Equality Matters

Quality Account 2023/24

Royal Free London NHS Foundation Trust

Comprising of:
Barnet Hospital, Chase Farm Hospital, Royal Free Hospital

Quality Account 2023/24

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Part 1: Achievements in quality

1.1 Statement on quality from the chief executive

Welcome to our Quality Account for 2023/2024 in which we share our achievements over the past twelve months and set out our quality priorities for 2024/2025.

The past year has seen continued growth in demand for our services in the context of complex operational challenges. Against this backdrop, we recognise that the communities we serve are affected by health inequalities that mean some people are more likely than others to become ill or experience unfair difficulties in accessing treatment. For this reason, we have chosen Equality Matters as a theme for this year's quality account. We have been working hard over the past year to ensure that all of our patients, carers and their loved ones receive kind and compassionate, safe and effective care in the right place at the right time whenever they need our help. We have more work to do but I am pleased to introduce some highlights of the progress we have made over the past year and our plans for the future.

I would like to thank everyone who works at Royal Free London for their commitment and dedication over the past year. As well as providing safe patient care during periods of industrial action, our clinical and operational teams have maintained a relentless focus on reducing waiting times for treatment and making improvements in quality. I am immensely proud to work with such inspirational colleagues who are building the future of our services while continuing to do brilliant things each and every day.

We remain committed to providing high quality care for all and to learning from new challenges in areas where we need to make improvements. I hope you will see this reflected in the focus of this Quality Account.

2023-24 Achievements to highlight:

- The publication of our quality strategy was a milestone in 2023. The strategy provides the direction for how we will deliver safe and effective care for all while ensuring that patients have the best possible experience when they need the support of our services. Along with the clinical strategy, the quality strategy underpins the delivery of our Excellent Health Outcomes governing objective which guides our commitment to improving the health of the communities we serve by optimising the way we work together and transforming services for the future.

- The clinical practice group (CPG) programme continued to operate at scale to reduce unwarranted variation in clinical care across 64 clinical pathways. The improvements achieved by the Better Births, Virtual Hospital Care, Child and Adolescent Mental Health Services and Inpatient Diabetes pathways are described in detail in this Quality Account.

- We accomplished 100% participation and data submission for all National Confidential Enquires into Patient Outcome and death studies in the year.

- We continued to strengthen the Royal Free London Involvement Framework, a formalised infrastructure to support staff to involve patients and carers in designing and improving services. We successfully introduced the involvement register, which provides a standardised process for recruiting and supporting patients and carers in involvement activity across the group.

- There has been a significant improvement in the number of never events across the trust compared with 2022/23.

- The trust went live with the Patient Safety Incident Review Framework (PSIRF) on 4th March 2024. The trust patient safety incident response plan (PSIRP) sets out how we will learn from patient safety events reported by staff, patients, families and carers in order to continually improve the quality and safety of care.

- As part of the Ockendon Review, the Care Quality Commission (CQC) carried out a focused inspection of our maternity services at Edgware Community Hospital on 24 October 2023. The CQC rated the service as good for both the safe and well led domains.

Part 2 of this report summarises the quality priorities identified for 2024/25. These priorities have been aligned to our Excellent Health Outcomes governing objective and build on the progress achieved in 2023/2024.

Part 3 describes performance against key indicators and gives examples of improvement plans we have put in place over the past year.

I hope you enjoy reading this Quality Account, which I believe demonstrates our continuing commitment to providing high quality care. I confirm to the best of my knowledge the information provided in this Quality Account is accurate and reflects the quality of care delivered by the Royal Free London NHS Foundation Trust.

Peter Landstrom
Group Chief Executive
Royal Free London NHS Foundation Trust

1.2 Who we are and our values:

Royal Free London

Who we are

The Royal Free London is a large NHS foundation trust employing more than **11,000 staff** and serving a population of more than **1.6 million people** across **70 sites** in north London and Hertfordshire.

Our values

positively welcoming

actively respectful

clearly communicating

visibly reassuring

Royal Free London Group

The Royal Free London is made up of three main hospitals:
- Royal Free Hospital
- Barnet Hospital
- Chase Farm Hospital

We also operate satellite sites at other hospitals

Our services

We attract patients from across the country and beyond to our specialist services in liver, kidney transplantation, haemophilia, renal, HIV, infectious diseases, plastic surgery. immunology, vascular surgery, Parkinson's disease, cardiology, amyloidosis and scleroderma. We are one of the largest cancer providers.

Our group partnerships and host services

We work in partnership with two wholly owned subsidiaries of the trust who offer expertise in their respective areas to both RFL and a wide range of other healthcare providers:

- Royal Free London Property Services Limited
- Royal Free London Dispensary Services Limited

  We host the following clinical and non-clinical services which provide support to the Royal Free London and other NHS trusts:

  Central and East London Breast Screening Service
  North London Partners Shared Services
  Transformation Partners in Health and Care
  Royal Free NHS Central Sterile Services Department

1.3 Equality matters

Further to the Chief Executive's statement on quality in opening the 2023/24 quality account report, the examples below represent a selection of improvement work undertaken in the trust over the last year to demonstrate our commitment to equality, diversity and inclusion while delivering high-quality care.

Equality, diversity and inclusion

The Trust believes that promoting equality, diversity and inclusion is integral to achieving our governing objectives of delivering excellent health outcomes and outstanding experiences of care for all our patients and carers.

Our commitment to reducing health inequalities is a cross-cutting principle within our Quality and Clinical strategies. Our Equality, Diversity and Inclusion Framework (2021-2024) set out equality objectives that has helped the Trust progress in its journey to delivering these commitments.

We will continue building on this foundation by ensuring that equality, diversity and inclusion and a focus on health inequalities will be fundamental in our work within our Quality Strategy Delivery Group. We will use the equalities measures we have developed to monitor what changes we make to health inequalities and to improve the quality of our equality data. We will also continue to build partnership approaches to tackling health inequalities with our patients, carers, partners and local communities so we co-design solutions and ensure accountability on our equality performance.

During 2023-24, the Trust's work on equality, diversity and inclusion for patients has included:

- Working in partnership with West Hertfordshire Teaching Hospital, to develop a new electronic patient record field for recording and flagging patient reasonable adjustment requirements (including accessible communication needs). This work will continue next year with an initial focus on implementation within outpatient services alongside support for staff to ask, record and respond to patients' reasonable adjustment requirements.

- With Royal Free Charity support, the EDI team worked in partnership with the Asian Peoples Disability Alliance (ADPA) to complete an audit of disability accessibility of My RFL Care Patient Portal, Website and our three main hospital site estates and facilities. The audit's findings and recommendations have been used to inform developments (such as the 2023 PLACE surveys). ADPA's CEO shared positive feedback on the changes made to our website, highlighting 'it is much clearer and easier to navigate'. This evidence in the audit has also helped initiate discussion on future improvements with leads each of the three audited areas.

- The LGBTQ+ (lesbian, gay, bisexual, transgender, queer plus) Staff Network delivered a programme of Allyship Training to support staff across the Trust to improve their awareness and care for LGBTQ+ patients and colleagues. The network also initiated the development of additional electronic patient record fields for monitoring patient sexual orientation and gender identity. Once live, we will promote confidence and capability of using these for care-focused discussions about sexual orientation and gender identity and improving the demographic data available for measuring equity of access, experience and outcomes for LGBTQ+ patients and improving our accountability on this.

- Ongoing work to improve use of equality analysis to inform clinical policy reviews and service transformations such as programmes on Barnet Flow, outpatient improvement and theatre productivity.

- Building on our Equitable Recovery Programme by developing phase one of a new inequalities dashboard in partnership with North Middlesex University Hospital. This Power BI tool visualises age, ethnicity, gender and indices of multiple deprivation (IMD) data on a range of access indicators such as outpatient did not attend (DNA) rates, inpatient length of stay, referral to treatment and Diagnostic waiting time performance, 4 and 12 hour emergency department waits and cancer 28 day faster diagnosis performance. The new inequalities dashboard provides a valuable tool analysis and action on equity within these indicators. The dashboard has enabled us to show that the introduction of appointment SMS messaging to patients, in September 2023 as part of our Outpatient Improvement and Productivity Programme, reduced DNA rates for patients in all age group, ethnicity, gender and IMD categories. The dashboard shows us where unwarranted demographic variation remains in this and the other indicators. We are using the dashboard to inform relevant equality analysis, performance management and equitable access improvement activity across the Trust. Phase two of the dashboard's development will incorporate learning from phase 1 and additional demographics and indicators to further strengthen data-led approaches to reducing health inequalities.

A final equality objective progress report will be submitted to the Board alongside our annual 2023/24 equality information and new equality objectives in the new financial year. All this information will be published alongside our previous years' reports on the equality and diversity documents page of our website.

Maternity Equality, Diversity and Inclusion Working Group

The maternity equality, diversity and inclusion working group brings together staff, representatives from Maternity and Neonatal Voices Partnership (MNVP) and women and birthing people from diverse backgrounds. The group meets monthly to continue work to embed equality, diversity and inclusion (EDI) into maternity and neonatal patient experience.

In the past year, this EDI work has included:

- Continuing to promote race equality and inclusion in maternity care by delivering 14 rounds of tailored parent education classes for black women and birthing people. Around 65 birthing people and couples have participated in these classes with 100% or participants saying that they would recommend the classes. Feedback from participants included:

  "So nice to meet other black mums and a black midwife. From this point I no longer feel isolated".

  "It was very informative and tailor made".

  "Wealth of knowledge, this is a safe space".

  "These classes are invaluable. They teach you how to advocate for yourself".

- Translating patient information into the top ten languages within maternity, auditing language and interpretation and working with the MNVP to hold listening sessions in other languages.
- Trialling 'Muslim Mama' information cards to support staff awareness and care for Muslim service users.
- Introducing calm bags with items to support service users with sensory needs to Triage and MDU.
- Holding monthly meetings to improve maternity staff EDI awareness by listening and learning from the lived experience of diverse service users and external speakers on issues such as autism and neurodiversity, FGM, the needs of Orthodox Jewish women, South Asian women, LGBTQ+ service users and same sex couples in maternity services.
- Appointing an Equity and Equality Specialist Midwife and implementing the Capital Midwife Anti-racism framework. Work to achieve this has included:
  - Establishing the Anti-Racism Implementation Advisory (ARIA) Group
  - Analysing maternity workforce race equality data
  - ARIA-led anti-racism sessions
  - Coordinating with Trust Freedom from Racism Programme Lead and Group Head EDI (Patients and Carers).
- Sharing learning and engaging on EDI in maternity care and reducing inequalities with wider partners and stakeholders such as:
  - Delivering a presentation on the Royal Free London's maternity EDI work to the BHBU Nursing and Midwifery Conference.
  - Developing a poster to share learning on the tailored parent education classes for black women and birthing people at the Black Health Inequalities Summit.
  - Streaming the Motherhood Group's 2nd annual Black Maternal Health Conference UK to maternity staff to support efforts to bridging community members, healthcare providers, policymakers and mothers to address systemic racism in maternity care.

These are some of the highlights that we have achieved so far, and we continue on our journey of equality matters.

Part 2
Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement

All NHS Trusts have to publish their annual accounts. Since 2009, as part of the drive across the NHS to be open and honest about the quality of services provided to the public, all NHS trusts must produce a quality account report for their stakeholders detailing the quality of their care provision and outlining their priorities for the year ahead.

The purpose of this Quality Account is to:
1. Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2023/24
2. Set out our quality priorities and objectives for 2024/25.

Review of 2023/24
Look back

Set out priorities 2024/25
Look forward

To begin with, we will give details of how we performed in 2023/24 against the quality priorities and objectives we set ourselves under the categories of:

- **Patient safety:** having the correct systems and staff in place to minimise the risk of harm to our patients, being open and honest, and learning from mistakes if things go wrong.

- Clinical effectiveness: providing the highest quality care with world-class outcomes whilst also being efficient and cost-effective.

- Patient experience: meeting our patients' emotional needs as well as their physical needs.
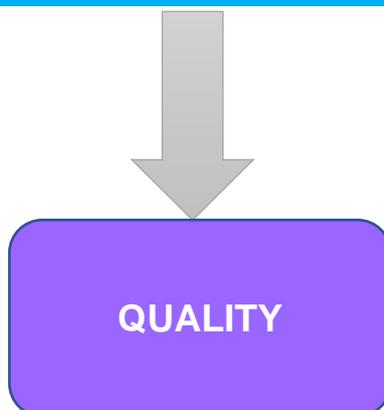
QUALITY

What were our priorities for 2023/24 and how did we do?

The development of the priorities for improvement in 2023/24 remained within the three domains of quality: patient safety, clinical effectiveness and patient experience.

The trust developed these priorities through engagement with relevant stakeholders and committees. The engagement process included the trust quality group, trust quality committee, council of governors, group executive meeting, stakeholder consultation and events and the trust board.
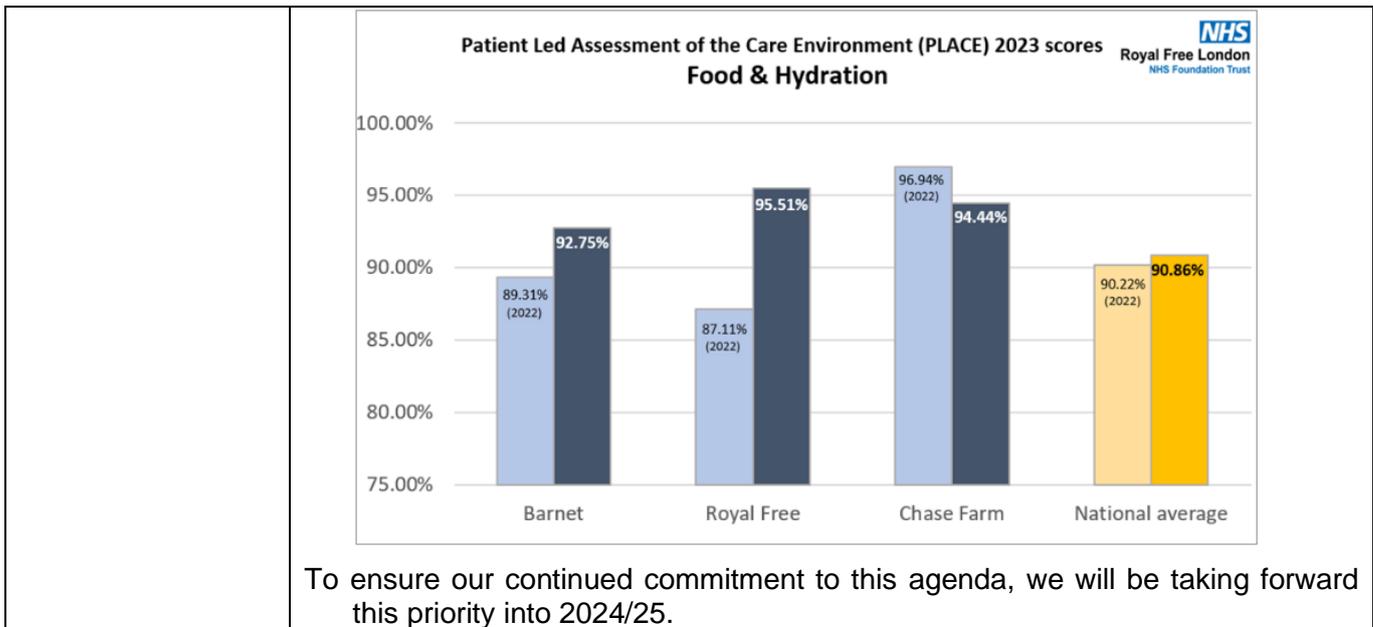
Priority 1: Patient experience - Improving patient experience – delivering excellent experiences.

Priority 1a	**Embed shared principles for involving patients and carers in our services to better monitor their experiences and make relevant improvements.** *This is a new priority for 2023/24*
What success looks like:	• We will build on the patient involvement framework to facilitate and embed high quality, diverse involvement work across the trust. • We will work collaboratively with patients to identify and act on areas for improvement and better understand health inequalities through changes in service utilisation. • We will develop clear processes to better understand the experience of patients with learning disabilities and work with patients and carers in the co-production and design of our services. • We will make every contact count by supporting the prevention of poor health across the North Central London patch.
Key performance indicators, goal milestones, deliverables and/or other metrics	• Patient involvement is included as part of our board assurance framework. • Business Units to continue to build on patient involvement. • QI projects require patient involvement to be a part of the process.
Our Progress:	The trust is committed to continually improving the care we provide and the experience that our patients have. To achieve this, we need the input and involvement of our patients and their loved ones to guide and influence changes that matter. Involving patients and the wider public is not a soft, optional activity. Expectations regarding patient involvement have grown considerably over the last decade. Today's patients are better informed, have greater choice and are less likely to accept being passive recipients of care in a system they have no influence over. This cultural shift is reflected in the proliferation of fora within which patients and the wider public are connecting with healthcare organisations. It is hard to capture within one summary all the activity that has been ongoing for patient involvement within the trust and below under the involvement register several examples are cited. However, it feels right and proper to mention the RFL clinical strategy and quality strategy that both have the patient voice threaded through them. There were slightly different approaches that were designed around the way the voice of patients was captured. The quality strategy pooled through hundreds of patient's feedback comments to find commonality, this was then triangulated with other sources of patient voices. The clinical strategy has chosen to hold patient voices meetings. Both are validated ways to recognise the voice with the key being any workstreams that fall from the strategies continue to evolve and strengthen the approach to involving patients. Key highlights and successes achieved for patients and cares in the last 12 months include:

	• In April 2023, the Royal Free London NHS Foundation Trust (RFL) launched the involvement register, which provides a standardised process for recruiting and supporting patients and carers in ad-hoc and regular involvement activity across the group, as well as documenting evidence of involvement. The involvement register is essentially a database of individuals that have indicated their interest in being informed about opportunities to get involved with the RFL group. The register is managed by the group patient experience teams. Staff submit their projects or activities to be advertised to members and then the patient experience teams facilitate connections between members and staff via the register. All involvement register documents and templates are available on RFL Freenet. Examples of opportunities that patients are/ have been involved in include,
	
	      • Playing an active role on the deteriorating and resuscitation committee
	      • Patient assessors as part of the 2023 PLACE audits across sites
	      • Performing reviews of patient information leaflets
	
	• A steering group was established, the purpose of which is to provide governance and assurance on the patient involvement agenda within the trust to ensure a consistent group-wide approach to involvement that remains responsive to staff, services, patients, and carers. It is used to inform the development and embeddedness of patient involvement in service delivery and development, in teaching and research.
	
	• Working group established to develop an effective reasonable adjustment field on EPR (electronic patient records) (including LD-related communication and information needs).
	
	• The site-based Patient Voices groups continue to meet regularly to offer staff looking for face-to-face feedback on their projects an opportunity for this.
	
	To show continued commitment, currently a mapping exercise of involvement activity across the trust is underway and developing a business case development for easy read translation of patient information. We will be taking forward this priority into 2024/25.

Priority 1b	**Ensuring all adult inpatients and those having a procedure receive appropriate nutrition and hydration and where necessary support them to meet nutritional and hydration requirements.** This was a new priority for 2023/24
What success looks like:	• We will ensure the red tray is used on the wards to help staff identify which patients need extra attention when eating or need foods that have a modified texture (such as mashed or pureed foods). • We will undertake a nutrition screening tool audit to establish a baseline. • We will establish a group-wide nutrition group; to include patients, speech and language therapist, dieticians and estates and facilities. • We will publish our 'patient led assessment care environment' report (PLACE).

	• We will co design and publish a food and drinks strategy.
Key performance indicators, goal milestones, deliverables and/or other metrics	• The purpose of this priority is to ensure embeddedness of the processes, requirements, roles, and responsibilities concerning nutrition and hydration care that ensure all patients and clients under the care of RFL. Considering the nature of the priority the activity was planned to be back loaded. • There is a Quality Improvement project at Barnet Hospital for nutrition and hydration.
Our Progress:	Nutrition and hydration are an essential part of a patients' treatment and recovery during a hospital admission and therefore we focus on providing quality food that gives the patients the nutrition they need for their stage of illness. Protected mealtimes are in place and designed to make sure patients are not unnecessarily interrupted during meal service. Key highlights: • Food and fluid record charts are essential for monitoring patients' however, completion rates and accuracy can be poor giving rise to opportunities for malnutrition and dehydration to be missed or poorly managed. Maintaining standards across all wards is key for patient safety and experience, with multidisciplinary teamwork at ward level essential to drive improvement and develop ownership. Implementation of the electronic health record system (EPR) includes the Malnutrition Universal Screening Tool (MUST). This allows a baseline to be established and inpatients have a MUST completed for each week they are in hospital. These MUST scores are reported to the Trust Nursing and Midwifery Committee. • Introduction of red trays across inpatient areas with potential consideration for red lids on water jugs. • Hospital sites have Nutrition and Hydration Steering Committees, they are multi-professional groups; RFH membership has a patient representative on the committee, that oversees the delivery of nutrition and hydration care to patients, staff, and visitors. It provides the over-arching leadership on all aspects of nutrition, including catering and food procurement. They are chaired by the Directors of Nursing. • Training programmes for staff have been implemented to ensure that all staff have the appropriate skills and competencies to enable clear identification of patient's nutritional needs. Catering provides training to healthcare assistants, nursing and all ward staff to ensure best practice. • The patient led assessment care environment (PLACE) 2023 results shows sustained improvement for the catering domain. Table below shows that RFL performed well above the national average at all three sites.

Patient Led Assessment of the Care Environment (PLACE) 2023 scores
Food & Hydration

To ensure our continued commitment to this agenda, we will be taking forward this priority into 2024/25.

Priority 1c	**We will improve how we communicate with patients regarding cancellation of clinic appointments and also on waiting times for outpatient clinics.** This was a new priority for 2023/24
What success looks like:	• We will identify the best practice methods to keep patients informed and updated of any cancellations and delays and roll these out across the group. • We will monitor our progress using patient experience to collect patient and carer feedback.
Key performance indicators, goal milestones, deliverables and/or other metrics	• Reduction in DNA rates - (reduce the volume of missed appointments against the number of appointments attended) • Reduction in missed appointments (reduce volume) and • Increase attended appointments (increase volume) • Increase uptake use of patient portal to enable patients to better manage their health care. • Volume of patients contacted via the Patient Portal to validate whilst waiting • Volume of patient pathways closed as a result of validation via the Portal
Our Progress:	The RFL invested in a best practice SMS set up and implemented it across all outpatient sites and services and all planned imaging appointments. Put in place automated SMS cancellation notification for patients whose appointment is cancelled by the Trust (but temporarily left in a cancelled status) to ensure patients have up to date information about the status of their appointment. All these resulted in a DNA rate improved by 25% (11% reduced to 8.2%). The trust will continue to leverage the new ways of working around 2-way SMS and support patients to reschedule their appointments (reduce missed appointments and DNA rate further). To ensure our continued commitment to improve our communication with patients regarding cancellation of clinic appointments, we have updated this priority and will take it forward int 2024/25.

Priority 2: Clinical effectiveness- Improving clinical effectiveness: delivering excellent outcomes.

Priority 2a	**To embed learning from our morbidity and mortality reviews we will develop a coordinated approach to ensure that learning is shared across the group.** **This was a new priority for 2023/24**
What success looks like:	• Standardising the process to conduct morbidity and mortality reviews that is aligned with the learning from deaths process. • Developing improvement plans from the learning and ensure the improvement actions are delivered. • Share the learning identified across teams, divisions, hospital business units and trust wide.
Key performance indicators, goal milestones, deliverables and/or other metrics	• M&M process to be aligned with LfD Process • M&M process to be standardised in line with Royal College of Surgeons standards • All specialties to confirm they hold regular M&M meetings (feed into others where number of deaths are small) • All specialties to select the % of cases they will review through the M&M process each year and for this to be agreed by DQSB • Electronic platform to be designed as a central place to record M&M outputs
Our Progress:	The trust initiated a project on standardising the process to conduct morbidity and mortality reviews that is aligned with the learning from deaths process. During the year work was carried out to aligned morbidity and mortality process with Learning from Death process for the review of deaths. A gap analysis exercise confirmed that all specialties hold regular M&M meetings (or feed into others where number of deaths are small). An M&M handbook has been developed, including core principals of M&M process in a standardise way (in line with Ryal college of surgeons) and it is planned to be circulated to the specialities. All specialties are required to agree the % of cases they will review through the M&M process each year and for this to be agreed by DQSB by end of March 2024. There has been a limitation to identify a suitable platform to record M&M discussions electronically and the trust is exploring possible options for this. This priority has been carried forward to 2024/25 to ensure continued commitment for the system to be rolled out effectively.

Priority 2b	**Over the next year the Clinical Practice Group (CPG) programme will continue to embed the 64 CPG pathways across all hospital sites to ensure we are involving patients in design and optimising patient outcomes.** **This was an updated priority from 2022/23**
What success looks like:	1. Through the digitised **better birth** CPG pathway, support delivery of the continuity of care model for women in the vulnerable groups and areas where there is deprivation decile score of 1-4. 2. Develop a **virtual hospital** so that patients can be cared for at home whilst under the care of hospital doctors and teams. 3. Improve the children and young person's experience through the emergency flow with particular focus on **child and adolescent mental health services (CAMHS).** 4. Develop a training package to increase knowledge, skills and capabilities across operational and clinical teams to monitor the safety and quality of the **inpatient diabetes** care through the roll out of the inpatient adult diabetes pathway.
Key performance indicators,	• **Better Births CPG Pathway** o Aim: To ensure women from Black, Asian, and mixed ethnicity groups alongside women from areas of high deprivation (deciles 1-4) are prioritised for

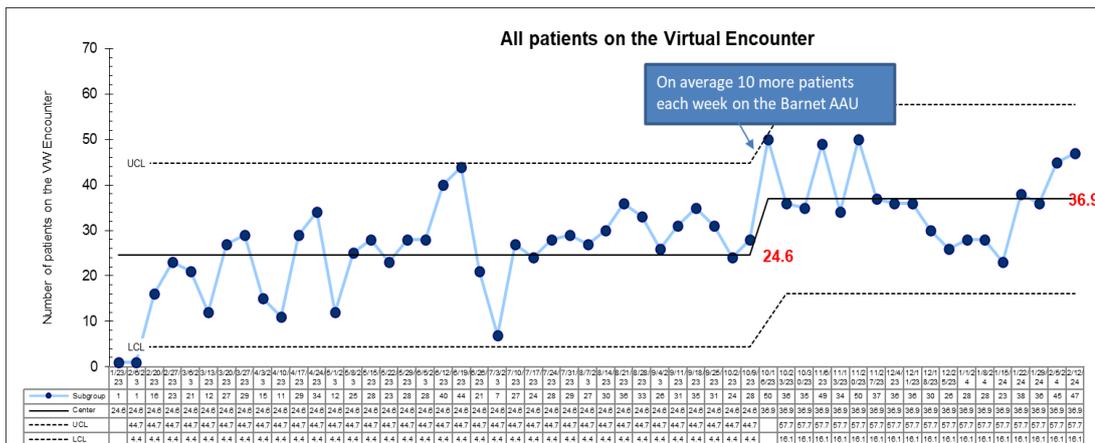|	

goal milestones, deliverables and/or other metrics	continuity of care (CoC). Ensure all women are offered choice in relation to place of birth and information to facilitate informed decision making.
	
	• **Ambulatory Emergency Care CPG: Virtual Hospital Care**
	Improve patient flow and experience through the following.
	  o Development of a virtual hospital care model to enable early supported discharge or admission avoidance for agreed pathways.
	  o Optimise the utilisation of the virtual community ward across NCL.
	  o Enable remote monitoring of patients in the virtual ward and contribute to the systemwide learning.
	  o Develop a dashboard to monitor activity and length of stay.
	
	• **CAMHS CPG**
	
	  o Aim: All children that present to ED in mental health crisis are treated with respect and dignity and cared for in a time appropriate manner achieved through the development of an integrated model of care with local crisis teams and boroughs.
	
	• **Inpatient Diabetes CPG**
	  o Successful safe roll out of the inpatient digital diabetes pathway across all RFL sites to improve safety and clinical effectiveness

Our Progress:	*(*In this section, the data shows the current position of the trust at the time of producing the draft report. The figures and tables might change as awaiting final data to be validated).*
	
	The CPG programme in 2023-24 has continued to work across 64 clinical pathways, for the purpose of the quality accounts focussed on Better Births, Virtual Hospital Care, CAMHs and the Inpatient Diabetes CPG pathways.
	
	The clinical led multi professional teams have worked across all RFL business units with a focus on developing a robust internal infrastructure to be able to realise the aims of the four pathways.
	  o to support delivery of the continuity of care model for women in the vulnerable groups and areas where there is deprivation decile score of 1-4.
	  o to develop a virtual hospital so that patients can be cared for at home safely.
	  o to improve the children and young person's experience when in crisis through the emergency flow by ensuring they get the right care in the right environment to supports their needs.
	  o a safe roll out of the inpatient digital diabetes pathway across all RFL sites to improve safety and clinical effectiveness.
	
