

Quality Accounts 2011-12

Draft

Welcome from the Chief Executive

The Trust Board welcomes you to our third annual report on quality. The aim of this document is to improve our accountability and transparency to the public and to outline the Trust's quality improvement agenda, both in relation to the outcome of last year's quality account and taking this forward into the Trust programme for 2012/13.

Barnet and Chase Farm Hospitals NHS Trust is one of the largest trusts in the country, providing modern standards of clinical practice combined with traditional values of professional care. We hold clinics in easily accessible community hospitals – Edgware, Finchley Memorial, Potters Bar and Cheshunt, as well as our two main sites. We continuously seek new ways to provide our local communities with excellent care and to deliver year on year improvements.

We are proud of the many improvements we made to the quality of our clinical services in 2011-12. These include reducing the number of hospital-acquired infections and patient falls, and increasing the input of senior clinicians into the Trust's emergency process. We have launched an Appointment Reminder Service to ensure patients are kept aware of their upcoming appointments, opened a Macmillan Information Centre in Barnet Hospital that provides user-friendly advice to both cancer patients and their relatives/carers, become the first Trust in London to perform Aquatheresis (a new excess fluid removal procedure) on Cardiology patients, and attained Gold accreditation for our TIA (mini-stroke) services. I am confident that these and other successes will inspire us towards achieving our five clinical priorities for the year ahead, which are explained within the next section.

The Secretary of State has made two major decisions in this regard since last year's report. The first is that North London's health services are to proceed with the BEH Clinical Strategy, which will see emergency and maternity services focused in large specialist centres at Barnet Hospital and North Middlesex University Hospital. This decision was made following a lengthy review involving all major stakeholders. The second decision is that, following a Feasibility Study into the possible creation of a single acute trust for Enfield (that would have merged Chase Farm Hospital with North Middlesex University Hospital), both organisations are to remain in their current form.

These decisions enable us to focus our energies on implementing all aspects of the Clinical Strategy in time for a planned completion date of autumn 2013. The Board wishes to reassure all users of our services that, throughout the implementation process, we will remain committed to ensuring that every patient is treated with dignity, compassion and respect whilst receiving the highest quality of clinical care. As always, our patients come first and are at the centre of everything that we do.

The Trust Board wishes to assure you that all members of staff, both clinical and non-clinical, at Barnet and Chase Farm NHS Trust continue to welcome and encourage feedback from patients and carers so that we may learn from experience and continue to develop both the quality and range of services that we offer to our local public. The Trust is committed to senior clinical input into the decision making processes of the Trust and is continuing to drive forward a programme of increasing clinical autonomy. By this and other means the Trust seeks to involve clinicians at all levels in the development of their services as we feel that this is the best way to ensure that our services thrive for the benefit of our patients.

I hope you find this report interesting and I believe that it reflects our ongoing dedication as an organisation at all levels to improve the quality of care and services that we provide. The production of this report has received input from members of staff at all levels within the organisation who have been enthusiastic in bringing to the fore ongoing achievements within the integrated high quality service that the organisation aims to provide. As an organisation we aim to build upon our previous achievements reporting again to you on our progress in 2013.

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

1. Quality priorities for 2012-13

The Trust will be focusing on the following areas of care in 2012-13 as it seeks to improve quality of service:

- The Liverpool Care Pathway (LCP) for the dying patient

The Liverpool Care Pathway (LCP) for the dying is an integrated care pathway aimed at improving the quality of care for patients in the last few hours/days of life. The LCP is a multi-professional document that guides professionals to provide the best care, transferring the hospice model of care into the acute setting where currently 58% of deaths occur.

The LCP is the tool recommended by The End of Life Care Strategy (2008) and Quality Markers and Measures for End of Life Care (2009). It incorporates care before and after death, ensuring a dignified death and the provision of appropriate support to relatives and friends. Government policy reinforces the need to prioritise the delivery of high quality care at the end of life.

Areas of the LCP to work towards for 2012-2013 include:

The number of patients who die supported using the LCP

The Trust has recently taken part in the National Care of the Dying Audit for Hospitals (NCDAH) undertaken by The Marie Curie Institute Liverpool. At

present, 16% of patients who die in the Trust are supported using the LCP. An important aim for the next 12 months is for this number to increase significantly to meet the expected average target of 29%.

This will be achieved by promoting the use of tools such as advanced care planning and education and training for all staff, not only in the use of the LCP.

This will be monitored by recording the number of patients who die with an LCP in place. The bereavement office currently records the number of patients who die supported by the LCP. The End of Life Care Matron will monitor this information on an ongoing basis and report it through the patient experience group; an audit will be undertaken in December 2012.

Anticipatory prescribing

Anticipatory prescribing refers to ensuring all patients who are identified as dying have a prescription in place (in line with nationally agreed guidelines and good practice) in order to treat commonly occurring symptoms at the end of life. These include pain, nausea and vomiting, breathlessness and restlessness/agitation.

The Trust's result of the NCDHAH showed 67% (median 83%) compliancy with anticipatory prescribing. The reason for this 'low' percentage is that the anticipatory prescribing section on the LCP was incomplete (not ticked).

