the trust. They are:

1. Improving the experience of those with a diagnosis of dementia
2. Identifying and improving the experience of carers
3. Enhancing the experience of people diagnosed with cancer
4. Improving common areas of poor experience as identified by those who use our services.

We will achieve these by:

- Appointing four Patient Experience Champions from amongst trust Consultants
- Ensuring 100% of inpatient and day case wards respond to their patient experience data with publically displayed responses from staff
- Providing each inpatient and day case ward with improvement targets mapped to feedback from patients and carers
- Developing and publishing a list of patient experience never events
- Training staff in advanced facilitation and feedback interpretation for patient and carer focus groups
- Achieving the Macmillan Quality Environment Mark ® across campuses
- Establishing a patient reference group for those with a cancer diagnosis to ensure service improvements are important to them and informed by their input.
- Producing & implementing a specifically designed carers' point of information display at each hospital campus.
- Safeguarding:
 - Consult carers on whether and how they would wish to receive training on safeguarding adults.
 - Safeguarding Training to be developed for and delivered to carers
- 20% of inpatient wards will have undertaken the Triangle of Care self-assessment.
- Producing a care and compassion film for staff as a training aide filmed from the perspective of a carer
- Increasing the number of Dementia Awareness trainers
- In partnership with the Picker Institute develop and conduct surveys for carers of people with Dementia
- Undertaking the eligibility and readiness assessment for the Information Standard Certification and set a timeframe for achieving certification.

Priority two:

In-patient diabetes

Whilst we have made progress in improving care for patients with diabetes, we want to do better. Therefore in 2015/16 we will continue our diabetes improvement programme. We will expand the programme to include further elements of diabetes care and extend it to our three sites.

Most patients with diabetes in our hospitals are admitted for reasons other than their diabetes. However, while an inpatient with us we aim for every patient with diabetes to have a good *experience* of *safe, effective* diabetes care.

We will monitor our progress and work toward:

- A 20% reduction in prescription errors
- A 20% reduction in severe hypoglycaemia episodes
- Achieving 30% foot assessments within 24hrs of admission
- A 10% reduction in hospital-acquired foot ulcers
- A 10% improvement in patient satisfaction score

We intend to participate in this year's National Diabetes Inpatient Audit on all three of our sites. We will monitor progress through the clinical performance committee.

Priority three: Our focus for Safety

In response to the national patient safety initiative we have set out the actions that we will undertake in response to the five Sign up to Safety pledges and have created our local Safety Improvement Plan to enable us to deliver our Patient Safety Programme over the next three years.

Our aim is to become a zero avoidable harm organisation by 2020, initially by reducing the level of avoidable harm at the Royal Free London NHS Foundation Trust (as measured by incidents relating to NHSLA claims) by 50% by 31 March 2018.

Thus our targets are focussed on our three year plan. We will be delivering key milestones along the way, but we are keen that our focus in this document is consistent with the already agreed plan. The measures for the next year set out below will be re-presented in the following year's accounts and will show each area against a three year trajectory, along with relevant milestones.

For 2015/16 we will focus on the following

Safer Surgery

Our goal is to improve compliance with all aspects of the 'five steps to safer surgery' guidance to 95% by 31/03/16. We will achieve this by delivering the following milestones:

- Identification of process issues to enable surgeons to attend steps 1 and 5
- Identification of clinical leaders in all sites
- Review of solutions to staff flow and challenges
- Consolidate WHO policy across all sites
- Review and Refresh workshop to use successes and failures to identify how to move to 95% compliance in all 5 steps

Falls

Our goal is to reduce falls by 25%, as measured by incidents reported on Datix, by 31 March 2018. Our key objectives will be:

- To fully embed the existing improvement programmes for falls prevention across all wards.
- To assess new methods and technology (e.g. electronic patient sensors) to reduce falls risk.

We will achieve this by delivering the following milestones:

- Set-up Trustwide Falls Working Group - to carry out root cause analysis of incidents, identify risk factors and areas for improvement
- Identify Falls Champions in each clinical service line across all sites
- Introduction of Falls Screening Tool (based on NSPA's STRATIFY) and Falls Prevention Plan (care bundle approach) by Division across all sites.
- Continue staff education and development on falls prevention
- Create sharing process to enable learning from falls incidents, especially serious incidents
- Consolidate updated falls-related policies and post falls protocol across all sites
- Set-up Falls Awareness Events and training with Trustwide MDT falls study day
- Initiate Falls podiatry assessment pathway

Acute Kidney Injury

Our goal is to increase the number of patients who recover from AKI within 72 hours of admission by 25% by 31 March 2018 and target:

- 25% reduction in AKI mortality
- 25% reduction in length of stay
- 25% reduction in stage 1 AKI that progresses to AKI stage 2 or 3

We will achieve this by delivering the following milestones:

- Education of staff by App, website and e-learning
- Identification of access to baseline informatics in pilot areas
- Identification of AKI clinical leaders in pilot areas
- Process mapping in pilot areas to understand patient flow and challenges
- Introduction of STOP AKI diagnostic and care bundle in pilot areas
- Introduction of outreach system for moderate AKI using PARRT as well as telemedicine senior renal support in pilot areas
- Monitoring of AKI data, review of progress and continual PDSA cycles for improvement
- Review and Refresh workshop to use successes and failures to identify how to move to 95% compliance

Patient Deterioration

Our goal is to reduce the number of cardiac arrests to less than 1 per 1000 admissions by 31 March 2018.

We will achieve this by delivering the following milestones:

- Initiate case note review of selected 2222 calls and deaths, and feedback lessons learnt to staff
- Identify baseline data required at ward level and create process to feedback to staff in a timely manner
- Provide staff training on SBAR and EWS monitoring
- Identify pilot areas
- Identify ward-based champions in pilot areas
- Educate staff to undertake ward-based case note review
- Review education programmes for clinical staff to further identify current courses that can include SBAR and EWS training
- Monitor implementation of SBAR and EWS and use process mapping to consider where interventions are best placed for improvement

Unborn baby deterioration

Our goal is to reduce the number of claims relating to deterioration of the unborn baby to 2, between 01/01/15 to 31/03/18.

We will achieve this by delivering the following milestones:

- Identify baseline data required at ward level and create process to feedback to staff in a timely manner
- Determine CTG interpretation skills baseline by staff survey
- Identify champions
- Trial CTG testing and simulation training on pilot group of staff
- Survey staff on pilot CTG training to understand impact on practice and confidence

Sepsis

Our goal is to reduce severe sepsis-related serious incidents by 50% across all sites (A&E and Maternity) by 31 March 2018.

We will achieve this by delivering the following milestones:

- Staff training in sepsis recognition in Maternity and Barnet ED
- Testing of improvement tools: sepsis trolley, sepsis safety cross, sepsis grab bag, sepsis checklist sticker.
- Introduction of sepsis improvement tools: Severe sepsis 6 protocol
- Monitoring of data and PDSA cycle improvements
- Review of improvement to attain 95% compliance

Statements of assurance from the board

This section contains eight statutory statements concerning the quality of services provided by the Royal Free NHS Foundation 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.

Information on review of services

1.1 During 2014/15 the Royal Free London NHS Foundation Trust provided and/or sub-contracted *TBC* relevant health services.

1.1 The Royal Free London NHS Foundation Trust has reviewed all the data available to the trust on the quality of care in *TBC* of these relevant health services.

1.2 The income generated by the relevant health services reviewed in 2014/15 represents *TBC* of the total income generated from the provision of relevant health services by the Royal Free London NHS Foundation Trust for 2014/15.

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.

Information on participation in clinical audits and national confidential enquiries

2. During 2014/15 35 national clinical audits and 3 national confidential enquires covered relevant health services that the Royal Free London NHS Foundation Trust provides.

2.1 During that period the Royal Free London NHS Foundation Trust participated in 100% national clinical audits and 100% confidential enquires of the national clinical audits and national confidential enquires which it was eligible to participate in.

2.2 The national clinical audits and national confidential enquires that the Royal Free London NHS Foundation Trust was eligible to participate in during 2014/15 are as follows:

2.3 The national clinical audits and national confidential enquiries that the Royal Free London NHS Foundation Trust participated in during 2014/15 are as follows:

2.4 The national clinical audits and national confidential enquires that the Royal Free London NHS Foundation Trust participated in, and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits for inclusion in quality report 2014/15	Data collection completed in 2014/15	Eligibility to participate	Participation 2014/15	Rate of case ascertainment (%)
Prostate cancer	√	√	√ BH	100%
		√	√ CFH	100%
		√	√ RFH	100%
Adult community acquired pneumonia	x	√	√ BH	n/a
		x	x CFH	x
		√	√ RFH	n/a
Pleural Procedures	√	√	√ BH	100%
		x	X CFH	Not eligible
		√	√ RFH	100%
National Diabetes Audit 2013-4	√	√	√ BH	393 (100%)
		√	√ CFH	821 (100%)
		√	√ RFH	1647 (100%)
National Foot care in Diabetes Audit	x	√	X BH	x
		√	X CFH	x
		√	√ RFH	n/a
National Elective Surgery PROMs: Four Operations	√	√	√ BH	166 (100%)
		√	√ CFH	431 (100%)
		√	√ RFH	100%
National Pregnancy in diabetes	√	√	√ BH	8 (100%)
		x	x CFH	Not eligible
		√	√ RFH	17 (100%)
Adult Cardiac Interventions: NICOR Coronary Angioplasty	√	x	x BH	Not eligible
		x	x CFH	Not eligible
		√	√ RFH	889 (100%)
MINAP: Acute myocardial infarction and other ACS (2013-14)	√	√	√ BH	100%
		x	X CFH	Not eligible
		√	√ RFH	100%

National Heart Failure Audit	√	√	√ BH	266 (100%)
	√	x	X CFH	Not eligible
	√	√	√ RFH	279 (100%)
TARN: Severe Trauma	√	√	√ BH	99 (100%)
		x	X CFH	Not eligible
		√	√ RFH	120 (100%)
RCPCH National Paediatric Diabetes Audit	√	√	√ BH	260 (100%)
		√	√ CFH	230 (100%)
		√	√ RFH	179 (100%)
National Joint Registry	√	√	√ BH	79 (100%)
		√	√ CFH	424 (100%)
		√	√ RFH	508 (100%)
Cardiac Rhythm Management (2013-14)	√	√	√ BH	100%
		x	X CFH	Not eligible
		√	√ RFH	100%
National Vascular Registry	√	x	√ BH	100%
		x	x CFH	Not eligible
		√	√ RFH	AORTIC ANEURYSM: 78% CAROTID INTERVENTION: 80%
National Cardiac Arrest Audit (NCAA)	√	√	x BH	x
		√	x CFH	x
		√	√ RFH	237 (100%)
ICNARC Case Mix Programme: Adult critical care 2013-14	√	√	√ BH	100%
		x	x CFH	Not eligible
		√	√ RFH	Data not accepted at ICNARC due to data quality concerns
Sentinel Stroke National Audit Programme (SSNAP)	√	√	√ BH	80-89%
		√ INPATIENT REHABILITATION	√ CFH	<60%
		√	√ RFH	90+%
Initial management of Fitting child (CEM)	√	√	√ BH	51 (100%)
		x	x CFH	Not eligible
		√	x RFH	x
Mental health (care in emergency departments)	√	√	√ BH	50 (100%)
		x	x CFH	Not eligible
		√	x RFH	x
Older people (care in emergency departments)	√	√	√ BH	101 (100%)
		x	x CFH	Not eligible
		√	X RFH	x
National Lung Cancer Audit	√	√	√ BH	212 (100%)
		x	x CFH	Not eligible
		√	√ RFH	104 (100%)

