Barnet and Chase Farm Hospitals NHS
NHS Trust

Draft Quality Accounts 2012/13

INTRODUCTION AND STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

I am proud to present the Trust's fourth set of quality accounts in what is my first year in charge of this organisation. Though I have only been here a few months, I am already hugely impressed with the efforts made by staff at all levels to improve their part of the service we provide.

We have made progress in many key areas over the last 12 months, both in terms of our acute services and also in integration with community-based healthcare in keeping with the changes outlined in the Social Care and Well Being Bill. A new medical model has been introduced that improves patient flows into, within and outside our care. As part of the BEH process we are moving rapidly towards the implementation of the SAFE standards across the organisation. Our partnerships with NHS Enfield have seen us working on setting up community-based pain and outreach cardiology clinics, both of which will be introduced early in 2013/14.

Reports released by health authorities and the CQC over the course of the year have highlighted areas where we can improve but also demonstrate the generally high quality of our services. The Health and Social Care Information Centre calculated figures using the new summary hospital-level mortality indicator (SHMI) from July 2010-June 2012 and found the Trust to have lower than expected mortality rates. We also scored very highly in the annual Patient Environment Action Team (PEAT) Assessments; Barnet Hospital scored a 5 (for 'Excellent') on both Environment and Food, whilst Chase Farm Hospital scored a 4 (for 'Good') and a 5 for these two areas respectively. Both hospitals scored a 4 on Privacy and Dignity.

The BEH Clinical Strategy has now moved into its proposed implementation phase and we are ensuring that patient experience continues to improve during as well as after the changes in November 2013. Extra car parking spaces are being provided at Barnet Hospital to improve accessibility, and as the A&E department becomes busier the clinical benefits of having services specialised in fewer locations will start to become evident.

The Trust would like to thank the local community for their patience during the reconfiguration process; it has been a challenging journey over a number of years but as we near 'going live' we are confident of our ability to deliver substantial improvements in our levels of care to our patients and relatives.

OUR QUALITY PRIORITIES FOR 2013/14

Our mission statement reads that: "Barnet and Chase Farm Hospitals NHS Trust will deliver excellent patient outcomes and care, of which patients, the public and staff can be proud."

Each year we set quality improvement priorities that are monitored by the Trust Board. In deciding on our quality priorities for 2013/14, suggestions were invited from clinicians across the Trust and opinions were sought from our patients via account workshops attended by our medical representatives, local LINKs and commissioning groups and councils representatives. The Trust's Quality and Safety Committee considered all suggestions and agreed the following six priorities set out below which following evaluation through the Local Scrutiny Committees, Clinical Commission Groups and LINKs will be put forward to the Trust Board.

Priority one: Dementia services

The Trust Dementia Strategy was launched in April 2011. Since then, the Trust has piloted and implemented a range of practical steps to support patients with dementia. The launch of the strategy included the commencement of the dementia care pathway.

Training in dementia care remains a high priority and the Trust has implemented a range of training programmes. These include bespoke training provided by Middlesex University as well as an eLearning training package. The Trust is also actively involved in the UCLP dementia training initiative.

The Trust has purchased and implemented distraction boxes for elderly patients and we have recently implemented Tiptree tables on some wards at Barnet Hospital which are being supported by the current Mayor of Barnet, Cllr Brian Schama, fundraising activity this year.

As part of the commitment to supporting carers the Trust has also implemented the Carers Badge Scheme. The purpose of this scheme is to ensure appropriate support and acknowledgement for carers whilst they support vulnerable people in hospital. Carers will be identified by the badge that they wear.

The use of the Carers Badge Scheme and also the Butterfly Scheme (the latter was detailed in last year's Quality Account) will form part of our audit programme for the forthcoming year to further emphasis our commitment to this programme and in recognition of the vital role the community play in the care of these patients.

The Trust has also chosen to be part of the new Quality and Innovation (CQUIN) scheme to support carers in the community which will be launched shortly.