The national audit did not, however, cross reference with the drug charts. Therefore, we undertook an audit reviewing the drug charts of these LCPs and found that 82% were prescribed the correct anticipatory drugs.

We aim to increase this figure over the next year through education and training of medical and nursing staff in anticipatory prescribing. We will also develop 'user friendly' guidance by developing the back page of the LCP to clearly guide clinicians in anticipatory prescribing. This will be monitored by an audit in September 2012.

Correctly completed LCPs

The NCDHAH show that it is impossible to measure the care if the LCP is not completed correctly. Many areas of the LCP document were left blank or not completed. We aim to increase the number of correctly completed LCPs in order to have a true reflection of the care we provide to patients at the end of life, as well as their family/friends. We are developing an information leaflet for professionals, which will be available to staff as well as increasing the amount of education and training available.

Below are a list of key performance indicators (organisational and clinical) identified by the NCDHAH. The above highlights the importance of prioritising the following four indicators in particular:

- KPI 1: Access to Information relating to death and dying
- KPI 3: Care of the Dying: Continuing Education, Training and Audit
- KPI 5: Anticipatory prescribing for the main symptoms that may develop in the last hours or days of life
- KPI 8: Compliance with completion of the LCP.

Organisational Key Performance Indicators (KPIs):

- KPI 1: Access to Information relating to death and dying
- KPI 2: Access to support services for care in the last hours or days of life
- KPI 3: Care of the Dying: Continuing Education, Training and Audit
- KPI 4: Clinical provision/protocols promoting patient privacy, dignity and respect, up to and including after the death of the patient.

Clinical Key Performance Indicators (KPIs)

- KPI 5: Anticipatory prescribing for the main symptoms that may develop in the last hours or days of life
- KPI 6: Communication with the relative and carer around the plan of care (LCP), to promote understanding
- KPI 7: Routine review and assessment of the patient and their relatives/carers
- KPI 8: Compliance with completion of the LCP.

*National Care of the Dying Audit Hospitals (NCDAH) 2011-2012
Marie Curie Palliative Care Institute Liverpool*

Measure	Source of Data	Frequency of collection	Data collected and reported by
Number of patients who die supported by the Liverpool Care Pathway (LCP) for the Dying	Bereavement office	Monthly	Matron for End of Life Care, as part of the performance review
Anticipatory prescribing – all	Patient Notes Drug Charts	3 monthly	Matron for End of Life Care

patients identified as dying have a prescription in place to treat commonly occurring symptoms			Patient Experience Group Reported by audit
Number of staff attending training	Record of attendees	6 monthly	Matron for End of Life Care Reported by audit

- Prevention and Management of Pressure Ulcers

Pressure ulcers remain a key indicator of the quality of nursing care. During 2012-13 further work will be undertaken to embed the zero tolerance approach to hospital acquired pressure ulcers.

Pressure ulcers (also commonly referred to as bed sores) cause distress and pain to patients when they occur. The Trust has continued its strong commitment and focus over the last two years in implementing strategies to reduce the occurrence of these ulcers.

Ongoing work in this area focuses on:

- A continued mattress and bed replacement programme to ensure that patients are nursed on the correct surface
- A continued programme of education on pressure ulcer prevention and management
- A continued route cause analysis of all hospital acquired category 2, 3 and 4 pressure ulcers
- Review of results of audit of SKIN bundle and modification of intentional rounding and SKIN bundle tools.

The key standards set out below will be subject to audit. The audit will highlight, over the course of the year, the further improvements made as a result of the initiatives outlined above.

Our key outcome measures will be a reduction in the harm caused to patients by pressure ulcers.

Monitoring and Measurement of Progress/Key Performance Indicators

Measure	Source of data	Frequency of collection	Data collected and reported by
Number of patients who develop a category 2 hospital acquired pressure ulcer	DATIX	Monthly (Reported Quarterly)	Matrons as part of performance review T McHugh

Number of patients who develop a category 3 hospital acquired pressure ulcer	DATIX	Monthly (Reported Quarterly)	Matrons as part of performance review T McHugh
Number of patients who develop a category 4 hospital acquired pressure ulcer	DATIX	Monthly (Reported Quarterly)	Matrons as part of performance review T McHugh
Prevalence of patients who develop a category 2 or above hospital acquired pressure ulcer	Safety Thermometer	Monthly	Collected by Ward Sisters Collated by Imran Hussain

- Access to Services for People with Learning Disabilities – working in partnership with the Acute Learning Disability Liaison Nurse and the local Community Learning Disability Teams to ensure improved outcomes for patients with a learning disability

Health inequalities and poor access to health services start early in life for people with learning disabilities. As a group they experience more hospital admissions (26%) than the general population (14%).

Valuing People (Department of Health 2001) and Treat me Right (Mencap, 2004) highlight the poor quality of care and lack of dignity and respect experienced by this vulnerable group in both primary and secondary care.

Recent reports and inquiries emphasise the issues of ignorance and indifference to the needs of people with a learning disability within health services and stress the poor and inadequate care. Death by Indifference (Mencap, 2007 and 2012) and the subsequent Ombudsman investigation highlight the 'distressing failures in the quality of health and social care' and a 'lack of leadership, responsibility and accountability'. The Health Ombudsman recommended that all health services are required to make reasonable adjustment to improve the care and treatment of people with a learning disability.