National Bowel Cancer Audit	√	√	√ BH	214 (100%)
		x	X CFH	Not eligible
		√	√ RFH	109%
National Oesophago-gastric Cancer Audit [Diagnostic data only]	√	√	√ BH	61 (100%)
		x	x CFH	Not eligible
		√	√ RFH	30 (100%)
IBD Biological Therapy Audit (Adult)	√	√	√ BH	48 (100%)
		x	X CFH	Not eligible
		√	√ RFH	17 (100%)
IBD Biological Therapy Audit (Paediatric)	√	x	x BH	Not eligible
		x	X CFH	Not eligible
		√	√ RFH	15 (100%)
National Pulmonary Hypertension Audit	√	x	x BH	Not eligible
		x	x CFH	Not eligible
		√	√ RFH	317 (100%)
National Childhood Epilepsy Audit (Epilepsy 12)	√	√	√ BH	20 (100%) 31 Patient-reported experience metrics (PREMs)
		x	X CFH	Not eligible
		√	√ RFH	100%
National emergency laparotomy audit	√	√	√ BH	79 (46%)
		x	X CFH	Not eligible
		√	√ RFH	91 (99%)
National Chronic Obstructive Pulmonary Disease audit programme (COPD)	√	√	√ BH	32 (100%)
		x	X CFH	Not eligible
		√	√ RFH	39 (100%)
Rheumatoid & early inflammatory arthritis	x	√	√ BH	n/a
		√	√ CFH	n/a
		√	√ RFH	n/a
National Comparative Audit of Blood Transfusion: Audit of transfusion in children and adults with Sickle Cell Disease	√	x	X BH	Not eligible
			X CFH	Not eligible
			X RFH	Not eligible
Falls & Fragility Fractures: National Hip Fracture Database	√	√	√ BH	387 (100%)
			√ CFH	
			√ RFH	129 (100%)
Neonatal Intensive Care	√	√	BH	104%
		X	X CFH	Not eligible
		√	RFH	116%
Head & Neck Cancer Audit (DAHNO)	√	√	√ BH	78 (100%)
		x	X CFH	Not eligible
		x	X RFH	Not eligible
Prescribing Observatory for Mental Health	√	x	x	n/a
Paediatric Intensive Care (PICANet)	√	x	x	Not eligible

Congenital Heart Disease (Paeds)	√	x	x	Not eligible
Adult cardiac surgery	√	x	x	Not eligible
Clinical Outcome Review Programme (previously National Confidential Enquiries, and Centre for Maternal & Child Death Enquiries)				
National Confidential Enquiry: Gastrointestinal Bleeding	√	√	√ BH	1/2 CASES [50%]
		√	√ CFH	2/2 CASES [100%]
		√	√ RFH	3/3 CASES [100%]
National Confidential Enquiry: Sepsis	√	√	√ BH	4/4 CASES [100%]
		x	X CFH	N/A
		√	√ RFH	3/3 CASES [100%]
Maternal, newborn and infant mortality (MBBRACE-UK)	√	√	√ BH	0/0
		x	X CFH	Not eligible
		√	√ RFH	1/1

In addition, the Royal Free London NHS Foundation Trust participated in the following national audits by submitting data in 2014/15
Health Protection Agency: Surgical site infection
British Association of Urological Surgeons: Nephrectomy Audit
British Association of Urological Surgeons: Surveillance & Treatment of Renal Masses
Baseline Survey of HIV Perinatal, Paediatric and Young Person's Pathways
UK Neonatal Collaboration Necrotising Enterocolitis Audit
National Audit of Cardiac Rehabilitation
British Association of Endocrine and Thyroid Surgeons: Thyroid and Parathyroid surgery
College of Emergency Medicine: Paracetamol overdose
College of Emergency Medicine: Asthma in children
College of Emergency Medicine: Severe sepsis and septic shock
NHS Blood & Transplant: Liver Transplantation
NHS Blood & Transplant: Kidney Transplantation
UK Renal Registry
Royal College of Radiologists: National audit of accuracy of interpretation of emergency abdominal CT in adults who present with non-traumatic abdominal pain
Radiotherapy dataset

Royal Free London NHS Foundation Trust reviewed the results of the following national audits and confidential enquiries which published reports but did not collect data in 2014/15

National Potential Donor Audit

Chronic Obstructive Pulmonary Disease

Royal College of Paediatric & Child Health: Epilepsy 12 (Round 2)

National Audit of Seizures in Hospital

Royal College of Physicians: Care of Dying

UK Parkinson's Audit

NHS Blood & Transplant: Liver transplantation

NHS Blood & Transplant: Kidney transplantation

British Thoracic Society: Paediatric Asthma

College of Emergency Medicine: Sepsis and septic shock

National Review of Asthma Deaths

National Confidential Enquiry: On The Right Trach? (2014)

National Confidential Enquiry: Working Together (2014)

Additional Comments:

We did not participate in the National Cardiac Arrest Audit at our Barnet or Chase Farm Hospital sites but do intend to participate in 2015/16.

We did not participate in the College of Emergency Medicine audits at our Royal Free Hospital site as local quality improvement initiatives were in progress during the audit period. Any results would not therefore reflect these changes.

Issues around the quality of our data submissions to ICNARC continued into the 2013/14 dataset such that the Royal Free Hampstead was excluded from national reporting. Data is now being accepted and we look forward to receiving reports on both our Barnet and Hampstead sites in 2014/15.

n/a = not applicable

2.5 The reports of 34 national clinical audits were reviewed by the provider in **2014/15** and the Royal Free London NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National clinical audit	Actions to improve quality
<p>Feverish children in the Emergency Department (2012/13 report)</p>	<p>We have improved our recording of all observations on children, although there is still room for improvement in recording blood pressures, and we are not yet consistently taking vital sign observations within 20 minutes.</p> <p>We plan to set up a temporary triage area to facilitate this before the new Paediatric Emergency Department is complete in November.</p> <p>We will be participating later this year in the College of Emergency Medicine national audit of Vital Signs in Children which will be re-auditing these parameters.</p>
<p>Asthma in children in the Emergency Department</p>	<p>We are achieving many of the parameters but, similarly to children presenting with fever (see above), we are not managing to take</p>

(2013/14 report)	observations within 20 minutes (see above for our intended actions).
Ureteric colic in the Emergency Department (2012/13 report)	<p>We are not recording a pain score and re-evaluating pain as often as we would like. Only 65% of patients are given pain relief within 60mins.</p> <p>We are developing an ambulatory pathway to reduce the need for hospital admission. This will include a focus on pain relief soon after the patient arrives.</p>
Heart failure	<p>The new NICE guideline for in-patient management of heart failure (October 2014) recommends that all patients should have specialist cardiology input, ideally on a cardiology ward, and be seen within 2 weeks of discharge by a specialist Heart Failure team.</p> <p>Currently not all patients newly-diagnosed with heart failure are looked after by cardiologists and there is no facility for early outpatient review by the Heart Failure team upon discharge.</p> <p>A cross-site heart failure pathway is being developed to ensure patients are identified for early and appropriate specialist care.</p>
Pacemakers	We will review our choice of pacemakers for patients with sick sinus syndrome to ensure physiological pacing is used when indicated, in accordance with NICE guidance.
Stroke care	<p>The acute stroke units based at the Royal Free and Barnet hospitals both contribute to the national Sentinel Stroke National Audit Programme (SSNAP), hosted by the Royal College of Physicians. This started in 2013 and our performance at our Hampstead unit has steadily improved in the last year. We plan to improve further by improving access to Speech and Language Therapy following a stroke. We will also be supporting the development of 6-monthly reviews in the community through life-after-stroke meetings.</p> <p>Results at Barnet were also showing improvement but in the last quarter have slipped. In accordance with the Pan-London acute stroke pathway, patients presenting with acute stroke should be referred to the nearest Hyper Acute Stroke Unit, rather than being admitted to the local Acute Stroke Unit, such as ours.</p> <p>The Acute Stroke Unit at Barnet has admitted an unexpectedly high number of patients and we are exploring reasons why some of these patients were not referred to the relevant Hyper Acute Service. We will work with external partners to ensure patients are referred to the appropriate unit in the first instance.</p> <p>As a result of these additional patients, the SSNAP audit has applied many of the standards applicable to Hyper Acute Stroke Units to our Acute Stroke Unit at Barnet. We believe the deterioration in our performance reflects these inappropriate standards and incorrect referral patterns for these patients.</p>
Ulcerative colitis (in adults)	<p>The published audit findings of the National Inflammatory Bowel Disease Audit run by the Royal College of Physicians show that we are in line with national results on stool sampling, prescribing 2nd line therapies and thrombosis prevention.</p> <p>However, only 27% of patients admitted with ulcerative colitis were seen by our clinical nurse specialist. We are recruiting a second clinical nurse specialist to improve the support for our patients.</p>
Asthma in children	Our performance in the British Thoracic Society Paediatric Asthma National Audit 2013 has been particularly good, with 100% adherence to best practice for checking inhaler technique and issuing a written asthma plan, which is well above the national average.
Asthma in adults	<p>Following the publication of the National Review of Asthma Deaths, 'wheeze plans' are being made more accessible in high priority areas, and plans are in place to increase education about asthma across the trust.</p> <p>We have changed our documentation for patients who present with</p>

	<p>asthma to our emergency department at our Hampstead site, to ensure that important information on checking inhaler technique, accessing smoking cessation services and follow-up arrangements are readily available to staff at the point of care.</p>
Diabetes in children	<p>The National Paediatric Diabetes Audit (NPDA) aims to improve the care provided to children with diabetes, their outcomes and experiences and that of their families.</p> <p>HbA1c is a blood test that is thought to represent how well the blood sugar levels have been controlled over the previous 12 weeks. The Barnet & Chase Farm service is below the national average for the percentage of children and young people (>12 yrs of age) achieving HbA1c levels below 58 mmol/l, (Barnet 46%, Chase Farm 43.9%, Royal Free 76.8%).</p> <p>We intend to provide more intensive input from Paediatric Diabetes Specialist Nurses (PDSNs) for patients with poor blood sugar control. We are integrating the services at Barnet, Chase Farm and the Hampstead sites to utilise our existing resources more efficiently and exploring additional resources from adult diabetes specialists, Diabetes Specialist Nurses and paediatricians.</p> <p>We intend to increase dietetic and mental health provision within the service and explore better use of technology (eg glucose meter uploads, continuous glucose monitoring systems and insulin pumps).</p>
Epilepsy in children	<p>Epilepsy12 is a national clinical audit, established in 2009, with the aim of helping epilepsy services, and those who commission health services, to measure and improve the quality of care for children and young people with seizures and epilepsies.</p> <p>Following review of reports from previous years' audits we have restructured our clinics so that patients are seen in a timely manner.</p> <p>The recent appointment of a new consultant with an interest in epilepsy should enable us to improve the frequency of routine review for these children.</p>
Chronic Obstructive Pulmonary Disease	<p>Our overall score was in the top quartile and we were in the top 12% of acute trusts for patients who were reviewed on admission by a senior clinician. We were also notable for integrated care with our primary care colleagues. Access to specialist respiratory care is however limited in the evening and at weekends.</p>
Pleural drains	<p>At the Hampstead site, patients are more than twice as likely to have a pleural drain inserted by a consultant compared to the national average (49% vs 22%) and are much more likely to be supported by a member of nursing staff (85% vs. 34%) and to undergo the procedure in a dedicated room (79% vs. 42%). We have implemented new pleural drain documentation on our respiratory ward which has substantially improved the quality of record keeping; we plan to extend this to some of the other wards which may host other patients who require pleural drainage. We are in discussion with oncology teams to increase the number of patients with pleural effusions which are managed by a respiratory physician.</p>
Lung Cancer	<p>At the Hampstead site we have the 3rd highest surgical resection rates in England and Wales at 31% (vs E&W 15%) which offers our patients the best chance of a complete cure. The high surgical rates also explain our relatively low radiotherapy rates (21% vs 29%) as fewer of our patients require radical radiotherapy.</p> <p>On our Barnet site, the national audit revealed that our patients were unable to have CT scans in advance of diagnostic bronchoscopy. We have therefore introduced designated CT spaces on the same day as the specialist clinic, and bronchoscopy is arranged the following week.</p>
End-of-life care	<p>The National Audit of Care of the Dying in Acute Hospitals is coordinated by the Royal College of Physicians with data collection for Round 4 in 2013. Our results were reported in 2014 and showed that, whilst we achieved well on organisational performance indicators such as providing</p>