Priority two: National Safety Thermometer

The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a snapshot of avoidable harm once a month from pressure ulcers, falls, urinary infection in patients with catheters and treatment for venous thromboembolisum. These four high volume patient safety issues represent the direction of the NHS Outcomes Framework to measure improvements against key outcomes.

The Safety Thermometer CQUIN is a mandatory requirement for NHS organisations and seeks to enable Trusts to understand where the key avoidable harms are occurring in their patient population and how to address them by focussed improvement. The Trust was among the original 10 trusts in London who participated in the national safety pilot and so gained a head start in the understanding of improvements needed for harm free care delivery.

In 2012-2013 our CQUIN goal was to achieve 100% measurement of all eligible patients each month on the collection date so that a baseline could be established. In 2013-14, we will use the established baseline to endeavour to demonstrate a significant reduction in Hospital Acquired Pressure Ulcers (HAPUs).

It should be noted however, that the NHS Safety Thermometer was designed to measure local improvement over time and should not be used to compare organisations, as there are differences in patient mix and data collection methods that can invalidate comparison across organisations. For example, this Trust has a high percentage of older patients who are likely to present with more harms.

In order to achieve success, the Trust recognises the commitment to openness and transparency and more importantly has a real appetite for improvement. The data gained from the thermometer will be clearly documented on wards to help achieve this drive for improvement as well as being communicated across the organisation and to the Trust Board. This will allow us to identify areas of concern so that we can improve and move forward to harm free care.

Priority three: Pressure ulcers

Avoidable hospital acquired pressure ulcers (commonly called pressure sores) remain a key indicator of the quality of nursing care.

The Trust gives high priority to this and a zero tolerance approach to avoidable pressure ulcers has been implemented with ongoing focus being given to this area of care.

Weekly audits and reviews were commenced in 2011/2012 and have continued to have a positive effect on the reduction of hospital acquired pressure ulcers. In the last twelve months the trust has seen a reduction in the level of pressure ulcers by 111 pressure ulcers with only two of the most severe type of ulcer.

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

Priority four: Administration standards

The Trust has a particularly busy administrative department. Over 600 whole time equivalent staff send over 220,000 appointment letters a year, booking over 600,000 clinical attendances and 100,000 inpatient admissions annually. This service now needs to change for a number of reasons. The quality of service provided is inconsistent, with a quarter of complaints to the Patient Advice and Liaison Service (PALS) relating to basic clinical administration. Our manual processes also need to be more consistent and require standardisation allowing appropriate career structures and progression for staff.

Improving the patient experience in all aspects of our services means getting things right first time. This ensures consistent high quality service, freeing up clinicians to be able to treat patients and ensuring that the service develops and supports its staff. A first class administrative service therefore has a big role to play in creating a better patient experience and improved clinical care. Our plan for making these administrative improvements involves:

- reviewing how our clinical administrative teams are allocated as well as the policies and procedures they follow
- introducing new technology to help raise the standards of service we provide to our patients
- forming ‘clinical offices’ – single points of access for groups of specialties.

There will be new quantitative standards set for administrative work. We aim to lower appointment re-bookings from 25% to less than 10% and shrink the clinic letter turnaround from up to four weeks to less than four days. We also aim to improve the availability of medical records. We are moving progressively on to an electronic platform to allow integrated and improved clinical record keeping and this in turn improves the patient experience and care.

One of the new technologies set to be introduced in 2013/14 is the use of self check-in terminals. These will enable patients to check in using touch screen and bar code technology as well as allowing doctors to call through clinics.

They will result in reduced crowding in wait areas and improvement in patient confidentiality amongst other benefits. Staff will be available to help use the machines and receptionists will still be an option for anyone who prefers to check-in that way.

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

The Trust aims to provide excellent end of life care to patients, and encourages the use of the Liverpool Care Pathway (LCP) to support this. The Liverpool Care Pathway for the dying is an integrated care pathway aimed at improving the quality of care for patients in the last few hours/days of life. It is a multi-professional document that guides professionals to provide the best standards of care by transferring the hospice model of care into the acute setting where currently 58% of deaths occur. The LCP incorporates care before and after death, ensuring a dignified death and the provision of appropriate support to relatives and friends.