In order to provide people with a learning disability a positive patient experience when accessing services, the Trust will work in partnership with the Acute Learning Disability Liaison Nurse to ensure reasonable adjustments are made to meet the needs of the individual. The Acute Liaison Nurse will provide support with planned and unplanned admissions, case conferences, Mental Capacity Act 2005 assessments, Best Interests Decisions and discharge planning.

Working together, we can ensure that national experiences of poor care for this vulnerable group do not happen locally.

Monitoring and Measurement of Progress/Key Performance Indicators

Measure	Source of data	Frequency of collection	Data collected and reported by
Patients with a Learning Disability admitted to Barnet and Chase Farm Hospital who require reasonable adjustments in order to access our services will receive input from the Acute Learning Disability Liaison Nurse	Acute Learning Disability Liaison Nurse	Quarterly	Acute Learning Disability Liaison Nurse
Patients with a Learning Disability who have been assessed as lacking capacity to be involved in decisions concerning their treatment options will have all Best Interests Decisions accurately documented in their medical notes	Medical Notes	Quarterly	Acute Learning Disability Liaison Nurse/ Clinical Governance

- Infection Control – maintaining standards

We have a good reputation for reducing healthcare associated infections and improving cleanliness in all areas since 2008/9. During 2012/13 the focus will

be on continuing to maintain these high standards whilst working to reduce levels of healthcare associated infections further.

This will be achieved through various working forums and key stakeholders. For example: the Safety Thermometer initiative to reduce the incidence of urinary catheter associated infection; IV working group to improve standards in intravenous device management, focusing central lines; and developing a Care Bundle to reduce the incidence of Hospital Acquired Pneumonia.

The 'Going for Gold' campaign is being used to ensure staff are kept informed about how many MRSA and C.difficile infections have occurred in the year to date (against the set annual target) and also the current compliance rates for hand washing. The 'Gold standards' for these measures is fewer than **four incidents of MRSA**, fewer than **33 incidents of C.difficile**, and 95% for hand hygiene spot checks every week in all areas.

The Hand Hygiene component of the 'Going for Gold' campaign will be further reinforced by pocket cards, listing the five most important times when staff should be washing their hands in relation to patient care.

2. Review of quality performance 2011-2012

Our 2010-11 Quality Account identified the following priorities for improvement in 2011-12:

- Improving the Patient Experience
- Reducing the number of cardiac arrests
- Increasing the input of senior clinicians into the Trust's emergency process
- Introducing a sub-specialty gastrointestinal medical rota
- Updating governance structures

It was also decided to continue with the following two priorities from 2010-11:

- Recognition and care of the deteriorating patient
- The reduction in risk for venous thromboembolic events for all hospital inpatients

Improving the Patient Experience

Why we made this a priority:

Our Patient Experience Strategy continues to focus our attention on issues that patients say are most important to them. We know that a stay in hospital, or a visit to our outpatient department, can be a worrying or stressful time for any patient. Our staff have signed up to our 'We Care' standard with a commitment to be Welcoming, Empathetic and Courteous, to have an Attitude

that's positive, to be Ready to help and to maintain standards of clinical Excellence.

In 2011-12 we asked 5500 people for their feedback. People who told us their opinions included adult inpatients, outpatients, women having babies, children, teenagers and their parents, people using the Emergency Department and patients having X-rays or physiotherapy. People consistently reported high levels of satisfaction with being made to feel welcome and being treated with respect and dignity. On average, 93% of patients rated the overall care they received as excellent or good.

There are areas where we still need to do better, and we will be focusing on what more we can do to better involve people in decisions about care and treatment, explaining the side effects of medication, and making sure that patients can talk to someone about any worries or concerns they may have.

Patient Experience Strategy

Our Patient Experience Strategy (PES) campaigns are:

Patient feedback

Accident prevention and safeguarding

Treating you with respect and dignity

Infection prevention and keeping clean

End of life care

Nutrition and hydration

Transforming care through leadership

Safe and effective care

These campaigns entail the following:

Patient feedback -

- Using patient feedback trackers at every opportunity in all wards and departments
- Working in partnership with our Patient Advisory Group and Local Involvement Networks (LINKs) to identify and address issues of concern.

Accident prevention and safeguarding -

- Continuing to improve on prevention of falls and hospital acquired pressure ulcers

- Better care for vulnerable people such as those with dementia or learning disabilities.

Treating you with respect and dignity -

- Further developing the Trust's values and behaviours standards
- We have implemented the Butterfly scheme to support people with dementia and will continue to use this approach.

Infection prevention and control -

- Maintain our control of hospital acquired infections.

End of life care -

- Improve 'anticipatory prescribing' for patients approaching the end of life
- Develop 'advanced care planning' booklets.

Nutrition and hydration -

- Protected mealtimes led by ward sister/charge nurse and involving all the ward team
- Green cups for patients with dementia to help them keep well-hydrated.

Transforming care through leadership -

- Leadership programmes for Band 6 and Band 7 nurse leaders and other disciplines
- Leadership change projects planned and delivered by programme participants.