	This year has resulted in increasing knowledge, capability, enhancing the workforce and procuring the right equipment to realise the full benefits of the pathways. We have also ensured we have built the key metrics in our electronic patients record for regular monitoring. These developments will continue across all the pathways into the next financial year 2024-2025 so that the clinical teams can deliver better care to their patients and monitor their patient experience and clinical outcomes.
	
	Key metrics agreed for each CPG for regular monitoring across all sites are as follows:
	
	  o Better Births:

- o percentage of women booked onto a CoC model of care by 29 weeks.
    - o percentage of women booked onto a CoC model from Black, Asian, and mixed ethnicity groups.
    - o percentage of women booked onto a CoC from highly deprived geographical areas.
- o Ambulatory Emergency Care CPG: Virtual Hospital Care
    - o Virtual ward encounter developed to enable patients being cared for in the virtual ward.
    - o Build of virtual wards for Barnet Hospital to pilot Heart Failure, Frail, Covid and Dementia and delirium patients
    - o Activity report to monitor data commissioned.
- o CAMHS CPG Pathway
    - o Understand unwarranted variation in the current CAMHS RFL
    - o The team have divided into sub-groups focusing on aligning the embedded improvements on the BH site with the RF site: Info leaflets, distraction tools and the mental health observational and action tool.
    - o Designing the MH observational tool for use on the ward by the nursing staff. Standardising documentation for the CAMHS team in EPR, access to EPR for all the CAMHS team.
    - o Making the MH observational tool mandatory for the nurses to complete in Triage.
    - o Agreement across RFL to develop a crisis hub within the community and to optimise access for CAMHs assessment.
- o Inpatient Diabetes CPG
    - o Secured Group wide senior responsible owner – RFH chief nurse.
    - o Set up a cross site core pathway team for RFL.
    - o Engagement of all key stakeholders across RFL
    - o Detail project plan and roll out plan
    - o Training plan for all groups of clinicians
    - o Business case for Nova meters for RFH to secure funding

2023/24 progress:

1.Better Births:

- o In line with national guidance women and birthing people from the global majority and areas of high deprivation are prioritised for maternity continuity of carer (MCoC). As of end of year position, the team currently awaits for the national maternity continuity of care (MCoC) targets.
- o An in-depth analysis will start to establish the:
- o Total population of women from areas of high deprivation and from the global majority that book to have their baby at the trust.
- o Total numbers that are not receiving MCoC and establish their geographical demographics, so that MCoC teams can be focussed in these areas.
- o Further patient co-design is underway for the Vulnerable women`s team, Unity, and Fortune Green.
- o Patient co-design for the Edgware team has revealed an overwhelming positive experience for those that have received MCoC. Women report that they built up a feeling of trust with their midwife, they didn't have to constantly repeat their story, and the midwife knew them very well. That they felt

comfortable to discuss mental health issues. A focus group for those women that booked care with the Edgware team is planned for 18th April, 24.

- o Support required for the workforce as the Startwell consultation process continues.

Baselines are shown below (awaiting new continuity of care national guidance to set trajectories).

The % of women booked onto a CoC Pathway at 29 weeks of all bookings by 29 weeks

23% of women booked onto a MCoC

The % of women from highly deprived geographical areas (Index of decile 1- 4) booked on CoC pathway across all sites

24% of women from the global majority booked onto MCoC pathway

The % of women from Black, Asian and mixed ethnicity group booked on CoC Pathway across all sites

25% of women from areas of high deprivation are booked onto a MCoC

2. Ambulatory Emergency Care CPG: Virtual Hospital Care
Breadth of virtual hospital model agreed and shared below.

2.1 Virtual Hospital Encounter

The virtual care CPG is making good progress. We continue to maintain activity and supporting North Central London (NCL) by sharing learning and supporting integrated care board (ICB) wide learning from the virtual care pathways and remote monitoring. RFL continue to work with central informatics to establish a dashboard. The dashboard will be developed in the next financial year with the roll out of the type 5 same day emergency care (SDEC) design in the RFL electronic patient record (EPR), diagram

below shows we continue to maintain the progress in virtual ward activity as we develop the infrastructure and pathways to support patients virtual and at home.

All patients on the Virtual Encounter

On average 10 more patients each week on the Barnet AAU

24.6

36.9

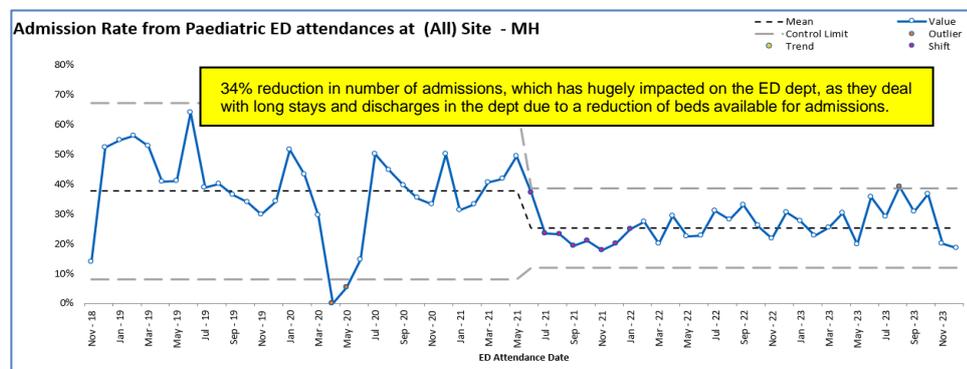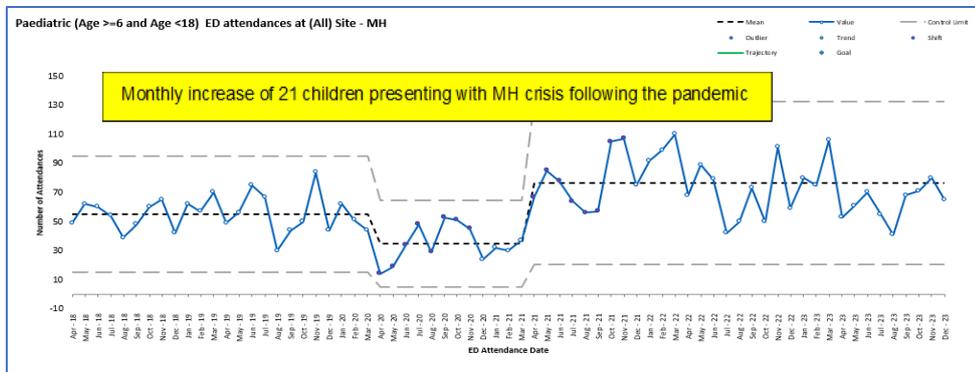## 2.2 Hospital @ Home (Virtual Community Hospital)

RFL continue to build a strong interface with the community virtual ward and have establish increase flow with support of the case finder role to enable more discharges into virtual ward as shown in the diagram below from on average 1 patient a week to 8 patients a week.

No. of weekly referrals to VW completed by Case Finder (RFH)

Case Finder start date: 30.08.2023

Avg. 8.4 referrals/week
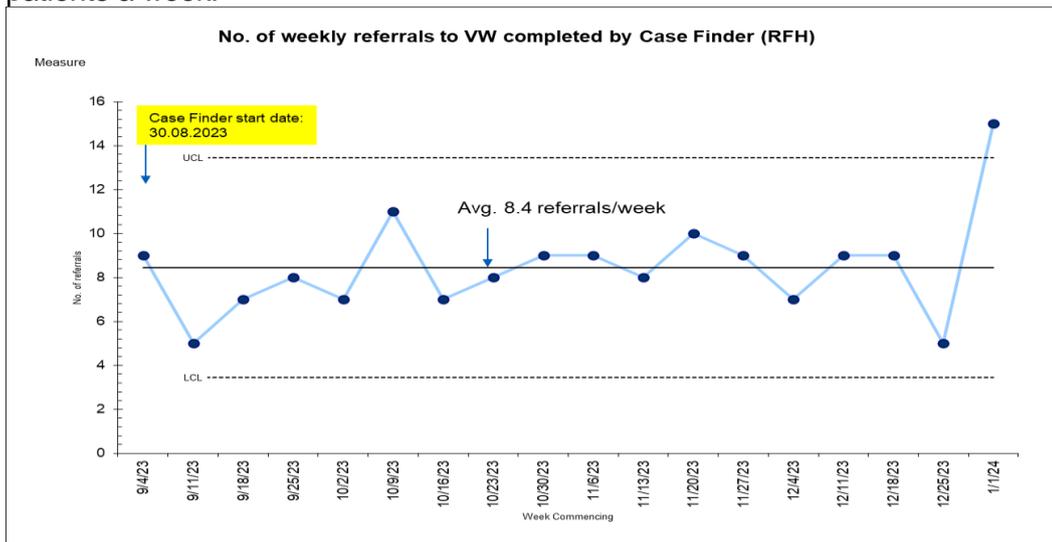
3. CAMHS CPG Pathway:

- o All children and young people (CYP) will receive a standardised mental health assessment at triage and then 4 hourly while they remain in PEDs as this is now mandated in EPR.
- o Embedded standardised mental health assessment once admitted to the ward and 4 hourly thereafter.
- o Standardising documentation for the CAMHS team within EPR is in development.
- o Time stamps: Referral to CAMHS, seen by CAMHS, is in development with the EPR team, to provide an audit trail of meeting the national target to be seen by the CAMHS team within one hour.
- o SBAR tool for CAMHS CYP has been developed, currently assessing how to position it within EPR in relation to the interface with the adult Internal transfer policy.

- o Patient led information leaflets designed and embedded with QR code.
- o Patient co-design in progress
- o System wide meeting planned for NCL boroughs on 12th March, 24 following two successful borough-based stakeholder events. This will aim to map all the MH services for CYP that are available within the NCL sector that present in mental health crisis. Aiming to develop a shared vision whereby we develop

Paediatric (Age >=6 and Age <18) ED attendances at (All) Site - MH

Monthly increase of 21 children presenting with MH crisis following the pandemic

Admission Rate from Paediatric ED attendances at (All) Site - MH

34% reduction in number of admissions, which has hugely impacted on the ED dept, as they deal with long stays and discharges in the dept due to a reduction of beds available for admissions.

optimal pathways to reduce the numbers of CYP that present to ED. It is known both locally and nationally that following the COVID pandemic there has been a notable increase in the number of CYP presenting with mental health crisis. It is anticipated that by working collaboratively within the NCL sector to design the optimal pathways, attendances and admissions will reduce.

4. Inpatient Diabetes CPG pathway

RFL continue to make steady progress in building a robust infrastructure for hospital wide implementation of the inpatient diabetes pathway. The digital pathway progress made is as follows:
- o Novameter POCT CBG/Ketone device roll out: deploy devices to Edgware, FMH, St Pancreas, Tottenham Hale, Hadley Wood.
- o Submit D3 workforce business case – critical for progressing CPG workplan.
- o Progress wider CPG workplan including education plan, local leadership, governance/assurance.
- o Develop dashboards using data extract from specification.
- o EPR changes in development: x3 including Referral to Diabetes Team – ESCALATE re pending EPR change freeze.
- o CPG data analysis commenced [Dec 2023] baseline data outlined below

Baseline Data: Number of Hypoglycaemic Episodes

Episode of hypo: triggered by CBG <=3.5 and resolved when CBG documented as <4.0 mmol/L
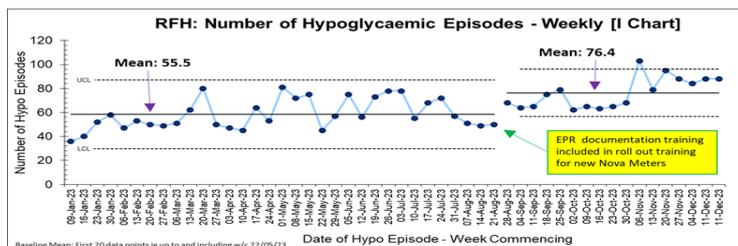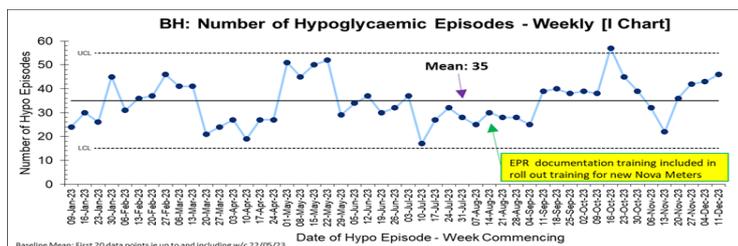
NB: CPG data analysis recently commenced and will be refined during Q4

Priority 3: Patient safety - Improving Patient Safety: delivering safe care.

Priority 3a	**Achieve zero trust attributed Methicillin-resistant Staphylococcus aureus bacteraemia (MRSA) case and reduce Gram negative bacteraemia in line with NHS Long Term Plan objective of 50% by 2024/25.** **This was an existing priority from 2021/22.**
What success looks like:	• Implementing an education and training plan to improve (intravenous) line care practice. • Undertake post Infection Reviews carried out to identify and act on key areas of improvement.
Key performance indicators, goal milestones, deliverables and/or other metrics	• Implementation of a recognised Aseptic Non-Touch Technique Clinical Practice Framework® has been initiated using the Model for Improvement Quality Framework. • Annual cannula audits are carried out across the trust. Results based actions are implemented as part of an updated action plan. • There is an established education programme for care and insertion of invasive devices. • Multi-disciplinary post infection reviews are carried out where indicated. learning is shared with all relevant stakeholders in meetings at all levels of the organisation to drive improvement.
Our Progress:	(*In this section, the data shows the current position of the trust at the time of producing the draft report. The figures and tables might change as awaiting final data to be validated). From April 2023 to March 2024, the trust recorded 7 [Final data to be confirmed] attributable cases of MRSA bacteraemia, a reduction of two infection in comparison to the previous financial year.

MDT PIRs continue where indicated. Thematic analysis identified that 43% cases showed suboptimal compliance with MRSA decolonisation protocol, and 43% of cases identified VIP scoring and documentation was not completed as per policy. See table 1: MRSA BSIs from April 2023 to March 2024.

Ongoing line care workshops and training continue as part of zero preventable bloodstream infection Quality Improvement (QI) plan.

First Plan Do Study Act (PDSA) cycle initiated in pilot areas for ANTT Clinical Practice Framework® QI project.

IPCT are collaborating with Urology Specialist Nurses regarding urology study day for Clinical Practice Educators (CPEs). It is anticipated that increased knowledge will be rolled out to clinical colleagues to improve urinary catheter care and management, thus reducing the risks of urinary catheter associated GNBSIs.

Table 1: MRSA BSIs from April 2023 to March 2024

Month	Site	Speciality	Comment
Q1/2023	Royal Free Hospital	Nephrology	Suboptimal compliance with MRSA decolonisation protocol and lines/devices documentation
Q2/2023	Royal Free Hospital	Plastic and Breast	Screening was not followed, appears to be cannula related, incomplete documentation of cannula care. Ensure MRSA admission screening protocol is followed, and VIP score is recorded as per policy.
Q2/2023	Royal Free Hospital	Cardiology	No clear cause or sub-optimal care identified.
Q2/2023	Royal Free Hospital	Surgery	Known MRSA with a chronic leg wound: unavoidable
Q3/2023	Royal Free Hospital	Medicine	Delay in starting MRSA decolonisation protocol due to stock availability
Q3/2023	Barnet Hospital	Neonatal	Suboptimal compliance with MRSA decolonisation protocol and communication/documentation review required
Q4/2024	Barnet Hospital	Children	A clear community onset case, with no healthcare or device related contributing factors, and no learning identified

MRSA case count and 12-month rolling rates of hospital-onset for Royal Free NHS Foundation Trust
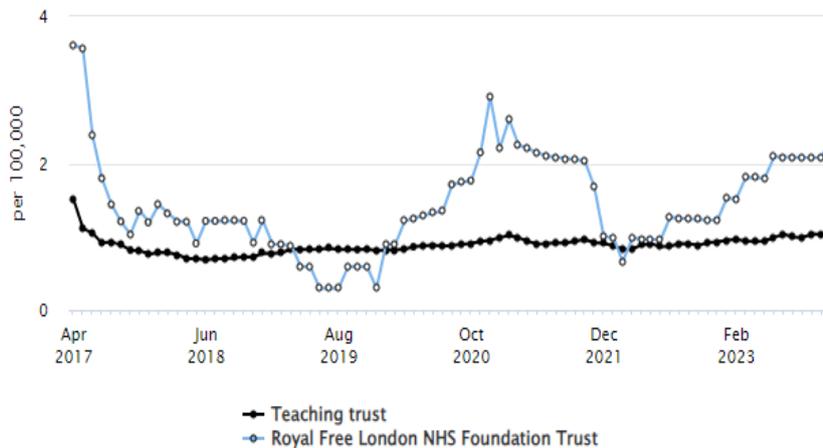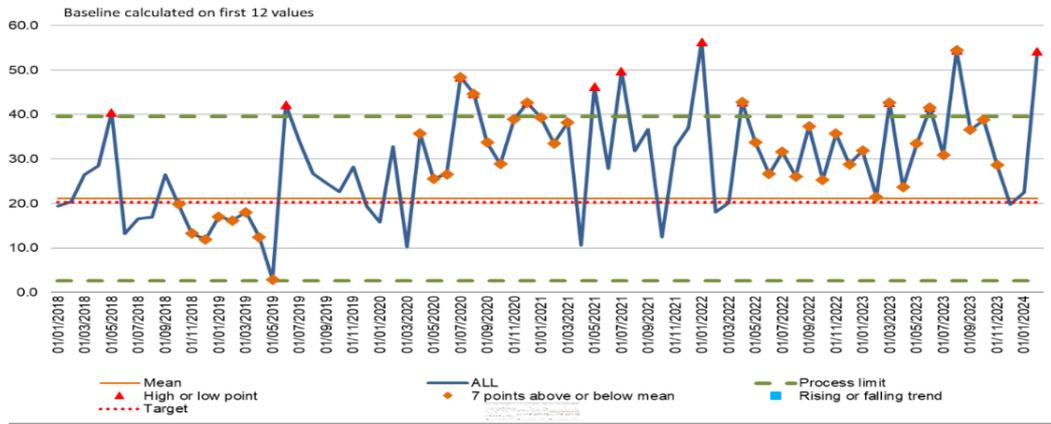

Source:
https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/4/gid/1938132910/pat/158/par/TE_trust/ati/118/are/RAL/iid/93361/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1/page-options/tre-ao-0

All MRSA bacteraemia infections have been subject to a PIR. Outcome, learning, and action plans are shared at monthly site-based Infection Control Divisional Leads meetings and the quarterly Group Infection Prevention and Control Committee (IPCC) have oversight.

"A healthcare associated Gram-negative BSI will be a laboratory-confirmed positive blood culture for a Gram-negative pathogen in patients who had received healthcare in either the community or hospital in the previous 28 days. *E. coli*, *Pseudomonas aeruginosa* and *Klebsiella spp.* account for 72% of all Gram-negative BSIs. Public Health England's data capture system is configured to automatically classify Gram-negative BSIs occurring at least 48 hours after admission to a healthcare institution as healthcare associated".

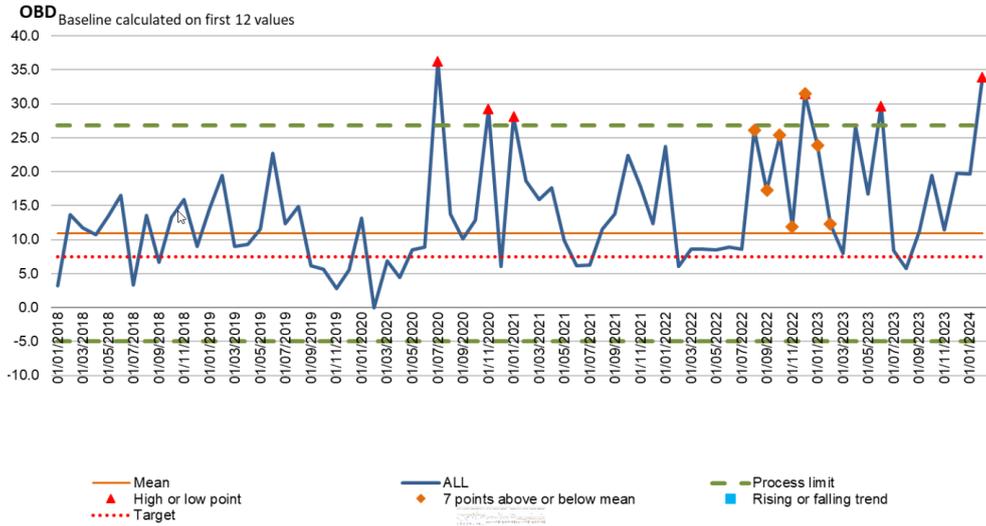(PHE 2017: https://www.england.nhs.uk/wp-content/uploads/2020/08/HCA_BSI_definitions_guidance.pdf)

RFLNHST Infection Control Monthly Performance-Combined Hospital Rate of E. coli Infection per 100,000 OBD

Baseline calculated on first 12 values

Legend: Mean / High or low point / Target / ALL / 7 points above or below mean / Process limit / Rising or falling trend

Royal Free London Performance				National		
19/20	20/21	21/22	22/23	Average Performance	Highest Performing NHS Trust Performance	Highest Performing NHS Trust Performance
26.8	31.1	24.5	Awaiting information	Awaiting information	Awaiting information	Awaiting information

Source:NHS Digital

RFLNHST Infection Control Monthly Performance-Combined Hospital Rate of Klebsiella Infection per 100,000 OBD Baseline calculated on first 12 values

Legend: Mean / High or low point / Target / ALL / 7 points above or below mean / Process limit / Rising or falling trend

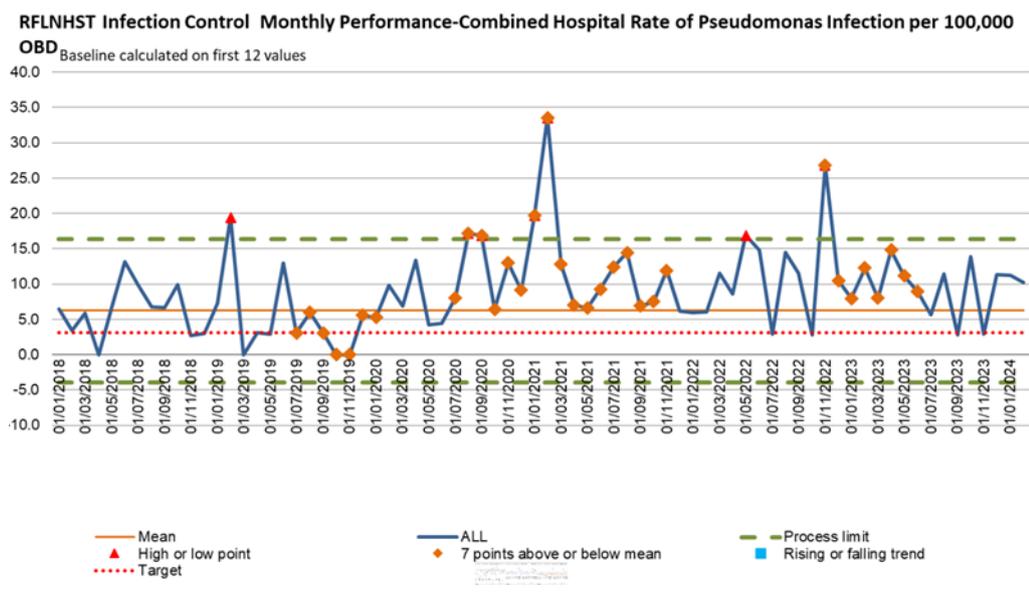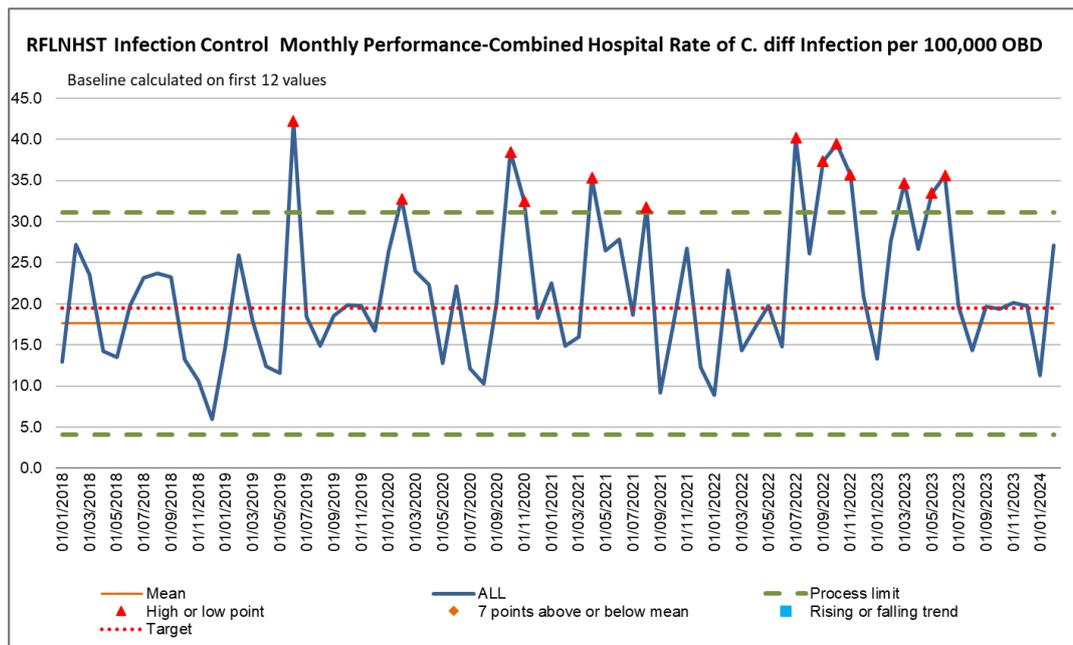| Royal Free London Performance				National			
19/20	20/21	21/22	22/23	Average Performance	Highest Performing NHS Trust Performance	Highest Performing NHS Trust Performance	
11.9	17.6	13.4	Awaiting information	Awaiting information	Awaiting information	Awaiting information	

Source: NHS digital

RFLNHST Infection Control Monthly Performance-Combined Hospital Rate of Pseudomonas Infection per 100,000 OBD Baseline calculated on first 12 values

Royal Free London Performance				National			
19/20	20/21	21/22	22/23	Average Performance	Highest Performing NHS Trust Performance	Highest Performing NHS Trust Performance	
5.8	15	8.5	Awaiting information	Awaiting information	Awaiting information	Awaiting information	

Source: NHS Digital

Priority 3b	**Achieve zero trust attributable Clostridium difficile (C. diff) infection cases with a lapse in care.** **This was an existing priority from 2021/22.**
What success looks like:	• C. diff knowledge and practice audit amongst staff. • Audits of commodes, mattress and pillows. • Develop a robust and practical action plan with clinical team to reduce rates of C. diff infection. • Review of all cleaning audit reports at site divisional lead meetings. • Root cause analysis will be carried out in order to identify what changes would prevent reoccurrence.

	• Revitalise the deep cleaning programme across all sites.
Key performance indicators, goal milestones, deliverables and/or other metrics	• Annual audit of staff C.diff knowledge and practice across the trust. Education events are delivered based on identified areas for learning. This includes, but is not limited to, infection prevention and control (IPC) summits, roadshows, and ward-based teaching sessions. • Audits of commodes, mattresses and pillows are carried out at least annually. Results are shared with stakeholders at all levels through written reports and presentations at meetings to facilitate targeted improvements. • Weekly cleaning audits are collaboratively carried out by domestic supervisors and area clinical staff. Results and rectifications are shared with all stakeholders; weekly reports to clinical managers and IPC teams and summary reports are shared at IPC Divisional Lead meetings. • Multi-disciplinary root cause analysis (RCA) reviews are carried out where indicated. learning is shared with all relevant stakeholders in meetings at all levels of the organisation to drive improvement. • Weekly multidisciplinary deep clean meetings are held to review progress with the planner and to agree next steps based on operational needs.
Our Progress:	(*In this section, the data shows the current position of the trust at the time of producing the draft report. The figures and tables might change as awaiting final data to be validated). The Trust reported 86 CDT cases [Final data to be confirmed] from April 2023 to March 2024, against a threshold of 85. This is reduction in 29 cases (25% decrease) [Final data to be confirmed] from 115 confirmed cases of CDT reported in 2022/23. The 86 cases [Final data to be confirmed] comprised of 67 hospital onset healthcare associated (HOHA), and 19 community onset healthcare associated infections (COHA). This is a 31% reduction in HOHA cases compared with financial year 2022/2023. *Note:* *Hospital-onset healthcare associated infection is where the positive specimen date is equal to or greater than 3 days after admission date (where day of admission is day 1).* *Community-onset healthcare associated infection is categorised as a hospital-onset healthcare associated infection and the patient was recently discharged from the same reporting trust in the 28 days prior to the specimen date (where day 1 is the specimen date).* All cases had an RCA, with learning fed back at the monthly site-based Infection Prevention and Control Divisional Leads meetings and the quarterly Group Infection Prevention and Control Committee (IPCC) have oversight.