	<p>clinical guidelines for staff and information for patients, we performed less well in our documented clinical care.</p> <p>Publication of the audit results coincided with the publication of 'One chance to get it right' following the withdrawal of the Liverpool Care Pathway nationally. The recommendations from the national audit reflected our view that we needed a complete overhaul of clinical guidelines on care of dying patients within our hospitals and a new education programme for staff to support this.</p> <p>New guidelines are currently being piloted with front-line staff and should be in place, accompanied by an education programme, in time for the repeat national audit starting in July 2015.</p>
Tracheostomy	<p>Following the publication of the National Confidential Enquiry into Tracheostomy Care we have identified a number of ways to improve the training we give staff. We will also ensure that all changes of tracheostomy tubes are carried out in operating theatres in case of an emergency arising. We already have facilities for capnography in several clinical areas and will provide portable capnography for our ward-based critical care outreach teams. We will be extending the use of the WHO checklist to the insertion of percutaneous tracheostomies on our intensive care units. We already use endoscopy to confirm correct tube placement where tracheostomies are inserted percutaneously but will ensure this practice is extended to 'surgical' insertions. We will measure and document cuff pressure routinely, and introduce screening for swallowing difficulty at our Barnet site.</p>
Maternal deaths (MBRRACE: national report from the Clinical Outcomes Review Programme)	<p>Key recommendations from this tri-ennial national report into maternal deaths include better management of sepsis and improved uptake of flu vaccination.</p> <p>These already have a high profile in the Maternity Department by means of the Sepsis 6 programme (see below for more detail) and existing efforts to encourage uptake of flu vaccination among women.</p>

2.6 The reports of over 100 local clinical audits were reviewed by the provider in 2014/15 and the Royal Free London NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Aortic aneurysm	<p>With support of the Department of Vascular Surgery, our newly-restructured Aortic Team has begun a 2-year programme to create a new model of care at the Royal Free Hospital with an aim to build a patient-centred, world class service for identification, investigation and treatment of diseases of the aorta which is built on a foundation of evidence and expertise.</p> <p>Our goal is to create a pathway of Personalised Aortic Care from diagnosis to treatment of no more than 8 weeks.</p> <p>Our next challenge in developing a new model of care will be to extend our bespoke approach to the post-operative period. We are challenging the dogma of historic models of post-operative care to find new and more efficient ways to treat our patients safely and effectively through the post-operative phase. Our vascular surgical and anaesthesia teams are working together to develop a post-operative care unit that will optimize resource utilization to address the challenge of limited critical care resources.</p> <p>We aim to lead the field in low dose radiation by using advances in technology and refined surgical techniques.</p> <p>In keeping with our goal to lead the field in investigation and education, we will be joined by our first Aortic Fellow in July 2015. This junior surgeon will work both clinically and academically with the team and will be the first in what we hope to be a long line of doctors, who will carry our model of care to other centres.</p>
Magnesium sulphate for fetal neuroprotection in	<p>The prevalence of preterm birth is increasing. Whilst the survival of infants born prematurely has improved, the prevalence of cerebral palsy has risen.</p>

<p>premature infants</p>	<p>Recently published evidence suggest that magnesium sulphate given to mothers shortly before delivery can reduce the risk of cerebral palsy and protect motor function in those infants born preterm. The effect may be greatest at early gestations and is not associated with adverse long-term fetal or maternal outcome, if given before birth from 24 to 30 weeks gestation.</p> <p>Local guidance on use of this therapy for fetal neuroprotection was developed and introduced in 2013 at both Barnet and Hampstead maternity units. Most women with threatened preterm labour, or those requiring delivery before 30wks gestation, are cared for at our Hampstead unit.</p> <p>A recent audit has demonstrated good compliance with important precautions for the safe use of this medicine (eg exclusion of renal and cardiac disease, frequent monitoring of vital signs). We intend to improve the timely identification of all women whose babies might benefit from this therapy, for whom it would be safe to do so. We also intend to better monitor the levels of this medicine that reach the babies' blood.</p>
<p>Severe maternal sepsis</p>	<p>The 2007 National Confidential Enquiry into Maternal deaths identified lessons relating to maternal sepsis as a significant contributory factor for maternal deaths. Clinical features suggestive of severe sepsis may be less distinctive in pregnant women compared to their non-pregnant counterparts.</p> <p>In response, the Royal College of Obstetricians and Gynaecologists released national guidance in 2012 to highlight the need for early recognition and management of this condition, which is crucial to improving survival.</p> <p>The recommendations include use of a resuscitation 'bundle' developed as part of the Surviving Sepsis Campaign.</p> <p>We developed a Sepsis 6 care bundle which has been modified for maternity patients (see box).</p> <p>This care bundle was successfully implemented in the Maternity unit at our Hampstead site in 2013 but a recent audit has shown that the improvement has not been sustained, in particular in serum lactate measurement and optimal administration of resuscitation fluid.</p> <p>We are currently also introducing the Sepsis 6 care bundle to our Barnet maternity unit.</p> <p>We will consider the following initiatives that have helped us improve reliability of sepsis management in other areas of the trust, including an Obstetric Sepsis 6 casenote sticker, a Maternal Sepsis toolkit on both of our labour wards and further education and team training to promote the necessary timely interventions,. We intend also to review regularly the care of women who developed severe sepsis to identify opportunities for improvement and to facilitate shared learning across the directorate. We will also continue multi-disciplinary staff training and education relating to maternal sepsis and our Sepsis 6 care bundle.</p>
<p>Sepsis in children</p>	<p>The Paediatric Sepsis 6 pathway was introduced in October 2014 to raise awareness and enable early identification and appropriate management of the feverish child. Interim data suggests that the pathway is working well for those who trigger it.</p> <p>We intend to extend this pathway to more children at risk of deterioration by</p>

Maternity Sepsis 6 bundle
Timely commencement of 6 interventions:

- High flow oxygen
- Optimal fluid resuscitation (adjusted for pregnancy)
- 'Septic screen' sampling including blood culture prior to antibiotic administration.
- Commencement of broad-spectrum intravenous antibiotics
- Measurement of serum lactate levels (a measure of inadequate circulation)
- Close monitoring of fluid balance

	<p>modifying the entry criteria.</p>
<p>Urinary re-catherisation in the Emergency Department</p>	<p>A recent audit of 75 attendances where the patient required urinary re-catherisation showed that this occurs on average once a day, most often during working hours. Significant resource is required to transport the patient to hospital, treat and then return them to their place of residence.</p> <p>The audit showed that most patients did not require admission nor any specialist input. In conjunction with the TREAT team, we will develop a protocol and offer community training in order to reduce the number of patients that are brought to hospital.</p> <p>The audit also identified that these 75 attendances were by 45 patients, who attended on more than one occasion during this period. We intend to review the availability of appropriate catheters for patients at risk of re-attending, in conjunction with our urology colleagues, and to ensure staff are trained to select the most appropriate catheter.</p>
<p>Heart attacks (Non-ST elevation Myocardial Infarction).</p>	<p>Revised NICE guidance (Sept 2014) suggests that patients should have angiography within 72 hours of first hospital admission following this type of heart attack.</p> <p>We are implementing a new Acute Coronary Syndrome pathway across both Hampstead and Barnet sites) together with service transformation to ensure we are able to provide this treatment to all patients who need it. We expect implementation to be complete by January 2016.</p>
<p>Situational awareness for everyone (The SAFE programme) on our children's wards</p>	<p>This is a 2-year collaborative programme, involving 12 hospitals including the Royal Free Hampstead site, led by the Royal College of Paediatrics and Child Health, which aims to reduce the number of preventable deaths in children.</p> <p>Brief "huddles" are used to enhance situational awareness and thereby improve the early identification of signs of deterioration and prevent missed diagnoses. In these regular 5 minutes briefings, all the professionals looking after a child come together and share information about the child's clinical status and care.</p> <p>Audit, since the programme's inception in October 2014, shows that safety huddles are occurring reliably each morning but slightly less consistently in the evenings. Feedback from staff has been positive. More patients have been referred for intensive care support (through referral to the trust's Patient At Risk & Resuscitation Team).</p> <p>We intend to re-audit our use of paediatric early warning scores (PEWS) and our unified handover tool (SBAR) and redesign the patient white board to better highlight patients 'at risk'. We will also review clinical notes of patients who received intensive or high dependency care to identify potential improvements to safety. We intend to extend the same project to our Barnet children's ward.</p>
<p>Delivery of individualised care in our neonatal service</p>	<p>Evidence suggests that babies have better long term outcomes if they have 'individualised care' rather than traditional neonatal care. We are pioneering the delivery of this new style of neonatal care that emphasises the importance of the baby's environment and the various stimulations to which babies are exposed.</p> <p>We have started to emphasise important aspects of individualised care across the neonatal unit especially in our dedicated individualised care rooms (ICR), and have shown with audit that parents have seen the benefits of the programme. We intend to embed a culture of individualised care and to review staff and parent satisfaction with the environment we provide for babies.</p>

<p>Asthma education in schools</p>	<p>We have been working with local schools to improve asthma symptom awareness. This is a joint project between the Royal Free London, University College London and the charity Asthma UK; medical students become the teachers in an effort to boost asthma awareness among young children.</p> <p>We were successful in bidding for a grant from the innovation fund that will allow us to progress this work in the community.</p>
<p>Bone marrow aspiration</p>	<p>Many patients with haematological malignancy require bone marrow investigations, often at repeated intervals. The procedure has historically been performed under local anaesthetic by doctors in training and the experiences of the patient were sub-optimal with some experiencing discomfort. After reviewing the service we have introduced a nurse-led bone marrow service and reviewed the audit findings of the clinic over the last year. Our audit findings show improved wait times, improved patient experience with comfort and consistency.</p> <p>The service also provides a valuable training resource for junior doctors who have not previously been trained in this procedure. We plan to continue to introduce the use of Entonox ('gas and air' similar to that used by expectant mothers in labour) for pain relief instead of sedation, to make further improvements to waiting times and to audit the quality of the bone marrow samples taken.</p>
<p>WHO surgical safety checklist</p>	<p>Use of the WHO surgical safety checklist was audited in our operating theatres at all our sites. We have improved our use of the three patient-focused steps (Sign In, Time Out and Sign Out). We intend to improve the use of the briefing and de-briefing stages of the WHO checklist to encourage a safety culture, improve team-working and improve efficiency in the operating theatres on all of our sites.</p>
<p>Perioperative blood transfusion</p>	<p>Blood transfusion can be a vital and life-saving intervention, but it is not without risk. We have a strong past record of minimising the requirement for blood transfusion during and after surgery. We know that correction of anaemia before surgery reduces blood transfusion requirements.</p> <p>We already offer a course of iron tablets before elective surgery for those who might benefit but this option is not available for patients admitted to hospital in an emergency. We will explore alternative suitable options for these patients, for example the use of intravenous iron.</p>
<p>Inflammatory arthritis</p>	<p>Since February 2014 the trust has been contributing to the National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis run by the British Society for Rheumatology.</p> <p>This combines an organisational audit looking at staffing and other resources, with an audit of clinical care, clinical outcomes and patient experience in the important first three months after symptom onset for patients with new-onset inflammatory arthritis.</p> <p>The first annual report will not be published until summer 2015, but we are already finding the discipline of data collection useful.</p> <p>We intend to establish a co-ordinated patient education programme for patients with a new diagnosis of inflammatory arthritis across all our sites, something which has been highlighted by the audit.</p>
<p>Bone mineral density in patients with cirrhosis</p>	<p>We have looked at bone thinning in our patients with cirrhosis and will be making changes to the bone protection treatment we offer our patients.</p>
<p>Epilepsy in adults</p>	<p>Working with colleagues in Camden, we plan to establish community clinics with multidisciplinary team input to improve patient satisfaction, epilepsy severity scores and reduce emergency department attendances.</p> <p>We also intend to establish "patient passports" for frequent emergency department attenders who have "blackouts" (episodes of transient loss of consciousness). This will provide fast-track services when warning signs of decompensation are identified. We plan to offer a telephone or clinic appointment as an alternative and to agree clear individualised action plans</p>

	for emergency treatment.
Physiotherapy Joint Replacement Clinic – Barnet and Chase Farm Sites	<p>The physiotherapy clinic for patients who have undergone hip or knee replacements has demonstrated improvements in pain levels and function over an average of 4 sessions.</p> <p>Some difficulties with the referral process were identified and the action plan has included establishing an electronic referral process to reduce delays and improve the standard of information communicated to the clinicians.</p>
Intravenous fluid for adult inpatients – Royal Free Hospital site	<p>An audit against NICE guidance for Intravenous fluid therapy in adults in hospital was undertaken during 2014/15. To assist with supporting improvements in intravenous fluid prescribing and documentation, the design of the fluid prescribing chart will be changed.</p> <p>Implementation of the updated chart and NICE guidance will be supported by a teaching programme for medical students and junior doctors.</p> <p>The impact of these actions will be measured by a re-audit during 2015/16.</p>
Safe use of syringe pumps in palliative care	<p>Separate similar audits were carried out on all our sites. At the Hampstead site we found that consent and other discussions with patients are not documented as consistently as we would like. We also identified that records of staff competency were not well kept on some wards.</p> <p>Our Barnet and Chase Farm sites found that prescribing was accurate but that there was room to improve the monitoring of patients treated with this continuous medicine-delivery system.</p> <p>We intend to make changes to our syringe driver monitoring chart at the Hampstead site to facilitate better patient monitoring, and to update and harmonise our clinical guidelines on the use of syringe drivers for palliative care medicines across all our sites.</p>
Discharge summaries	<p>Following a Patient Safety Alert in August 2014 regarding the quality and timeliness of communication with patients' GPs when discharged from hospital, a local audit identified that 30% of discharge summaries contained some incorrect information regarding the patient's medication list. On most occasions, any errors that are identified are corrected before a patient is discharged.</p> <p>However, these corrections, which are first corrected on the paper prescription, are sometimes not corrected on the electronic system, which is sent directly to GPs.</p> <p>There is therefore a potential risk of the incorrect information being sent. An improvement plan is being put in place that will reduce the likelihood of the electronic system being different from the paper version, therefore reducing the risk of incorrect information being shared with the patient's GP.</p>