Whilst there has been much discussion in the media the effective and appropriate use of the LCP allows patients to die in comfort and dignity. It must however be applied appropriately and discussed with the patient and their families in order to ensure every confidence in its approach.

We aimed to increase anticipatory prescribing for patients identified as dying (this means prescribing medications which may be needed to treat pain or other symptoms before they arise). An audit in 2012 showed that 81% of patients identified as dying had all the correct medications prescribed. Although this is an improvement on the previous figure of 67% there is still clearly room for further improvement.

We aimed to improve completion of the LCP paperwork since previous audits highlighted that only parts of the LCP were fully filled in. The 2012 audit showed that completion of sections regarding care before death had improved, but the after death sections had not. The results from this year we need to continue to work to improve our performance.

Priority six: Complaints to Trust Board

Following the recent publication of the Francis Report the Trust at all levels is focussed on ensuring that we are sensitive to any early warning signs indicative of failure of care standards.

It is clear that an important early indicator can be the nature, quality and trend of complaints received by the organisation.

Because of this the Trust Board now analyses a complaint at each of its public board meetings and we are focussed on understanding and improving the quality of complaint responses.

The Chief Executive Reads and signs all responses. The Director of Nursing and where appropriate the Medical Director also reads all complaints responses in order to ensure care issues are addressed throughout the Trust.

The Trust also has a comprehensive computerised incident reporting system (IR) All staff are encouraged actively to report and incidents on the system. These are then categorised and investigated so that trends can be understood and appropriate actions taken.

Any serious incidents undergo a formal root cause analysis and are reviewed by a panel of senior executives chaired by the Medical and Nursing Directors. The cases cannot be closed until evidence of the appropriate action has been given and may be externally validated. Outcomes are fed back in to the clinical directorates and across the Trust as appropriate.

A key area of concern and complaint for patients during the year has been management of both outpatient and inpatient appointments in response to this the Trust is making changes to its administrative processes to ensure that the issues highlighted by patients are addressed as outlined in priority four.

STATEMENTS RELATING TO THE QUALITY OF NHS SERVICES PROVIDED BY BARNET AND CHASE FARM HOSPITALS NHS TRUST

This section contains eight statutory statements concerning the quality of services provided by Barnet and Chase Farm Hospitals NHS Trust. These are common to all trust quality accounts and therefore provide a basis for comparison between organisations. Where appropriate, we have provided additional information that provides a local context to the information provided in the statutory statement.

STATEMENT ONE: REVIEW OF SERVICES

During 2012/13 Barnet and Chase Farm Hospitals NHS Trust provided 40 NHS services. Barnet and Chase Farm Hospitals NHS Trust has reviewed all the data available to it on the quality of care in all of these services. The income generated by the NHS services reviewed in 2012/13 represents 100% of the total income generated from the provision of NHS services by Barnet and Chase Farm Hospitals NHS Trust for 2012/13.

ADDITIONAL INFORMATION

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

STATEMENT TWO: PARTICIPATION IN CLINICAL AUDIT

During 2012/13, Barnet and Chase Farm Hospitals NHS Trust was eligible to participate in thirty seven national clinical audits and two national confidential enquiries. The Trust participated in 95% of national clinical audits (35/37) and 100% of national confidential enquiries it was eligible to participate in.

The national clinical audits and national confidential enquiries in which Barnet and Chase Farm Hospitals NHS Trust was eligible to participate during 2012/13 are listed in the table below, highlighting those that the Trust participated in during this period and the number of cases submitted to each audit or enquiry.