RFLNHST Infection Control Monthly Performance-Combined Hospital Rate of C. diff Infection per 100,000 OBD

Baseline calculated on first 12 values

― Mean	― ALL	- - Process limit
▲ High or low point	◆ 7 points above or below mean	■ Rising or falling trend
⋯ Target		

What have we done to reduce *C.diff* infection?

- Audits of commodes, mattresses and pillows demonstrates an excellent of standard of cleaning and prompt replacement of equipment that is non-compliant. Mattress replacement programme in place for all areas.
- Feedback from staff was positive regarding the *C.diff* education programme. Comments included: very informative and interactive, significant increase in knowledge and awareness.
- Revitalised the deep cleaning programme across all sites. Rolling programme of monthly sluice and commode cleaning embedded across the trust.
- Review all cleaning audit reports at site-based IPC divisional lead meetings. Increased collaborative working between IPCT and Facilities to ensure effective and prompt implementation of enhanced and outbreak/Period of Increased Incidence (PII) cleaning where applicable.
- Ongoing MDT RCA reviews to identify an action strategies to prevent reoccurrence.
- Overarching robust and practical action plan to reduce rates of *C.diff* infection.

Priority 3c	**Learning from incidents in the context of Patient Safety Incident Review Framework (PSIRF) and achieving zero never events.** **This was a new priority for 2023/24**
What success looks like:	• A standard operating process in place on how to disseminate learning from safety incidents. • The introduction of a new learning methods as part of a patient safety event response that includes multi-disciplinary (MDT) review, after action review, swarm huddle, hot debriefs, learning in action meetings. • Produce a criteria for specific learning methods to be recommended for types of safety learning events.

	• Use of our QI methodology to test learning, to evaluate the effectiveness of the learning methods and dissemination.
Key performance indicators, goal milestones, deliverables and/or other metrics	• Standard operating procedure(SoP) in place • Established new learning methods • Criteria for specific learning methods in place • Number of QI projects in progress to evaluate effectiveness of key learning methods
Our Progress:	At the start of 2023/24, as part of PSIRF policy and plan development, we established new learning methods and agreed that all nationally mandated patient safety incidents (PSIs) will be investigated using system engineering investigation initiative for patient safety (SEIPS) method. Following review of our safety profile, we also identified that the following types of incidents will also be added to this PSI list: • Escalation • Deteriorating patient conditions • Failure to act on results • Cancer Patients Missed Diagnosis and dropping off Patient Tracking Lists • Patients adversely affected by being treated by multiple teams and no team taking ownership • Where patients care has been affected by being on an outlying ward • Any maternity/paediatric incident with significant learning outside of the National priorities. The PSIRF policy and plan also describe the proportionate use of multi-disciplinary (MDT) review, after action review, swarm huddle, hot debriefs, learning in action meetings. In the course of the development of the PSIRF plan and policy a collective decision was made not to be prescriptive about the choice of learning tools but this be guided by professional judgement. The trust went live with PSIRF on the 4th March 2024. The trust patient safety incident response plan (PSIRP) sets out how RFL will learn from patient safety events reported by staff and patients, their families and carers, as part of the trust work to continually improve the quality and safety of the care it provides. 4 cohorts of NHSE Framework Approved Provider training (3 day) delivered to date this financial year. Business case developed for 4 further cohorts this year. **NEVER EVENTS:** There have been 2 Never Events reported between April 2023 to the end of Jan 2024 one wrong site surgery and one ABO incompatible blood transfusion. This is a reduction from 9 NE's reported in the financial year 2022/23. The trust has always taken never events very seriously and ensures that thorough investigations are undertaken. We have a strong and solid commitment to learning from safety incidents and share the learning from incidents through a variety of methods; this includes information sharing such as reports, safety bulletins and emails as well as interactive methods such as learning in action meetings and simulation training. We are strengthening our processes for sharing and embedding learning across teams, divisions, and hospital business units and in 23/24 have developed a Standard

Operating Procedure (SOP) to Share the Learning from Patient Safety Events. This SOP is being embedded within the daily management of patient safety events.

There have been a number of additional actions that have taken place across the trust, to address and mitigate the risk of never events occurring. These include the implementation of PSIRF, embedding NatSSIPPs 2 requirements and the Never event consultation, discussed further below.

On the 07/02/2024 NHSE launched our public consultation seeking views on the future of the Never Events Framework. The last framework was published in January 2018, in which Never Events are defined as patient safety incidents that are 'wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Reports from the Care Quality Commission (CQC) and Hospital Safety Investigation Board (HSIB), as well as a series of NHSE focus groups with relevant experts, has highlighted that for several types and sub types of Never Events the barriers are not strong enough and called for the Never Event framework to be reviewed.

The outcomes of these reports have been used to inform a national consultation, which will run for 12 weeks until 5 May 2024. The consultation focuses on the question 'on balance do you think the Never Events framework is an effective mechanism to support patient safety improvement?'

The Deputy Director for Patient Safety and Risk (DDPSR) (as a Patient Safety Specialist) is sharing views via the consultation's online survey. The consultation document is being considered to inform responses. The DDPSR will also coordinate a response on behalf of RFL.

The DDPSR is sitting on the NHSE Never Events Consultation Focus Group, due to commence on the 21/02/2024.

Our priorities for improvement for 2024/25

The Trust aims to provide world-class clinical care, education and research that improves the health of the local community and of the wider populations that we serve. This ambition is reflected in our strategic objectives and is underpinned by our quality strategy and quality goals.

We have developed a set of quality priorities for 2024/25 and ensured that these are embedded across the Trust through our executive assurance committees.

How we chose our priorities

The quality priorities chosen for 2024/25 are drawn from the quality strategy, clinical strategy, healthcare digital strategy, NHs long term plan objectives, our governing objectives and feedback following consultation with key stakeholders. The stakeholder engagement included hosting engagement event and collating survey responses concerning the long list of priorities. The trust executive then further reviewed this to approve the set of priorities for the year ahead.

Progress in achieving these priorities will be monitored by our trust strategic committees and reported to the Trust Board.

Additionally, reports are sent to Trust Infection Prevention and Control Committee (chaired by the Director for Infection Prevention and Control) and the business-unit level Clinical Performance and Patient Safety committees which are the respective medical director chairs.

Our commissioners receive regular progress updates via the Clinical Performance and Patient Safety Committees and the Trust Quality Committee.

Some of the priorities from 2023/24 have been carried over as proposed priorities for the new financial year 2024/25 as they form part of an extended plan or quality strategy within the trust. Some have been adapted and reworded to make them more current to the teams committing to the delivery of them.

In addition, all the quality priorities have been linked to the trust's governing objectives to align our quality performance aims with the overall strategic ambitions of the trust.

Priority 1: Our patient experience priorities - Improving patient experience – delivering excellent experiences.		
Our quality priorities and why we chose them:		
Priority 1a *Source: Quality Strategy*	**Patient involvement** Embed shared principles for involving patients and carers in our services to better monitor their experiences and make relevant improvements. This is an existing priority from 2023/24.	**What success looks like:** • We will build on the patient involvement framework to facilitate and embed high quality, diverse involvement work across the trust. • We will work collaboratively with patients to identify and act on areas for improvement and better understand health inequalities through changes in service utilisation. • We will develop clear processes to better understand the experience of patients with learning disabilities and work with patients and carers in the co-production and design of our services.
Priority 1b *Source: Quality Strategy*	**Fundamentals of care: nutrition** Ensuring all adult inpatients and those having a procedure receive appropriate nutrition and hydration and where necessary support them to meet nutritional and hydration requirements. This is an existing priority from 2023/24.	**What success looks like:** • We will establish a group-wide nutrition group; to include patients, speech and language therapist, dieticians and estates and facilities. • We will co design and publish a food and drinks strategy.
Priority 1c *Source: Quality Strategy*	**How we communicate with patients (on cancellations)** We will improve how we communicate with patients regarding cancellation of clinic appointments. This is an update priority from 2023/24.	**What success looks like:** • We will identify the best practice methods to keep patients informed and updated of any cancellations and delays and roll these out across the group. • We will monitor our progress using patient experience to collect patient and carer feedback.

Priority 1d *Source: Quality Strategy*	**Compassion and Kindness** To increase compassion and kindness within the care we deliver, we will deliver a civility and kindness project. This is a new priority for 2024/25.	**What success looks like:** • Deliver civility and kindness project. ** This is a three-year project. In 2024/25 our aim is to deliver the project and implement interventions successfully – our long-term success will include improvement in staff satisfaction rates with civility in the staff survey and improvement in the patients' responses on dignity and respect in the inpatient survey.*
Priority 1e *Source: RFL Digital Healthcare Strategy & Trust Strategic Goal*	**Patient experience feedback** To increase linked actions using digital technology to improve the number of patient survey actions delivered by the trust. This is a new priority for 2024/25.	**What success looks like:** • We will establish a baseline of services where surveys are undertaken and number of responses. • We will increase the number of services undertaking surveys across all sites. • We will work with services to improve the number of responses received. • We will launch action plans in response to survey results.

Priority 2: Our clinical effectiveness priorities: Improving clinical effectiveness: delivering excellent outcomes.		
Our quality priorities and why we chose them:		
Priority 2a *Source: Quality Strategy*	**Learning from mortality reviews** Standardised reporting format within all mortality and morbidity groups and standardised escalation reports from M&M groups to CPPSs. This is an updated priority from 2023/24.	**What success looks like:** • We will standardise reporting format within all Mortality and Morbidity groups and standardise escalation reports from Mortality and Morbidity groups to our hospitals Clinical Performance and Patient Safety meetings.
Priority 2b *Source: Governing objectives*	**Research and development:** Achieve 75% recruitment in-year to open research studies. This is a new priority for 2024/25.	**What success looks like:** • >/= 75% of studies open in year will show recruitment.

Priority 3: Our patient safety priorities: Improving Patient Safety: delivering safe care.		
Our quality priorities and why we chose them:		
Priority 3a *Source: NHS long term plan objective*	**Infection Control: MRSA** Achieve zero trust attributed Methicillin-resistant Staphylococcus aureus bacteraemia (MRSA) case and reduce Gram negative bacteraemia in line with	**What success looks like:** • Implementing an education and training plan to improve (intravenous) line care practice.

	NHS Long Term Plan objective of 50% by 2024/25. This is an existing priority from 2021/22.	• Undertake post Infection Reviews carried out to identify and act on key areas of improvement.
Priority 3b *Source: NHS long term plan objective*	**Infection Control: C. diff** Achieve zero trust attributable Clostridium difficile (C. diff) infection cases with a lapse in care. This is an existing priority from 2021/22.	**What success looks like:** • C. diff knowledge and practice audit amongst staff. • Audits of commodes, mattress and pillows. • Develop a robust and practical action plan with clinical team to reduce rates of C. diff infection. • Review of all cleaning audit reports at site divisional lead meetings. • Root cause analysis will be carried out in order to identify what changes would prevent reoccurrence. • Revitalise the deep cleaning programme across all sites.
Priority 3c *Source: Quality Strategy*	**Patients with deteriorating conditions** Getting escalation for patients with deteriorating conditions always right, as reported in PSIIs. This is a new priority for 2024/25	**What success looks like:** • At the end of 2024/25 we aim for a reduction by 30% of patient safety event reports (PSIIs) where these have been identified as contributing factors.
Priority 3d *Source: Quality Strategy*	**Learning from safety incidents** All ward areas and divisions have an established practice of reviewing shared learning and produce their own improvement plans. This is a new priority for 2024/25.	**What success looks like:** • All ward areas have established practice of reviewing shared learning and produce own improvement plans. Improve Quality Walkabouts rating by 10% on the question that staff are aware of 3 top safety shared learnings as applicable to their clinical area and able to describe the improvement plans.

2.2 Statements of assurance from the board

This section contains the statutory statements concerning the quality of services provided by the Royal Free London NHS Foundation Trust. These are common to all quality accounts and can be used to compare us with other organisations.

1.   Review of services

During 2023/24, the Royal Free London NHS Foundation Trust provided and/or subcontracted 42 relevant health services.

The Royal Free London NHS Foundation Trust has reviewed all the data available to them on the quality of care in 42 of these relevant health services.

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by the Royal Free London NHS Foundation Trust for 2023/24.

2.   Participation in clinical audits and national confidential enquiries

The trust continues participating in clinical audit programmes and has integrated this into our quality improvement programme. We continue to review our clinical audit processes, ensuring that we have evidence of improvements made to practice.

During 2023/24, 59 national clinical audits and 6 national confidential enquiries covered relevant health services that the Royal Free London NHS Foundation Trust provides.

During that period the Royal Free London NHS Foundation Trust participated in 96% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Royal Free London NHS Foundation Trust was eligible to participate in during 2023/24 are detailed in table 1 and 2 below.

The national clinical audits and national confidential enquiries the Royal Free London NHS Foundation Trust participated in during 2023/24 are detailed in table 1 and 2 below.

The national clinical audits and national confidential enquiries that the Royal Free London NHS Foundation Trust participated in, and for which data collection was completed during 2023/24, 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 are detailed in table 1 and 2 below.

The reports of TBC national clinical audits were reviewed by the provider in 2023/24 and the Royal Free London NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- We will continue to scrutinise and share learning from national audit reports at our corporate committees (clinical performance and patient safety committee and clinical standards and innovation committee).

- We will use outcomes from national clinical audits to help us prioritise pathway work in our Clinical Practice Groups across our group of hospitals.
- We will continue to make improvements to our clinical processes where national clinical audits suggest care could be improved.

In addition, the trust has undertaken specific actions to improve the quality of the national clinical audits set out in table 3.

The reports of 142 local clinical audits were reviewed by the provider in 2023/24 and the Royal Free London NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- To ensure that all local audits/quality improvement projects are monitored effectively throughout our clinical divisions, with an increased focus on identifying the outcomes and embedding recommendations.

In addition, the trust has undertaken specific actions to improve the quality of the local clinical audits set out in table 4.

Explanatory notes:
Case ascertainment relates to the proportion of all eligible patients captured by the audit during the sampling period compared to the number expected according to other data sources, usually hospital episode statistics (HES) data. 'HES' is a data warehouse containing all admissions, out-patient appointments and accident and emergency attendances at NHS hospitals in England.

Where 2023/24 data is not yet published, the previous year's reported participation and ascertainment rates are recorded as an indicator.

The national data opt-out service allows patients to opt out of their confidential patient information being used for research and planning. The national data opt-out was introduced on 25 May 2018, enabling patients to opt-out from using their data for research or planning purposes, in line with the recommendations of the National Data Guardian in the 'Review of Data Security, Consent and Opt-Outs'.

Local audits undertaken relate to the quality improvement projects previously described, which demonstrated modest to significant improvement through successful plan, do, study, act cycles.

Table 1: National Clinical Audit; eligibility and participation

National Clinical Audit	Data collection completed in 2023/24	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
National Cancer Audit Collaborating Centre (NATCAN) **National Bowel Cancer Audit (NBOCA)**	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021/22:** Royal Free London: n=156
National Gastro-Intestinal Cancer Audit Programme (GICAP): **National Oesophago-Gastric Cancer Audit (NOGCA)**	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2020/22:** Royal Free London: n = 170
National Lung Cancer Audit (NLCA)	Yes	Yes	Trust level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2023:** Royal Free London: n = 379
National Prostate Cancer Audit (NPCA)	Yes	Yes	Trust level	Royal Free Hospital	Chase Farm Hospital Barnet Hospital	**2020/21:** Royal Free London: n = 465
National Respiratory Audit Programme (NRAP) **COPD Secondary Care**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2023/24:** Barnet Hospital: n = 210 Royal Free Hospital: n = 58
National Respiratory Audit Programme (NRAP) **Adult Asthma Secondary Care**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2023/24:** Barnet Hospital: n = 74 Royal Free Hospital: n = 81
National Respiratory Audit Programme (NRAP): **Paediatric Asthma Secondary Care**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Report not published yet.
National Adult Diabetes Audit (NDA): **National Foot Care in Diabetes Audit (NFCA)**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23:** Barnet Hospital: n= 80 Royal Free Hospital: n = 160
National Adult Diabetes Audit (NDA): **National Diabetes Inpatient Safety Audit (NDISA)**	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2023/24 (up to 05/02/24):** Royal Free London: n = 5 (low case ascertainment is positive)

National Clinical Audit	Data collection completed in 2023/24	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
National Adult Diabetes Audit (NDA): **National Pregnancy in Diabetes audit (NPID)**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**Jan. 2021 to Dec. 2022:** Barnet Hospital: n= 110 Royal Free Hospital: n = 55
National Adult Diabetes Audit (NDA): **National Diabetes Core Audit**	Yes	Yes	Trust level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2021/22** Royal Free Hospital (Type I): n = 1455 Royal Free Hospital (Type II): n = 96
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2022/23:** Barnet Hospital: n = 129 Chase Farm Hospital: n = 67 Royal Free Hospital: n = 83
British Association of Urological Surgeons Nephrostomy Audit	Yes	Yes	Trust level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	Report not published yet.
Elective Surgery – National PROMs Programme	No	Yes	N/A	Barnet Hospital Chase Farm Hospital Royal Free Hospital	Not applicable	During 2023/24, no data was submitted for PROMS due to the change of survey supplier.
Falls and Fragility Fractures Audit Programme (FFFAP): **Fracture Liaison Service Database (FL-SD)**	Yes	Yes	Site level	Barnet Hospital	Chase Farm Hospital Royal Free Hospital	2023: Barent Hospital: n=618
Falls and Fragility Fractures Audit Programme (FFFAP): **Inpatient Falls**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2023/24 (up to 07/02/24 confirmed falls only):** Barnet Hospital: n = 3 Royal Free Hospital: n = 4 (low case ascertainment is positive)
Falls and Fragility Fractures Audit Programme (FFFAP): **Hip Fracture Database (NHFD)**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2022/23: Barnet Hospital: 115.3% Royal Free Hospital: 220.8%
National Cardiac Audit Programme (NCAP): **Cardiac Rhythm Management (CRM)**	Yes	Yes	Site level	Barnet Hospital	Chase Farm Hospital Royal Free Hospital	**2021/22:** Barnet Hospital: n = 9 (software issues meant submissions were not made to NICOR.)

National Clinical Audit	Data collection completed in 2023/24	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
National Cardiac Audit Programme (NCAP): **Myocardial Infarction National Audit Project (MINAP)**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021/22:** Barnet Hospital: n = 146 (146/207 = 70.53%) Royal Free Hospital: n = 793 (793/812 = 97.66%)
National Cardiac Audit Programme (NCAP): **National audit of percutaneous coronary interventions**	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2021/22:** Royal Free Hospital: n =1083 *(Minimum required is 400)*
National Cardiac Audit Programme (NCAP): **National Heart Failure Audit (NHFA)**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021/22:** Barnet Hospital: n = 702 Royal Free Hospital: n = 382 *(Overall Royal Free London ascertainment = 90.2%)*
National Audit of Cardiac Rehabilitation (NACR)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022:** Barnet Hospital: 5/7 KPIs submitted Royal Free Hospital: 7/7 KPIs submitted
Intensive Care National Audit and Research Centre (ICNARC): **Case Mix Programme (CMP)**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**22/23** Barnet Hospital: n = 750 Royal Free Hospital: n = 2385
Intensive Care National Audit and Research Centre (ICNARC): **National Cardiac Arrest Audit (NCAA)**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23:** Barnet Hospital: n = 67 Royal Free Hospital: n = 170
Improving Quality in Crohn's and Colitis (previously named IBD Audit)	No	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	No data has been submitted since 2021 due to Infoflex issues
National Audit of Dementia	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	14 Aug 23 -10 Sept 23: Barnet Hospital n=40 Royal Free Hospital: n=50

National Clinical Audit	Data collection completed in 2023/24	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
National Audit of Pulmonary Hypertension Audit (NAPH)	Yes	Yes	Trust level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2022/23:** Royal Free Hospital: n = 843 (Minimum required is 300)
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022:** Royal Free London: n = 38 (38/42 = 90%)
National Clinical Audit of Care at the End of Life (NACEL)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2024 data collection underway
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2022/23\;** Barnet Hospital: n = 51 Chase Farm Hospital: n = 64 Royal Free Hospital: n = 8
National Emergency Laparotomy Audit (NELA)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**1 Feb 23 to 31 Jan 24** Barnet Hospital: n = 36 Royal Free Hospital: n = 97
National Joint Registry (NJR)	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	2022: Completed operations Barnet Hospital: n = 53 (NJR consent rate= 77%) Chase Farm Hospital: n = 937 (NJR consent rate=86%) Royal Free Hospital; n = 68 (NJR consent rate= 62%
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Report not published yet.
National Neonatal Audit Programme (NNAP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2022: Barnet Hospital: 100% Royal Free Hospital: 100%
National Vascular Registry (NVR)	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2022:** Royal Free Hospital: Abdominal aortic aneurysm: n = 49 Carotid endarterectomy: n= 23

National Clinical Audit	Data collection completed in 2023/24	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
						Lower limb angioplasty/stent: n = 20 Lower limb bypass: n = 17 Lower limb amputation: n = 6
Emergency Medicine National Quality Improvement Programme **Mental health self-harm**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	The data collection period is 3 Oct 2022 – 3 Oct 2024
Emergency Medicine National Quality Improvement Programme **Care of Older People**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	The data collection period is 3 Oct 2022 – 3 Oct 2024
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23:** Barnet Hospital: 90%+ Royal Free Hospital: 90%+
Trauma audit research network (TARN) – Major trauma audit	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Report not published yet
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2022:** Royal Free London: n = 47
National Comparative Audit of Blood Transfusion: a) 2023 Audit of Blood Transfusion against NICE QS 138	N/A	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Report not published yet
National Comparative Audit of Blood Transfusion: b) 2023 Bedside Transfusion Audit	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**Delayed until March 2024-TBC**
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2023:** Barnet Hospital: n = 53 Royal Free Hospital: n = 32
Chronic Kidney Disease registry	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021:** Royal Free London: n = 283 (98 % completeness)

National Clinical Audit	Data collection completed in 2023/24	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
						KRT incidence data
Learning disability and autism programme Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	N/A	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2023/24:** No cases allocated for the trust to review
Maternal, Newborn and Infant Clinical Outcome Review Programme: **Perinatal mortality and serious morbidity confidential enquiry**	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2023/24: Barnet Hospital: 100% Royal Free Hospital: 100%
Maternal, Newborn and Infant Clinical Outcome Review Programme Perinatal mortality surveillance	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2023/24: Barnet Hospital: 100% Royal Free Hospital: 100%
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal mortality surveillance	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2023/24: Barnet Hospital: 100% Royal Free Hospital: 100%
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2023/24: Barnet Hospital: 100% Royal Free Hospital: 100%
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal mortality confidential enquiries	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2023/24:** Barnet Hospital: 100% Royal Free Hospital: 100%
MBRRACE-UK: Perinatal Mortality Review Tool (PMRT)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2023/24: Barnet Hospital: 100% Royal Free Hospital: 100%
National Child Mortality Database (NCMD)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	2023/24: Barnet Hospital: 100% Royal Free Hospital: 100%
National Ophthalmology Database (NOD) **Adult Cataract Surgery**	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	2021/22: Royal Free London: 100%
Breast and Cosmetic Implant Registry	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital	April 22 to July 23:

National Clinical Audit	Data collection completed in 2023/24	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
					Chase Farm Hospital	Royal Free Hospital: 100%
Perioperative Quality Improvement Programme (PQIP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**July 21 – Mar 23:** Royal Free Hospital: n=30 Barnet Hospital: n=6
Adult Respiratory Support Audit	Yes	Yes	Site level	Royal Free Hospital Barnet Hospital	Chase Farm Hospital	**Feb 23- Mar 23:** Royal Free Hospital: n = 17 Barnet Hospital n = 13
UK Parkinson's Audit	N/A	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**Not running this year – next cycle is 2025**
National Cancer Audit Collaborating Centre (NATCAN) National Audit of Primary Breast Cancer	Yes	Yes	Trust level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**First report due Sept 24**
National Cancer Audit Collaborating Centre (NATCAN) National Audit of Metastatic Breast Cancer	Yes	Yes	Trust level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**First report due Sept 24**

Table 2: National Confidential Enquires; participation and case ascertainment

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Data collection completed in 2023/24	Trust eligibility to participate	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
Community Acquired Pneumonia	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 6/6 Case notes: 6/6 Organisational questionnaire:2/2
Testicular Torsion	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 3/3 Case notes: 3/3 Organisational questionnaire:2/2
Endometriosis	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 14/14 Case notes: 14/14 Organisational questionnaire: 2/2
End of Life Care	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 8/10 Case notes: 10/10 Organisational questionnaire: Not available
Juvenile idiopathic arthritis	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 2/2 Case notes: 2/2 Organisational questionnaire: 1/1
Rehabilitation following critical illness	Not started	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Enquiry in process

The trust continues to review National Confidential Enquiries into Patient Outcomes and Death (NCEPODs) on an annual basis until they are fully implemented. Progress is reported at both site and corporate levels.

Table 3: National Clinical Audits; actions for improvement.

National clinical audit	Actions to improve quality
National Early Inflammatory Arthritis (NEIAA)	Royal Free Hospital • The main challenges to maintaining patient recruitment were clearing waiting lists and nursing team support These areas have now been addressed and will be monitored • The appointment of a locum consultant has helped RFH to improve on EIA referrals seen within 3 weeks where the trust were previously identified as an outlier. • GIRFT have recommended that the trust strive for a 80% target for both QS 2 and QS 3, and work to meet this target is ongoing
National Audit of Cardiac Rehabilitation (NACR)	Royal Free Hospital • Acquire NCL bid for 0.4 admin support recruitment • Locate venue for exercise sessions • Obtain quote and approval for heart rate monitors • Increase exercise capacity tests
Pulmonary Hypertension	Royal Free Hospital • Expediting the processes (including coordinating investigations in the new rare diseases hub') to improve referral to treatment time with newly appointed CNS and band 5 administrator, • To reduce the number of non- group 1 and 4 PH patients wrongly incorporated, we will rationalise our PH database with a parallel system for non group 1 and 4 PH patients in the service. In the long-term, a divisional strategy for a new rare diseases database which will include mitigation for the data storage problem is being worked on

National clinical audit	Actions to improve quality
National GastroIntestinal Cancer Programme: National Oesophago-gastric Cancer Audit (NOGCA)	Royal Free London • Audit why patients did not complete palliative chemotherapy and radiotherapy treatments to establish if changes can be made to increase the completion ratse of these treatments in line with national averages.
National Prostate Cancer Audit (NPCA)	Royal Free London • Work with the NCRAS and the Trust's Informatics team to develop a 'missing reports' function in the Cancer app on Power BI, which will enable the Trust's cancer management teams to check individual patient submissions to the COSD, SACT and Radiotherapy data streams before they are finalised • In addition, the MDTC's and cancer management team now have protected time to solely concentrate on capturing these items and general data quality. These changes will reflect in the 22/23 reporting
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Royal Free London • Complete EPMA build for blood prescriptions and link with the vein-to-vein project • Create EpR forms for pre prescription blood transfusion risk assessment • Pilot vein-to-vein business project, which delivers electronic bedside safety checks for administration to prevent NHSE never events • OnDemand sample labelling, instead of handwritten and paperless pathways for traceability.
National Diabetes Audit Core report 1: care processes and treatment targets	Royal Free Hospital • The Renal MDT which commenced in 2022 should show an improvement in ACR and creatinine levels being captured by the next data collection period. • HbA1c in T1 will continue to improve as more patients are onboarded in CGM devices and the EPR CPG pathways once fully enabled, will assist data transfer and collection • Currently in review stages for the acute foot pathway at RFH for coordinating pathways with front door and acute medicine. Improving education and training for HCPs across the sites. The CPG has included the foot assessment in the patient pathway.

National clinical audit	Actions to improve quality
NICOR National Audit of Percutaneous Coronary Intervention & Myocardial Infarction	Royal Free London • Several actions were already implemented after the 2020/21 data release in June 2022 and these changes will reflect in the next reporting period (2022/23) • Internal, unpublished, data shows a significant improvement in the angiography within 72 hours for patients presenting with a NSTEMI and further improvement is expected with the imminent introduction of a Low-Risk Virtual NSTEMI ward
NICOR National Heart Failure Audit	Royal Free Hospital • Development of a virtual ward for heart failure patients • Ongoing education in the use of Sodium-glucose co-transporter-2 inhibitors to increase appropriate prescriptions. • During this time period most of the cardiac rehab programmes were not yet up and running. The team are now running programmes that include heart failure patients and Reach heart failure trial which is a remote run cardiac rehab programme. The current pathway does not allow for direct referrals as inpatients. The service to liaise with the cardiac rehab team regarding this pathway • Development of a heart failure dashboard which will be used to aid inpatient reviews by the heart failure team
National Cardiac Arrest Audit (NCAA)	Royal Free Hospital • Feeding back on cardiac arrest rate to whole site and specific teams • Deeper data dive to understand reasons for futile resuscitation attempts. • Trial of predictive model as part of suite of decision-making tools • Liaison with key stakeholders including PALS, palliative care, educational and clinical teams. • Improved information for public re DNACPR decisions and links to NHSE resources
Case Mix Programme (ICNARC) CMP	Royal Free Hospital • The unit continues to maintain a high level of performance, scoring green for most key domains. This indicates that the current practise of the unit is largely safe and robust. • There is an ongoing piece of work looking at readmission to ICU following discharge. • Initial results indicates that approximately 65 % of readmissions occur with patients who are discharged from the EPIC unit. • Further granular data will be available to give further insight into this domain.