Information on participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the Royal Free London NHS Foundation Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 5313.

Additional information

The above figure includes 2,952 patients recruited into studies on the NIHR portfolio and 2,361 patients recruited into studies that are not on the NIHR portfolio. This figure is higher than that reported last year.

The Trust is supporting a large research portfolio of nearly 800 studies, including both commercial and academic research. 187 new studies were approved in 2014/2015.

The breadth of research taking place within the trust is far reaching and includes clinical and medical device trials, research involving human tissue and quantitative and qualitative research, as well as observational research.

Information on use of CQUIN payment framework

A proportion of the Royal Free London NHS Foundation Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between the Royal Free London NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the commissioning for quality and innovation (CQUIN) payment framework.

Further details of the agreed goals for 2014/15 and for the following 12-month period is available electronically at <https://www.royalfree.nhs.uk/about-us/corporate-information-and-accountability/cquin-scheme-priorities/>

Additional information

In 2013/14 a total of £8,833,805 of the trust's income was conditional upon achieving quality improvement and innovation goals, and for 2014/15 this figure was £14,552,000.

Our CQUIN payment framework for 2013/14 was agreed with NHS North East London Commissioning Support Unit and NHS England as follows:

CQUIN scheme priorities 2014/2015	Objective rationale
Friends and family test	This national initiative will provide timely, detailed feedback from patients about their experience in order to improve services for the user. There is significant room for improving the level of feedback received from patients across England.
Dementia	A quarter 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 before admission and referral 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.
NHS safety thermometer	Participation in data collection is an important step in reducing harm in four areas of concern highlighted nationally. A particular focus is on reducing incidents of pressure ulcers in hospital and the local community.
Prevention – stop cessation, alcohol screening and domestic violence	<p>Helping patients to stop smoking is among the most effective and cost-effective of all interventions the NHS can offer patients. Simple advice from a clinician, during routine patient contact, can have a small but significant effect on smoking cessation.</p> <p>Alcohol-related problems represent a significant share of potentially preventable attendances to accident and emergency departments and urgent care centres, as well as emergency admissions. Screening for alcohol risk has</p>

	<p>been shown to reduce subsequent attendances and alcohol consumption.</p> <p>Finally, to introduce and develop existing measures that will help identify, assess and advise patients where there is evidence of domestic violence.</p>
Integrated care	There are a significant number of frail older people admitted to hospital. Identification and assessment of these patients, sharing information with GPs and participating in multidisciplinary meetings help to improve care and reduce the cost of treating these patients.
Value Based Commissioning	The hospital acknowledges that a radical long term change in managing patient care is required to ensure that there will be sufficient resources to meet future demands locally for healthcare. This CQUIN is based upon the service transformation programme regarding development of the redesigned patient pathways.
Admission avoidance for frail elderly	To reduce the number of unnecessary emergency admissions to ensure only patients who are actually require admission are admitted and to provide ambulatory or same day care as an alternative to admission for elderly patients.
Making every contact count – quality of discharge information to primary care	The hospital will ensure that discharge documentation sent to primary care following a patient’s admission effectively details all relevant data and clinical information obtained and recorded during the patient’s stay in hospital with a specific focus on patients with chronic conditions.
Making every contact count – increasing the stop smoking offer for patients in contact with health services	Introducing an implementation plan specifically across Barnet and Chase Farm sites to improve the recording of smoking status and increase the access to effective support and treatment to stop smoking.
Workforce	The hospital will work to ensure that their workforce has the capacity and capability to deliver compassionate and safe care. This is in support of the publication by NHS England of “How to ensure the right people, with the right skills, are in the right place at the right time.”
National quality dashboard	Implement clinical dashboards for specialised services. The dashboards provide information on outcomes for specialised services and assurance on the quality of care.
Highly specialised services	For Amyloidosis, Lysosomal Storage Disorders, Liver Transplant and Islet Transplant services participate in an annual workshop to encourage learning and the spread of best practice.
Endocrinology	Identify specialised endocrinology activity in our out-patient departments.
Haemodialysis	To encourage patient involvement in elements of the

	tasks of in-centre and satellite haemodialysis.
HIV telemedicine	Introduce telemedicine care for clinically appropriate patients diagnosed with HIV.
Patient and public engagement	Improve patient and public engagement within the Trust. Areas targeted in 2014/15 include renal & liver transplantation, pulmonary hypertension and cancer services.
Vascular service transformation	Improve patient experience by developing service transformation in vascular services resulting in admission avoidance.
AAA screening	Increase the uptake rates for Abdominal Aortic Aneurysm screening.
NICU	To achieve an increase in retinopathy of prematurity screening for babies whilst still an in-patient.
Breast screening	Increase the uptake rates for breast screening.
Dental	Complete the dental dashboard. The dashboard provides information on outcomes for dental services and assurance on the quality of care.

Information on Care Quality Commission statement of assurance

The Royal Free London NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered with the Care Quality Commission

The Royal Free London NHS Foundation Trust has no conditions attached to registration.

The Care Quality Commission has not taken enforcement action against the Royal Free London NHS Foundation Trust during 2014/15.

The Royal Free London NHS Foundation Trust has not subject to periodic reviews by the Care Quality Commission.

The Royal Free London NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Additional information

This year we had an announced responsive inspection on 5 and 6 September 2014 at our Barnet hospital site.

The trust was found not to be meeting the following three specific essential standards for which we have been issued compliance actions in relation to:

- **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010. Care and Welfare.**
- **Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010. Cleanliness and Infection Control**
- **Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010. Management of Medicines.**

An action plan was submitted to the Care Quality Commission 16 January 2015 outlining how the trust will address these concerns. The action plan progress is monitored by the trust executive committee.

Information on data quality

The Royal Free London NHS Foundation Trust submitted records during 2014/15 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode 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:

- 98.8% admitted-patient care;
- 99.2% for outpatient care; and
- 92.6% for accident and emergency care;

which included the patient's valid General Medical Practice Code was:

- 99.8% for admitted patient care;
- 99.9% for outpatient care; and
- 99.9% for accident and emergency care.

Additional information

The figures above are aggregates of the Royal Free London NHS Foundation Trust and Barnet & Chase Farm Hospitals NHS Trust entries taken directly from the SUS data quality dashboard provider view, which is based on the provisional April 2013 to January 2014 SUS data at the month 10 inclusion date.

Information governance toolkit attainment levels

The Royal London NHS Foundation Trust Information Governance Assessment Report overall score for 2014/15 was 70% and was graded green from IGT Grading Scheme.

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.

Our score on the information governance toolkit was a slight improvement on last year due in part to improved information governance training compliance. During the 2014-15 financial year information governance across the Royal Free and Barnet and Chase Farm Hospitals were merged to reflect the expanded organisation.

Payment by results clinical coding audit

The Royal Free London NHS Foundation trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

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.

Actions to improve data quality

The Royal London NHS Foundation Trust will be taking the following actions to improve data quality:

- Review and revision of data quality strategies from the two former trusts to form a new strategy for the organisation.

- Continue and build on the operational data quality improvement initiatives started in 2014/15.
- Further enhance and develop on line support tools for operational staff.
- Enhance and refine data quality reporting and performance management.

Our quality performance indicators

(The data in this section will be updated for the final accounts with year-end data where appropriate) As a foundation trust we are required to report against the following core set of indicators in 2013

Indicator	Royal Free Performance Jul 12 - Jun 13	Royal Free Performance Jul 13 - Jun 14	National Average Performance Jul 13 - Jun 14	Highest Performing NHS Trust Performance Jul 13 - Jun 14	Lowest Performing NHS Trust Performance Jul 13 - Jun 14	Actions to be taken to improve performance
The value and banding of the summary hospital-level mortality indicator for the trust	80.66 (8)	88.69 (15)	101.13 (69)	54.07 (1)	119.82 (137)	<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre.</p> <p>SHMI (Summary Hospital Mortality Indicator) is a clinical performance measure which calculates the actual number of deaths following admission to hospital against those expected.</p> <p>The latest data available covers the 12 months to June 2014. During this period the Royal Free had a mortality risk score of 88.69, which represents a risk of mortality 11.31% lower than expected for our case mix. This represents a mortality risk statistically significantly below (better than) expected with the Royal Free ranked 15 out of 137 non-specialist acute trusts.</p> <p>The Royal Free London NHS Foundation Trust has taken the following actions to improve the mortality risk score and so the quality of its services: A monthly SHMI report is presented to the trust Board and a quarterly report to the Clinical Performance Committee. Any statistically significant variations in the mortality risk rate are investigated, appropriate action taken and a feedback report provided to the trust Board and the Clinical Performance Committee at their next meetings.</p>
Indicator	Royal Free Performance Jul 12 - Jun 13	Royal Free Performance Jul 13 - Jun 14	National Average Performance Jul 13 - Jun 14	Highest Performing NHS Trust Performance Jul 13 - Jun 14	Lowest Performing NHS Trust Performance Jul 13 - Jun 14	Actions to be taken to improve performance
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	24.8%	28.4%	24.6%	49.0%	0.0%	<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre.</p> <p>The percentage of patient deaths with palliative care coded at either diagnosis or specialty level is included as a contextual indicator to the SHMI indicator. This is on the basis that other methods of calculating the relative risk of mortality make allowances for palliative care whereas the SHMI does not take palliative care into account.</p> <p>The Royal Free London NHS Foundation Trust intends to take the following actions to improve the mortality risk score and so the quality of its services: Presenting a monthly report to the trust board and a quarterly report to the clinical performance committee detailing the percentage of patient deaths with palliative care coding. Any statistically significant variations in percentage of palliative care coded deaths will be investigated with a feedback report provided to the trust board and the clinical performance committee at their next meetings.</p>