NATIONAL CLINICAL AUDITS FOR INCLUSION IN QUALITY ACCOUNTS 2012/13

Name of audit / confidential enquiry	Data collection 2012/13	BCF participation.
Adult community acquired pneumonia (British Thoracic Society)	**Yes**	1/12/2012 - 31/5/2013. Barnet SITE - 47 cases collected and data upload commenced- none committed (closing date 05.2013). CFH - 27 uploaded so far, several more notes to go through.
Adult critical care (Case Mix Programme – ICNARC CMP)	**Yes**	April 2012 – March 2013: 476 at CFH and 395 at BH were submitted.
Emergency Laparotomy * Contract awarded to The Royal College of Anesthetists (03.07.12)	**No - see comments**	New Audit. Awarded to RCoA in July 12. Data collection to commence in 2013/14.
Emergency use of oxygen (British Thoracic Society)	**Yes**	CFH: Oxygen audit 40 patients audited - approx 6 cases were on oxygen at the time of the audit. BH: 6 cases submitted
National Joint Registry (NJR)	**Yes**	Quarterly reports published. The Annual report published does not breakdown data by Trusts, but collectively on prosthesis. Surgicentre Chase Farm Hospital: the total number submitted/uploaded to NJR data base = 384 for knee 215 for hip 157 for shoulder 11 for elbow 1 total consented for NJR only 226 and outstanding NJR form needed to be submit/upload: for Shoulder 15 for elbow 1 for knee 57 for hip 52
Non-invasive ventilation - adults (British Thoracic Society)	**No - see comments**	To commence in March 13.
Patient Outcome and Death (NCEPOD) (also known as Medical/Surgical Clinical Outcome Review Programme)	**Yes**	1) Subarachnoid Hemorrhage: Information submitted on identified patients. 2) Alcohol Related Liver Disease: Organisational Audit Complete 3) Bariatric Surgery - N/A
Renal colic (College of Emergency Medicine)	**Yes**	Both sites submitted 50 cases each (100%).
Severe trauma (Trauma Audit & Research Network)	**Yes**	BCF has been submitting data since April 12. To date, 124 cases uploaded have been approved by TARN. 11 cases are awaiting approval by TARN and there are still approximately 45 cases

Name of audit / confidential enquiry	Data collection 2012/13	BCF participation.
		still to be entered onto TARN for Jan - March 2013 (awaiting notes and discharge).
National Comparative Audit of Blood Transfusion - programme contains the following audits: a) O neg blood use b) Medical use of blood c) Bedside transfusion d) Platelet use	**Yes**	Audit of the medical use of red cells completed. Blood transfusion audits undertaken regularly as part of Trust Blood Transfusion Policy.
Potential donor audit (NHS Blood & Transplant)	**Yes**	106 patients audited (April12 - Jan13). Updated data will be available from May.
Bowel cancer (NBOCAP) (Subscription funded from April 2012)	**Yes**	BCH has the highest number of patients in our Cancer Network. In the time period August 2011 to July 2012: 246 new tumour records were added (although the date of diagnosis may fall outside of the time period) 332 new treatment records were added (although the data of treatment may fall outside of the time period) There were 202 patients with a diagnosis within the time period, although their records may have been added outside of the time period.
Head and neck oncology (DAHNO) (subscription funded from April 2012)	**Yes**	Nov 2011 to Oct 2012 = 119 patients submitted - awaiting verification by DAHNO Nov 2010 to Oct 2011 = 105 patients submitted, 104 patients accepted - verified by 2011 DAHNO report
Lung cancer (NLCA) (subscription funded from April 2012)	**Yes**	244 cases submitted, which is the highest number in the network and possibly highest in London.
Oesophago-gastric cancer (NAOGC) (subscription funded from April 2012)	**Yes**	For patients diagnosed between 1 April 2011 and 31 March 2012. All upper GI surgery is now performed in Specialist Centres (UCLH). BCF contributes to the audit from the Upper GI cancer MDT.
Acute coronary syndrome or Acute myocardial infarction (MINAP) (subscription funded from April 2012)	**Yes**	186 cases for Barnet and 45 cases for Chase Farm were entered onto the NICOR database to date for the year since April 2012.
Cardiac arrhythmia (HRM)	**Yes**	Audit formally known as Cardiac arrythmia. 345 procedures for calendar year 2012 and 312 for financial year 2012-13 up to 13th March 2013 were entered for Barnet site only.