National clinical audit	Actions to improve quality
Falls and Fragility Fractures Audit programme: Inpatient falls	Royal Free London • Walking aid audit • Continue assessment of need for falls practitioners • Education on high quality MFRA requirement and EPR clarity • Ward managers to ensure there is adequate written falls information on wards
National Vascular Registry (NVR)	Royal Free London • We plan to appoint a governance lead to aid in data capture on the NVR • We plan to build a second theatre which will allow daytime operations for amputations. • The second theatre will also increase carotid surgery turnover on the RFH site
Adult Respiratory Support Audit	Royal Free Hospital • Refining acute NIV pathway and ED education • Deep dive into patients with consolidation
NCEPOD: Crohn's Disease: Making the Cut	Royal Free Hospital • All patients with Crohn's disease planned for elective surgery are seen and counselled in the OP clinic by one of our IBD consultant colorectal surgeons, and all undergo local pre-assessment as well as referral to our consultant led complex surgical patient anaesthetic MDT. • All patients with Crohn's disease requiring surgery are discussed at the IBD MDT, which is attended by our IBD colorectal surgical team. Patients requiring surgery are offered the next available date for surgery, and wherever possible, and based on operating theatre schedules, these patients are offered surgery within 1 month of the decision to operate. We will perform a prospective audit to check our compliance with this recommendation. • Patients with a confirmed diagnosis of Crohn's disease awaiting elective surgical input are managed in an efficient way by our dedicated IBD Surgical team. • Patients undergoing surgery for confirmed or suspected Crohn's disease are all discussed pre- and post-operatively in our dedicated IBD MDT, which runs on Wednesday mornings. In attendance are IBD radiologists, IBD gastroenterologists, IBD nurses and IBD colorectal surgeons. Follow up requirements and plans are set out at this meeting, • Provided stoma closure is not contraindicated for other clinical reasons, all patients have their stoma closure undertaken within 12 months at our organisation.

National clinical audit	Actions to improve quality
NCEPOD: Testicular Torsion Twist and Shout	Royal Free Hospital • The RFH Urology team was instrumental in putting together a robust and safe pathway in conjunction with NCL. The RFH Urology team are fully compliant with the Hospital related recommendations regarding management of these children.
National Paediatric Diabetes Audit (NPDA)	Royal Free London HbA1c • To increase the amount of young people using technology, particularly insulin pumps across all sites. This will reduce the HbA1c figure/ bring it into range. • To increase the amount of young people using closed loop pumps to help further reduce the rate of HbA1c. • To increase staffing at Chase Farm Hospital to help lower the rate of HbA1c. Percentage receiving all six annual key health checks • To improve on data collection for Chase Farm Hospital. This has been discussed at cross site meetings. The department have met with IT and there are discussions around changing from TWINKLE system to Diamond. • To make sure EPR and TWINKLE or Diamond are connected to eliminate human error in data collection. • To continue offering Healthy Futures Preconception Advice for Teens as a motivational tool to educate young people around the effects of having type 1 diabetes on conception for both girls and boys.
National Asthma and COPD Audit Programme (NACAP) - Drawing Breath CYP National Audit Report	Royal Free London • To work with EPR lead to include the wheeze discharge proforma in the discharge letter for children with asthma, the wheeze discharge proforma has the areas (inhaler technique, smoking etc) and to make this a mandatory field to complete before discharge. • To ensure training is provided to staff so that data is recorded correctly on EPR.
National Emergency Laparotomy Audit (NELA)	Barnet Hospital • Ongoing education for anaesthetic and surgical teams to enter relevant patient data, both quantity and quality.

National clinical audit	Actions to improve quality
	• Ongoing discussion stemming from recent Anaesthetic governance meeting regarding involvement of ITU consultants for higher risk patients and improving the documentation on EPR of these discussions, as it is dependent on the clinical judgement and governance structure of the critical care consultants. • Development and implementation of an acute abdomen CPG will help to improve clinical care as well as documentation.
Chronic Obstructive Pulmonary Disease	Barnet Hospital • Electronic recording of spirometry results to be included in regular primary care teaching as IT issues and poor documentation on the primary care Health Information Exchange means that even if performed the result is still not always fully available. The availability of spirometry results will improve as access to services post COVID-19 are reinstated. • Patients who are admitted and discharged without being seen by the CNS or respiratory team may not be getting referred for early follow up by the community team, which may impact elements of the discharge bundle provided metric. Liaison with acute medicine colleagues to highlight all COPD exacerbations to allow completion of the discharge bundle.
Adult Asthma	Barnet Hospital • Respiratory review within 24 hours will improve with recruitment of second respiratory CNS role which has recently been appointed to. • Ongoing education with emergency department teams to improve on the swift administration of steroids and in peak expiratory flow measurement
TARN	Barnet Hospital • Missing data mainly regarding date and time of injury and name and role of clinician.is impacting data accreditation. Communication has been shared with ED doctors to ensure better record keeping and additional admin to support the TARN coordinator will improve data submission rates. • Trauma patients with an injury severity score over 15 are largely over the age of 65 and present following a fall from standing, and therefore do not trigger major trauma criteria. Communication has been shared with all ED consultants to ensure their presence at trauma call/involvement in management of trauma patients is clearly documented.

National clinical audit	Actions to improve quality
Heart Failure	**Barnet Hospital** • Heart failure fellow appointed and 2.5 WTE nurse prescribers in the team from 1 WTE. • Development of a virtual ward for heart failure patients with a WTE band 6 short term post funded by NCL
Acute Respiratory Support	**Barnet Hospital** • Support ongoing CPG work to improve non-invasive ventilation (NIV) care within the trust • New online training modules developed for staff training • Application in process for NIV advanced care practitioner to support optimised NIV pathways
Diabetes Footcare Audit	**Barnet Hospital** • The additional member of staff in 2023 has allowed for personal and professional development of other staff to continue ensuring we are providing the standard of care expected and no patient has a delay in this care.
Neonatal Audit	**Royal Free Hospital** • Training for nursing staff and junior doctors on how to enter the data correctly. Encourage consultants to use Well Organised Wards (WOW) modules on ward rounds to check daily summary entries from the day before. • Encourage clinical staff to use ROP calculator to calculate correct window for screening. • Temperature on admission - introduce trans-warmer mattresses for extreme preterm deliveries. • Delayed cord clamping - launch the guideline for extreme preterm at the RFH site. **Barnet Hospital** • Continue to verify data for all our positive blood cultures and for necrotising enterocolitis (NEC) babies. • Seek support for more time resources to be able to verify data on intraventricular haemorrhage over the coming year.

Table 4: Local Clinical Audit; actions for improvement

Local clinical audit	Actions to improve quality
Outcomes Following Free Flap Breast Reconstruction – A Single Centre Re-audit	• Discuss changes to current free flap protocol with CNS and the Anaesthetic Team regarding analgesia used, with the aim to reduce post-operative opioid use • Produce patient leaflet which gives a realistic overview of whole treatment pathway
Blood Glucose monitoring & IV Insulin Administration on ICU	• Specific focus on insulin prescribing during doctors' induction and insulin administration and monitoring during nurses induction • Increasing number of blood glucose machines to enable appropriate monitoring. • Review of protocol, monitoring, and administration plan with bedside nurses by pharmacist during ward rounds. • Create a guide for how to handle VRII and monitoring when the patient leaves the ward to theatres or for scans • Revisit design of prescribing plan on EPR • Future potential for continuous glucose monitoring using Dexcom 6 straight into EPR
Sepsis Compliance Audit (ongoing)	• Review new EPR sepsis workflow with aim to capture more elements of sepsis bundle • Regular snapshot once workflow live • Improve appropriateness of monitoring by discussion at senior nurses meeting
The RFH HIV Two-tier Screening Pathway	• Develop stringent evidence-based criteria for the use of the reference laboratory. • Decrease the interval between the first and the second samples to reduce TAT • Advise patients on the prevention of transmission of HIV when they are under investigation for indeterminate HIV status • To reduce misinterpretation of false Roche reactivity by service users, change the word "indeterminate" in the result field to "See Comment"
CDC Ophthalmology Finchley Memorial Hospital & Woodgreen CDC: Time taken to outcome the patients attending the virtual clinics	• Maximum utilization of available readers • Reassess effectiveness of regular weekly lists • Incorporate virtual clinics in the job plan • Provision of Doctors/AHP bank shifts to be done by readers • Reaudit to assess if changes and recommendations were implemented and target for reviewing is achieved

Local clinical audit	Actions to improve quality
Follow up of DNA patients at the vascular clinic	• Follow the original check out scheme presented • DNA patients to have clear documentation and pathway as to where and when they need to be seen again • Using discharge summary in EPR and sending emails to the corresponding admin to allow better tracking for all patients who attend the clinic
Open vs endovascular treatment of popliteal artery aneurysms; a 5-year single centre retrospective study	• Appropriate preoperative planning is mandatory to have satisfactory outcomes as patent distal runoff is associated with maintaining patency and decrease reintervention rates • Patient selection prior to treatment • Both endovascular and open repair are acceptable for popliteal artery aneurysm treatment with pre-operative good planning
VTE audit - Cycle 2	• Remind team to use a ward round proforma that includes VTE. • Circulate findings to Plastics team. • Proposed VTE prompt in Pathpoint when adding to inpatient list, and when writing an operation note
Dental Management & Compliance According to WFH Guidelines	• Patient education • Good and accurate record keeping • Reiteration that surgical extractions are high risk procedures and special care needs to be taken. • Use of Extended half-life on non-severe haemophilia
Secondary Scleral Sutureless Fixated IOL using the Yamane technique	• To ensure that samples are collected and delivered to the Barnet Hospital reception promptly after collection, ideally with a collection time noted and to add collection time to the clinical details to allow accurate auditing. • The process of sample transport and processing seem to indicate a delay especially with recent change in courier protocol, which will be addressed in an MDT framework. • Suggestion of potential change would be to have on site microscopy to reduce this delay.
Re-Audit BCC/SCC excision rates	• Close attention to ensuring compliance with margins standards, especially H&N and deep margins. • State margins in all operation notes, and also useful in the histology request under "History". • If there is a reason that margins are not achievable due to anatomical site, then this is required to be ensured to documented. • Operation notes to state if the sample has been biopsy proven for evidence of margins chosen

Local clinical audit	Actions to improve quality
Devising explicit instructions for Dedicated Abscess Pathway (2nd cycle)	- Post instructions should be explicit, clear and patient friendly. Copy and paste from EPR template during busy CEPOD and on call where there is a chance of missing post instructions. - Patient centred education in wound management to improve outcomes and adherence and empowering patients. - Simplifying discharge instructions by consistent and standardised template for post op instructions (which can be integrated in EPR). Daily dressings as required till healing by the GP practice or district nurse. - First pack removal after 24 or 36 hours. Healing by secondary intention (from within upwards) can take a few weeks according to the size and depth of the wound, depends on individual wound healing rate. - Analgesia is codeine based, which can cause constipation, therefore laxatives to be prescribed for used as required
Timing of surgical intervention for NOFs	- Prioritise NOF patients on trauma lists with future audit to identify how many times NOF fractures are first. - Early identification of patients who may need specialist input and early identification of patients on anticoagulation and reversal if required
Histological Reporting of Testicular Neoplasms in Radical Orchidectomy Specimens	- Discussion of main contributing factors to delays in order to establish a strategy, which will require liaison with the laboratory management. - To introduce an easily accessible reporting proforma to include all dataset items, including LVI tumour type involvement for mixed GCTs. - Discussion of turnaround times for supra-regional reports and establish a way to reduce these
Interventional radiology objective image quality audit	- Refine the measurement techniques developed and produce accurate image quality metrics for large datasets to be used in protocol optimisation in the future. - Audit of clinical image quality to be carried out using a larger sample size to determine the overall spread of image quality more accurately between patients.
Appropriateness of MRI IAM referrals for investigation of tinnitus	Train clinical teams in the appropriate radiological pathways for pulsatile and non-pulsatile tinnitus and reiterate how to order the most appropriate test

Local clinical audit	Actions to improve quality
Audit of Inpatient Missed Doses	• Highlight to pharmacy ward staff the importance of checking that patients have sufficient supply of their prescribed medications. • Ensure staff are endorsing medication on the drug chart to illustrate when it has been ordered, what medications are ward stock and where patients have PODs. • Further education of ward staff on the importance of documenting rationale for delayed doses, how to obtain medication out of hours, and pharmacy cut-off times and the importance of putting through medication requests with adequate time for pharmacists to respond, therefore allowing evening/night nursing staff better equipped to give patients their due medications during pharmacy non-working hours. • Ensuring medications are kept in the appropriate secure location, such as non-controlled drug medications dispensed for patients being locked away in their POD locker to ensure they do not go missing. • Alternate lunch times to avoid omitted doses and review of staffing numbers around lunch time. • 8 Prescribers or Pharmacists to review dose timing of medications on drug charts and group as many at the same times as possible to make medication schedules more convenient and easier to manage
Brain FDG PET Audit	• Reminder to align external auditory meatus and lateral canthus of eye. • Update FDG protocol to clarify which recons we use and which to transfer
Myocardial Perfusion Scanning – MPS	• Request for more slots from cardiology for Rapiscan and Treadmill • Proper screening/assessment as to whether patient can really exercise using treadmill. • Patients not prepped for Stress or converted to Rapiscan, can have the Rest scan first instead. • Shift all to Pharmacologic stress test and follow up patients, prior the appointment, to confirm that they are attending and followed the preparation for the test.
An audit of clinical referrals, correct patient and body part with clinical info given	• Clinicians to provide more detailed clinical information for each examination and refrain from writing "as above" as a clinical indication. • Radiographers to make sure to document on CRIS whenever they had to change the body part being x-rayed to another after discussion with the patient or in the case of A&E if they had to contact the referrer for additional x-ray. • Improve general awareness of referral guidelines by RCR royal college of radiologist guidelines
Neuroendocrine Tumour Service Re Audit: Reporting patterns	• Continue the use of format/proforma in reporting the NEN resections. • Use both mitotic count and Ki67 index to assess proliferation rate. • Discussion with the HSL laboratory on improving the H&E and IHC processing times.

Local clinical audit	Actions to improve quality
	• Discussion with the MDT coordinators on emphasizing importance of unstained slides/paraffin blocks to external senders to improve turnaround times
Lu177-PSMA Radionuclide Therapy Audit	• Timeliness of bloods to be co-ordinated with oncology team and GP • Admissions to be co-ordination with admissions team and 11E for therapy schedule for the following week. • Delayed clerking to be co-ordinated with admissions and oncology team. • Delayed TTAs to be checked on EPR and coordinated with oncology team
Ga-68 DOTATATE in PET CT with MEN 1	• In patients with MEN1, with known or suspected neuroendocrine tumours, 68-Ga DOTATATE PET CT should be an essential component in the staging process
CT Contrast Audit	• NM consultants to check/request valid eGFR <3 months and potentially to be made compulsory for referrer on EPR/CRIS • Ideally use pink (20 gauge) cannulation and check patency before injection • Reassure patients with explanation and information on contrast administration & expected reaction
Audit on out of hours CT head/C-spine/facial bones reporting outsourced to Everlight	• Improving integration of RFL PACS with Everlight PACS for more seamless image, clinical data and report transfer • Automating transfer of number of slices in full scan to Everlight • Automating upload of radiologist report from Everlight to RFL PACS • Targeting busier hours/days through better resource and staffing management and additional staffing at busier hours • Sharing our data with Everlight • Examining the reasons behind the positive skew in the data, more detailed analysis to find patterns in outlier data and comparison with in-house reporting

3. Participating in clinical research

The number of patients receiving NHS services provided or sub-contracted by Royal Free London NHS Foundation Trust in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee was 11,222. (*The data shows the current position of the trust at the time of producing the draft report. The figures will change as awaiting final data to be validated).

4. CQUIN payment framework

A proportion of Royal Free London NHS Foundation Trust income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between 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 payment framework.

The 'Commissioning for Quality and Innovation' (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Since the first CQUIN framework in 2009/10, many CQUIN schemes have been developed and agreed upon. In 2023/24, CQUIN was worth 1.25% of the fixed element of the annual contract value; hence a significant amount of the trust's income was conditional upon achieving quality improvement and innovation goals.

Our CQUIN payment framework was agreed upon with NHS North-East London Commissioning Support Unit and NHS England as follows:

CQUIN scheme priorities 2023/24	Objective rationale
Staff Flu Vaccinations	Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can significantly impact the health of patients, staff, their families and the overall safe running of NHS services.
Supporting patients to drink, eat & mobilise after surgery	Ensuring that patients drink, eat and mobilise as soon as possible after surgery is a key element of the NHS's enhanced recovery programme, helping to prevent post-operative blood clots and respiratory complications resulting in an average 37.5% reduction in length of stay for patients who dream in the first 24 hours after surgery.
Compliance with timed diagnostic pathways for cancer services	Faster diagnosis is proven to improve clinical outcomes: patients are more likely to receive successful treatment when diagnosed earlier. This indicator sets out key elements of the timed pathways for colorectal, lung, oesophago-gastric, prostate, head & neck and gynaecological cancers, which have been identified by a clinical expert group as crucial to achieving faster diagnosis targets.
Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria	There are significant benefits to IVOS interventions demonstrated in research literature including: increasing hospital bed capacity to support recovery from the COVID-19 pandemic; reducing exposure to broad-spectrum antibiotics; increasing nursing workforce capacity; reducing drug expenditure; reducing carbon footprint of medicines; and reducing healthcare-associated bloodstream infections.

Identification & response to frailty in emergency departments	There are well-evidenced links between frailty and adverse health outcomes including deconditioning, malnutrition and irreversible cognitive decline which may all lead to increased health and care requirements. Early identification of frailty can mitigate some of these risks.
Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	NICE NG5 recommends that medicines-related communication systems should be in place when patients move from one care setting to another and the act of reconciling medicines should happen within one week of the patient being discharged.
Recording of and appropriate response to NEWS2 score for unplanned critical care admissions	The NEWS2 protocol is the RCP and NHS-endorsed best practice for spotting the signs of deterioration and ensuring a timely response, the importance of which has been emphasised during the pandemic. This measure incentivises adherence to evidence-based steps in the identification, recording and timely response to deterioration, which will reduce the rate of preventable deaths and ICU admissions in England.
Achievement of revascularisation standards for lower limb Ischaemia	Following guidance published by the Vascular Society to reduce the delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia and in turn reduce length of stay, in-hospital mortality rates, readmissions and amputation rates. Estimated annual savings are £12 million.
Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres	In support of the NHS England public commitment to achieve hepatitis C elimination ahead of the WHO target of 2030 and be the first country in the world to do so.
Radical treatment for patients with Stage I – II Nin Small Cell Lung Cancer	Patients given radical (aka curative intent) treatment have a markedly improved survival and reduced mortality compared to no treatment or palliative treatment.
Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	Achieving high quality shared decision making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits and consequences of the options available to them about both their clinical condition and the consequences of the current pandemic.
Assessment & documentation of pressure ulcer risk	NICE clinical guideline CG179 sets out clear best practice for assessing the risk of pressure ulcer development and acting upon any risks identified. It is fully aligned with the recently republished NPIAP (National pressure injury advisory panel) international clinical practice guidelines.
Enabling the Core20plus5 programme through targeted population cohorts to reduce health inequalities.	This local CQUIN will support the North Central London Integrated Care System in its delivery of the Population Health Strategy and agenda. Whilst also informing and enabling the Core20plus5 programme through targeted population cohorts and interventions to reduce healthcare inequalities experienced by Black, Asian and minority ethnic communities and the most deprived groups living in North Central London.

5.   Registration with the Care Quality Commission (CQC)

The Royal Free London NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered.   The Royal Free London NHS Foundation Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Royal Free London NHS Foundation Trust during 2023/24 reporting period.

The Royal Free London NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2023/24.

CQC inspection

The RFL NHS FT was subject to a CQC announced (Ockendon Review) inspection of our maternity services at Edgware Community Hospital on 24 October 2023, with the final inspection report published in February 2024. The inspection of the maternity service at Edgware Birth Centre was part of the national maternity inspection programme.

The programme aims to give an up-to-date view of hospital maternity care across the country by understanding what is working well to support learning and improvement at a local and national level. The CQC carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well led. The CQC rated the service as good for both safe and well led.
The inspection key areas for improvement found that the trust was required to make improvements in three areas:

Regulation 17: Good governance
- The service should ensure references to policies and guidelines were up to date and in line with national guidelines.
- The service should ensure appropriate checks and oversight was maintained on safety and specialist equipment including resuscitaire and resuscitation trolley.
- The service should ensure internet connectivity at the birth centre improves to maintain safe management of medicines and records.

Barnet Hospital local executive committee, who have delegated board oversight of the improvement actions performance and completion, receives a monthly update on the progress of the improvement actions from maternity services as part of the Women's and Children divisional senior management team.

6.   Information on the quality of data

The Royal Free London NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Good quality information ensures the effective delivery of patient care and is essential for quality improvements. Improving information on the quality of our data, including specific measures such as ethnicity and other equality data, will improve patient care and increase value for money.

This section refers to data that we submit nationally.

The percentage of records in the published data for 2023/24:

Which included the patient's valid NHS number was:

The percentage of records in the published data which included patient's NHS number for 2023/24 is as follows:

NHS Number	2023/24
For admitted patient care	99.38%
For outpatient care	99.72%
For accident and emergency care	98.58%

Explanatory note:

A patient's NHS number is the key identifier for patient records. It is a unique 10- digit number which is given to everyone who is registered with the NHS and allows staff to find patient records and provide our patients with safer care.

Which included the patients valid General Medical Practice Code:

The percentage of records in the published data which included the patient's valid General Medical Practice Code for 2023/24 was:

General Medical Practice Code	2023/24
For admitted patient care	100.00%
For outpatient care	100.00%
For accident and emergency care	100.00%

7. Royal Free London NHS Foundation Trust Information Governance Assessment Report:

The Data Security and Protection Toolkit (DSPT) is an online annual self-assessment that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. It is a statutory requirement to comply with the DSPT as it is an information standard published under section **250** of the Health and Social Care Act 2012. All organisations that have access to NHS patient data and systems must use the DSPT to provide assurance that they are practising good data security and that personal information is handled correctly. The requirements of Cyber Essential Plus align to DSPT standards. As data security standards evolve, the requirements of the Toolkit are reviewed and updated to ensure they are aligned with current best practices. The trust commissions an independent audit of its DSPT submission for assurance purposes. The trust currently has a status of 'standards met'.

The Royal Free London NHS Foundation Trust has a detailed assurance programme in place and is working towards the 2023/24 DSPT submission deadline of June 2024. The trust is expected to reach a status of 'standards met'.

8. Payment by results

The Royal Free London NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

9.   Action taken by Royal Free London NHS Foundation Trust to improve data quality

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

1.   The Data Quality team will continue the work programme to ensure agreed KPIs are being met and issues will be escalated to divisional management with corresponding action plans.

2.   Audits to ensure data is being captured correctly are being undertaken in each area (IP, ED, OP) on a quarterly basis, as well as ad hoc audits as and when required

3.   The data quality dashboard is in development. This will be monitored and updated to ensure ongoing due diligence of internal and external submissions.

4.   More data quality awareness sessions will be carried out to raise issues caused by incorrect usage of the electronic patient record (EPR) system

5.   Audits on the EPR system configuration will take place in conjunction with the back-office teams and services to ensure that systems are optimised for accurate reporting.

6.   The data quality manager plays an active role in the monthly PAS user group, to ensure data quality issues are highlighted trust wide and to promote good practice.

10.   Learning from deaths

(*In this section, the data shows the current position of the trust at the time of producing the draft report. The figures and tables might change as awaiting final data to be validated).

During 2023/24 [Final data to be confirmed], 1410 of the Royal Free London NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 481 in the first quarter; 435 in the second quarter; 494 in the third quarter; [Final data to be confirmed] in the fourth quarter.

By 31/12/2023, 36 case record reviews and 4 investigations have been carried out in relation to 1410 of the deaths included above.

In 4 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 2 in the first quarter; 1 in the second quarter; 1 in the third quarter; [Final data to be confirmed] in the fourth quarter.

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of 0 representing 0% for the first quarter; 0 representing 0% for the second quarter; 0 representing 0% for the third quarter; 0 representing 0% for the fourth quarter. [Final data to be confirmed]

These numbers have been estimated using the Likert avoidability scales in line with the Learning from Deaths (LfD) policy and the Incident management policy. Scores of 1-3 indicate those deaths considered likely (i.e., over 50%) to be avoidable; these scores are determined by the Safety incident review panel (SIRP).

The Royal Free London NHS Foundation Trust provides care and treatment to thousands of patients each year. Most patients receive treatment, get better and can return home or be transferred to other care settings. Sadly, and inevitably, some patients will die in the hospital; this is approximately 1% of all admissions.

Whilst most deaths are unavoidable and would be 'expected'; there will be cases where sub-optimal care in the hospital may have been a contributory factor. The trust is keen to take every opportunity to learn lessons to improve the quality of care for other patients and families.

Likert avoidability Scale:

1   **Definitely avoidable**

2   **Strong evidence of avoidability**

3   **Probably avoidable, more than 50:50**

4   **Possibly avoidable, but not very likely, less than 50:50**

5   **Slight evidence of avoidability**

6   **Definitely not avoidable (unavoidable)**

Table 5: Summary of learning from death reviews

	Reporting period	Number of deaths	Number of reviews completed	Number of serious incident investigations	Number of patient deaths considered to be avoidable	Percentage of patient deaths considered to be avoidable
Q1	April 2023 to June 2023	481	22	2	0	0%
Q2	July 2023 to September 2023	435	11	1	0	0%
Q3	October 2023 to December 2023	494	3	1	0	0%
Q4	January 2024 to March 2024	Awaiting information	Awaiting information	Awaiting information	Awaiting information	Awaiting information
Year	2023-24 (Q1-Q3)	1410	36	4	0	0%

Summary of lessons learnt:

The themes of lessons learnt summarised below relate to all patient deaths which were reviewed as part of the learning from death process. We have included examples of good practices and areas for improvement. We share the learning from deaths, serious incidents and near misses throughout our organisation as part of our ongoing efforts to improve the consistency and quality of the care provided to our patients.

Good practice	Areas for improvement
• Patients' treatment ('best interest') led to excellent care being provided quickly. • Advanced care planning and discussions with patients and their families about DNA CPR is fully documented.	• Earlier recognition of dying in some cases – impacting on care planning and management and communication with patients and their families. • Improved documentation required, including outcomes from Morbidity and

• Compassionate care and discussions with families noted. • Quick palliative care team involvement. • Clear documentation, including care plans, and addressing patients' nutrition and hydration needs. • Clear communication and involvement of patients and their families in decision-making. • There has been a reduction in the backlog of learning from deaths to review.	Mortality (M&M) meetings and risk assessments. • Earlier referral to required Nursing teams when a patient with a learning disability is admitted is needed.

The 4 incidents below relate to those patient deaths which were considered likely to be avoidable and/or where opportunities for learning were identified, and therefore reported as serious incidents:

Incident	Financial Year	Quarter	Likert Avoidability
2023/8558	2023/24	Q1	3 Probably avoidable, more than 50/50
2023/7470	2023/24	Q1	3 Probably avoidable, more than 50/50
2023/17027	2023/24	Q2	4 Possibly avoidable, but not very likely, less than 50:50
2023/19080	2023/24	Q3	5 Slight evidence of avoidability

Following the investigation, each serious incident report contains a detailed action plan agreed upon with our commissioners and shared with the deceased patient's relatives. The trust reviews the action log to ensure the actions are implemented and completed.

These actions are logged in our risk management system (Datix) and are monitored by our hospital clinical performance and patient safety committees and clinical standards and innovations committee to ensure completion and compliance.

In addition, our commissioners review some action to provide external assurance of our processes. External review by our commissioners has been completed to their satisfaction.

11. Seven-day hospital services

The seven-day services programme is designed to ensure patients that are admitted as an emergency receive high quality consistent care no matter which day, they enter hospital.

Providers have been working to achieve all these standards, with a focus on four priority standards:

Standard 2 – time to first consultant review
Standard 5 – access to diagnostic services
Standard 6 – Access to consultant-led interventions
Standard 8 – Ongoing review by consultant daily for all patients admitted as an emergency

The Royal Free London is compliant with standards 6 and 8.