Indicator	Royal Free Performance 2012/13	Royal Free Performance 2013/2014	National Average Performance 2013/2014	Highest Performing NHS Trust Performance 2013/2014	Lowest Performing NHS Trust Performance 2013/2014	Actions to be taken to improve performance
Patient reported outcome measures scores for:						<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre and compared to internal trust data.</p> <p>The NHS asks patients about their health and quality of life before they have an operation, and about their health and the effectiveness of the operation afterwards. This helps hospitals measure and improve the quality of care provided.</p> <p>A negative score indicates that health and quality of life has not improved whereas a positive score suggests there has been improvement. For two of the indicators, groin hernia and varicose vein surgery national data has not been made available. This is on the basis that the sample size is so small there is a potential risk that individual patients could be identified, the "low numbers rule" exclusion therefore applies.</p> <p>While the trust is not receiving a negative score against any of the outcome measures hip replacement surgery has been identified as an outlier by the Care Quality Commission (CQC) based on the 2013/14 data. The CQC produce a quarterly Intelligent Monitoring Report for all NHS Trusts. The CQC has developed the system to monitor a range of key indicators for NHS acute and specialist hospitals. The most recent report (December 2014) has identified patient feedback following hip replacement surgery as a Risk.</p> <p>The Royal Free London NHS Foundation Trust intends to take the following actions to improve the patient reported outcome measure scores and so the quality of its services: Reviewing the initial consultation process to ensure that expected outcomes are clear and patient expectations are realistic, improving patient information to ensure that risks and benefits are outlined clearly and reviewing information provided at discharge to help patients achieve good outcomes post operatively.</p>
(i) groin hernia surgery	0.07	Low Number rule Applies	0.09	0.14	0.01	
(ii) varicose vein surgery	0.08	Low Number rule Applies	0.09	0.17	0.02	
(iii) hip replacement surgery	0.38	0.38	0.44	0.55	0.34	
(iv) knee replacement surgery	0.26	0.30	0.31	0.42	0.22	
Indicator	Royal Free Performance 2012/2013	Royal Free Performance 2013/2014	National Average Performance 2013/2014	Highest Performing NHS Trust Performance 2013/2014	Lowest Performing NHS Trust Performance 2013/2014	Actions to be taken to improve performance
The percentage of patients readmitted to the trust within 28 days of discharge for patients aged:						<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from Dr Foster, a leading provider of healthcare variation analysis and clinical benchmarking, and compared to internal trust data. The Dr Foster data-set used in this table presents Royal Free London NHS Foundation Trust performance against the Dr Foster University Hospitals peer group.</p>
(i) 0 to 15	4.31	4.03	7.49	4.03	14.77	
(ii) 16 or over	8.21	7.52	7.76	2.52	13.67	<p>The Royal Free carefully monitors the rate of emergency readmissions as a measure for quality of care and the appropriateness of discharge. A low, or reducing, rate of readmission is seen as evidence of good</p>

<p>Note: Trusts with zero readmissions have been excluded from the data</p>						<p>quality care.</p> <p>The rate of readmissions at the Royal Free for children is the lowest (best) in the peer group. In relation to adults the re-admission rate is lower (better) than the peer group average. The trust has undertaken detailed enquiries into patients classified as readmissions with our public health doctors, working with GP's, identifying the underlying causes of readmissions. This is supporting the introduction of new clinical strategies designed to improve the quality of care provided and reduce the incidence of readmissions. In addition the trust has identified a number of data quality issues affecting the readmission rate, including the incorrect recording of planned admissions. The trust is working with its staff to improve data quality in this area.</p>
Indicator	Royal Free Performance 2012/2013	Royal Free Performance 2013/2014	National Average Performance 2013/2014	Highest Performing NHS Trust Performance 2013/2014	Lowest Performing NHS Trust Performance 2013/2014	Actions to be taken to improve performance
<p>The trust's Commissioning for Quality and Innovation indicator score with regard to its responsiveness to the personal needs of its patients during the reporting period.</p>	65.6	67.4	68.7	84.2	54.4	<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre and compared to published survey results.</p> <p>The NHS has prioritised, through its commissioning strategy, an improvement in hospitals responsiveness to the personal needs of its patients. Information is gathered through patient surveys. A higher score suggests better performance. Trust performance is below (worse than) the national average.</p> <p>The Royal Free London NHS Foundation Trust intends to take the following actions to improve its responsiveness to the personal needs of its patients: The trust has a comprehensive patient experience improvement plan overseen by the Patient and Staff Experience Committee, a sub-committee of the trust board. During February 2014 the trust received an unannounced inspection by the Care Quality Commission. The inspection was designed to assess the trusts performance against the following standards:</p> <ol style="list-style-type: none"> 1) Consent to care and treatment 2) Care and welfare of people who use services 3) Meeting nutritional needs 4) Cleanliness and infection control 5) Staffing 6) Supporting workers 7) Complaints <p>The inspection report found that all standards had been met. While the trust is considered to be meeting Care Quality Commission standards the Patient and Staff Experience Committee will oversee targeted action to improve its responsiveness to the personal needs of patients.</p>
Indicator	Royal Free Performance 2013	Royal Free Performance 2014	National Average Performance 2014	Highest Performing NHS Trust Performance 2014	Lowest Performing NHS Trust Performance 2014	Actions to be taken to improve performance

The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	72.6%	71%	67%	93%	33%	<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre and compared to published survey results.</p> <p>Each year the NHS surveys its staff and one of the questions looks at whether or not staff would recommend their hospital as a care provider to family or friends. The trust performs significantly better than the national average on this measure.</p> <p>The Royal Free London NHS Foundation Trust activities to enhance engagement of staff have resulted in an increase of the percentage of staff who would recommend their hospital as a care provider to family or friends: The trust has implemented world class care programme embodying the core values of welcoming, respectful, communicating and reassuring. These are the four words which describe how we interact with each other and our patients. For the year ahead the continuation of our world class care programme anticipates even greater clinical and staff engagement.</p>
Indicator	Royal Free Performance Jul 14 - Sep 14	Royal Free Performance Oct 14 - Dec 14	National Average Performance Apr 14 - Jun 14	Highest Performing NHS Trust Performance Apr 14 - Jun 14	Lowest Performing NHS Trust Performance Apr 14 - Jun 14	Actions to be taken to improve performance
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	97.0%	96.1%	95.1%	100.0%	81.2%	<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre and compared to internal trust data.</p> <p>The Venous Thromboembolism (VTE) data presented in this report is for the period July to September 2014 and October to December 2014. On 1 July 2014 the Royal Free London NHS Foundation Trust acquired Barnet and Chase Farm Hospitals NHS Trust. Therefore the period reported includes VTE data for all trust sites including the Royal Free, Barnet and Chase Farm hospitals.</p> <p>Many deaths in hospital result each year from Venous Thromboembolism (VTE), these deaths are potentially preventable. The government has therefore set hospitals a target requiring 90% of patients to be assessed in relation to risk of VTE.</p> <p>The Royal Free performed better than the 95% national target and performed better than the national average.</p> <p>The Royal Free London NHS Foundation Trust intends to take the following actions to improve its VTE risk assessment rate: The trust reports its rate of hospital acquired thromboembolism (HAT) to the monthly meeting of the trust board and the quarterly meeting of the clinical performance committee. Any significant variations in the incidence of HAT are subject to investigation with a feedback report provided to the trust board and clinical performance committee at their next meetings. In addition the Thrombosis Unit conduct a detailed clinical audit into each reported case of HAT with finding shared with the wider clinical community.</p>
Indicator	Royal Free Performance 2012/2013	Royal Free Performance 2013/2014	National Average Performance 2013/2014	Highest Performing NHS Trust Performance 2013/2014	Lowest Performing NHS Trust Performance 2013/2014	Actions to be taken to improve performance

<p>The rate per 100,000 bed days of cases of Difficile infection that have occurred within the trust amongst patients aged 2 or over.</p>	30.5	22.2	13.9	0	37.1	<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre, compared to internal trust data, and data hosted by the Health Protection Agency.</p> <p>Clostridium Difficile can cause severe diarrhoea and vomiting, the infection has been known to spread within hospitals particularly during the winter months. Reducing the rate of Clostridium Difficile infections is a key government target.</p> <p>Royal Free performance was significantly higher (worse) than the national average during 2012/13. While the rate has reduced significantly it remains above the national average during 2013/14. More recent internal trust data for the period 2014/15 demonstrates that for the period April 2014 to February 15 the Royal Free hospital site had recorded 25 infections against a plan of 35 and was therefore compliant with its national trajectory. However it should be noted that during this period the Royal Free London NHS Foundation Trust acquired Barnet and Chase Farm hospitals NHS Trust, with those sites included the trust had recorded more infections than its annual plan.</p> <p>The Royal Free London NHS Foundation Trust intends to take the following actions to reduce the rate of C. difficile infections:</p> <p>In order to demonstrate robust governance and ensure performance improvement during 2013/14 the trust asked for independent scrutiny, by a national expert of our infection control processes. The trust also invited two other national experts to review adherence to infection control policy. The action plan arising from the reviews has been considered and fully implemented. In addition the trust is ensuring that all staff adhere to the trust's infection control policies, including hand hygiene and dress code.</p>
<p>Indicator</p>	<p>Royal Free Performance Apr 13 - Sept 13</p>	<p>Royal Free Performance Oct 13 - Mar 14</p>	<p>National Average Performance Oct 13 - Mar 14</p>	<p>Highest Performing NHS Trust Performance Oct 13 - Mar 14</p>	<p>Lowest Performing NHS Trust Performance Oct 13 - Mar 14</p>	<p>Actions to be taken to improve performance</p>
<p>The number and rate of patient safety incidents that occurred within the trust during the reporting period</p>	2,422 (6.92)	2,422 (6.92)	6,184 (8.72)	8,841 (14.91)	4,758 (4.63)	<p>The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the National Reporting and Learning System (NRLS).</p> <p>The National Patient Safety Agency regard the identification and reporting of incidents as a sign of good governance with organisations reporting more incidents potentially having a better and more effective safety culture. The trust reported significantly less incidents than the national average during October to 13 to March 14.</p> <p>The Royal Free London NHS Foundation Trust has taken the following actions to improve its reporting rate:</p> <p>1) The trust purchased a web-based reporting tool with the aim of simplifying the process for staff to report incidents and to export data to NRLS. Experience from other trusts has indicated that the introduction of a web-based tool significantly increases the volume of forms submitted by staff. The web based system went live during February 2013.</p> <p>2) In addition the trust has developed a patient safety campaign with the aim of focusing on improving the patient safety culture, including encouraging staff to report incidents and providing timely feedback to staff on the outcomes and learning resulting from incident investigations.</p>

<p>The number and percentage of such patient safety incidents that resulted in severe harm or death.</p>	<p>13 (1%)</p>	<p>22 (0.91%)</p>	<p>22.7 (0.37%)</p>	<p>1 (0.03%)</p>	<p>36 (0.3%)</p>	<p>We have robust processes in place to capture incidents. However there are risks at every trust relating to the completeness of data collected for all incidents (regardless of their severity) as it relies on every incident being reported. Whilst we have provided training to staff and there are various policies in place relating to incident reporting, this does not provide full assurance that all incidents are reported. We believe this is in line with all other trusts.</p> <p>There is also clinical judgement in the classification of an incident as 'severe harm' as it requires moderation and judgement against subjective criteria and processes. This can be evidenced as classifications can change once they are reviewed. Therefore, it could be expected that the number of severe incidents could change from that shown here due to this review process</p>
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PART THREE

OTHER INFORMATION

Quality performance indicators

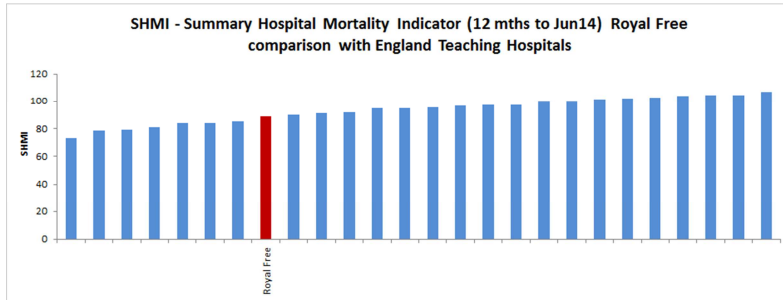
An overview of the quality of care based on performance against key national indicator priorities is detailed within our annual report.

This section of the Royal Free's quality report contains an overview of quality of care offered by the trust based on performance against indicators selected by the board in consultation with our stakeholders. They cover three dimensions of quality:

- Patient safety
- Clinical effectiveness
- Patient experience.

The Royal Free London NHS Foundation Trust acquired Barnet and Chase Farm Hospitals NHS Trust on 1 July 2014. The data in the graphs and commentary below aggregates performance to present a view of combined trust performance for quarters two to four, excluding quarter one, the period prior to acquisition. During quarter one the Royal Free London NHS Foundation trust was not accountable for the performance of Barnet and Chase Farm Hospitals NHS Trust.