Name of audit / confidential enquiry	Data collection 2012/13	BCF participation.
Heart failure (HF) (subscription funded from April 2012)	**Yes**	All patients (up to 20 cases per month) with an unscheduled admission to hospital with heart failure From RD 15/11: The National HF Audit requires monthly returns and sends out reports annually. This Trust has actively contributed to the audit and will continue to do so. Lead to forward returns data.
National Cardiac Arrest Audit (NCAA)	**Yes**	Do not participate as insufficient returns of cardiac arrest forms.
Peripheral vascular surgery (VSGBI Vascular Surgery Database, NVD)	**Yes**	Procedure undertaken at Specialist units only. .
Adult asthma (British Thoracic Society)	**Yes**	Awaiting data from leads.
Asthma Deaths (NRAD)	**Yes**	3 cases identified. Cases reviewed and questionnaires submitted.
Bronchiectasis (British Thoracic Society)	**Yes**	Awaiting data from leads.
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	**Yes**	Did not participate in this audit.
Diabetes (Paediatric) (NPDA)	**Yes**	160 cases submitted.
Inflammatory bowel disease (IBD) Includes: Paediatric Inflammatory Bowel Disease Services.	**Yes**	Data collection commenced in January 2013. Deadline Dec 2013.
Pain database	**Yes**	Did not participate in this audit.
Fractured neck of femur (CEM)	**Yes**	BH submitted 36 cases (72%) and CFH submitted 50 cases (100%).
Hip fracture database (NHFD)	**Yes**	2011/12 - BH 100% and CFH - 99% data entered. Info from NHFD will be available April for 2012-13. Leads will have data. To date 178 patients have been added to database for CFH and 281 patients for BH.
National dementia audit (NAD)	**Yes**	80 cases have been submitted. Final report due 18th Feb 2013.
Sentinel Stroke National Audit Programme (SSNAP) - programme combines the following audits: a) Sentinel stroke audit b) Stroke improvement national audit project	**Yes**	Commenced December 2012.

Name of audit / confidential enquiry	Data collection 2012/13	BCF participation.
Elective surgery (National PROMs Programme)	**Yes**	Info from ICS: BCF submitted data up to Sept. Results will be available in Feb. Oct - Dec data will be available in May. Apr - Jun = 224 Qs of 280 eligible episodes. (80% returns).
Child Health (CHR-UK) (Also known as the Child Health Clinical Outcome Review Programme)	**Yes**	Zero BCF cases identified by CHR-UK as meeting the audit inclusion criteria, therefore no submissions.
Epilepsy 12 audit (Childhood Epilepsy)	**Yes**	Data collection commenced January 2013.
Maternal infant and perinatal (MBRRACE-UK)* (Also known as Maternal, Newborn and Infant Clinical Outcome Review Programme)	**Yes**	Cases reported as they happen. No BCF cases identified / selected by (MBRRACE-UK) as yet.
Neonatal intensive and special care (NNAP) (subscription funded from April 2012)	**Yes**	All NNU admissions were included in audit dataset.
Paediatric asthma (British Thoracic Society)	**Yes**	18 cases submitted.
Paediatric fever (College of Emergency Medicine)	**Yes**	BH submitted 48 cases (96%) and CFH submitted 50 cases (100%).
Paediatric pneumonia (British Thoracic Society)	**Yes**	

Barnet and Chase Farm Hospitals NHS Trust was not eligible to participate in the audits listed below in 2012-2013 as the Trust does not provide these services.

Intra-thoracic transplantation (NHSBT UK Transplant Registry)	No	N/A
Congenital heart disease (Paediatric cardiac surgery) (CHD)	No	N/A
Coronary angioplasty (subscription funded from April 2012)	No	N/A
Adult cardiac surgery audit (ACS)	Yes	N/A
Paediatric intensive care (PICANet)	Yes	N/A

Renal replacement therapy (Renal Registry)	Yes	N/A
Renal transplantation (NHSBT UK Transplant Registry)	Yes	N/A
National audit of psychological therapies (NAPT)	Yes	N/A
Prescribing in mental health services (POMH)	Yes	N/A
Suicide and homicide in mental health (NCISH) (also known as Mental Health Clinical Outcome Review Programme)	Yes	N/A
Carotid interventions audit (CIA) (subscription funded from April 2012)	No	N/A.
Pulmonary hypertension (Pulmonary Hypertension Audit)	Yes	N/A
Parkinson's disease (National Parkinson's Audit)	Yes	N/A

ADDITIONAL INFORMATION

The Trust did not participate in this year's national diabetes audit as the data held on our existing system is not adequate or specific to the audit. A new audit specific database has been agreed and we intend to submit data to the next audit round.