Standard 2 requires that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the

time of admission to hospital. In 2023-24 Royal Free London developed a focused approach to develop reporting systems to collect data from the electronic patient records to identify areas where we are not meeting this standard. In August 2023, the team built a "Consultant Post Take Ward Round (PTWR) " note type to improve EPR workflow adoption to facilitate extractable data quality to measure time to first consultant review. Following this adaptation, all surgical and medical teams have been asked to use PTWR note type for recoding the post take ward round. RFL will continue to improve compliance with ongoing monitoring of this via operational teams.

For standard 5, RFL meets this standard for all diagnostic services for weekdays and for most over the weekends. The gap in meeting standard 5 continues to be the lack of provision of out of hours MRI in less than one hour for indeterminate probability of a cerebrovascular accident.

12. Speaking up (including whistle-blowers) declaration

The trust has a comprehensive speaking up policy (https://www.royalfree.nhs.uk/about-us/patient-safety/speaking-up-policy/) and associated pathways, jointly designed and agreed with staff side partners, as per our recognition agreement and the trust's Freedom to Speak Up Guardian. The policy outlines how colleagues can safely raise any concerns relating to malpractice or wrongdoing, including; quality of care, patient safety, sub-optimal culture (eg bullying and/or harassment) or alleged criminal activity for further investigation (eg fraud). The policy is supplemented by a repository-based local intranet page which is accessible from handheld and potable devices as well as fixed workstations. This provides further detail regarding the pathways, avenues of support and details of our 100 strong speaking-up champions network, overseen by the trust's 'Freedom to Speak Up Guardian'. Our long-established speaking up pathway is promoted at corporate induction on a weekly basis and through a cycle of on-site promotional events. The pathway is also available on the speaking up pages on our intranet and on cards, leaflets and posters regularly distributed to departments alongside the visible presence of our FTSU champions across our hospital sites and satellite units.

We compile bi-monthly assurance reports for the trust's sub-board level audit committee to provide updates on speaking up activity, cases, themes and learning outcomes for the organisation. Assurance as to the delivery of the rolling 24-month action plan is also provided to this forum. The Freedom to Speak Up Guardian and Executive lead compile an annual 'Freedom to Speak Up' report which highlights an overview of internal and benchmarked case activity and key system and/or process improvements made in the reporting period and a view of the numbers of colleagues who report that they have been subjected to detriment having spoken up.

In year, our trust Board has also been through the first of a series of reflection exercises on its individually-led and collective role and accountability throughout the speaking up pathway with a view to shaping its corresponding objectives into the coming year.

2.3 Reporting against core indicators

This section of the report presents our performance against eight core indicators, using data made available to the trust by NHS Digital. Indicators included in this report, shows the national average and the performance of the highest and lowest NHS trust.

Areas covered will include:

- Summary hospital-level mortality (SHMI)
- Patient reported outcome measures scores (PROMS)
- Emergency readmissions within 30 days
- Responsiveness to the personal needs of our patients
- Staff recommendation to friends and family
- Venous thromboembolism (VTE)
- C difficile
- Patient safety incidents

This information is based on the most recent data that we have access to from NHS Digital and the format is presented in line with our previous annual reports.

A) Summary of hospital-level mortality indicator (SHMI)

The value and banding of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period

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

NHS Digital has calculated the SHMI score published in this report and uses finalised HES data.

The Royal Free London NHS Foundation Trust participates in the HSCIC NHS Choices/Clinical Indicator sign-off programme, whereby data quality is reviewed and assessed monthly and quarterly. The trust has identified no significant variance between the data held within the trust systems and data submitted externally.

The latest available data covers the 12 months from November 2022 to October 2023. During this period, the Royal Free London had a mortality risk score of 0.8055, representing a risk of mortality lower than expected for our case mix. The score represents a mortality risk statistically significantly below (better than) expected, with the Royal Free London is ranked 4 out of 119 non-specialist acute trusts, an improvement of three places compared to last year.

Royal Free London Performance					National		
2018/19	2019/20	2020/21	2021/22	2022/23	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
0.8207	0.8501	0.8192	0.8367	0.8055	1.0021	0.7215	1.2065
Lower than expected.	Lower than expected.	Lower than expected.	Lower than expected.	Lower than expected.	As expected.	Lower than expected.	Higher than expected.

Note:
The data reporting period for this metric is November to October.

The percentage of deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period

We have included the percentage of patient deaths with palliative care coded at either diagnosis or speciality level as a contextual indicator to the SHMI indicator; this is because other methods of calculating the relative mortality risk make allowances for palliative care, whereas the SHMI does not consider palliative care.

Royal Free London Performance					National		
2018/19	2019/20	2020/21	2021/22	2022/23	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
35%	37%	40%	37%	36%	43%	16%	66%

Note:
The data reporting period for this metric is November to October.

The Royal Free London NHS Foundation Trust considers that this data is as described as it has been sourced from NHS Digital.

B) Patient reported outcome measures (PROMs)

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. The difference between the two sets of responses is used to determine the perceived procedure outcome by the patient.

PROMS measures health gains in patients undergoing hip replacement or knee replacement and, up to September 2017, varicose vein and groin hernia surgery in England, based on responses to questionnaires.
Clinicians must review the service's scores regularly and the trust level to ensure that what we learn from patient feedback is incorporated into our quality improvement programmes.

During 2022 and 2023, the trust did not submit PROMS data due to the inability to procure a new PROMS provider.

In 2023/2024, the trust undertook procurement to align our PROMS supplier with that of the North Middlesex Hospital. The PROMS procurement for Trauma and Orthopaedic elective knee and arthroplasty surgery is currently awaiting information governance approval to ensure due diligence.

The trust anticipates implementation and data collection six months following procurement.

C) Emergency readmission within 30 days

Internally, the trust reviews its 30-day emergency readmission rates for elective patients as part of the board's key performance indicators. 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 quality care.

The readmission rate at Royal Free London NHS Foundation Trust increased for adult patients and reduced for paediatric cohorts; however, remains below national averages for both cohorts in 2022/23. The trust also undertakes detailed enquiries into patients classified as readmissions with our public health doctors, working with GP's and identifying the underlying causes of readmissions.

Note:
The emergency rate is the percentage of patients readmitted to a hospital within 30 days of being discharged from a hospital.

Royal Free London Performance					National		
2018/19	2019/20	2020/21	2021/22	2022/23	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
Patients aged 0 to 15 years old							
9.4%	9.1%	9.2%	8.7%	8.5%	14.1%	3.7%	37.7%
Patients aged 16 years old or over							
13.2%	13.9%	13.3%	11.0%	11.7%	12.6%	2.5%	27.5%

Note:
The Royal Free London NHS Foundation Trust considers that this data is as described as it has been sourced from NHS Digital.

D) Responsiveness to the personal needs of our patients

The trust's responsiveness to the personal needs of its patients during the below reporting period was the weighted average score of five questions relating to responsiveness to inpatient personal needs from the national inpatient survey (score out of 100).

Royal Free London Performance					National		
2018/19	2019/20	2020/21	2021/22	2022/23	Average Performance (2019/20)	Highest Performing NHS Trust Performance (2019/20)	Lowest Performing NHS Trust Performance (2019/20)
64.0	66.7	No data	No data	No data	67.1	84.2	59.5

Note:
The NHS has prioritised, through its commissioning strategy, improvement in hospital responsiveness to the personal needs of its patients. Information is gathered through patient surveys. There were significant changes made to the adult inpatient questionnaire for 2020/21, including the way in which it is scored therefore, no data is available for comparison to the previous years above.

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons: the data has been sourced from NHS Digital.

E) Staff recommendation to friends and family

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 is represented in the table below:

Royal Free London Performance					National		
2019	2020	2021	2022	2023	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
71%	77%	71%	66.1%	69.0%	63.4%	88.8%	44.3%

Note:
The Royal Free London NHS Foundation Trust considers that these data are as described for the following reasons: the data have been sourced from the official NHS Staff Survey.

Each year the NHS surveys its staff and one of the questions looks at whether staff would be happy with the standard of care provided by their organisation if they had a relative or friend who needed treatment. Trust performance is above the national average for acute trust providers. The Royal Free London NHS Foundation Trust improved in 2023 from 2022 and remains above the national average of all other acute NHS providers.

F) Venous thromboembolism (VTE)

The percentage of patients admitted to the hospital and who were risk assessed for venous thromboembolism during the reporting period.

NHS Digital publishes the VTE rate in quarters, and this is presented in the table below:

Royal Free London Performance					National		
2019	2020	2021	2022	2023	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
96.9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Note:
The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. This was communicated via this letter on 28th March 2020.

VTE is a significant international patient safety issue. Clinicians and pharmacists must assess all patients to identify their risk of VTE and bleeding as soon as possible after admission or by the time of the first consultant review. As part of the National VTE Prevention Programme, all trusts should have a 95% compliance of VTE risk assessment on admission for all inpatients aged 16 and over.

G) Clostridium difficile

Clostridium difficile (C. diff) is an infection which can cause severe diarrhoea and vomiting and has been known to spread within hospitals, particularly during the winter months. Reducing the rate of C. diff infections is a key government target. Royal Free London NHS Foundation Trust performance increased in 2022/23 and higher than the national average.

The rate per 100,000 bed days of C. diff infection cases that have occurred at hospital onset amongst patients aged 2 or over are demonstrated in the table below.

Royal Free London Performance					National		
2018/19	2019/20	2020/21	2021/22	2022/23	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
16	14.6	16.1	16.0	25.0	19.1	4.5	73.3

Note:
The Royal Free London NHS Foundation Trust considers that this data is as described for the following reason: the data has been sourced from Public Health England and compared to internal trust data.

H) Patient safety incidents

In line with national requirements, in March 2024 the trust implemented the Patient Safety Incident Response Framework (PSIRF), having also launched the Learning from Patient Safety Events (LFPSE) reporting portal, in October 2023. Both these national patient safety initiatives support the trust to improve learning from our patient safety events, to help make the care that we deliver safer.

Following the implementation of PSIRF all safety learning events meeting both local and national criteria below are discussed by the Patient Safety Event Response Panel (PSERP) who review the safety events against the local and national frameworks and agree a planned approach for each safety event. The PSERF panel at each business unit meets weekly to discuss and agree the planned approach for these safety events, engaging the most appropriate and proportionate learning response to the safety events discussed.

The table below displays the number of patient safety events reported which affected an NHS or Private Patient, during April 2023 to March 2024. This data is subject to change as safety events are discussed at PSERP.

The number of patient safety events reported by the trust during the reporting period	Royal Free London
Number	21,516

The number and percentage of such patient safety events that resulted in severe harm or death.	Royal Free London
Number	78 (57+21)
Percentage	0.4% (0.3+0.1)

Part 3: Overview of the quality of care in 2023/24

3.1   Performance against nationally selected indicators

This section of the quality report presents an overview of the quality of care offered by the trust based on performance in 2023/24 against indicators and national priorities selected by the board in consultation with our stakeholders.

The charts and commentary contained in this report represent the performance for all three of our main hospital sites. This approach has been taken to ensure consistency with the indicators the trust is required to report on by the NHS Improvement Single Oversight Framework and to show key performance indicators that the Royal Free London NHS Foundation Trust Board requests.

Where possible, performance is described within the context of comparative data, which illustrates how the performance at the trust differs from that of our peer group of English teaching hospitals. The metrics reproduced in this section are a list of well-understood metrics that help measure clinical outcomes, operational efficiency, waiting times and patient safety.

| Relevant quality domain	Quality performance indicators
Section 1: **Patient safety**	• Methicillin-resistant staphylococcus aureus (MRSA) • C. difficile Infections
Section 2: **Clinical effectiveness**	• Referral to treatment (RTT) • A&E performance • Cancer waits • Average length of stay (elective and non-ele • ctive) • 30-day emergency readmission rates for elective patients • Maximum 6-week wait for diagnostic procedures
Section 3: **Patient experience**	• National surveys • Friends and Family Test • Volume of cancelled operations

Methicillin-resistant staphylococcus aureus (MRSA)

(*In this section, the data shows the current position of the trust at the time of producing the draft report. The data and narrative will be updated for end of year position as awaiting final data to be validated).

MRSA is an antibiotic resistant infection associated with admission 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 vital to ensure patient safety and is indicative of the degree to which our hospitals prevent the risk of infection by ensuring cleanliness of their facilities and good infection control compliance by their staff.

During 2023/24, the trust recorded 7 [Final data to be confirmed] MRSA trust attributable infections, which is down from nine recorded in 2022/23.

MRSA infections: trust attributable
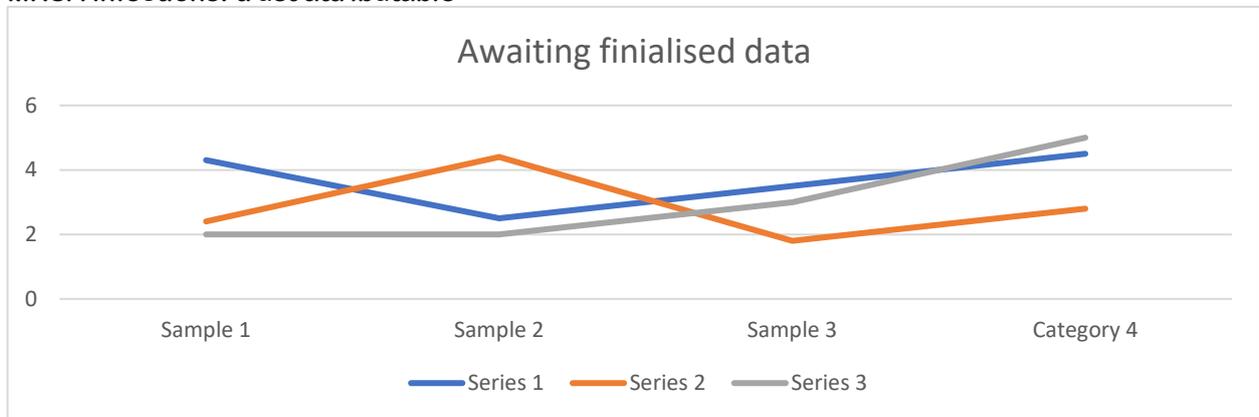
Source: Royal Free London W2B PBI 2023/24

Benchmarking Chart: total volume of MRSA bacteraemia, April 2023 – March 2024

Source:
https://www.gov.uk/government/statistics/mrsa-bacteraemia-monthly-data-by-location-of-onset
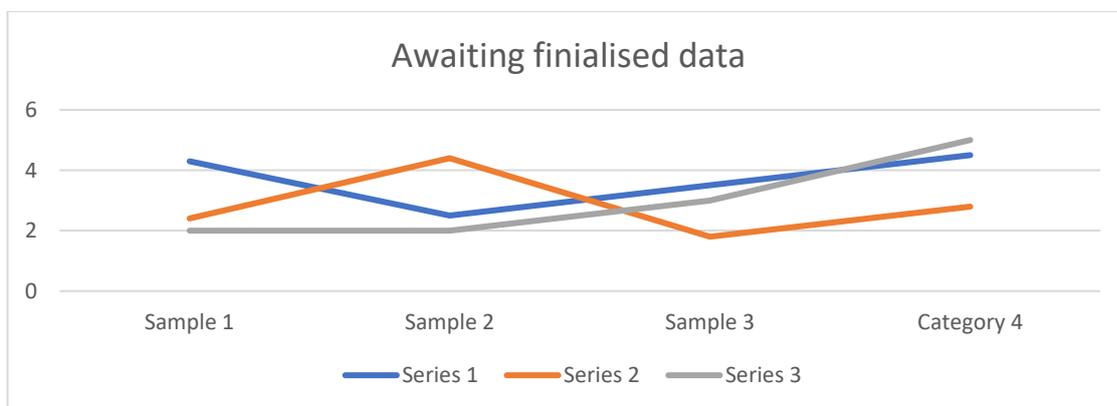
C. difficile Infections

(*In this section, the data shows the current position of the trust at the time of producing the draft report. The data and narrative will be updated for end of year position as awaiting final data to be validated).

In relation to C. diff the trust saw a downward trajectory against our threshold for 2023/24. Over this period, the Royal Free London reported 86 infections [Final data to be confirmed] compared to 115 in 2022/23.
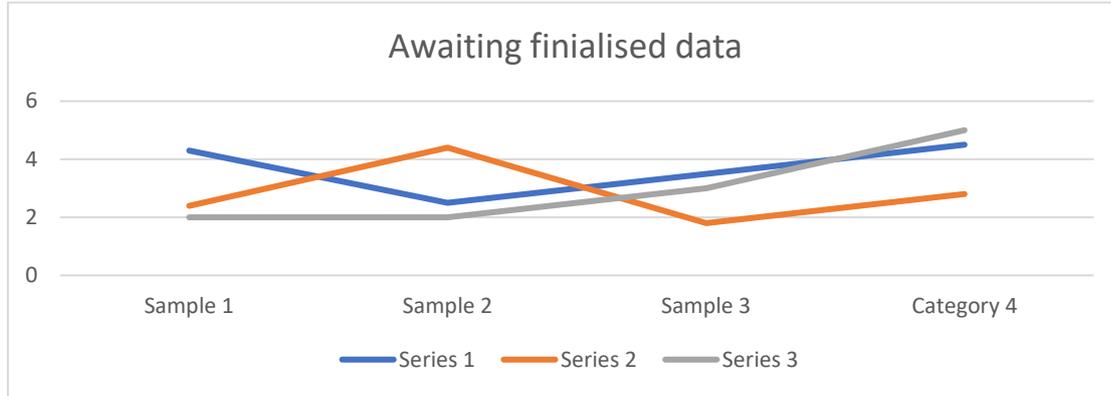
Source: Royal Free London IBR PBI 2023/24

Benchmarking Chart: Total volume of C. diff infections, April 2023 – March 2024

Source: Royal Free London W2B PBI 2023/24

Section 2	CINICAL EFFECTIVENESS
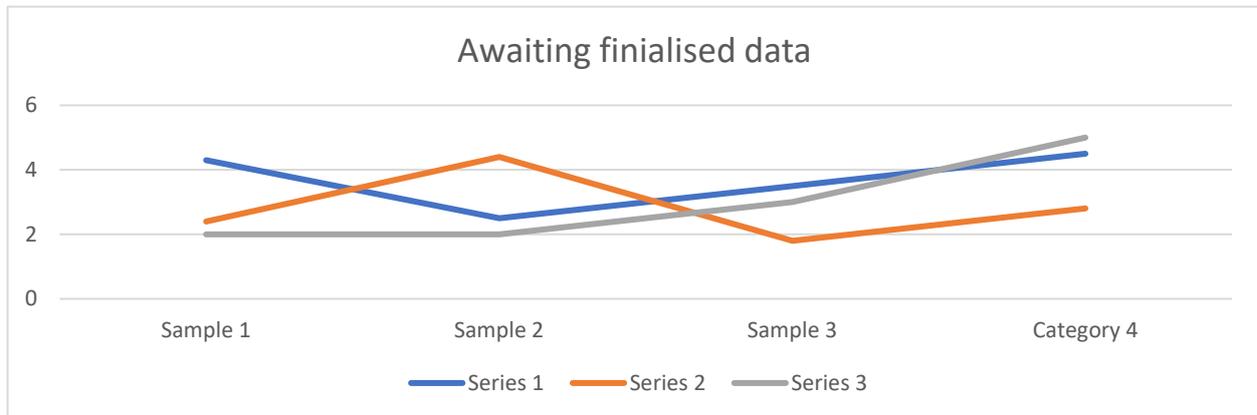
Referral to treatment (RTT)

18-week waiting times
(*In this section, the data shows the current position of the trust at the time of producing the draft report. The data and narrative will be updated for end of year position as awaiting final data to be validated).

The trust is one of the largest providers of elective care (including specialist tertiary care) nationally. It has the largest waiting list in north central London, with the fifth largest waiting list in London and thirteenth largest nationally.

In line with the NHS priorities, the Trust focus has been on continuing to reduce the number of our longest waiting patients, and we finished the year with no one waiting more than 104 weeks and have significantly reduced the number of patients waiting over 78 weeks to 35 at March month end.

The Industrial Action (IA) seen across the NHS has had a significant impact on the overall size of the RTT PTL and the number of patients waiting over a year for treatment, which has been seen across the NHS this year. We now have 102,000 patients on the waiting list, up from 92,000 at the start of the year, and 5,000 of these patients have waited more than a year, up from 3,000 a year ago.

Key improvements the trust has undertaken include:

- Continued delivery on reducing the longest waiting patients throughout 2023/24. This included:

- Maintaining 0 104+ week waits throughout 2023/24 (excluding September where the trust reported 5 104-week breaches).

- Delivering a significant reduction to the volume of patients waiting over 78+ weeks. In April 2023 the trust submitted 177 patients waiting longer than 78 weeks. This increased to a peak of 234 in December as a direct result of the ongoing Industrial Action (IA). By March 24 month end the trust had reduced the volume of 78 week waits to 37 (still under review and subject to change) [Final data to be confirmed]

- Finishing 2023/24 ahead of the trust revised trajectory on 65+ week waits. There has been an increase through 2023/24 in the volume of 65+ week waits from 609 in April to a peak of 1608 in December. This is as a direct result of IA. The trust has however started to see a reduction in 65 week waits and March 2024 will close ahead of trajectory which was set at 1,593. March month end starting position is 1,264 which will reduce through to submission which will be made on Thursday 18th April 24. [Final data to be confirmed]

- As a result of IA the trust has seen an increase in the volume of 52+ week waits. In April the trust submitted 3,304 breaches and in February 24 (latest submitted position) [Final data to be confirmed] the trust submitted 5,132. It is likely this will increase further through March.

- The trust entered quartile 2 for RTT performance in April 2023 having remained in quartile 3 since returning to national reporting, and has maintained Q2 status throughout 2023/24. It

is important to note that although this is an improvement, the national average is moving frequently and this could tip the organisation back into quartile 3.

Looking ahead:

The trust focus for 2024/25 is to ensure that we can continue to deliver progress in reducing the time patients wait to receive treatment. The Royal Free London group model developments will be core to providing this, as they enable increased flexibility, productivity, and activity through the Chase Farm Hospital elective site, supporting Barnet Hospital and the Royal Free Hospital as well as capacity for the wider North Central London health and social care system. In addition, shared improvement activities are being led through the group-wide elective programme, supporting local hospital teams with the additional capacity to redesign and transform pathways and ensure maximising the Royal Free London group's combined resources to support reducing waiting times and improve patient experience and outcomes.

Our key access priorities are to ensure we:

- have no patient waiting more than 65+ weeks for treatment by September 2024.
- Continue to reduce the number of patients waiting 52 weeks.
- Continue to make improvements in data quality building on the improvements delivered and audited in 2023/24.

**RTT incomplete performance (percentage patients waiting <18 weeks)**
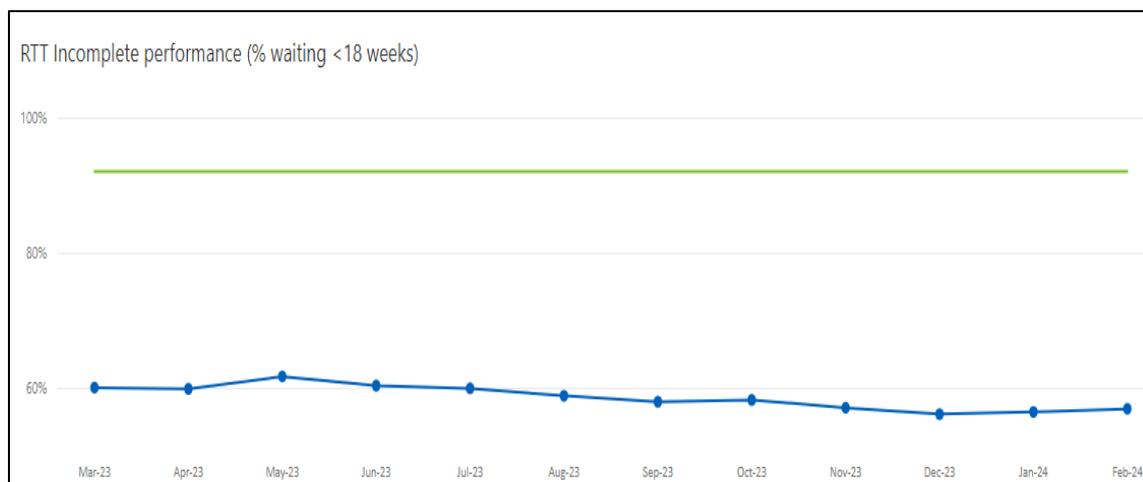
Source:
Royal Free London W2B PBI 2023/24

The chart below shows the Royal Free London performance January 2024 benchmarked against all national acute Trusts and peer providers for 18 weeks performance. [Final data to be confirmed]

The Royal Free London remains in the lower third quartile with 56.4% of patients waiting within 18 weeks of referral. [Final data to be confirmed]

The Royal Free London is ranked 63 out of 120 Trusts and is ranked 10 out of 20 peer trusts. [Final data to be confirmed]

Benchmarking chart: percentage of patients waiting within 18 weeks of referral
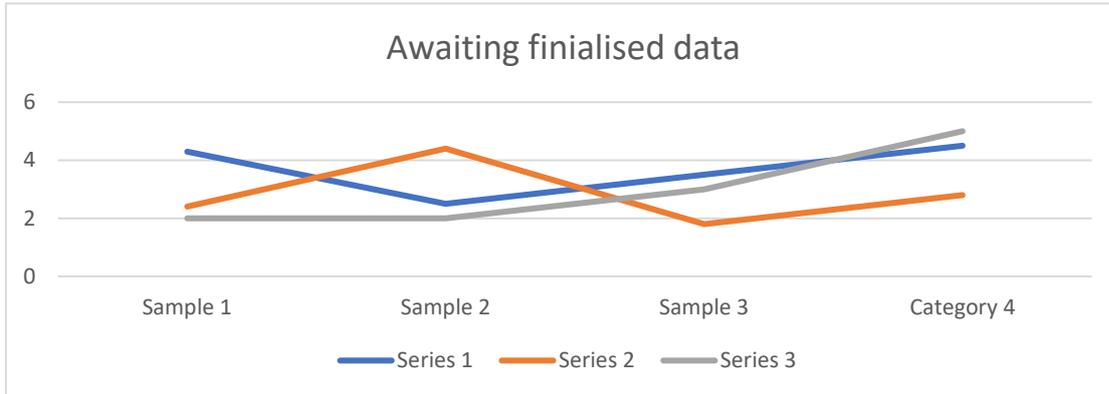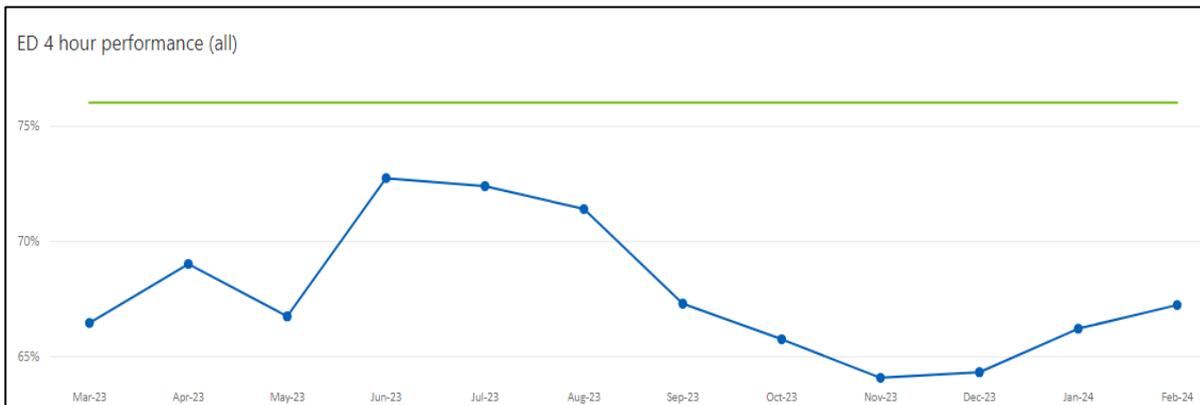

Accident and Emergency performance

(*In this section, the data shows the current position of the trust at the time of producing the draft report. The data and narrative will be updated for end of year position as awaiting final data to be validated).

Accident and emergency departments are often the patient's point of arrival. The graph below summarises Royal Free London's performance concerning meeting the 4-hour maximum wait time standard set against the performance of accident and emergency departments. The national waiting time standard requires trusts to treat, transfer, admit or discharge 95% of patients within four hours of arrival.