Safe and effective care -

- Comfort rounds to ensure patients are clean, comfortable, have enough to drink and any pain is being managed
- Recognition and care of a deteriorating patient.

How did we do over the last year?

The following list demonstrates how well we achieved our Patient Experience goals for 2011-12:

We have reported on Patient Experience at every public Trust Board meeting, showing the 'patient view' alongside our own audits of performance - **Met**

We had feedback from 5500 patients and this has helped us to see which areas are doing well and where we need to make further improvements – **Met**

There will be no more than four cases of hospital acquired blood-borne MRSA bacteraemia in the year – **Not met, we had seven cases – the same number as the previous year**

We have reduced the number of hospital acquired pressure ulcers – **Met**

We have reduced the number of patient falls – **Met**

Mealtimes are better organised under the leadership of the Ward Sister/Charge nurse – **Met**

14 people have completed leadership development programmes - **Met**

Reducing the number of cardiac arrests

The introduction of a heart failure inpatient referral service at the Trust in the last two years has led to earlier involvement of Cardiology and - where appropriate - end of life planning, including do not resuscitate decisions and advanced directives. Additional work is ongoing in risk stratifying heart failure patients early.

The Resuscitation Officers have been particularly focused on the implementation of the Do Not Attempt Resuscitation (DNAR) policy and audit of its usage and effectiveness. This should mean that patients for whom attempts at resuscitation would be inappropriate are identified sooner, consulted about their wishes and the outcome recorded in a standardised way.

The Trust now requires all cardiac arrest calls to be the subject of an IR1 process with the intention of gleaning as much information as possible about the circumstances of every such event. The process of reviewing this information is about to get under way and will involve the senior Resuscitation Officer (and/or the Chairman of the Resuscitation Committee), the Lead Nurse for Patient Safety and the Medical Director.

The working group 'Recognition and Care of the Deteriorating Patient' has redesigned the observation charts to enable earlier identification of patients who are deteriorating and the Resuscitation Officers have been actively training staff in the use of this scoring system and the 'SBAR' communication tool. The Resuscitation Officers and other members of the Resuscitation Committee have supported the proposed development of a Medical Emergency Team (MET) which Dr. Chandu Vellodi and the RCDP group are aiming to pilot at the Barnet site. The aim of such a team would be to mobilise senior staff to review and treat patients before they deteriorate to the point of needing the attention of the cardiac arrest team.

Increasing the input of senior clinicians into the Trust's emergency process

A&E have actively been trying to recruit to the additional six consultant posts that were approved to support the department to increase clinical leadership support and shop floor presence. We have been successful so far in recruiting to two of these posts and are continuing to recruit to the remaining posts. In the meantime, a rota of additional hours by existing Consultants during peak times in evenings and at weekends has been implemented.

In addition, during the winter months, A&E sought additional support from specialty area Consultants and middle grade doctors such as medicine, surgery and Paediatrics. This provided direct clinical care, leadership and senior decision making in A&E at times of peak demand.

A&E Consultants continue to provide 24 hour telephone advice and support to the departments and set hours of attendance in the A&E departments at weekends relevant to clinical activity and need.

The Directorate regularly audits all shifts to ensure sufficient medical supervision for training grade doctors which has been achieved. The above success has ensured a safe planned level of senior medical supervision, support and attendance in both A&E departments.

Introducing a sub-specialty gastrointestinal medical rota

The Trust is now in advanced negotiations with its medical Gastroenterology team to facilitate the introduction of this 24 hour Consultant-delivered emergency rota. In the interim, emergencies are treated every morning on Endoscopy lists across both sites.

Updating governance structures

The governance structure was revised and following Trust Board approval in July 2011, the new system started in November 2011. The Quality and Safety Committee also held its first meeting in November. It is chaired by a Non-Executive Director and is a NED committee, attended by the Chief Executive, Medical Director, Director of Nursing, Director of Information Management and Technology, and the Directors of Operations for both Planned Care and Emergency Care. The sub-committees - Risk, Clinical Governance and Information Governance - reviewed their terms of reference at this time and report on a scheduled basis to the Quality and Safety Committee.

The Datix Web reporting system has been successfully rolled out to all areas of the two main sites. A few of the outlying sites e.g. Cheshunt Community Hospital still use the paper based system. We have also invested in the Datix web risk register module and all risks are now managed electronically.

All clinical directorates completed their annual audit programmes, including those related to the National Audits for inclusion in the Quality Account.

Recognition and care of the deteriorating patient (see reducing the number of cardiac arrests)

The Trust is looking at the AMBER care bundle, an initiative within the End of Life Care Programme to support best practice in identifying patients at the end of life and transferring them into their preferred place of care. The AMBER care bundle is for patients who are at risk of dying within 1-2 months and complements the Liverpool Care Pathway which focuses on the last few hours/days of life. The aim of this bundle is to systematise best practice for patients at this time. AMBER stands for:

Assessment

Management

Best Practice

Engagement of patient and carers

for patients whose **R**ecovery is uncertain.

As we are going to implement this care bundle during 2012/13, recognition and care of the deteriorating patient will remain a quality priority for the coming year.