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

The Trust has recently sponsored and designed a new clinical audit database to ensure we have consistently of approach, learn from and close the loops generated by our internal audit programme.

STATEMENT THREE: PARTICIPATION IN CLINICAL RESEARCH

The Trust is currently an active member of University of Central London (UCL) Partners which is one of five accredited academic health science systems in the UK. The Trust will continue to work in collaboration with UCL Partners.

For commercial research, we are one of the key partners supporting the pilot UCL Harmonisation project for commercial R&D. We are an active member of the Central and East London Comprehensive Local Research Network (CEL CLRN) and a very active albeit small partner.

There have been over 50 projects which have been launched to date. UCL Partners are currently involved with the following programmes:

- **Cancer**
- **Cardiovascular**
- **Child Health**
- **ENT**
- **Eyes and Vision**
- **Immunology and Transplantation**
- **Infectious Diseases**
- **Liver and Digestive Health**
- **Mental Health and Wellbeing**
- **Neuroscience**
- **Women's Health**

We are continually monitored by the CEL CLRN for our metrics of recruitment to NIHR studies and portfolios and have monthly returns and updates on our recruitment to studies.

The Trust has two specific service level agreements to have both due diligence support for administrative, contractual and legal aspects of conducting R&D work at our location as well as innovation partnership, education and training needs for investigators. These are with the Joint Research office at UCL and the R&D unit at Royal National Orthopaedic Hospital.

Our close links allow joint working and specialist advice as needed.

First dedicated Director of Research

In December 2012 the Trust approved and appointed its first dedicated Director of Research to promote its key aspirations for harnessing research.

His appointment was in recognition of the Trust's ambitions to meet the following aspirations:

1. To create a cultural shift in a busy district general hospital that research is part and parcel of day to day clinical practice, with opportunities for self-development and recognition as clinicians, with early exposure to leading edge technologies, opportunities of access for patients to potential new treatments and a source of revenue for the NHS
2. Raise the profile of R&D in our Trust and externally for our patients and partners from that of a fringe activity

3. Build R&D partnerships with larger more active organisations to act as mentors
4. Bring R&D into the trust board agenda as an innovation theme as part of QIPP
5. To foster the enthusiasm of young Consultants wanting to do research with sufficient start up resources and administrative support
6. To build a team of research staff capable of harnessing our R&D potential and sustaining R&D growth.

This will allow us to:

- Enable patients to access the best new therapies in clinical trials
- Harness the funding opportunities of research into district general, non-academic hospitals in partnership with academic institutions
- Find, evaluate and promote clinically and cost effective new therapies to enhance NHS efficiency in providing care
- Enable local scientists, entrepreneurial clinicians and other designers to find, create, and discover their latest breakthroughs in the NHS setting.

The Trust also has an intellectual policy and processes to help initiate intellectual property projects through our prior collaboration with NHS Innovations Team. Although we have not previously had any significant IP within the Trust, the mechanisms exist via our partnership with UCL partners to support this process.

The Trust has an IT system with electronic patient records which is of the highest standard nationally. The system has been in place and active since 2001 with continual and progressive updates. The system is both a repository for research and innovation and supports these on-going activities fully. It is the backbone of our aspiration to reduce the NHS Green footprint by becoming paperless.