During the period April 2023 to February 2024, the Royal Free London NHS Foundation Trust achieved an average monthly performance of 67.9%, higher than in 2022/23 which averaged at 64.9%. [Final data to be confirmed]

Source:
Royal Free London W2B PBI 2023/24

The chart below shows the Royal Free London performance for February 2024, benchmarked against all national acute trusts and peer providers for four-hour emergency department performance. The Royal Free London is ranked 61out of 119 trusts and is ranked 9 from 20 peer trusts. [Final data to be confirmed]

Benchmarking chart: percentage of patients treated within 4 hours

% of Patients Treated within 4 hours - All National Acute Trusts (February 2024)
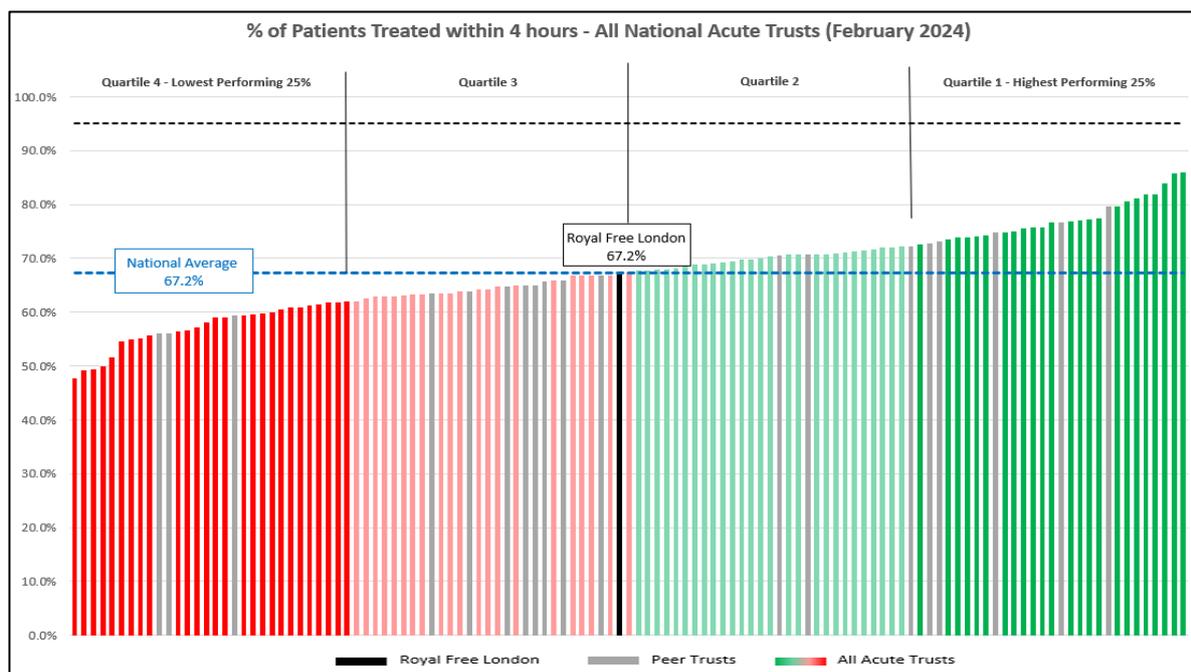
Source: NHS Digital, 2023/24

Cancer waiting times

(*In this section, the data shows the current position of the trust at the time of producing the draft report. The data and narrative will be updated for end of year position as awaiting final data to be validated).

Cancer waits

This year, our focus has been to ensure the continuity of cancer care and cancer treatment activity during a year of unprecendented industrial action. We have worked with clinical teams to improve cancer pathways leading to diagnoses being communicated to patients earlier and then commencing treatments for those patients with confirmed cancers.

NHS England set three key performance indicators for cancer:

- Reducing the backlog of patients waiting more than 62 days for cancer treatment following a GP urgent referral for suspected cancer.
- The achievement of 75% of patients to be given either a diagnosis of cancer or the ruling out of cancer within 28 days of referral.

Royal Free London received the largest volume of urgent suspected cancer referrals of any London provider and commenced the second largest number of first treatments for patients with confirmed cancer in London.

This year, the trust has focused on the robust management of patients in the backlog to reduce the number of patients waiting longer than 62 days for treatment. The changes implemented include improving communication and transfer of care for shared patients with other NCL providers, and A robust tracking approach with clinical input to ensure patients are moved through the pathway in a timely way to avoid any potential clinical harm. The other focus this year has been on the delivery of best practice timed pathways, using CPG designed tumour site-specific digital pathways to diagnose and communicate the diagnosis to patients much earlier in their pathway.
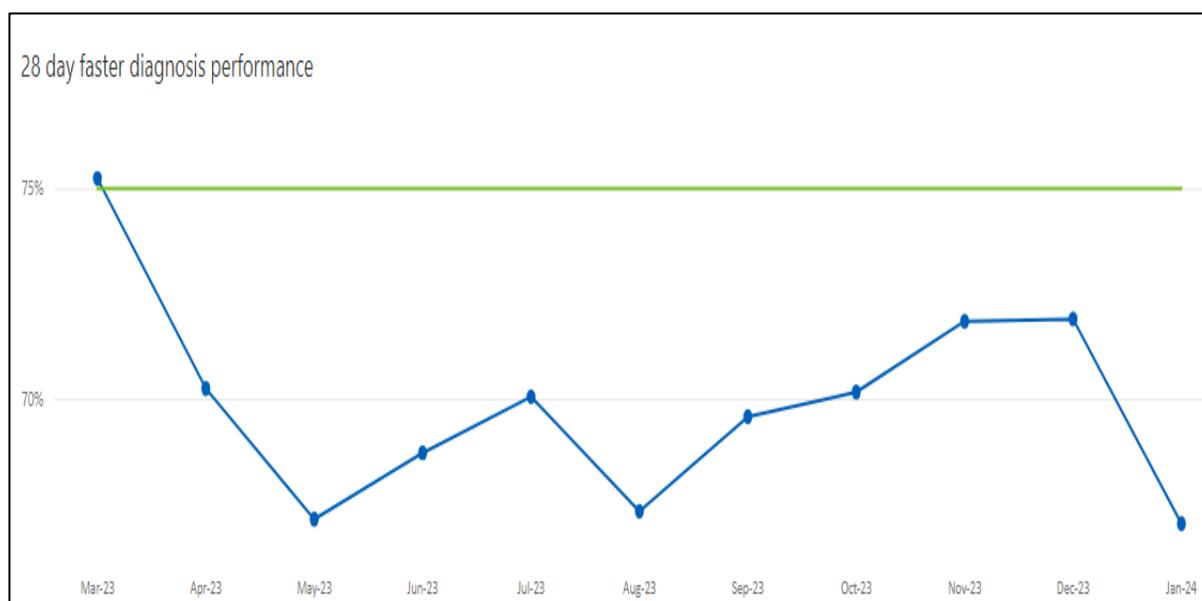
In 2023/24 the trust received 14.3% [Final data to be confirmed] more urgent suspected cancer referrals than in 2019/20, approximately 6,000 [Final data to be confirmed] more cancer referrals than the trust received before the COVID-19 pandemic and 2.3% [Final data to be confirmed] more referrals than 22/23.

The trust has sucessfully restored 31-day treatment volumes not just to pre-pandemic levels but 459 [Final data to be confirmed] treatments more than in 2022/23. Delivering this target has been challenging due to the complex capacity challenges faced when reducing an RTT backlog.

The 28-day faster diagnosis standard (75%) that was introduced in 2021/22 has been a challenging standard to deliver, particularly around months where industrial action has taken place. The trust had consistently performed at higher than 70% each month before industrial action. To mitigate some of the capacity lost the trust has put on additional capacity for endoscopy, prostate biopsies, hysteroscopies and one-stop clinics for breast patients. Additionalyl the trust has endevoured to focus on the transformation of certain pathways, including implementing a FIT<10 pathway. The trust has also led NCL in its ambition to have a breast pain pathway and a tele-derm pathway for urgent suspect skin cancer patients.

## Diagnosis communicated to the patient within 28 days

In 2023/24, the trust was below the standard to communicate a diagnosis of cancer or ruling out cancer to 75% of patients by day 28, the underperformance has been significantly impacted industrial action. The trusts averge performance is 68.7% [Final data to be confirmed]

Source:
Royal Free London W2B PBI 2023/24

## First and subsequent treatment within 31 days

In 2023/24, the trust was below the standard to treat 96% of patients within 31 days of a decision to treat cancer, with an average of 85.8% [Final data to be confirmed]
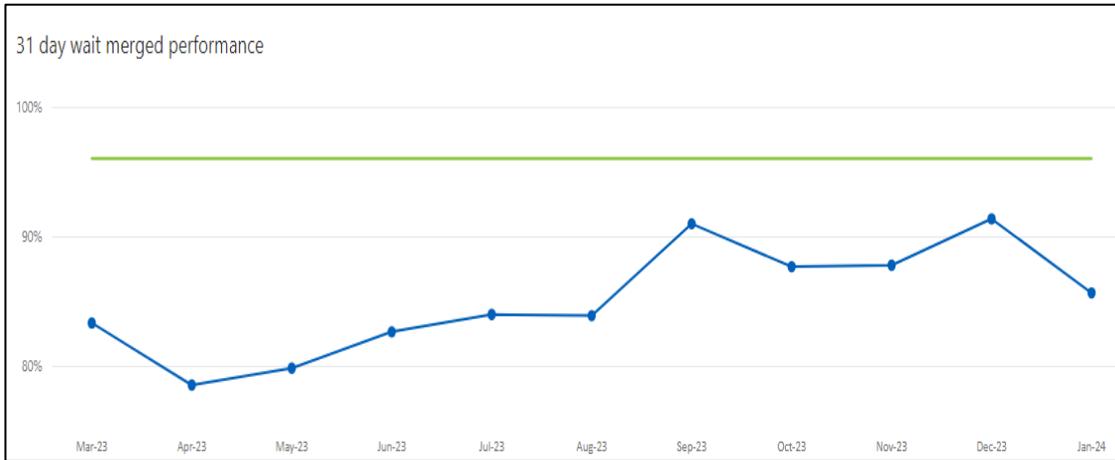
Source:
Royal Free London W2B PBI 2023/24

First definitive treatment within 62 days of a urgent GP referral, screening referral or a consultant upgrade

The trust did not meet the 62-day standard in 2023/24, with an average of 52.8% [Final data to be confirmed] patients receiving first treatment within 62 days of a GP referral, screening referral or consultant upgrade. The 62-day performance has been challenged due to the trusts focus on working through the significant backlog of patients waiting longer than 62 days.
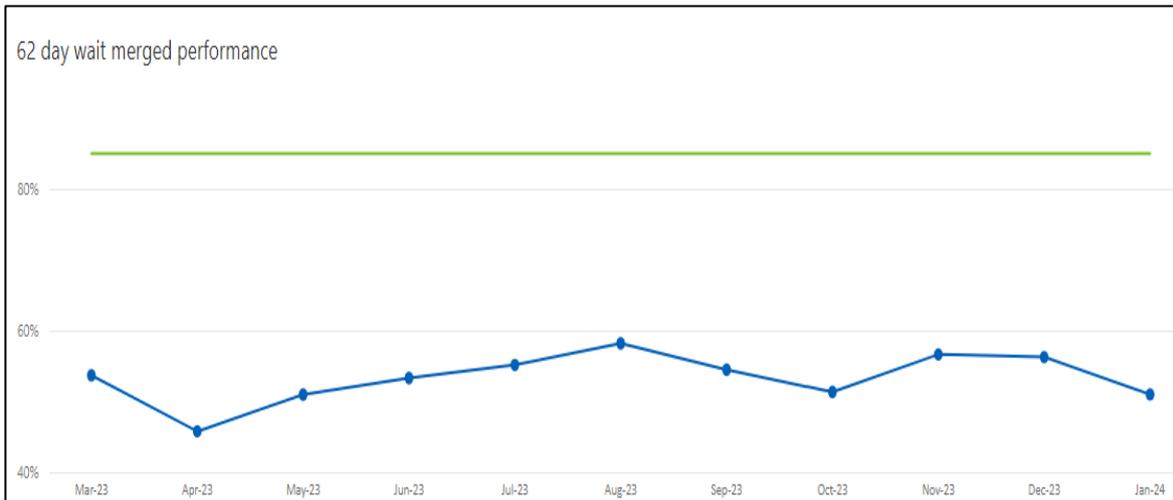
Source:
Royal Free London W2B PBI 2023/24

Patients waiting over 62 days for treatment following an urgent suspected cancer referral from a GP

The backlog is reviewed twice per week, and patients are being booked on clinical priority and highest risk basis. The trust has reduced the backlog down to 274 [Final data to be confirmed] patients which is better than trajectory and better than NHSE fair share of 304.
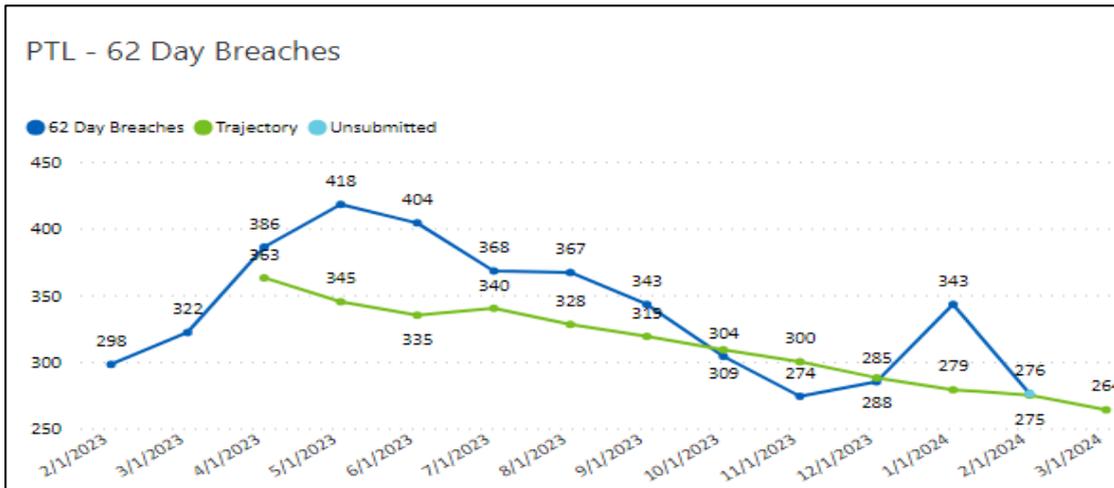
Source: RFL weekly cancer PTL 2023/24

The chart below shows the Royal Free London performance for January 2024, benchmarked against all national acute Trusts and peer providers for 62 day waits for treatment.

The Royal Free London is in Quartile 4 with 51.0% [Final data to be confirmed] of cancer patients treated within 62 days of referral).

The Royal Free London is ranked 103 [Final data to be confirmed] out of 121 Trusts and is ranked 11 [Final data to be confirmed] from 20 peer Trusts.

**Percentage of patients treated within 62 days of cancer referral**
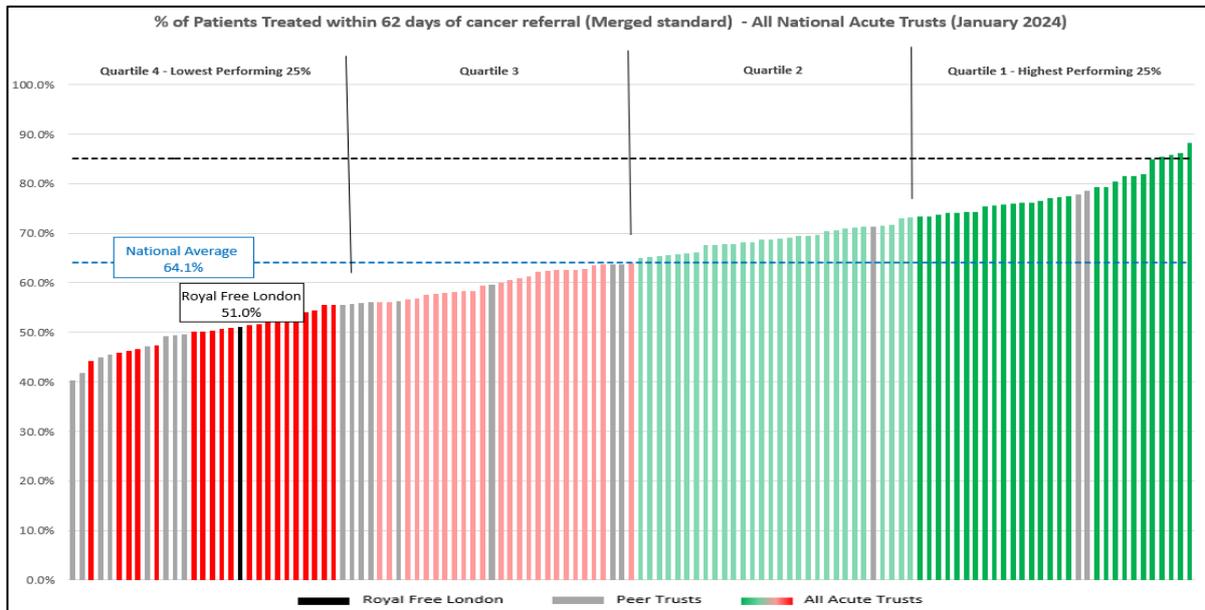
Source: NHS Digital, 2023-24

Diagnostics waiting times

The trust continues to perform well in relation to Diagnostic performance (DM01) and Patients waiting less than six weeks for a Diagnosis. February month end reported 95.5% [Final data to be confirmed] against a 95% target, a 6th consecutive month of performance improvement and the first time of achieving compliance. The performance increase is being driven by improvement in Endoscopy access compliance.
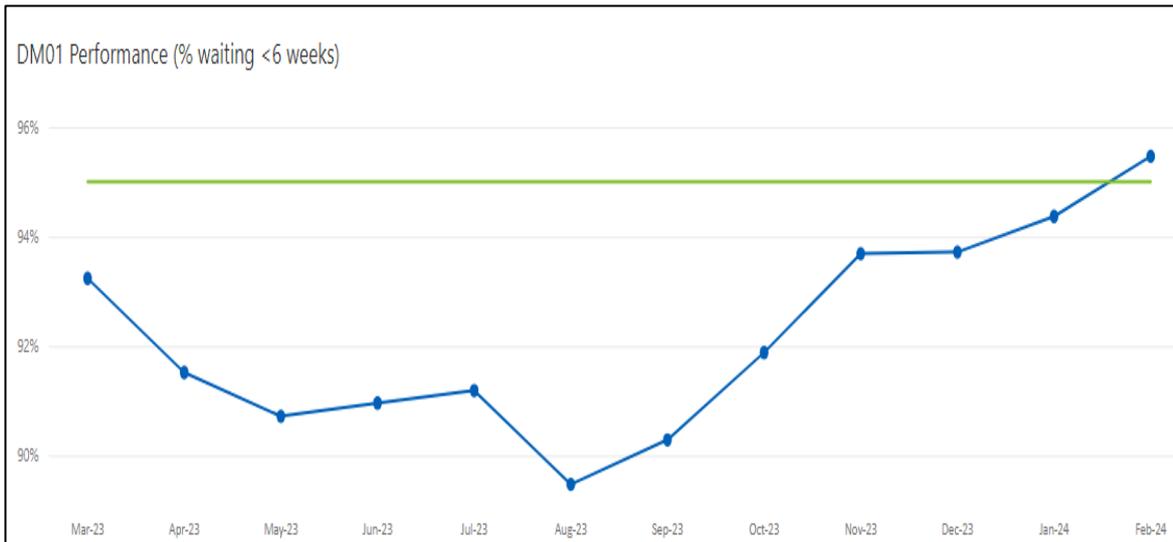
The Chart below shows RFL diagnostics 6 weeks performance compared to other national trusts.

In January RFL 6-weeks diagnostics waits performance remains strong and improved to 94.4% [Final data to be confirmed] in the 1st Quartile. RFL ranked 13th highest [Final data to be confirmed] from 120 Trusts and 2nd highest amongst the 20 peer Trusts Group. Peer group average is 74.8% and London provider average is 83.1%.

Percentage of patients waiting 6 weeks for diagnostics
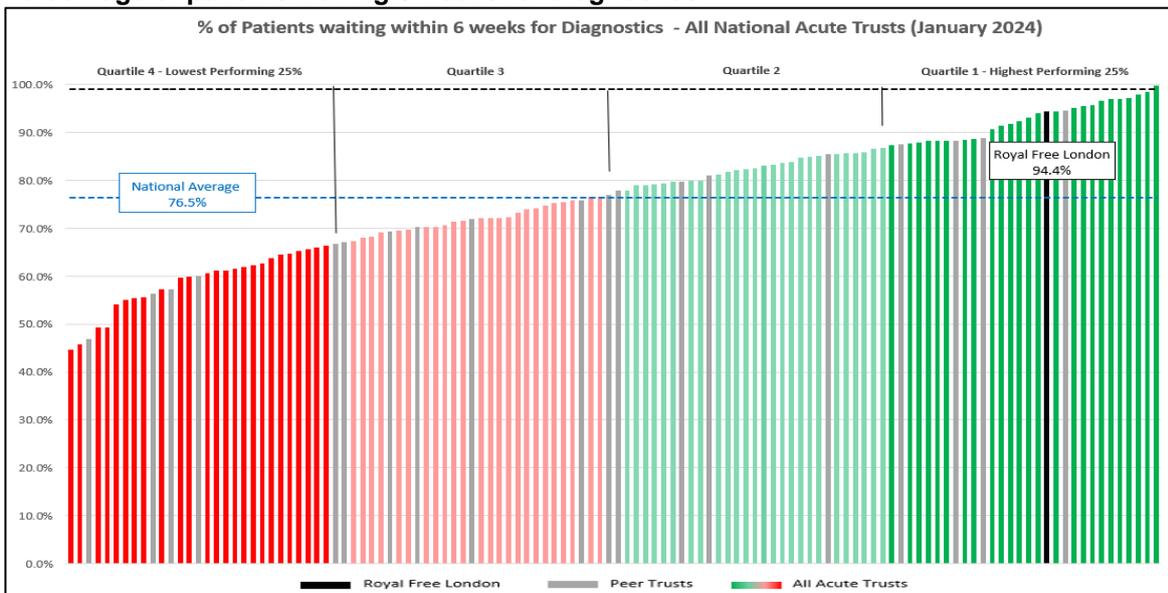
Souce: NHS Digital 23/24

Average length of stay (non-elective mean length of stay)

The trust average inpatient length of stay for patients admitted as non-elective from April 2023 to January 2024 shows that the trust average length of stay was 8.9 [Final data to be confirmed] days per month, which is an improvement of 9.1 in 2022/23. Variation has been much less than previous years where the previous case-mix of COVID-19 patients mixed with the usual emergency cases has decreased substantially.
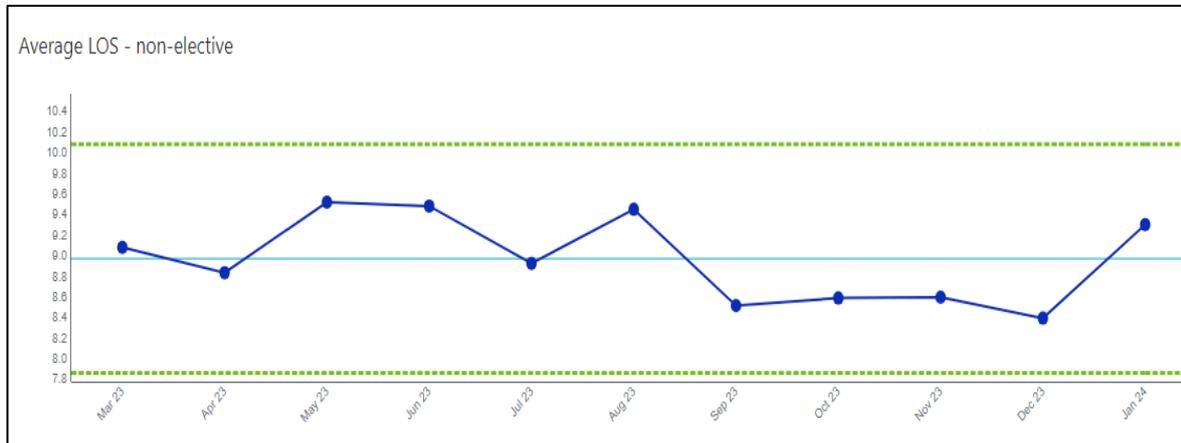
Source:Royal Free London W2B PBI 2023-24

28 Days readmissions following inpatient admissions

The chart below shows the proportion of patients re-admitted as an emergency following an elective admission in the previous 28 days between January 2023 and December 2023.

Readmissions performance from January 2023 – December 2023 shows that RFL has a lower re-admissions rate overall (6.5%) [Final data to be confirmed] than the peer group average (7.6%) over that period.
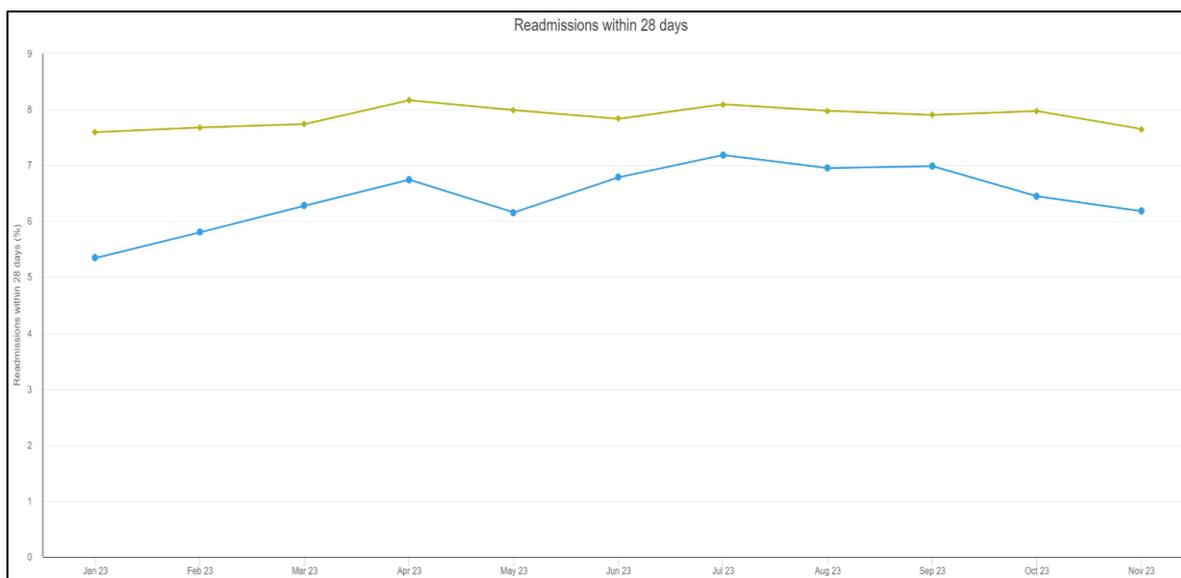
Source:CHKS Benchmarking 23/24

Section 3	PATIENT EXPERIENCE

Patient experience

National patient survey programme

In 2023/24, the results of three national surveys were published:

Urgent and emergency care 2022 – July 2023
In-patient 2022 – September 2023
Maternity 2023 – February 2024

The results of these surveys are standardised by the Care Quality Commission (CQC) and benchmarked reports are produced.

These reports inform trusts, patients and other stakeholders whether each trust is performing 'better than', 'worse than' or 'about the same' as expected. You can download these reports from the CQC website (www.cqc.org.uk)

Each question in these surveys is given an 'expected range' (within which a trust can score without significantly differing from the average). Questions were the trust falls within this range are described as 'about the same'. Questions where the scores are outside of this desired range are referred to as 'worse than' or 'better than' expected.

The seven different bandings a question can score can be seen below:

Much worse	Worse	Somewhat worse	About the same	Somewhat better	Better	Much better

Urgent and emergency care survey

Two sets of results are published for the urgent and emergency care survey:
- Type 1 – major A&E departments which are consultant led, have full resuscitation facilities and operate 24 hours a day, seven days a week.
- Type 3 departments – urgent treatment centres which can be doctor or nurse led, treat at least minor injuries and illnesses and can be routinely accessed without an appointment.

Type 1 results

In total, 170 responses were received to the type 1 survey, giving a response rate of 18% compared to the national response rate of 23%. When the survey was last undertaken in 2020, the trust response rate was 28% and the national response rate was 30% so a significant decrease has been seen across the country.

All sections in the survey scored 'about the same' as expected with only one question performing differently:

	Question	RFL score	Average score	Range of scores
Worse than expected				
18	Did doctors and nurses talk to each other about you as if you weren't there?	8.2	8.9	7.7 – 9.5

Ten questions in the type 1 survey saw a statistically significant decrease when compared to the 2020 survey and these can be seen in the table below:

Question	2020 score	2022 score
Q7 – how long did you wait before you first **spoke** to a nurse or doctor?	6.3	4.6
Q8 – from the time you arrived how long did you wait before being **examined** by a doctor or nurse?	6.5	4.8
Q12 – overall, how long did your visit to A&E last?	7.1	4.9
Q13 – did you have enough time to discuss your condition with the doctor or nurse?	8.7	7.8
Q14 – while you were in A&E, did a doctor or nurse explain you condition and treatment in a way you could understand?	8.5	7.8
Q18 – did doctors or nurses talk to each other about you as if you weren't there?	9.0	8.2
Q24 – if you needed attention, were you able to get a member of medical or nursing staff to help you?	7.7	6.6
Q41 – did staff give you enough information to help you care for your condition at home?	7.6	6.5
Q44 – after leaving A&E, was the care and support you expected available when you needed it?	8.1	6.4
Q47 – overall experience (from 0 – 10)	8.2	7.5

Type 3 results

117 patients completed the type 3 survey, giving a response rate of 20% compared to the national response rate of 22%. In 2020, the trust response rate was 30% and the national was 31%. Again, a decrease in response rate has been seen across the board.