The reduction in risk for venous thromboembolic events for all hospital inpatients

This was a priority that was carried over from the 2009-10 Quality Account into the 2010-11 report. The Trust's progress in this field over the last year has included the following:

Mandating VTE electronic risk assessment

In July 2011 the Trust began mandating a VTE Risk Assessment task list after 18 hours of patient admission. This was reduced to three hours by December 2011. Since then, the Trust has achieved over 90% in the target; the VTE performance for the last quarter of 2011-12 (January to March 2012) is 91.66% (21820 out of 23806).

Setting up a forum to discuss VTE

VTE performance is monitored weekly at each directorate meeting. The forum will review incorrect processes for booking day cases, e.g. at Canterbury Ward and in the Surgicentre.

This was the responsibility of the Director of Operations. However, only A&E and medicine information was received by May 2011.

VTE training at induction for new junior doctors, nurses, midwives, pharmacist induction

VTE and anticoagulation were added in the induction programme and clinical essential programme for nurses and pharmacists in May 2011.

Patient Information Leaflet should be given to patients on admission and discharge

These leaflets were distributed in July 2011. They can be found on the Trust's intranet site; an email reminding Matrons and Ward Managers of their presence was sent in Feb 2012.

In April 2012, a request was made to the Director of Nursing by the Thrombosis Committee chair to put the information leaflet in the patient admission pack to ensure all patients receive the information.

Board statements

This section contains the Mandatory Statements concerning the quality of services provided by Barnet and Chase Farm Hospitals NHS Trust.

Review of services

The Trust has reviewed all the data open to it on the quality and care in all of these services.

During 2011/12 Barnet and Chase Farm Hospitals NHS Trust provided and or subcontracted XXXX NHS services. The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS Services by Barnet and Chase Farm Hospitals NHS Trust for 2011/12.

Participation in Clinical Audits

The National and Clinical Audit and National Confidential Enquiries that Barnet and Chase Farm Hospitals NHS Trust was eligible to participate in during 2011/12 are as follows

Audit Category	No.	Current programme (as at 1/4/11)	Did we participate	Directorate	Audit Lead	Is this continuous Yes/No
Cancer	1	National Bowel Cancer Audit Programme (NBOCAP)	Yes	Surgery / Gastrointestinal	Steve Warren	Yes
	2	Data for Head and Neck Oncology (DAHNO) (also known as Head and Neck Cancer Audit)	Yes	Surgery / Head & Neck	Janavikulam Thiruchelvam	Yes
	3	National Lung Cancer Audit (NLCA)		Pathology Leading	Assisted by: Sajid Khan	
	4	Oesophago-Gastric Cancer Audit (OGC)				
Women's & Children's Health	5	National Neonatal Audit Programme (NNAP)	Yes	Children's Directorate	Dr Tim Wickham	Yes

	6	Paediatric Intensive Care Audit Network (PICANet)	No	Not applicable to BCF		
	7	Heavy Menstrual Bleeding Audit (HMB)	Yes			Yes
	8	Epilepsy 12 Audit (Childhood Epilepsy)	Yes	Children's Directorate	Dr Jackie Taylor Dr Juliet Pearce	No
Heart	9	Adult Cardiac Surgery Audit				
	10	Congenital Heart Disease Audit (including Paediatric surgery)				
Heart (continued)	11	Angioplasty Audit (also known as Percutaneous Coronary Interventions)		<i>Not Applicable to BCF.</i>		
	12	Myocardial Ischaemia National Audit Programme (MINAP) /	Yes	General Medicine	Dr Robert Greenbaum	Yes

		Cardiac Ambulance Services				
	13	Heart Rhythm Management Audit (HRM)	No	General Medicine	Dr Robert Davies	
	14	Heart Failure Audit	Yes	General Medicine	Dr Ameet Bakhai/Dr Noor	Yes
Long-term Conditions	15	National Diabetes Audit (Adult)	No	General Medicine	Dr Jonathan Katz	
	16	National Diabetes Audit (Paediatrics)	Yes	Children's Directorate	Dr Vaseem Hakeem	No
	17	Renal Services Audit (Vascular access; Patient transport)				
	18	National Joint Registry				
	19	Inflammatory Bowel Disease Audit (IBD)	Yes	General Medicine	Dr Steve Mann	No
	20	Pain Database		Critical Care & Anaesthetics	Khaled Ayazi	LS followed up
	21	Food and Nutrition Audit (1 year development project)		General Medicine	Dr Steve Mann	DH contacted Noor f/u 19/4

Mental Health	22	Dementia Audit		Elderly Medicine	Dr S Noor ? may not go ahead this year?	DH contacted Noor f/u 19/4 with PW
	23	National Audit of Psychological Therapies (NAPT)				
	24	National Audit of Schizophrenia (NAS) (formerly Treatment Resistant Schizophrenia)				
Older People	25	The Sentinel Stroke Audit	Yes	Elderly Medicine	Dr Daniel Epstein & Dr Nathan	Yes
	26	Carotid Interventions Audit (CIA)				
	27	Falls and Bone Health Audit	Yes	Elderly Medicine	Dr Patrick Harbinson Dr Andrew Weinstein	Yes
	28	Continence Care Audit	Yes	Elderly Medicine	Dr Tim Gluck & Dr C Hettiarachi	No
	29	Hip Fracture Database Audit	Yes	Surgery / Orthopaedics	Stella Legge	Yes