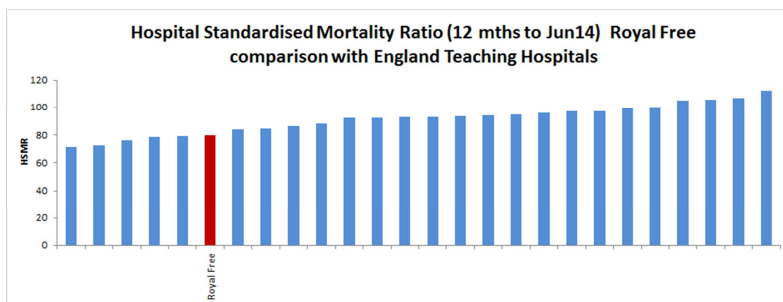
Patient safety indicators



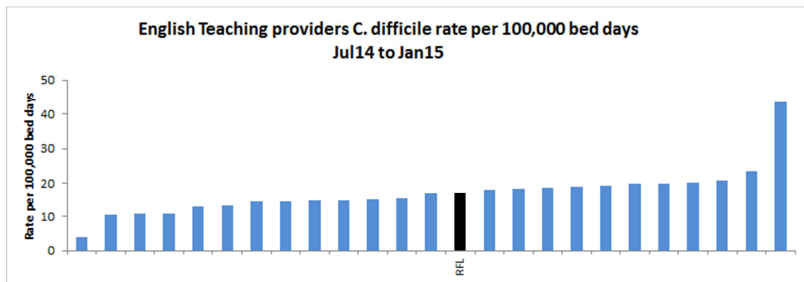
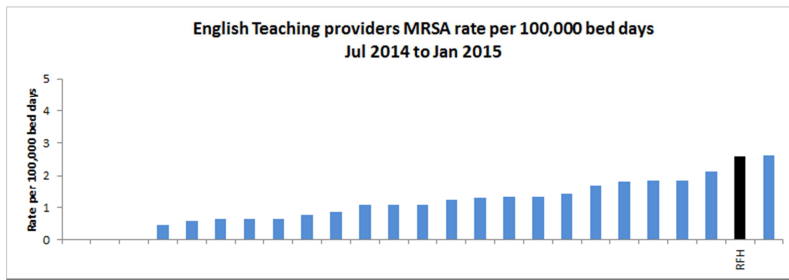
SHMI (Summary Hospital Mortality Indicator) is a clinical performance measure which calculates the actual number of deaths following admission to hospital against those expected.

The observed volume of deaths is shown alongside the expected number (casemix adjusted) and this calculates the ratio of actual to expected deaths to create an index of 100. A relative risk of 100 would indicate performance exactly as expected. A relative risk of 95 would indicate a rate 5% below (better than) expected with a figure of 105 indicating a performance 5% higher (worse than) expected.

The most recent SHMI data available is for the twelve month period ending June 2014, the month prior to the acquisition of Barnet and Chase Farm hospitals NHS Trust. For this period the Royal Free London NHS Foundation Trust SHMI ratio was 88.7 or 11.3% better than expected. For this period the Royal Free had the 15th lowest rate of any English Teaching Trust.



The HSMR (Hospital Standardised Mortality Ratio) data shows that for the 12 months to the end of June 2014, the month prior to the acquisition of Barnet and Chase Farm Hospitals NHS Trust, the Royal Free London NHS Foundation Trust recorded the 6th lowest relative risk of mortality of any English Teaching Trust with a relative risk of mortality of 79.7, which is 20.3% below (statistically significantly better than expected).



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 and is indicative of the degree to which hospitals prevent the risk of infection by ensuring cleanliness of their facilities and good infection control compliance by their staff.

In the seven months to the end of January 2015 the Royal Free reported 5 MRSA bacteraemias, 4 of these were recorded at Barnet and Chase Farm hospital sites. The bacteraemia recorded at the Royal Free site was the first case for 27 consecutive months.

This results in the Royal Free London NHS Foundation Trust being the joint second worst performing out of 25 English Teaching Hospitals during this period.

In relation to C. difficile the Royal Free London NHS Foundation Trust is ranked 14 out of 25 English Teaching Hospitals for the period July 2014 to January 2015.

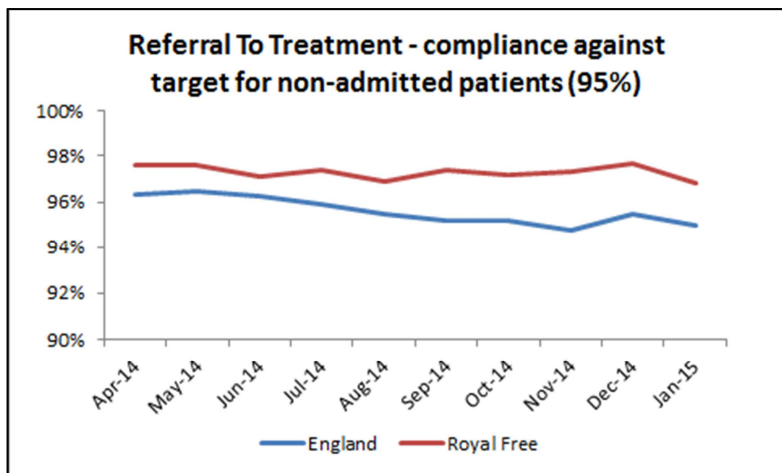
Internal trust data demonstrates that for the period April 2014 to February 2015 the Royal Free hospital site recorded 25 infections against a plan of 35 and was therefore compliant with its national trajectory. However Barnet and Chase Farm hospital sites recorded 33 infections over this period against a trajectory of 15.

The trust is working with the Barnet and Chase Farm sites to identify the root cause of each MRSA bacteraemia and C. difficile infection and will also apply the same rigour to the Royal Free hospital site. The trust will be

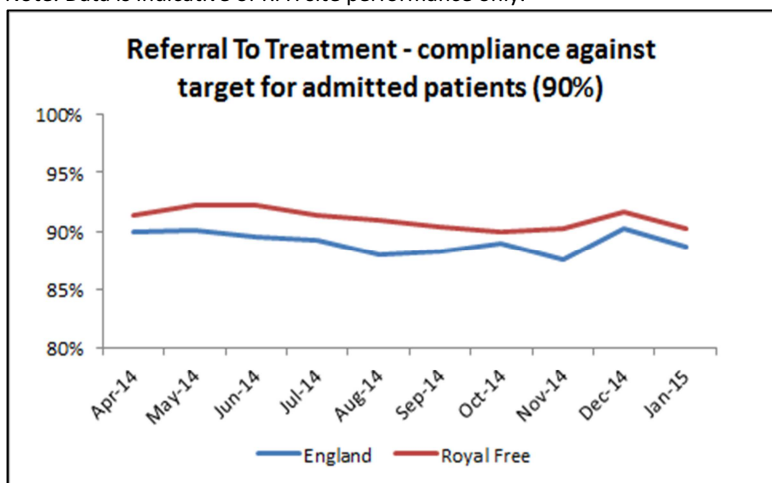
	<p>prioritising a significant reduction in the rate and volume of bacteraemias and infections during 2015/16. This will be achieved by undertaking a root cause analysis behind every case and ensuring all staff consistently apply the trusts infection control policies, with emphasis on ongoing training and monitoring across all levels of the organisation and ensuring best practice is shared across the trust. Specific high risk areas are continuously monitored by infection control staff.</p>
<p>□</p>	<p>Many deaths in hospital result each year from Hospital Acquired Thromboembolism (HAT), these deaths are potentially preventable.</p> <p>In 2010 The National Institute of Clinical Excellence (NICE) provided unified national guidance on the prevention of HATs, together with a risk assessment tool issued by the then Department of Health.</p> <p>The government has set hospitals a target requiring 95% of patients to be assessed in relation to risk of VTE.</p> <p>In relation to the incidence of HAT the trust recorded 48 cases in 2014/15 to February 15. However, current data limitations mean that rates of thromboembolism are not differentiated between those that are hospital acquired only. Internal audits show that the trust is performing well against the national target.</p> <p>The trust reports its rate of hospital acquired thromboembolism to the monthly meeting of the trust board and the quarterly meeting of the clinical performance committee. Any significant variations in the incidence of HAT are subject to investigation with a feedback report provided to the trust board and clinical performance committee at their next meetings.</p> <p>Going forwards the trust is keen to</p>

share good practice across all its sites and ensure that there is a consistent approach to risk assessment and auditing.

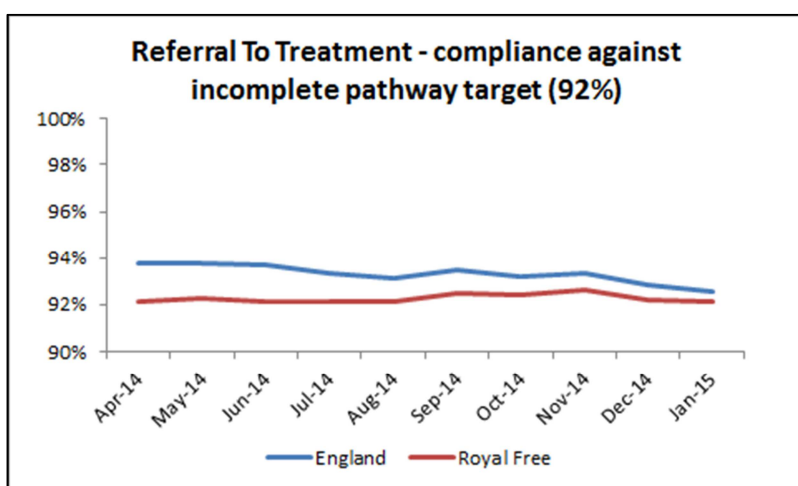
Clinical effectiveness indicators



Note: Data is indicative of RFH site performance only.



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The 18-weeks RTT data in this section exclude the performance of the former Barnet and Chase Farm trust's services because the waiting times of patients for those services could not be accurately calculated in 2014/15.

During September 2013 the Barnet and Chase Farm Hospitals NHS Trust ceased national reporting due to significant concerns relating to the accuracy of the data. The Royal Free London NHS Foundation Trust is working with its Barnet and Chase Farm sites to correct the reporting issues with a view to resuming national reporting during 2015/16.

A maximum waiting of 18-weeks from referral to treatment is a key government access target with the NHS Constitution guaranteeing every citizen the right to treatment within 18-weeks.

Recognising that not all patients can be treated within 18 weeks (e.g. due to clinical need, highly specialised surgery or patient unavailability) the government has set thresholds for admitted and non-admitted patients stipulating that 90% and 95% of patients respectively must start definitive treatment in 18 weeks

The Royal Free London NHS Foundation Trust outperformed the wider English NHS throughout the year in relation to both the non admitted and admitted targets.

In relation to the admitted standard the reduced performance visible during the summer and autumn months is the result of a national initiative designed to reduce the number of patients waiting for treatment by admitting additional breach backlog patients.

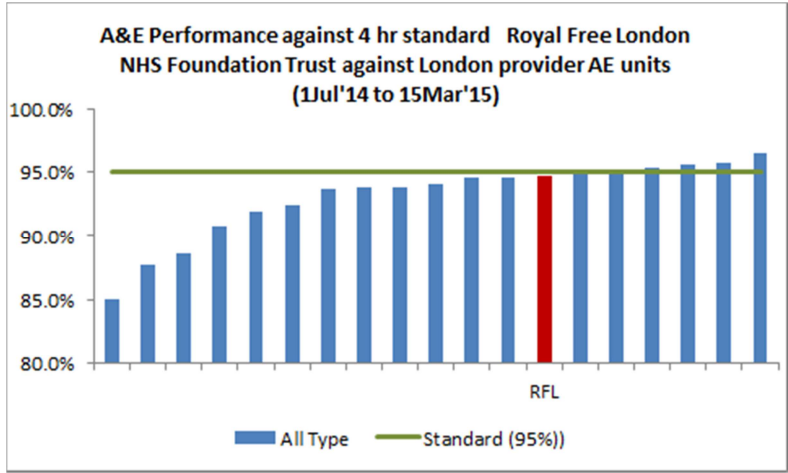
Longer waits for treatment for patients with incomplete pathways suggest that some patients may be actively waiting for treatment for longer than the 18-weeks target. The Government set an additional target requiring 92% of patients actively waiting for treatment to have waited less than 18-weeks.