All sections and all questions in the survey scored 'about the same' as expected, however 16 questions scored significantly worse in 2022 when compared to 2020.

Question	2020 score	2022 score
Q8 – how long did you wait before you first **spoke** with a health professional?	8.3	6.0
Q9 – from the time you arrived, how long did you wait before being **examined**?	6.9	4.6
Q12 – overall, how long did you visit to the Urgent Treatment Centre last?	8.6	5.9
Q13 – did you have enough time to discuss your condition with the health professional?	9.6	8.9
Q14 – while you were in the Urgent Treatment Centre, did a health professional explain your condition and treatment in a way you could understand?	9.3	8.5
Q16 – If you had any anxieties or fears about your condition or treatment, did a health professional discuss them with you?	8.4	6.9
Q17 – did you have confidence and trust in the health professional examining or treating you?	9.4	8.7
Q18 – did health professionals talk to each other about you as if you weren't there?	9.8	9.2

Q22 – while you were at the Urgent Treatment Centre, how much information about your condition or treatment was given to you?	9.5	8.7
Q28 – do you think the staff did everything they could to help control your pain?	8.3	7.0
Q29 – in your opinion, how clean was the Urgent Treatment Centre?	9.6	8.8
Q33 – did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	8.6	6.8
Q35 – did staff give you enough information to care for your condition at home?	9.0	7.9
Q38 – after leaving the Urgent Treatment Centre, was the care and support you expected available when you needed it?	9.4	7.9
Q40 – overall, did you feel you were treated with respect and dignity while you were in the Urgent Treatment Centre?	9.7	9.2
Q41 – overall experience (from 0 – 10)	9.1	8.2

Children and young people's experience survey:

The Care Quality Commission did not undertake this bi-annual survey in 2023.

Maternity survey

A total of 34% of women completed the 2023 maternity survey (down from 42% in 2022), compared to an average response rate of 41%.

Of the eight sections in the maternity survey, the trust scored somewhat worse than expected in one (feeding). Six questions scored worse than expected and one scored better than expected.

The maternity division has developed an action plan that focuses on the areas identified as requiring improvement in this survey, in triangulation with other feedback mechanisms. Oversight for this action plan will be via the Barnet Joint Patient and Staff Experience Committee (PSEC).

The results can be seen in the table below:

Question		RFL score	Average score	Range of scores
Better than expected:				
D6	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	9.1	5.8	2.4 – 10.0
Somewhat worse than expected:				
B10	During your antenatal check-ups, did your midwives ask you about your mental health?	7.7	8.5	7.0 – 9.6
D2	On the day you left hospital, was your discharge delayed for any reason?	5.3	6.2	4.2 – 8.0
F15	In the six weeks after the birth of your baby, did you receive help and advice from a midwife or health visitor about feeding your baby?	6.6	7.4	6.1 – 8.5
Worse than expected:				
E2	Were your decisions about how you wanted to feed your baby respected by midwives?	8.5	9.0	8.2 – 9.7
F12	Were you given information about any changes you might experience to your mental health after having your baby?	6.8	7.4	6.2 – 8.3
F17	In the six weeks after the birth of your baby, did you receive help and advice from health professionals about your baby's health and progress?	7.2	8.0	6.7 – 8.9

The trust saw a statistically significant increase (p) in the scores of six questions and a decrease (q) in one when compared to the 2022 survey:

Question		2022 score	2023 score	
B7	During your antenatal check-ups, did your midwives or doctors appear to be aware of your medical history?	6.5	7.6	p
B8	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	8.3	9.2	p
B10	During your antenatal check-ups, did your midwives ask you about your mental health?	7.0	7.7	p
D6	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	2.0	9.1	p
F2	If you contacted a midwifery or health visiting team, were you given the help you needed?	7.4	8.2	p
F6	Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?	6.9	8.2	p
D2	On the day you left hospital, was your discharge delayed for any reason?	6.5	5.3	q

National cancer patient experience survey

Although not part of the official national survey programme, the 2022 national cancer patient experience survey results were published in July 2023. The trust response rate was 44% compared to the national response rate of 53%.

The table below shows how Royal Free London scored across key themes through the cancer pathway compared to the national average.

Theme and question	RFL score	Average score
Support from your GP practice Q.3 Referral for diagnosis was explained in a way the patient could completely understand.	63%	65%
Diagnostic tests Q.9 Enough privacy was always given to the patient when receiving diagnostic test results.	93%	95%
Finding out that you had cancer Q.12 Patient was told they could have a family member, carer or friend with them when told the diagnosis.	69%	76%
Support from a main contact person Q.17 Patient had a main point of contact within the care team.	92%	91%
Deciding on the best treatment Q.21 Patient felt they were definitely involved as much as they wanted to be in decisions about their treatment.	74%	79%
Care planning Q.24 Patient was definitely able to have a discussion about their needs or concerns prior to treatment	68%	71%
Support from hospital staff Q.27 Staff provided the patient with relevant information about available support or self-help groups, events, and resources	88%	90%
Hospital care Q.31 Patient had confidence and trust in all of the team looking after them during their inpatient stay.	73%	79%
Treatment Q.43 Patient felt the length of waiting time at clinic and at the day unit for cancer treatment was about right.	73%	78%
Immediate and long-term side effects Q.47 Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	50%	59%
Support while at home Q.49 Care team gave family, or someone else close, all the information needed to help care for the patient at home.	54%	58%
Care from your GP practice Q.51 Patient definitely received the right amount of support from their GP practice during treatment	39%	45%
Living with and beyond cancer Q.55 Patient was given enough information about the possibility and signs of cancer coming back or spreading.	57%	62%
Cancer research and clinical trials Q.58 Cancer research opportunities were discussed with patient	45%	43%

Friends and family test (FFT)

The FFT is a nationally mandated question, which asks patients to rate their overall experience on a scale of 'very good' to 'very poor'. In most areas the FFT question forms part of a longer questionnaire which patients can use to provide feedback on their hospital experience.

Patient experience feedback is collected using a combination of feedback kiosks, tablets and QR codes linked to online surveys for in-patients, out-patients and in maternity settings. Patients discharged from our emergency departments receive an SMS inviting them to respond to the FFT.

Inpatient FFT:

Inpatient survey FFT	Percentage patients reporting a good/very good experience	Number of responses
April 2023	91%	1,117
May 2023	86%	1,291
June 2023	88%	1,205
July 2023	89%	1,361
August 2023	89%	1,359
September 2023	88%	1,423
October 2023	89%	1,728
November 2023	89%	1,424
December 2023	88%	1,105
January 2024	87%	1,338
February 2024	87%	1,645
March 2024	89%	1,623

Outpatient FFT:

Outpatient survey FFT	Percentage patients reporting a good/very good experience	Number of responses
April 2023	87%	1,036
May 2023	89%	1,309
June 2023	88%	1,601
July 2023	89%	1,890
August 2023	91%	2,032
September 2023	88%	2,070
October 2023	90%	1,909
November 2023	90%	2,180
December 2023	88%	1,530
January 2024	90%	2,138
February 2024	90%	2,591
March 2024	89%	2,342

Maternity survey:

Maternity survey	Q1 – antenatal care		Q2 – labour and birth		Q3 – postnatal hospital care		Q4 – postnatal community	
	Percentage good or very good	Number of responses	Percentage good or very good	Number of responses	Percentage good or very good	Number of responses	Percentage good or very good	Number of responses
April 2023	56%	68	91%	176	95%	338	67%	3
May 2023	56%	71	95%	160	98%	555	86%	7
June 2023	44%	70	96%	174	97%	667	100%	1
July 2023	44%	48	98%	165	99%	927	100%	2
August 2023	44%	27	92%	143	90%	200	-	0
September 2023	60%	10	94%	140	95%	283	100%	1
October 2023	55%	11	95%	112	89%	162	100%	5
November 2023	64%	14	94%	140	91%	159	71%	7
December 2023	50%	4	94%	111	92%	133	100%	7
January 2024	98%	213	94%	150	92%	251	100%	62
February 2024	96%	109	94%	200	94%	444	92%	50
March 2024	95%	64	95%	155	96%	217	94%	53

Emergency Department survey:

Emergency Department survey	Percentage patients reporting a good/very good experience	Number of responses
April 2023	84%	2,251
May 2023	81%	3,026
June 2023	83%	2,826
July 2023	87%	2,967
August 2023	86%	2,822
September 2023	81%	2,825
October 2023	83%	2,931
November 2023	80%	2,452
December 2023	83%	2,385
January 2024	82%	3,126
February 2024	80%	3,018
March 2024	81%	3,098

Caring for patients with learning disabilities

It is recognised that patients with learning disabilities experience inequalities in their access to healthcare, which results in them having poorer health outcomes and dying at a younger age than the general population. There are multiple barriers to accessing healthcare for people with learning disabilities and autism. They often have difficulties communicating their needs and find hospitals an unfamiliar and overwhelming environment. These patients can be hyper or hypo sensitive to sensory stimuli, such as loud noises, unfamiliar touch, strong smells and tastes, and visual cues such as bright or flashing lights or busy areas, which can result in sensory overload. To provide support for these patients, a grant from the Royal Free Charity has enabled us to purchase sensory bags which contain calming items, such as ear defenders, stress balls and fidget toys to help reduce stress and anxiety in the emergency department and for use in any required admission.

The sensory care bags were launched across the emergency departments at Barnet and Royal Free Hospitals in October 2023. The aim is to improve the patient experience and support with sensory overload which can cause distress and be a barrier to accessing the healthcare they require. We are collecting feedback from patients to enable evaluation of the bags.

The Trust continues to take part in the **NHSE Learning Disability Standards benchmarking project**. As a result of the benchmarking:

Work is on-going within the Accessibility Steering Group regarding how information including letters can be made more accessible. A business case was presented to GEMM for an accessible information post to be developed, we are working collaboratively with the Accessibility Steering Group led by the Group Head of Equality, Diversity and Inclusion for Patients and Carers.
Members of the executive team have met with people with learning disabilities and autistic people to hear their experience of using Trust services. This work will continue to develop over 2024/2025.

Priorities 2024/2025
- Improving the identification of people with a learning disability
- improving how we communicate with people with a learning disability.
- training of our workforce
- supporting people with a learning disability and their families /carers

Number of cancelled operations on the day

(*In this section, the data shows the current position of the trust at the time of producing the draft report. The data and narrative will be updated for end of year position as awaiting final data to be validated).
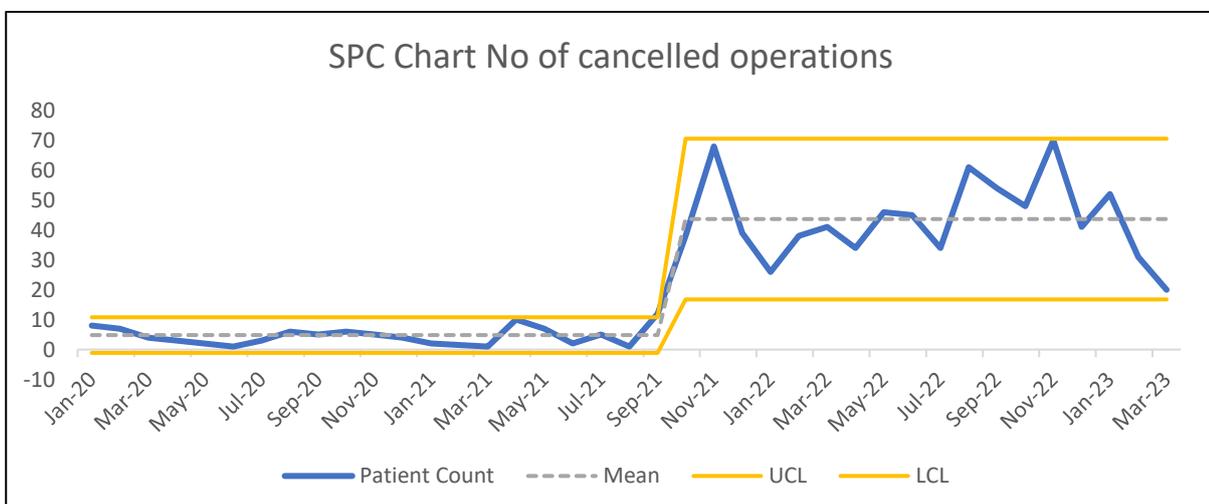
3.2 Performance against key national indicator summary

(*In this section, the data shows the current position of the trust at the time of producing the draft report. The data and narrative will be updated for end of year position as awaiting final data to be validated).

The following indicators are reported in accordance with national indicator definitions:

Operational performance

Domain	Metric	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Responsive	62 day wait merged performance	85%	53.7%	45.8%	51.0%	53.3%	55.1%	58.2%	54.5%	51.3%	56.6%	56.3%	51.0%	
	31 day wait merged performance	96%	83.3%	78.5%	79.8%	82.6%	84.0%	83.9%	91.0%	87.7%	87.8%	91.4%	85.6%	
	28 day faster diagnosis performance	75%	74.5%	69.6%	66.5%	68.0%	69.4%	66.7%	68.9%	69.5%	71.1%	71.2%	66.4%	
	>62 day wait for treatment (patients)		322	386	418	404	368	367	343	304	274	285	343	
	>104 day wait for treatment (patients)		149	141	136	170	152	127	121	148	136	136	140	
	62 day PTL size (GP urgent referrals)		4,484	4,616	4,639	4,599	4,615	4,464	4,654	4,617	4,104	3,791	4,159	
	Total new cancer referrals		4,575	3,628	4,008	4,389	4,080	3,911	4,286	4,470	4,386	3,302	3,723	
	ED 4 hour performance (all)	76%	66.4%	69.0%	66.7%	72.7%	72.4%	71.4%	67.3%	65.7%	64.1%	64.3%	66.2%	67.2%
	ED 4 hour performance (type 1)	76%	51.4%	55.2%	51.8%	60.3%	60.0%	56.3%	52.5%	49.0%	51.2%	49.5%	51.7%	54.1%
	ED 4 hour performance (UTC)		95.4%	95.6%	95.6%	95.4%	91.2%	93.8%	89.3%	90.3%	90.4%	88.0%	93.6%	96.9%
	ED 12 hour wait from decision to admit	0	540	473	685	501	218	599	692	767	688	724	1,038	749
	ED 30 mins Ambulance handover performance	80%	64.6%	69.3%	68.4%	71.7%	78.8%	75.6%	68.9%	68.3%	70.7%	63.0%	61.6%	65.0%
	ED 30 min ambulance handover delay	0	1,199	859	1,106	947	737	934	1,058	1,280	942	1,240	1,175	1,290
	ED attendance (all types)		25,724	23,475	25,420	25,266	24,968	23,433	25,353	25,745	26,273	26,373	26,515	25,686
	Admissions from ED		3,775	3,915	4,043	4,087	4,556	4,024	4,115	4,168	4,240	4,354	4,183	3,749
	Long LOS - >21 Days (incidences)*		206	243	236	239	214	223	224	236	211	177	219	215
	Average LOS - non-elective		9.1	8.8	9.5	9.5	8.9	9.4	8.5	8.6	8.6	8.4	9.3	
	Average LOS - elective (excluding daycases)		2.8	3.5	3.2	3.4	3.5	3.6	3.4	3.7	3.2	3.7	3.0	
	Medically optimised patients		209	204	205	217	218	224	228	209	228	222	211	223
	RTT Incomplete performance (% waiting <18 weeks)	92%	60.0%	59.8%	61.7%	60.3%	59.9%	58.8%	57.9%	58.2%	57.0%	56.1%	56.4%	56.9%
	RTT Total waiting list size		92,125	93,733	93,770	97,508	98,240	98,502	100,615	99,620	97,504	98,257	99,157	102,461
	RTT Over 104 week breaches	0	0	0	0	0	0	0	5	0	0	0	0	0
	RTT Over 78 week breaches	0	109	110	73	35	33	64	119	137	178	233	228	161
	RTT Over 65 week breaches		564	609	637	727	851	1,072	1,253	1,325	1,301	1,608	1,601	1,471
	RTT Over 52 week breaches		2,941	3,308	3,512	3,695	4,187	4,154	4,502	4,851	5,100	5,051	4,974	5,121
	DM01 Performance (% waiting <6 weeks)	95%	93.2%	91.5%	90.7%	91.0%	91.2%	89.5%	90.3%	91.9%	93.7%	93.7%	94.4%	95.5%
	DM01 Over 6 week breaches		1,018	1,318	1,580	1,559	1,529	1,777	1,700	1,425	1,077	1,009	995	842
	DM01 Total waiters		15,052	15,537	17,022	17,241	17,350	16,879	17,501	17,554	17,064	16,061	17,674	18,571
Safe	C-diff infections (trust attributable)		13	8	12	12	7	5	7	7	7	7	4	8
	C diff due to lapses in care	0	1	2	3	1	1	1	1	1	0	3	1	1
	MRSA infections (trust attributable)	0	2	0	0	1	1	1	1	1	0	1	0	0
	MSSA infections (trust attributable)		3	7	7	5	6	6	2	7	6	3	7	7
	E-coli infections (trust attributable)		16	8	12	14	11	19	13	14	10	7	8	16

3.3   Actioning our plans for improvement

3.3.1   The Care Quality Commission

As reported in our 2022/23 Royal Free London Quality Accounts, the trust has undertaken significant improvement work towards completing the improvement actions arising from previous CQC inspections.

Surgery inspection, Royal Free Hospital, January 2023.

The Royal Free London NHS Foundation Trust was subject to a CQC announced, focussed surgery core-service inspection at the Royal Free Hospital on 10th January 2023. The inspection followed several Never Events that had occurred at the trust, focusing on the safety and leadership of the surgery service at the Royal Free Hospital. The CQC did not:

- Rate the service at this inspection; therefore, the previous rating of requires improvement remains.
- Inspect other locations or core services provided by the trust, as this was a risk-based inspection.

However, the CQC will continue monitoring all services as part of our ongoing engagement and re-inspect when appropriate.

The CQC published the inspection report on 19th May 2023, after the writing of the 2022/23 Royal Free London Quality Accounts. The CQC identified four must-do and one should-do findings. The actions undertaken by the business unit.

Royal Free Hospital's local executive committee, which has delegated board oversight of the improvement actions' performance and completion, receives a monthly update on the progress of the improvement actions from the surgical service.

The CQC said:	We have:
The trust must ensure that all consultants meet the trust target for training in modules relating to resuscitation and immediate life support. Regulation 12(2)(c).	✓ Offered Resus level 1 - 'Basic life support E-learning', and Resus level 2 - 'Basic life support level 2', which is both e-learning and practical assessment of competence. ✓ The Medical Director sharing individual names of non-compliant with Divisional Clinical Directors. ✓ Divisional Clinical Directors communicated to individuals' that compliance is required by 30th November 2023. ✓ List of timings and links to register for training were provided. ✓ Divisional Clinical Directors monitor compliance within the division. ➢ *These actions are closed with compliance being monitored.*

The trust must ensure that all paediatric resuscitation trolleys have consistent regular checks. Regulation 12(2)(e).	✓ Resuscitation trolleys are checked and results are recorded on the Tendable app: ✓ daily as part of the Daily Checklist ✓ monthly as part of the Quality Walkaround Theatre leadership team present audit results for the resuscitation trolly checks in monthly divisional meetings. ✓ Feedback is given at the time of the monthly quality walkarounds, to the matron. ✓ Quality Walkaround results reported at divisional quality and safety boards, business unit clinical performance and patient safety committee and at Group executive management meetings. ➢ *These actions are closed with compliance being monitored.*
The trust must ensure that there is regular audit of compliance of staff with processes for managing sepsis. Regulation 17(2)(a).	✓ We undertook a manual audit using data extracted from the electronic patient record covering the Sepsis 6 (including, blood pressure, lactate, temperature, microbiology, confirmation of presence and diagnosis of sepsis, and confirmation of receipt of antibiotics and timing of antibiotics). ✓ We also undertook a snapshot audit using NEWs of 5 or above as a trigger across the Royal Free Hospital tower block. A record review was completed for every case scoring 5 and above on NEWs, to identify if it was sepsis, and assess if they received the appropriate treatment. ✓ The audit of compliance of the sepsis pathway recommenced in June 2023, and will continue to be undertaken on a regular basis. ✓ We are exploring how the electronic patient record can be used to undertake regular snapshot audits to reduce clinical time collating audit information. ➢ *These actions are closed with compliance being monitored.*

The trust must ensure that the risk register entry relating to the purchase of new ketone machines, covers the clinical risk and mitigations around the shortage of the machines. Regulation 17(2)(b).	✓ A business case was prepared and approved by the Group executive committee in June 2023. ✓ Training has been delivered using a 'train-the-trainer' model. Training has been cascaded from super-users to their clinical teams. ✓ There was a launch of the blood glucose/ketone devices in November 2023. ➢ *These actions are closed with compliance being monitored.*
The trust should ensure that as many staff as possible are aware of the learning from incidents.	✓ Shared learning currently occurs via the clinical performance & patient safety committee, divisional quality & safety boards, specialty/governance meetings, safety incident review panels, CLIPS report, safety bulletins, senior nurse/matrons meeting. The expectation is that those in attendance at the above meetings disseminate the learning amongst their teams. ✓ To further support dissemination of shared learning from incidents to frontline staff, the Royal Free business unit has implemented 'Monday Messages', a 1 page poster with the top 5 quality and safety messages for the week. ✓ Implemented the 'In Two Minds' process. ✓ The Quality Governance team visit clinical areas once a week, using this as an opportunity to ensure learning has been shared. ✓ The Patient Safety Incident Response Framework (PSIRF) was implemented and launched in March 2024. ➢ *These actions are closed with compliance being monitored.*

Maternity inspection, Edgware Community Hospital, October 2023.

The Royal Free London NHS Foundation Trust received a CQC announced (Ockendon Review) inspection of our maternity services at Edgware Community Hospital on 24th October 2023. The CQC published the final inspection report in February 2024.

The inspection of the maternity service at Edgware Birth Centre was part of the national maternity inspection programme. The national maternity inspection programme aims to give an up-to-date view of hospital maternity care across the country by understanding what works well to support learning and improvement locally and nationally.

The CQC carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well-led. The CQC rated the service as 'good' for both safe and well led.

Barnet Hospital's local executive committee, which has delegated board oversight of the improvement actions' performance and completion, receives a monthly update on the progress of the improvement actions from maternity services as part of the Women's and Children divisional senior management team.

The CQC said:	We have:
The service should ensure references to policies and guidelines were up to date and in line with national guidelines.	✓ Reviewed the Edgware Birth Centre related guidelines to ensure references and content are up to date. ➢ *These actions are closed with compliance being monitored.*
The service should ensure appropriate checks and oversight was maintained on safety and specialist equipment including resuscitaire and resuscitation trolley.	✓ Learning has been shared with staff via the department's risk newsletter. ✓ Compliance for the completion of safety checks is monitored daily using the Tendable app. ➢ *These actions are closed with compliance being monitored.*
The service should ensure internet connectivity at the birth centre improves to maintain safe management of medicines and records.	o A business case for funding to install Wi-Fi connectivity at Edgware Birth Centre is in progress. ➢ *This action is currently in progress with monitoring at a divisional and business unit level.*

3.3.2   Quality Improvement actions

The Quality Improvement (QI) team continue to work towards the vision of 'an RFL where what matters most to our staff, patients and population is continuously improved'.

The mission of the QI team is 'to inspire and empower staff and patients, to use quality improvement philosophy and tools, to improve their experiences and outcomes'.

The report is divided in the four 'buckets', which describe the different sets of activities we undertake to deliver our mission.

- Engage & Inspire
- Capability & Capacity

- Support Improvement
- Lead Improvement

Between April 2023 and March 2024, which is the period this report covers, the team have led, supported and enabled work that has helped improve patient experience, staff experience, clinical outcomes and service efficiency: selected highlights of that work are listed below.

Engage & Inspire Staff, Patients and Population

The QI team regard the engagement of our staff, patients, and population as being critical in generating enthusiasm for, and involvement in, improvement work. Some examples of the ways in which we create this engagement are described below.

Staff Induction – introducing new joiners to QI every week

The first opportunity to introduce QI to new RFL staff is at Corporate Induction. Each week, a member of the QI team delivers a 15-minute introduction to QI, which covers:

- the meaning of QI;
- the Model for Improvement, which is the method we use at RFL;
- how QI activity relates to research, audit and service evaluation;
- the support and training available from the QI team.

Feedback from attendees at Corporate Induction has consistently rated the QI component very highly.

Patient Voices – helping patients, carers and our local population shape services

Each of our hospitals has a Patient Voices group. In this report, we give details of the work that has taken place at the Royal Free Hospital (RFH), where the QI team have led on patient involvement, alongside colleagues from the RFH Therapy Team.

The RFH Patient Voices group, now in its sixth year, holds a monthly virtual meeting where patients and carers give invaluable feedback on projects and programmes happening across the organisation. They act as the 'Patient Voice' for two projects per month (approximately 20 projects per year) and each team that has attended the Patient Voices group has:

- reported that they will make changes as a result of the input received from lived experience experts; and
- recommended the Patients Voices group to other colleagues in the organisation.

The QI team have recently co-presented their work with a Patient Voices representative at an international health improvement network (Health Improvement Alliance Europe) – and are due to co-present the work at other regional and international forums during 2024.

The quotes below provide a flavour of the value of the Patient Voices forum – and are drawn from recent feedback provided by participants.

"The group is united in its goal of improving patient care on every level. It is stimulating to be a participant, with everyone feeling free to both reflect on past negative experiences, but to also suggest innovative ideas to improve present systems in the hospital."

"I have found this group welcoming, insightful and inspiring. We are all able to be honest and it is so refreshing to have our insights taken on board and acted on. Thank you for this wonderful opportunity."

"I enjoy the safe space that has been created. Everyone is able to express their views freely and we are united in our shared goal of improving patient care."

QI Lunch Club – sharing QI learning and successes across the group

QI Lunch Club is a monthly event, open to all staff across the trust, where QI project teams present the work that they have done. When presenting, colleagues describe the problem they set out to address, what their aim and measures were, and how they went about testing their change ideas.

Teams have shared not only their successes, but also the learning from running their QI projects – both of which have been helpful for others to apply to their own improvement work. Showcasing improvement work in this way has also served as a catalyst to scale and spread improvement initiatives across the group.

Build Capability for Improvement

We know that change can be challenging – and that teams stand the best possible chance of success when they are supported to use a structured approach. As such, it is essential to have individuals across the organisation who are skilled in improvement methods. The QI team have designed and are delivering a training programme that is building staff capability to undertake and lead QI projects in their areas of work.

QI Practitioner – building our capability and capacity to lead improvement projects

During 2023/2024, the QI team have welcomed 4 cohorts of colleagues onto the QI Practitioner training course. QI Practitioners are individuals who can create, motivate, and sustain QI project teams, using the Model for Improvement. This training was originally developed as part of a wider programme focused on improvement priorities; however, due to strong demand from staff, we now offer it as a standalone course.

There are clear and practical steps I can take form today to move forward with my project.

Excellent presentations and informative, interactive sessions.

Training delivered just at the right pace and the group discussions were great

The training was really good and comprehensive. I enjoyed the simulation and hands-on approach

QI Snapshot – bringing QI content to clinicians' learning and development

QI training plays a crucial role in clinicians' professional development, for newly qualified nurses and doctors, as well as those seeking career development opportunities.

QI Snapshot is now a part of structured programmes for nurses, such as Preceptorship and Supporting Progression and Career Excellence (SPaCE). Through these sessions, nurses learn about the essential elements of quality, quality improvement and how we approach them at RFL.

For our newly qualified medical staff, typically FY1s and FY2s, we offer bespoke group sessions focused on how to be a part of successful QI projects. These sessions are usually part of a wider cycle of their structured training – and are now delivered in person at Barnet Hospital and Royal Free Hospital sites. These sessions have had strong participant feedback – and we look forward to extending them to a wider set of clinical and non-clinical staff.

PSIRF – working with hospital governance teams to shape PSIRF implementation

As the trust prepared for the launch of the new Patient Safety Incident Response Framework (PSIRF) during 2023, the QI team supported the governance teams across the trust and the future Learning Response Leads to determine the optimal approach for building the QI mindset, methods and tools into our overall implementation of PSIRF.

As a QI team, we:

- facilitated a discussion on the second day of the [framework-approved] System Learning Day, which was aimed at all new 'Learning Response Leads' and 'Compassionate Leads'.
- co-designed and facilitated workshops with the governance teams from the three hospitals.

Both of the above focused on the practical aspects of applying the Model for Improvement to the investigation of Patient Safety Events (PSEs) – and the development of meaningful actions in response.

Feedback, excerpts of which are shown below, from workshop participants was positive – so we have agreed there will be follow-up workshops, later in 2024, to reflect on PSIRF implementation and explore what further actions are needed to embed the new approaches.