Participation in Clinical Research

The Trust continues to work actively with new NHS and commercial trials being approved throughout the year. The management of the Research & Development (R&D) function has been maintained through the R&D Governance Committee, chaired by an Associate Medical Director. The main income to support the activity comes from the Comprehensive Local Research Network (CLRN) and Commercial Trials. The CLRN Portfolio Research is primarily NHS research and is in the form of multicentre trials. The recruitment of patients for NHS trials has fallen at the end of last year, which will reduce our income from the CLRN. However, a new process is in place which decides support costs at the start of a trial and is more sophisticated than merely depending on recruitment numbers, with funding allocating by intensity of the intervention with some recognition to the type of centre.

Developments

The increasing level of R&D in the last three years has enabled the Research Governance Committee to agree to fund posts in Pharmacy and Cancer in 2011. The Pharmacy post has been successfully filled. The R&D department is actively looking at the feasibility of recruiting a generic research support nurse as recruitment to studies is often delayed from centre approval. This measure is a metrics of our R&D performance. The current nursing support is allocated to departments active in research and staff do not have overlapping clinical responsibilities.

We have R&D partnerships with University College London and the Royal National Orthopaedic Hospital Trust (RNOH). We are currently concentrating on updating our policies and procedures in line with Government and Medicines and Healthcare products Regulatory Agency (MHRA) requirements.

The Trust is considering the development of the R&D programme by the recruitment of a full time business manager to support the R&D committee and develop its profile.

The department has also developed a hand book which is in final proof stage to help aspiring clinicians understand how to embark on research and the processes they have to complete to satisfy the governance requirements. We have successfully started a rolling educational program to make available in-house the key training requirements to our Trust employees for good clinical practice needed to participate in R&D studies. This has increased the awareness and quality of the research being undertaken.

Patient Involvement

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2009-2011 who were recruited during that period to participate in research approved by a research ethics committee was **430**. The numbers

can vary from year to year depending on the trial design and the stage it has reached, e.g. active recruiting stage, monitoring stage.

The current situation is that the Trust is supporting **in excess of 40** CLRN studies across the organisation. This has recruited **120** patients up to the end of February 2011 so it is anticipated that this should be around **150** by the end of the year. A total of **327** patients have been recruited to Commercial Studies which have been approved through the same governance processes.

Income

The income for 2011-12 from the Comprehensive Local Research Network to Barnet and Chase Farm Hospitals NHS Trust was **£69k**, based on recruitment activity to CLRN adopted studies the previous year and paid in quarterly installments. Until now, income has been assessed retrospectively from the previous year but, in future, new trials will be assessed for their costs and anticipated recruitment so that we will receive income in real time. Income from commercial sources totaling around **£150k over the last 3 years** was also raised and is used to support the R&D staff, primarily in Cardiology and more recently Orthopaedics.

The Trust has the opportunity to create a major reputation in research with our large patient population and our varied clinical workload. We are an active but currently smaller contributor to our CLRN and hope to grow to our full potential.

Quality and Innovation (CQUIN) scheme targets 2011/12

The Trust agreed a number of national, regional and local quality improvement targets with Co-ordinating Commissioners (NHS NCL) and the London Specialised Commissioning Group under the Commissioning for the CQUIN scheme. The Trust programme consisted of:

Nationally Mandated

- VTE Assessments
- Patient Experience

Regionally Agreed

- Enhanced Recovery Programme

Locally Agreed

- Discharge Planning
- Care Closer to Home
- TIA

London Specialised Commissioning Group

- Neo-natal Intensive Care

The Trust continues to improve its performance year on year in relation to the CQUIN targets, and is working with commissioners to develop further quality targets.

Performance Achievement 2011-12

The trust continues to meet the national key performance indicators. We did not meet our MRSA case reduction of no more than 5 cases. The Trust had 7 cases throughout the year. The table below sets out our performance for 2011/12.

Domain	Healthcare Targets Domains and Indicators	Year-to-date Performance	2011/2012 Target
Quality	% Urgent Referrals seen within 14 days	95.22%	93.00%
	% Urgent Referrals seen within 14 days - Breast Symptomatic	95.65%	93.00%
	% Cancers treated within 31 days of Decision to treat	98.26%	96.00%
	% Cancers treated within 62 days of Referral	89.03%	85.00%
	% Consultant Upgrades treated within 62 days	98.92%	90.00%
	% Screening Services treated within 62 days	95.87%	90.00%
	% Subsequent treatments treated within 31 days of DTT - Drugs	100.00%	98.00%
	% Subsequent treatments treated within 31 days of DTT - Surgery	96.63%	94.00%
	Total time in A&E - 95% of patients should be seen within 4hrs	96.00%	95%
	Percentage of Patients that have spent at least 90% of their time on the stroke unit	95%	80%
	Percentage of high risk TIA patients who are treated within 24	74%	60%
% Delayed Discharges	0.20%	3.50%	
Womens Health	% Maternities Breastfeeding	86%	78.0%
	% Maternities not Smoking	92%	90.0%
Access	% Diag. Tests. Excl Audiol. waiting > 6 weeks	0.35%	< = 1%
	% Audiology tests waiting > 6 weeks	0%	< = 1%
	RTT Waiting Times 95th Percentile - Incomplete*	24.79	36 Weeks
	RTT Waiting Times 95th Percentile - Admitted*	17.83	27.7 Weeks
	RTT Waiting Times 95th Percentile - Non-Admitted*	14.23	18.3 Weeks
	RTT Waiting Times Median - Incomplete*	5.77	7.2 Weeks
	RTT Waiting Times Median - Admitted*	8.76	11.1 Weeks
	RTT Waiting Times Median - Non-Admitted*	5.69	6.6 Weeks
	18 Weeks - Admitted 90% Target*	95.77%	90%
18 Weeks - Non-Admitted 95% Target*	99.30%	95%	
Patient Experience	% Ops. Canc. at last minute	0.8%	0.80%
	% Canc.Ops not Re-Admitted within 28 days	0.57%	5.00%