The Trust has achieved this standard each month throughout the period, however has not performed as well as other English acute trusts. This is mainly due to longer waits for surgical treatment in a small number of specialties.

Following the 1st July acquisition of Barnet and Chase Farm Hospitals NHS Trust, an 18 week Referral to Treatment Recovery and Improvement Programme was established within the enlarged organisation. The Programme's aim is to return to compliance at trust level with national 18 week RTT standards and to embed the necessary improvements required to sustain this level of performance.

Key principles underpinning how the RTT Programme operates include keeping the overriding focus not on numbers, targets and rules, but how to ensure patients receive the best possible care with the shortest possible waits; as well as prioritising the identification of patients who may have suffered harm as a result of long waits through the clinical harm review; and also working as quickly as possible to clear the backlog based on worst case estimates, whilst closely managing the validation process to enable national reporting to resume. Ensuring all staff are effectively engaged in the programme whilst also making sure that there is open and transparent reporting to key stakeholders are core trust values supporting these principles.

The Royal Free will continue to prioritise waiting list reductions across the board in 2015/16. This will ensure that performance improves and patients have shorter waits for admission and treatment.



The Accident and 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 the Royal Free's performance in relation to meeting the 4-hour maximum wait time standard compared to performance across London.

A higher percentage is good as it reflects short waiting-times. During the most recent period for which data is available, July 2014 to March 2015, the Royal Free was the 7th best performing out of a total of 19 London trusts.

However during this period the trust underperformed against the required 95% standard. The late summer, autumn and winter of 2014/15 has been an extremely challenging period with the majority of trusts across England and London failing the standard.

Pressure on A&Es has been increasing with more people than ever before selecting Accident and Emergency as their preferred means of accessing urgent healthcare.

It is recognised that there are a number of trigger points which affect A&E performance including number of attendances, ambulance flows, total number of patients within the A&E at any time and bed flow. The trust has an A&E performance improvement

plan, which includes internal plans and collaborative plans that are reviewed at a weekly summit with our care delivery partners. There is a strong focus on admissions avoidance to reduce unnecessary admissions and on reducing factors which cause delays in discharge.

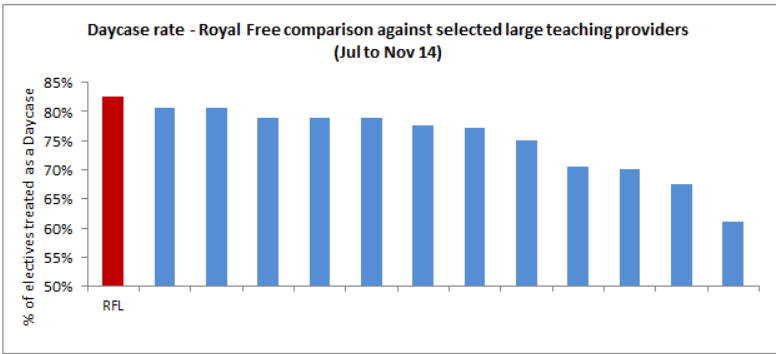
In addition, the trust is working with its Commissioners to better understand patient flows and offer community based alternatives to hospital care.

In addition the trust has invested heavily in modernising and extending its emergency service, this included completely rebuilding its A&E department with work having already started.

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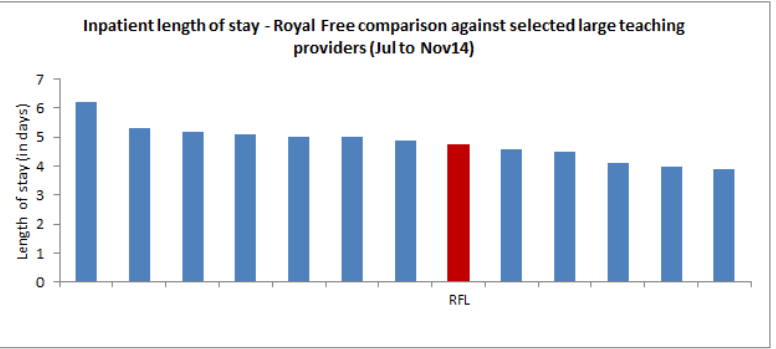
In addition, the trust is working with its Commissioners to better understand patient flows and offer community based alternatives to hospital care.

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Day cases are procedures that allow you to come to hospital, have your treatment and go home, all on the same day.

From the patients' perspective day case surgery provides minimal disruptions to their daily routine as compared with an inpatient stay. In addition, there is less likelihood of their procedures being cancelled and risk of hospital acquired infection is also reduced due to less time being spent in hospital.



A high day case rate is therefore seen as good practice both from a patient's perspective and in terms of efficient use of resources, allowing more patients to be treated.

The trust is treating approximately 85% of elective patients as day cases. We have achieved this by constant challenge of practice:

- All new procedures are challenged against international best practice for day surgery.
- Overnight stays must always be justified clinically.
- Overnight accommodation is provided where patients have to

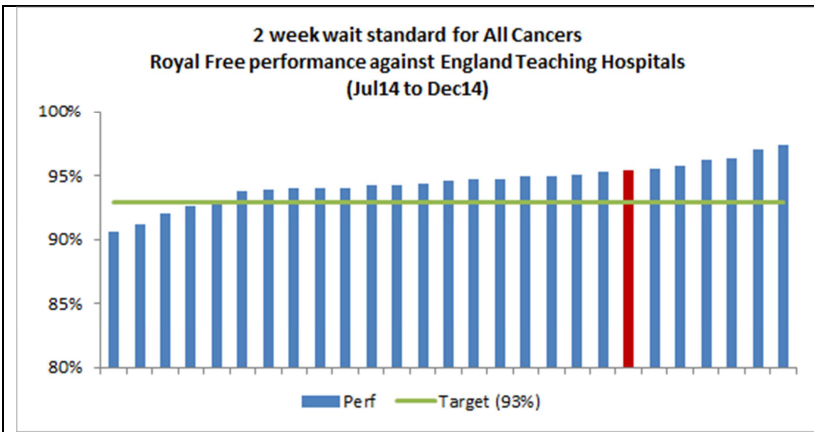
travel a long distance and have an early start for surgery.

- Use of a surgical assessment unit to bring in patients on the day of their surgery.
- Pre-assessment checks are re-validated where necessary to prevent admission prior to day of surgery.

The graph compares the Royal Free's performance to 13 large teaching providers which Dr Foster regards as the trusts peer group. During the period July to November 14 the Royal Free was the best performing trust against this peer group.

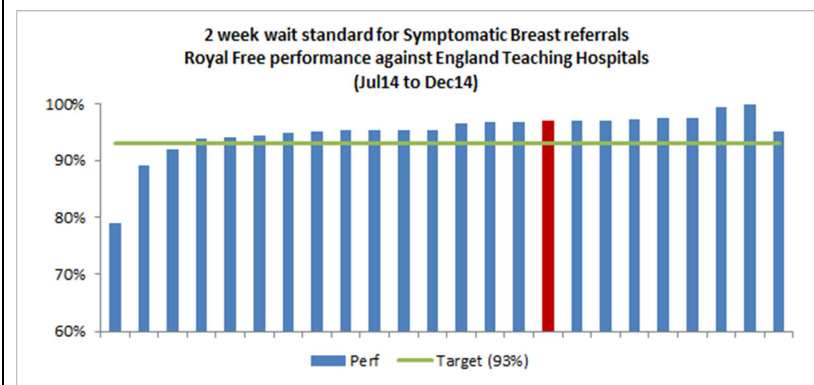
Going forwards the trust will continue to work on integrating pathways and implementing best practice to move to a higher day case rate where possible, whilst recognising that this has to be balanced against highly specialised complex surgery that requires an inpatient stay. New methods of working and technology will allow some day case surgery to be carried out in an outpatient environment.

Length of stay is also an important efficiency indicator with, in most cases, a shorter length of stay being indicative of well organised and effective care. Between July and November 14 the Royal Free was the 8th best performing trust against the peer group of 13 large teaching providers referenced above.



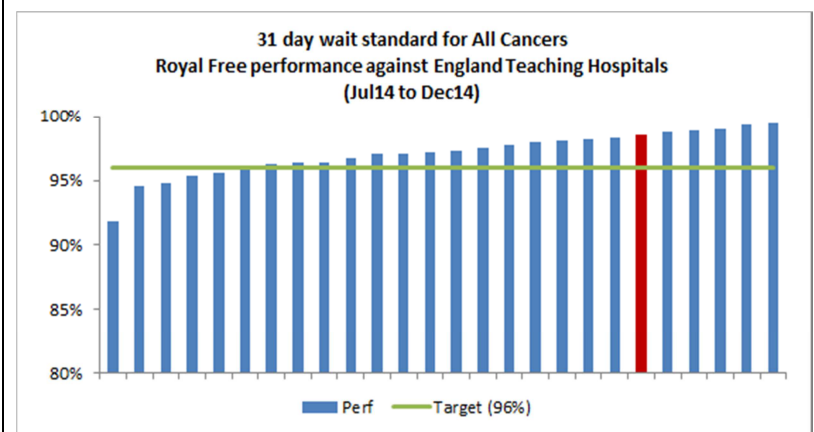
Clinical evidence demonstrates that the sooner patients urgently referred with cancer symptoms are assessed diagnosed and treated the better the clinical outcomes and survival rates.

National targets require 93% of patients urgently referred by their GP to be seen within 2 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 most recent period for which national data is available, July 14 to December 14 the Royal Free performed better than the national targets in relation to the two week wait and 31 day standards.

However the Royal Free underperformed against the 62 day standard. This is primarily due to long waits for Urology cancer pathway diagnostics, specifically TRUS biopsy, as well as long waits for prostate cancer treatments at external trusts.



The trust is committed to putting patients at the heart of its services, ensuring all indicators are closely monitored and that all targets are met.

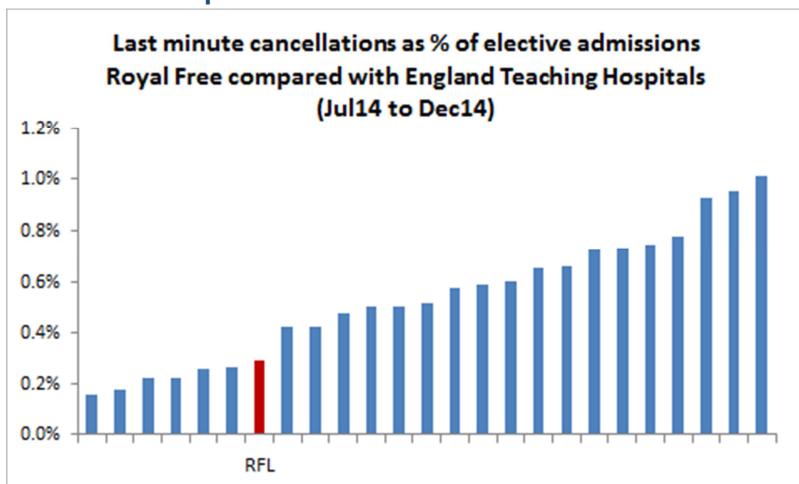
The trust has set out a detailed recovery plan requiring a return to national target compliance by June 2015. The plan is supported by a series of improvements across outpatients, diagnostics as well as reducing waiting times for treatment.

The graphs present the Royal Free's performance relative to English teaching trust performance and the relevant national target.