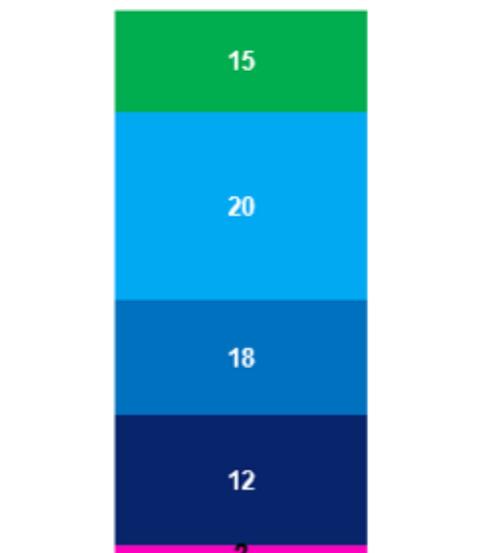> Understanding more about QI and it's importance for positive change in healthcare.

> Feedback from QI experts really useful and needed for future investigations so that we can shape actions.
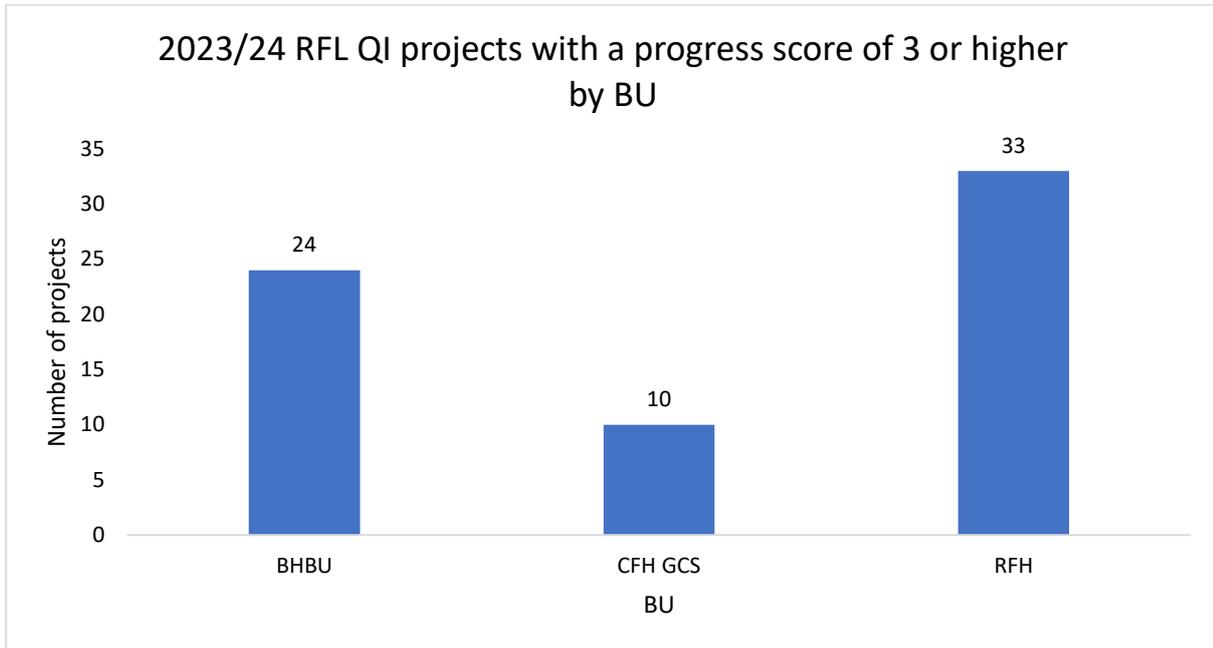
Support Improvement Activities

The QI team are an essential source of coaching and advice for colleagues who are undertaking improvement activities in the organisation. Data below shows details for numbers of projects that have reached a progress score of 3 or higher in the last 12 months.

Progress score	
3	Modest Improvement
3.5	Improvement
4	Significant Improvement
4.5	Sustainable Improvement
5	Outstanding Sustainable Results

RFL QI Projects that achieved a progress score of 3 or higher in 2023/24

- 15
- 20
- 18
- 12
- 2

2023/24 RFL QI projects with a progress score of 3 or higher by BU

Number of projects (y-axis): 0, 5, 10, 15, 20, 25, 30, 35

- BHBU: 24
- CFH GCS: 10
- RFH: 33

BU (x-axis)

Improvement work across our sites:

Barnet Hospital

The REACT team:

The REACT (rapid emergency and acute care therapy) team support the emergency department and assessment units to help prevent avoidable admissions. Patients under the care of the REACT team, have access to services in the community that support rapid discharges. However, once the patient transfers to the ward they have fewer rapid options for safe discharge back to the community. This can lead to delayed discharges for medically optimised patients – whose needs can't be met quickly on the ward, due to reduced access to these services in the community.

The REACT team started a QI project to expand their pathway and increase the proportion of REACT-eligible medical patients, per week, that are discharged from Barnet hospital within 5 days from 50% to 75% by 31st March 2024. They are testing this approach for patients from Barnet and West Herts boroughs and have exceeded their aim, with 88.6% of eligible patients being discharged within 5 days.

The REACT team recently won the Barnet and group Oscar (RFL staff award) for Clinical Team of the year for their work to continuously improve their service.
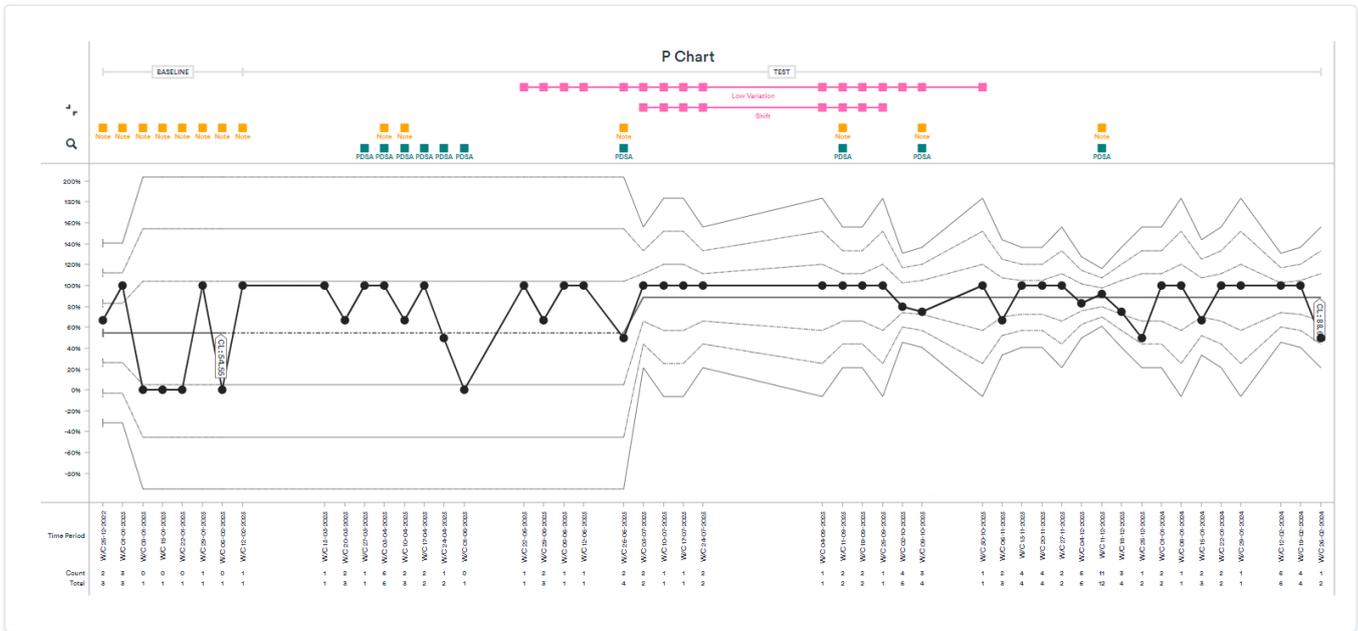
[Draft Note – this chart will be updated, so that the axes are easily legible]

### Chase Farm Hospital and Group Clinical Services

Urgent Treatment Centre

The team in the Chase Farm Hospital (CFH) Urgent Treatment Centre (UTC) discovered multiple issues leading to closing the service early, which impacted patient safety and patient and staff experience. The aim of the project was to reduce time lost through early closures to treatment – from a mean of 144 minutes per day, to 90 minutes per day by end January 2024.

Using the Model for Improvement, this team were able to test multiple change ideas to reduce the amount of time lost, per day, through early closures. Below, are listed some of the changes they implemented:

- Real time discharge documentation to avoid backlog;

- Substantive patient navigator;

- Moving to OPEL scoring and new situation report (SITREP);

- PGD's for all triage nurses;

- Reorganising the treatment rooms to save clinician time.

- Remove the RAT-ing process to free-up a GP and triage Nurse.

- Fixed rostering of GP's.

The data below show a reduction in the amount of time lost, per day, through early closure. The team recognise the outliers and are working on their next improvement project focussing on reducing time to triage, to ensure patients are seen quickly which in turn, promotes patient safety, despite higher attendances.
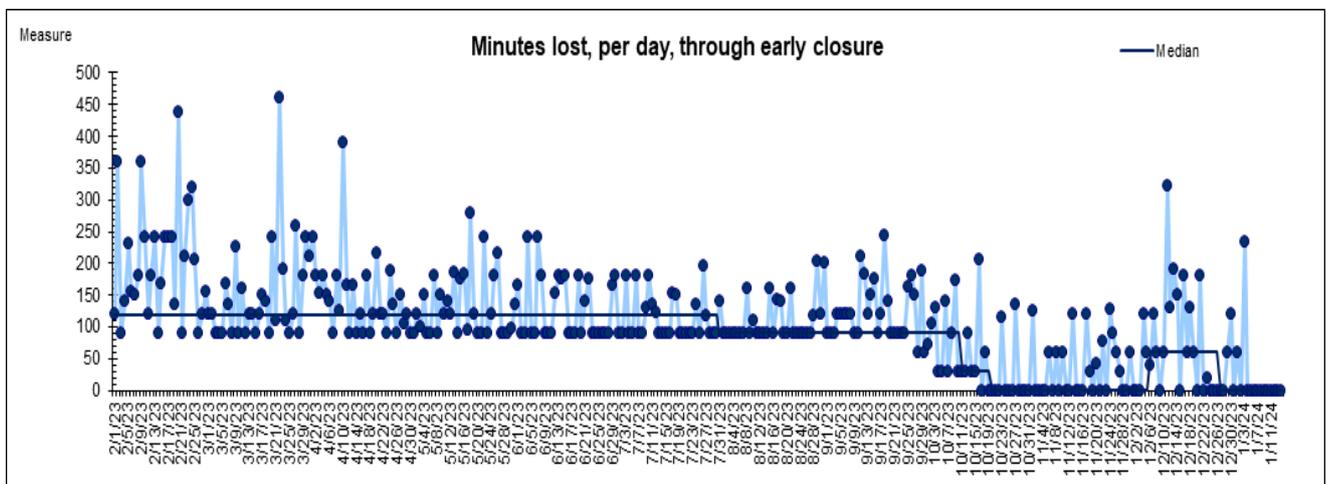
[Draft Note – this chart will be redrawn, so that the axes are easily legible]

Royal Free Hospital

Medication Scanning – Improving compliance to patient wristband and medication barcode scanning across site

There has been a site-wide focus at the Royal Free Hospital (RFH) on improving compliance with medication barcode and patient wristband scanning to ensure patient safety.

Due to low scanning compliance on Ward 11 East (11E), in April 2023 a QI project was started to improve this. At the time of starting the project, the average compliance to patient wristband scanning was at 59% and medication barcode scanning was at 50%.

To improve this, 11E tested and implemented several change ideas, including: creating leaderboards highlighting individual staff compliance; working with pharmacy to manage stock; putting in processes for escalating IT tickets for drug carts; and identifying and procuring necessary equipment.

These changes led to significant improvements – so, by end November 2023, 11E had achieved sustained improvement with an average of 67% scanning compliance for medication barcodes and 88% [scanning compliance] for patient wristband.

The improvement in scanning compliance for 11E can be seen in the two charts below.


% Compliance of Patient Wristband Scanning on 11E

% Compliance of Medication Barcode Scanning on 11E
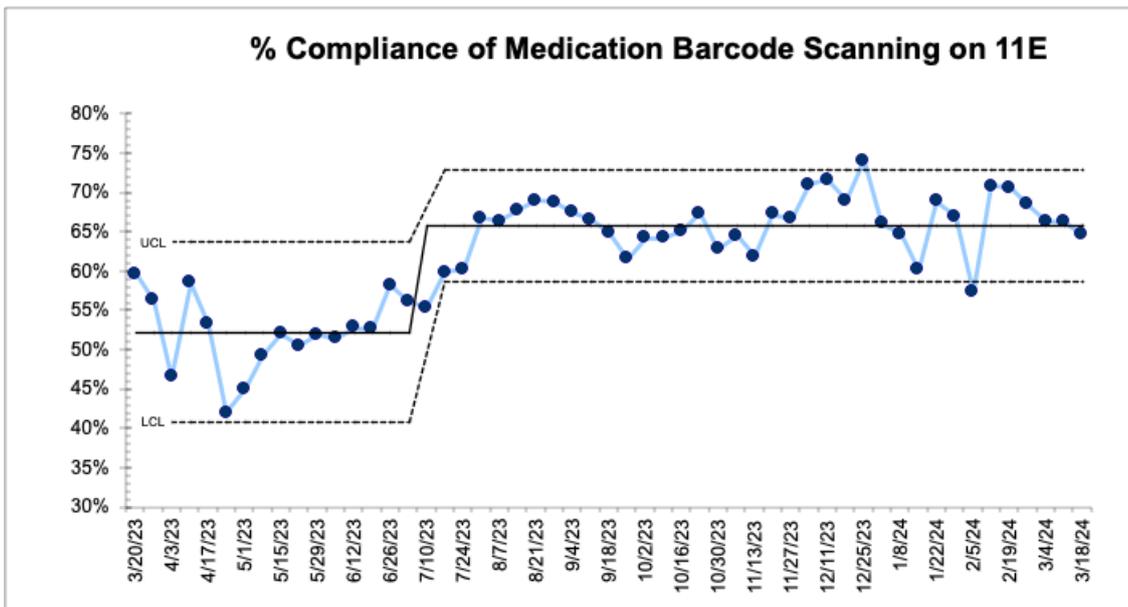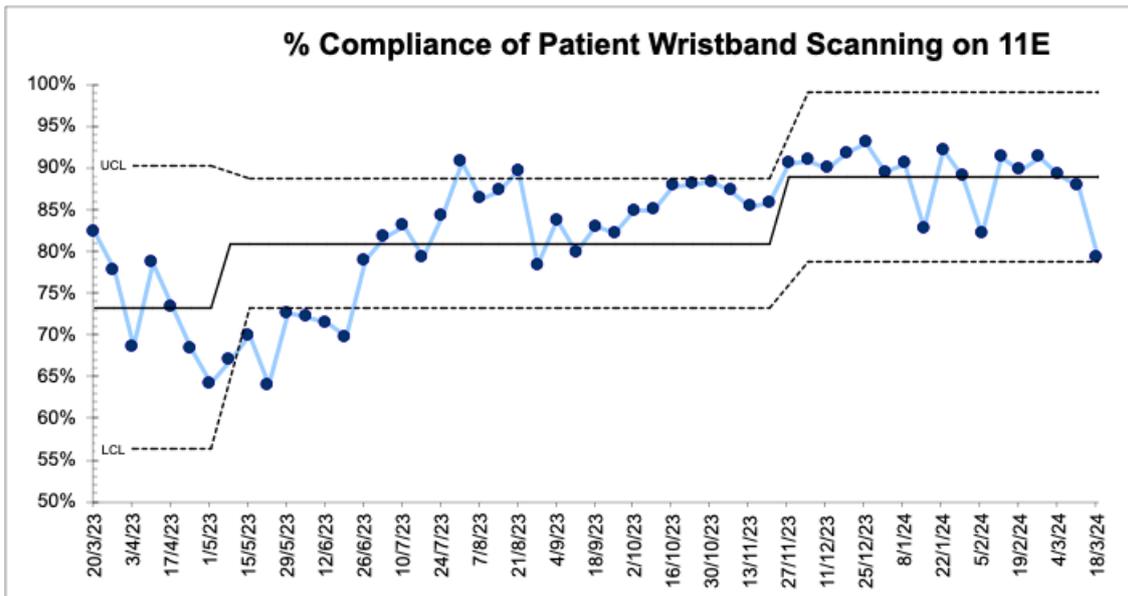
[Draft Note – this chart will be redrawn, so that the x axes date formats are consistent]

Encouraged by these improvements, as well as the occurrence of a never-event in another ward, five other wards have now begun working on a joint QI project to improve their compliance to medication barcode and patient wristband scanning. They are taking forward the change ideas that have worked on 11E and building on them.

Lead Improvement Activities of Strategic Importance

What Matters to Staff – Improving the Things that Matter to Our People

Royal Free Hospital have designed and led a programme that seeks to improve workforce wellbeing using the 'what matters to you' (WMTY) concept. In January 2022, the programme was launched and enrolled its first two teams and it has since spread, organically, to over 90 teams across the Royal Free Hospital. By end of March 2024, it had involved over 3,000 staff – and it is now well-established and embedded within divisional and governance structures. It is currently being spread to other hospitals across the group and the learning is being shared internationally, including a presentation at the IHI/BMJ International Forum in April 2024.
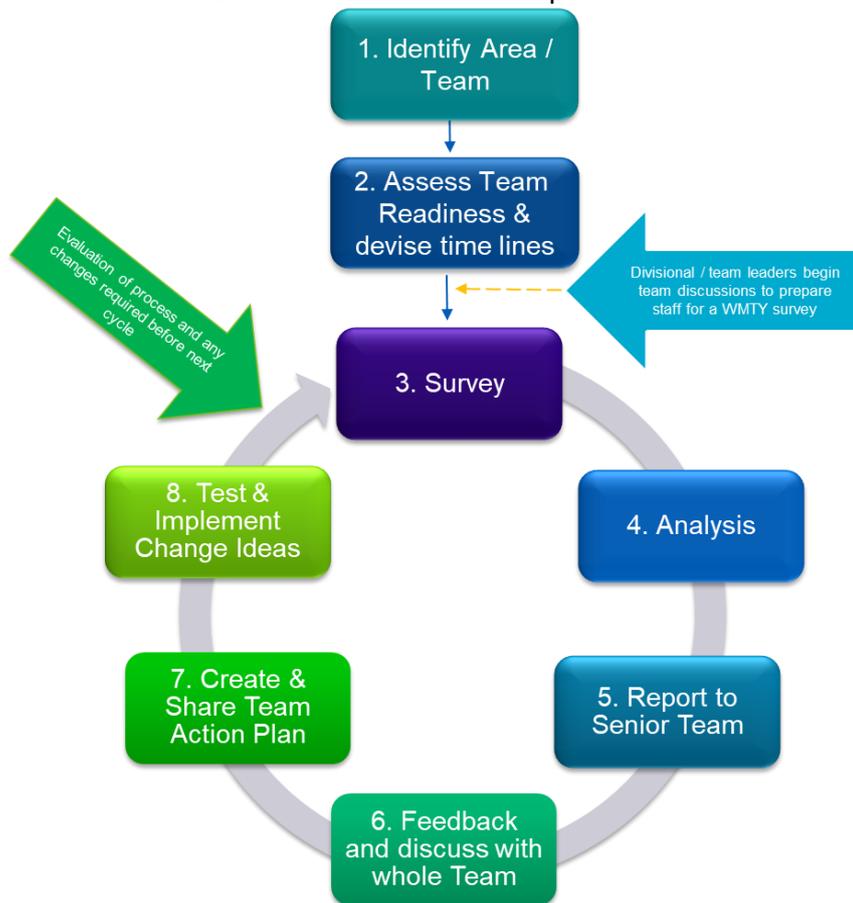
The schematic below shows the approach that is used for the WMTS programme.

Barnet Hospital is currently piloting the WMTS approach developed at RFH. This is being led by the QI team in collaboration with the Staff Experience Working Group (sub-committee of Patient and Staff Experience Committee). Currently, five teams have started the improvement cycle and are being supported to improve what matters to staff in their areas

The aims, measures and outcomes of the programme at RFH, so far, are highlighted in the table below.

Measure Description	Aim for 2022/23	Progress to date	Aim for 2024/25
Percentage of staff reporting a positive change between their WMTS Survey	>70%	76%	Maintain >70%

| Percentage of staff at Royal Free Business Unit who complete the Annual Staff Survey. (graph 1)	Increase from 35% in 2021 to >40% in 2022	57% in 2023	>60% in 2024
Percentage of questions on Annual NHS Staff Survey that show an improvement year on year. (graph 2)	Increase % of questions that show year on year improvement since start of programme	2018: 66% 2019: 40% 2020: 58% [First year of programme] 2021: Not available 2022: 76% 2023: 100%	Maintain year on year improvement of 90%
The number of 'Promises' and themes on NHS Annual Staff Survey that score >3% lower than national average (Graph 3)	Reduce from 9 to 5	2022: 8 2023: 3	No Promises or Themes scoring >3% lower than national average.
Percentage of teams at Royal Free Business Unit participating in programme.	70% of 100 teams by June 2023	85%	90% of enrolled teams to complete minimum one cycle each year

National Staff Survey % completion and % change (year on year)

National Staff Survey 2021-2023 new Promises and Themes
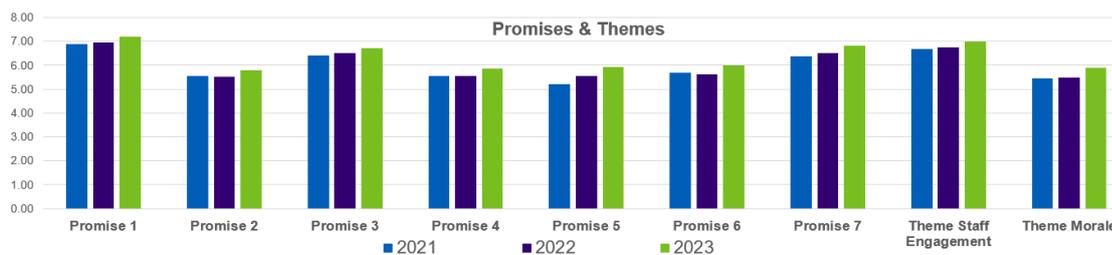
Number of Promises / Themes in relation to National Average
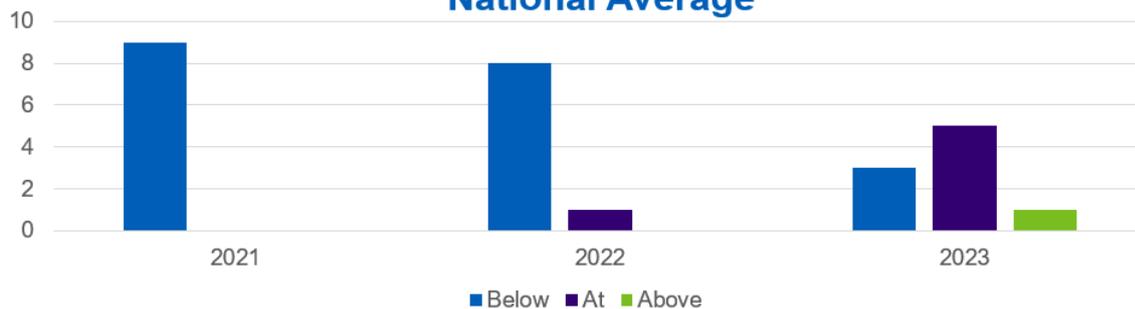
Team members as well as leaders have articulated the impact they have seen because of the WMTS programme – locally, within their teams and also the changes they have observed across the organisation.

Leaders also report how helpful the programme has been for them personally in their day-to-day roles as well as for their leadership development. Leaders are more aware of what matters to their team, have clear data summarising main issues and are supported to make specific and meaningful changes.

Anonymous survey feedback received about the programme confirms this anecdotal evidence and the key themes that have emerged from this qualitative data are that the programme gives staff a voice, empowers teams to facilitate change and is a supportive experience in-of-itself.

Royal Free Hospital improvement stories 2023/24

Patient Involvement:

The Royal Free Business Unit has been looking at ways to increase patient involvement and coproduction of improvement work.

We are delighted that Jeffrey Goodwin, who has been a patient at the Royal Free for over 40 years, and is part of the Royal Free Patient Voices Group and the Patient Representative for the Endoscopy Programme, has agreed to co-chair the What Matters to Patient's committee.

We have also started '*Patient Story*' sessions in the Senior Nurses meeting, where patients come and share experiences of care at the Royal Free, and ideas for improvements are discussed together:
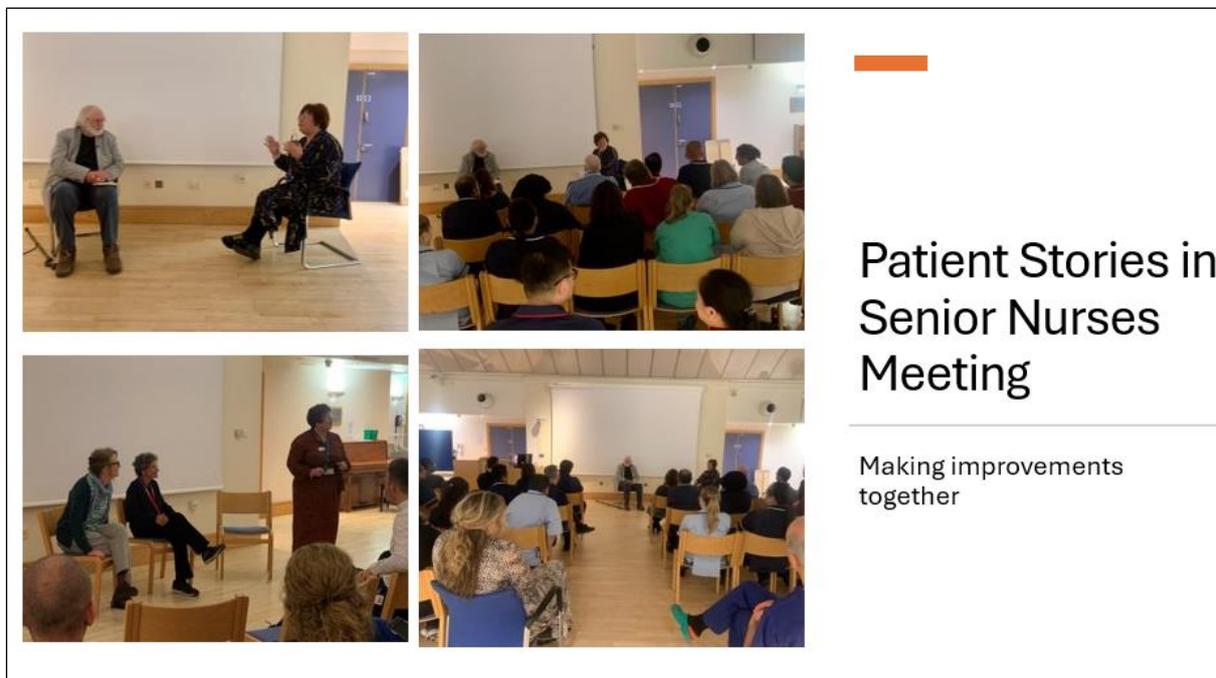
The first Patient Story session at the Senior Nurses meeting highlighted an issue about noise on the wards - not from staff or machines as expected, but from visitors and other patients not being considerate. This led to a co-designed noise poster which wards are now using:

What matters to us is creating a calm and quiet environment for everyone on the ward.

Let's work together to do this by:

	Speaking quietly		**Keeping mobile phones on silent**
	Using mobile phones respectfully		**Using headphones to listen to music or watch TV**

Thank you for your co -operation.

8N Safe Space Launch:

8N safe space is a bespoke, designated safe space for patients with mental health and medical needs. Designed by the local team and inspired by ED, the grand opening is 4 March 2024:

8 North safe space Feb 24

CCTV

Ligature free

Two way opening door

Lockable door

Concealed emergency equipment

Calm environment

Reenforced furniture

Viewing panel

world class expertise ◆ local care

Royal Free London **NHS** NHS Foundation Trust

AAU Digital Windows:

Designed as part of AAU's falls prevention and frailty work, digital windows have been installed, helping to reduce distress and associated behaviour for patients with dementia or delirium:

AAU digital window

AS RFH AAU has no windows and natural light, the team have campaigned for digital windows which have now been installed.

This will support our frailty patients particularly in relation to time and place orientation and sun downing

The image is controlled by the staff and depicts day and night in the image, helping the reduction of distressed behaviour for patients with delirium or dementia.

This was part of AAU's Falls prevention/Frailty workflow.

Annex 1: Statements from local Healthwatch organisations, health and care scrutiny committees, integrated care boards and council of governors

To follow in final report

Annex 2: Statement of director's responsibilities for the quality report

To follow in final report

Annex3: Changes made to the quality report

To follow in the final report