	Number of Mixed Sex Breaches	43	0
	Number of Never Events	1	0
Safety	Clostridium Difficile – meeting the Clostridium Difficile objective	23	60 (5 Per Month)
	MRSA – meeting the MRSA objective	6	5 (1 Per Qtr)
	MSSA - number of Cases	13	N/A

Feb 2012 Month End Position

Mortality rates shown to be below national average in 2011 Good Hospital Guide

The 2011 Dr. Foster Hospital Guide showed Barnet and Chase Farm Hospitals to have a lower than expected Hospital Standardised Mortality Ratio for 2010-11. In particular, against the standardised national average of 100, the Trust scored below this with 88.

In addition to this, the Trust's mortality ratio was lower than expected for the new Summary Hospital-level Mortality Indicator (SHMI) with a score of 89.

Data Quality

Reliable and accurate data about the healthcare we provide is really important to us. For example clinical coding plays a vital role in many aspects of a patient's diagnosis, treatment and management, which in turn ensures the Trust gets paid correctly for the treatment the patient has received.

Barnet and Chase Farm Hospitals NHS Trust submitted records during 2010/11 (excluding March 2011) to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

2010/11
96.3% for admitted patient care
96.5% for outpatient care
82.4% for outpatient care

2011/12
97.7% for admitted patient care
97.9% for outpatient care
for accident and emergency
88.8% care

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

2010/11
100.0% for admitted care
99.8% for outpatient care

2011/12
100% for admitted care
100% for outpatient care

100.0% for accident and emergency care
--

100% for accident and emergency care

Review of data quality
To follow

Involvement

Although the quality of our data is seen as the responsibility of all staff we also have a team who specifically monitor data quality. They provide a help desk for staff and are a resource for advice to new projects as well as holding awareness sessions, attending staff meetings, reviewing and documenting processes & procedures and monitoring & reporting on data.

Payment by Results Assurance Framework

To follow

Trust highlight for 2011/12

TIA services attain Gold accreditation

The TIA (Transient Ischaemic Attack) service at Barnet Hospital has been awarded Gold accreditation. This was presented by the Cardiovascular and Stroke Network and local commissioners, in recognition of the team providing the highest quality of service to our patients. It also makes us the first Trust in the sector to be accredited with this standard.

A Transient Ischaemic Attack is often referred to as a mini-stroke. It is caused by a loss of blood flow to either a region of the brain, spinal cord, or retina that does not result in tissue death. Patients with TIA are at high risk of developing a full blown stroke in the following days. Rapid investigation of patients with TIA reduces the risk of this happening.

Daniel Epstein, Consultant Stroke Physician, said: "I would like to thank everyone involved for their hard work and support in making this possible."

Our patients amongst the best-fed in England

A Care Quality Commission report published in autumn 2011 warned of poor national practice over nutrition for the elderly, with protected mealtimes coming in for criticism. However, in spite of this national picture, Barnet and Chase Farm was amongst the trusts that performed at the very best end of the scale, with less than 1% of meals being refused by patients. Only two other trusts in England can match this figure.

Meals in Barnet and Chase Farm Hospitals are provided by our private contractors who use a food technology called Steamplicity. This uses the

water content naturally found in fresh food to steam-cook meals from fresh in just a few minutes. Due to its cooking speed, patients choose their dish only hours before they eat it. This means that patients away from their beds during meal times can have their meal cooked on their return, cutting wastage.

Macmillan Information Centre

A new Macmillan Information and Support Centre for anyone affected by cancer officially opened its doors at Barnet Hospital in November 2011 (it began delivering its service in June 2011). The Centre provides vital free information and support for anyone affected by cancer, including relatives and carers as well as patients.

The relaxed and informal space includes a main area offering information booklets, leaflets, a quiet room and online resources supported by the Macmillan Cancer Information Manager and trained volunteers. Visitors can drop in without the need to make an appointment.

The Centre has been funded with money awarded by Macmillan Cancer Support, from an original donation from the Milly Aphorpe Charitable Trust. An outreach service to Chase Farm Hospital is being introduced early in 2012.

Histopathology Team accreditation following CPA visit

The Trust's Histopathology team has retained its accreditation following a laboratory inspection by the Clinical Pathology Accreditation Association (CPA).