<p style="text-align: center;">GP referred 62 day wait standard for All Cancers Royal Free performance against England Teaching Hospitals (Jul14 to Dec14)</p> <p style="text-align: center;">■ Perf ■ Target (85%)</p>	
	<p>The Royal Free carefully monitors the rate of emergency readmissions as a measure for quality of care and the appropriateness of discharge. The hospital is working with Commissioners, GPs and local authorities to provide reablement and post discharge support in order to reduce the rate of readmissions.</p> <p>A low, or reducing, rate of readmission is seen as evidence of good quality care.</p> <p>The chart presents the Royal Free hospital site and Barnet and Chase Farm hospital site performance relative to 13 large teaching providers which Dr Foster regards as the trusts peer group.</p> <p>For the period July 14 to November 14, the Royal Free hospital site had the 13th lowest relative risk of emergency readmission within 28 days of discharge compared to the 25 English Teaching hospitals.</p> <p>The risk at the Royal Free was deemed to be slightly higher than the expected level, but still within the expected range of values.</p> <p>The services provided at Barnet and Chase Farm hospital sites are shown on the same chart for comparative purposes.</p>

	<p>The readmission rate at Barnet and Chase Farm is 3.7% below (better than) expected however this is within the limits expected by random variation.</p>
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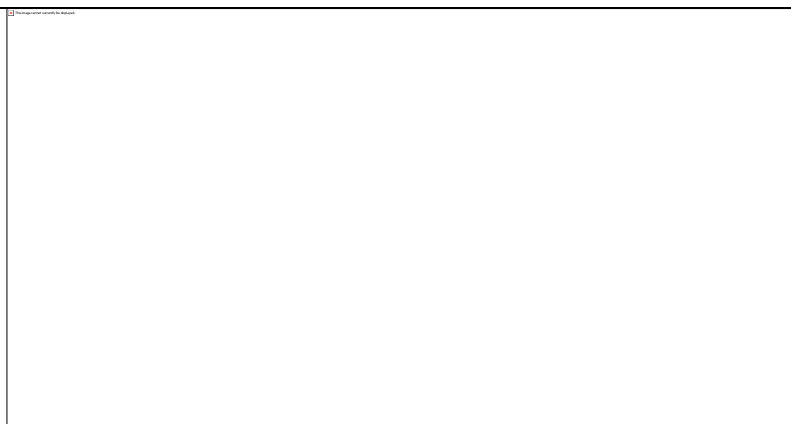
Patient experience indicators



Last minute cancellations contributes to poor patient experience and inevitably results in patients having to wait longer to have their treatment.

During November 2013 the Royal Free prioritised the reduction of cancellations in order to improve patient experience. The impact was immediate and sustained, resulting in an improvement in the rate of elective activity cancelled at the last minute for non-clinical reasons.

During the six month period from July to December 2014, the Royal Free NHS Foundation Trust cancelled 0.3% of elective activity at the last minute for non-clinical reasons resulting in it being the 7th best performing of the 25 teaching trusts.



Delayed transfers occur when patients no longer need the specialist care provided in hospital but instead require rehabilitation or longer term care in the community. A delayed transfer is when a patient is occupying a hospital bed due to the lack of appropriate facilities in the community or because the hospital has not properly organised the patients transfer.

This results in the waste of hospital

	<p>resources and inappropriate care for the patient, the aim therefore is to reduce the rate of delayed transfers.</p> <p>Through more effective working with our community partners and better internal organisation the rate of delayed transfers of care had reduced significantly since 2009. However more recently there has been an increase, particularly in the winter months when the pressure on services is at its greatest. The trust is committed to taking an integrated care approach and is working with its partners, including social care and local authorities as well as commissioning agencies to improve the position for 2015/16.</p>
<p><small>© The Department of Health 2012</small></p>	<p>The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the trust to friends and family, based on the care they received. The test was introduced in April 2012. Its purpose is to improve patient experience of care and identify the best performing hospitals in England.</p> <p>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. Across England the survey covers 4,500 NHS wards and 144 A&E services.</p> <p>The trust is committed to actively seeking feedback from patients and is keen to demonstrate implementation of change projects as a result.</p> <p>From April 2014 the Staff FFT was introduced and the trust aims to triangulate the findings with that of the patient FFT going forwards, ensuring that response rates and implementation are uniform across the trust and where the need for change is identified; it is driven by both patients and staff alike.</p>

Monitoring of local audit quality improvement actions from 2013/14 quality accounts

Over the next few pages we will provide examples of how we have continually improved the quality of service we provided over the past year.

For several years, we have embraced national audits as a means of benchmarking ourselves against others in the UK. There are now over 50 national audits in which we regularly participate. In several, we are able to show improvements over successive audit cycles. We have benefited from the insights they give us into how we can improve care for our patients.

Through these national audits we regularly evaluate our performance in over 200 audit indicators of quality in clinical care. These include detailed measures of care, such as surgery within 36 hours after a hip fracture, or ideal sugar control in children with diabetes.

For nearly 25% of these metrics, compared to 10% in 2011, care at the Royal Free now appears to lie among the best in the UK as a result of improvements we have made to clinical care over successive years. These improvements have made an important contribution to patient safety, clinical effectiveness and patient experience.

Following the acquisition of Barnet & Chase Farm Hospitals, we have taken a similar systematic approach to evaluation of the findings relating to care at these hospitals and have found a similar distribution of performance to that at the Royal Free Hospital. Areas of relative strength and weakness differ, however, and provide a useful opportunity for us to learn from each other within the new enlarged organisation.

The next section describes some of the improvements we have made in 2014/15 as a result of our clinical audit activities and includes updates on plans we announced in our Quality Report last year:

Local Audit priorities reported in our 2013/14 Quality Accounts to improve the clinical effectiveness of our services	Actions we have undertaken to date
Pain relief in our Emergency Departments after fractured hip	At our Barnet site, a local audit showed that 80% of patients who had suffered a fractured hip were still in pain after receiving painkillers, including morphine, demonstrating the need to improve pain relief for these patients. By raising awareness of NICE guidelines on hip fractures, improving assessment of pain, and providing training to our doctors through a practical workshop, we promoted the use of 'nerve blocks' and significantly improved the quality of pain relief. We have greatly improved pain relief for patients who are admitted through our Hampstead Emergency Department with fractured hips, and our performance now lies in the upper quartile when compared nationally. All eligible patients were treated with an advanced pain technique, known as a 'nerve block', for pain relief during our last audit period.
Epilepsy in adults presenting to our Royal Free Hospital Emergency Department	Published results from the National Audit of Seizure Management indicate that we now perform in the top quartile nationally for assessing neurological observations. We have also become more consistent in measuring the patient's temperature after a seizure.
Pain relief for children in our Royal Free Hospital Emergency Department	Following the College of Emergency Medicine national audit last year, we have designed patient and parent leaflets with information on pain relief and pain scoring in children. We will soon be distributing these to

	all parents who accompany children with pain. We expect to see an improvement in pain scoring and timely use of analgesics at home to children, as suggested by the results of an earlier pilot study.
Severe sepsis - management in our Royal Free Hospital Emergency Department	We continue to perform in the top quartile nationally for seven of the eight metrics evaluated in this audit, including the six steps of our Sepsis 6 programme.
Feverish children in our Royal Free Hospital Emergency Department	We are doing much better at recording all observations on children. Our performance lies between the median and upper quartile nationally.
Patients with alcohol disorders in our Royal Free Hospital Emergency Department	When assessing and managing alcohol withdrawal at our Royal Free site we use the CIWA score. However, the score continues to be inconsistently applied. We plan to train staff about the CIWA score in our local induction programme.
CT scan after head injury presenting to the Royal Free Hospital Emergency Department	In our most recent audit, 60% of CT scans for suspected head injury were performed within 1 hour of request.
Heart attacks (Non-ST elevation Myocardial Infarction).	Across Royal Free and Barnet sites, we have developed a pathway for managing patients with Acute Coronary Syndrome. Together with service transformation, this will help us achieve the best possible care, in accordance with revised NICE guidance, at both our acute hospitals.
Elective cardioversion for atrial fibrillation	Prior to elective cardioversion for atrial fibrillation, patients need to be established on blood thinning therapy to reduce the risk of a stroke. When warfarin is used, it takes at least 4 weeks to establish a stable dose. We have changed our blood thinning therapy from warfarin to one of the newer anti-coagulants for patients at our Barnet site. This has permitted the elective cardioversion to be scheduled sooner as there are fewer delays while establishing the correct dose. We will be extending this revised pathway to the Royal Free site.
Continence plans after stroke	Most recent data indicates we have improved our continence planning and currently assess 95% of patients, who have suffered a stroke, for their continence needs.
Intra-operative assessment of tumour spread (one-step nucleic acid molecular assay of sentinel lymph nodes)	We now offer this as standard for all suitable patients having sentinel lymph node biopsy. Introduction of this technology has led to a reduction in the need for patients to undergo complete clearance of the axillary lymph nodes.
Aortic disease	<p>We have restructured our Aortic Team at the Royal Free Hampstead to become a more patient-centred service. The appointment of two substantive consultants and a Clinical Lead since July 2014 has meant that the team's mission and mandate have become more focused. Early efforts have focused on improving the patient experience for our patients with aortic disease.</p> <p>We have introduced a 'one-stop-shop' approach to assessment. Patients now make one visit to hospital before surgery, meet the surgical team and have all necessary investigations and preoperative assessment on the same day. The introduction of an 'Aortic Hotline', as well as our new Royal Free Aortic Referral Service, has ensured that the team are responsive to both patients and referring physicians. This coordination has meant that patients and family members have less disruption to their schedules, and have their concerns addressed as quickly as possible.</p> <p>We have developed evidence-based protocols for pre-operative assessment and preparation prior to aortic surgery to enable information and treatment-planning (designed by our multidisciplinary team of surgeons, anaesthetists, cardiologists and nephrologists) for</p>

	<p>every patient, tailored to their individual clinical circumstances. Clinically, we have made radiation dose reduction a priority. Fusion imaging has been introduced in our Vascular Hybrid Theatre, allowing the team to use virtual images superimposed on fluoroscopic images to guide the placement of stent grafts. This has led to a significant reduction in radiation dose to both patient and clinical team.</p>
Platelet transfusion	<p>Platelet transfusion can be a life-saving intervention when a patient has severe bleeding or profound platelet deficiency due to chemotherapy or bone marrow transplantation. However, it is expensive and carries the risk of transfusion-associated reactions. We audited the use of platelet transfusion in the hospital and introduced a new role of platelet coordinator to guide optimal use of platelet transfusion through better use of testing at the point of care, improved platelet increment testing to guide the use of platelet transfusion, and appropriate use of double dosing. This new role has so far proved effective in safely reducing our use of platelet transfusions to patients with cancer. We intend to extend this improvement to other clinical areas where platelet transfusions are often required.</p>
Referrals to palliative care	<p>At the Royal Free site, an audit of in-patient referrals to the Palliative Care Team showed that most referrals arose from our Care of the Elderly teams. To avoid any delay in referral, the Monday morning Care of the Elderly ward round is now attended twice a month by a Palliative Medicine Registrar who can give specialist advice and identify patients needing referral to the service at an earlier stage</p>
Opioid prescribing in palliative care	<p>We have updated our guidelines on the use of this therapy and have developed information for patients.</p>
Organ donation	<p>We have established a joint Organ Donation Committee across our two legacy organisations.</p>
Pain relief for in-patients	<p>We have made improvements to our pain management training programme for staff, with a particular focus on pain assessment and documentation. We will be launching credit-card-sized 'Pain Prompters' for ward staff, to facilitate easy reference to pain assessment tools and safety checks.</p>
Nutritional screening tool for elderly patients	<p>A new nutritional screening tool for elderly patients has been in use for much of the last year, which encourages prescription of nutritional supplements to patients who may benefit from them.</p>
Early mobilisation after Caesarean section	<p>Early mobilisation is included in our Enhanced Recovery programme which has commenced at our Barnet Maternity unit.</p>
Breastfeeding facilities on our neonatal unit	<p>The Baby Charter national audit, run by the charity Bliss, looks at all areas of neonatal care. As a result of the audit in 2013, we have improved our facilities for breast feeding.</p>
Missed medication doses	<p>Daily data collection and immediate feedback to ward staff continues. Recent data shows a reduction in missed doses after the implementation of a Safety Cross programme on one of our wards. This is now being implemented on a further ward.</p>
Patient experience for women with breast cancer	<p>Having reviewed the patient experience survey responses from women who use our breast cancer service, we have appointed a new Clinical Nurse Specialist to support patients with breast cancer. We have updated and improved our patient information leaflets and improved our processes for ensuring patients receive the information most relevant to their condition.</p>