The CPA conducts a full inspection such as this every four years, together with interim inspections at the two-year midway point. This year's inspection lasted two days. The external inspectors carrying out the visit looked at both laboratory and mortuary facilities cross-site and interviewed several users of the service, including four Consultants.

Every aspect of the service was examined, such as how specimens are handled, whether the staff are given appraisals and other aspects of Continuing Personal Development, and whether systems to ensure improvements in quality are in place. One objective of the visit was to check that every written procedure comes under document control practices, ensuring that they are read and acknowledged by all staff in the department. The inspection found that this was the case.

Aquapheresis: a first-in-London experience for Trust Cardiology patients

Of all heart failure admissions, 90% are due to fluid overload, with up to 30% of patients becoming resistant to diuretic therapy over time.

Aquapheresis (AQ) is a procedure used to achieve to rapidly provide symptom relief for appropriate patients with fluid overload. It has been used

predominantly in the USA, but the Trust is one of the very few users in the UK to date.

Between April and December 2011 the team performed the first pilot in London of Aquapheresis on four patients, and they are now in the process of obtaining funding to purchase the AQ device permanently.

Award for the North London Breast Screening Service

The Radiography team at the North London Breast Screening Service were awarded Radiography Team of the Year for London by the Society of Radiographers. The North London Breast Screening Service is one of the largest breast screening services in England and was the first London service to become fully digital in 2009.

The prestigious awards ceremony was held at the House of Commons in November 2011 and honoured professionals who have demonstrated clinical excellence and best practice in diagnostic and therapeutic radiography. The awards were presented by Chief Health Professions Officer Jacqui Lunday.

Appointment Reminder Service

The Trust launched its free Appointment Reminder Service for patients in January 2012. This incorporates a convenient text messaging service delivering a discreet reminder direct to the patient's mobile telephone or to their home telephone.

The service is intended to reduce non-attendance rates for Trust appointments. Each year around 4500 patients fail to turn up for their appointment having not called in advance to cancel it.

This inconveniences other patients, who are left waiting for no reason and could have taken the earlier slots. But it also has a negative impact on the Trust's finances. By reducing non-attendances as much as possible, waiting lists will be worked through more efficiently and the extra money can be reinvested into patient care.

How the patient can opt out of the reminder service

If the patient does not wish to receive an appointment reminder message they can opt out of the service. They can later opt back in at any time.

New Caldicott Guardian appointed

The Trust said farewell to long-serving clinician Dr. Andy Nicol in December 2011. Dr. Nicol had worked for the Trust and its predecessors for 29 years, and became Caldicott Guardian in 1998.

He was replaced in this role in January 2012 by Dr. Kilian Hynes, an A&E Consultant with a wide range of experiences, having worked both overseas and as a GP during earlier stages of his career.

Workforce

Staff survey

The Trust is pleased to report that our staff had the **highest response rate in London for the 2011 National NHS Staff Attitude Survey for the 2nd year at 59.3%** and scored above national average for Staff Engagement. In addition, the Trust is amongst the top 20% acute Trusts and improved significantly in areas such as staff having a quality job design, job content, feedback and staff involvement. Staff said that they were having well structured appraisals, they are able to contribute towards improvement at work and they were receiving equality and diversity training.

The Trust is committed to working with managers and staff to improve in the areas staff identified as gaps within the survey i.e. using flexible working options through the implementation of e-rostering. More staff said that they were witnessing potentially harmful errors and misses an incidents and the Trust encourages managers to discuss how staff can use the new Datix system to report incidents. There were staff reporting work related injuries from manual handling, sharps injuries, work related stress, and bullying and harassment and the Trust's Occupational Health team is accessible to provide support and advice, please contact the team on telephone number 0208 375 1137 to help to reduce workplace injuries.

Equality and diversity

The Trust formally launched its Equality Delivery System (EDS) on Tuesday 24 January 2012. The event attended by over 120 delegates, engaged both internal and external stakeholders to score the Trust's performance on equality and diversity outcomes supported by Trust facilitators who are leads on various aspects of equality across the Trust. It gave delegates the opportunity to discuss and ask questions in a fun and safe environment, as well as think creatively on how to move the equality agenda forward.

The Trust has had further discussions with the lead managers and staff and as a result developed the equality objectives for the next 12 months. The scores from the EDS event have been incorporated into the action plans and all the outstanding areas within the Single Equality Scheme have been aligned within the Equality Objectives and action plans. These plans were discussed with and signed off by the lead Directors for each area.

3. The views of our stakeholders

4. How you can provide feedback on the Quality Account

This important document sets out how we continue to improve the quality of the services we provide.

Your views on quality

We welcome your views and suggestions on our Quality Priorities for 2012-13 set out in this Quality Account.

We welcome feedback at any time on our Quality Account. This can be sent to the Director of Communications, Chase Farm Hospital, The Ridgeway, Enfield EN2 8JL or emailed to feedbackBCF@nhs.net .

You can read more about the national requirements for Quality Accounts on the NHS Choices or Department of Health websites.

You can download a copy of this and all our published documents from www.bcf.nhs.uk or www.nhs.uk (listed as Barnet and Chase Farm Hospitals NHS Trust).

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