STATEMENT FOUR: USE OF CQUIN PAYMENT FRAMEWORK

Quality and Innovation (CQUIN) scheme targets 2012/13

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

The Trust's improvement programme consisted of:

Nationally Mandated

- Venous thromboembolic Assessment
- Venous thromboembolic Audit - Prophylaxis
- Patient Experience
- Dementia - Dementia Screening
- Dementia - Risk Assessment
- Dementia - Referral for Specialist Diagnosis
- NHS Safety Thermometer

Regionally Agreed

- Enhanced Recovery Programme (ERP) (improving the patient pathway for planned surgery)
- ERP- National Database
- Enhanced Recovery - Directed Fluid Therapy for Colo-rectal Surgery
- ERP - Emergency Laparotomy Audit
- Enhanced Recovery - Directed Fluid Therapy for Emergency Abdominal Surgery
- Enhanced Recovery - Reduction in Length of Stay

Locally Agreed

- Cancer Staging
- Smoking – supporting people who wish to stop smoking
- Alcohol – to identify assess and refer patients with alcohol issues
- COPD Bundle of Care

London Specialised Commissioning Group

- NICU - Neonatal Community Nurse Provision
- NICU - Appropriate Admissions
- Implementation of Specialised Services Clinical Dashboards
- Neo-natal Intensive Care

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

STATEMENT FIVE: STATEMENTS FROM THE CQC

Barnet and Chase Farm Hospitals NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is compliant without conditions at all locations. The CQC has not taken enforcement action against the Trust as of 31 March 2012.

The Trust has participated in special reviews or investigations by the CQC relating to the following area between 1 April 2011 and 31 March 2012: The CQC national inspection programme for termination of pregnancy (clinical services reviews) relating to the Abortion Act 1967 during March 2012. The Trust was found to be meeting all the essential standards of quality and safety inspected.

ADDITIONAL INFORMATION

In 2012, the Trust was subject to a number of unplanned inspections and was found to non-compliant for the following CQC Essential Standards of Quality and Safety:

Outcome 9 – Medicines Management (CQC Inspection date: 25/04/12)

Outcome 13 – Staffing and Outcome 21 – Records (CQC Inspection date 20/08/2012)

The Trust put together and implemented action plans relating to these outcomes and improvement work was monitored by the Trust CQC compliance working group and overseen by our Quality and Safety, which reports progress to the trust board. Following implementation of action plans agreed with the CQC, further unannounced inspections were undertaken as follows:

26/09/2012: Outcome 9-Medicines Management: The Trust were judged as meeting the standard and now compliant.

13/02/2013: Outcome 13-Staffing and Outcome 21-Records: The scope of the inspection was extended across a number of wards and significant positive improvements were commented upon. Overall, the Trust was judged to now be meeting both outcomes and compliant.

STATEMENT SIX: DATA QUALITY

Barnet and Chase Farm Hospitals NHS Trust submitted records during 2012/13 M9 (April-December) to the Secondary uses service (SUS) for inclusion in the hospital episodes statistics, which are included in the latest published data.

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

98.2% for admitted patient care
98.9% for out-patient care
92.9% for accident and emergency care

The percentage of records in the published data which included the patient's valid general medical practice code was:

100% for admitted patient care
100% for out-patient care
100% for accident and emergency care

STATEMENT SEVEN: INFORMATION GOVERNANCE TOOLKIT ATTAINMENT LEVELS

Barnet and Chase Farm Hospitals NHS Trust achieved Level 2 or higher for all 45 requirements which form part of the Information Governance Toolkit and therefore the assessment score for 2012/13 is rated as **Satisfactory**. The score of 86% for 2012/13 marks an improvement on the score for the previous year's assessment of 84%.

ADDITIONAL INFORMATION

Information Governance defines the good practice guidelines necessary to ensure that organisations and individuals deal with information legally, securely, efficiently and effectively in order to deliver the best possible care. Information Governance incorporates Confidentiality Practice, Data Protection, FOI, Information Security, Records Management, Information Quality and Good Practice IG Governance.

The Information Governance Toolkit (IGT), which was devised by the Department of Health, is a compulsory web-based tool designed to enable organisations to self assess their performance against law and central guidance and key aspects of information governance, including Data Protection, FOI and Common Law Confidentiality requirements. The overall aim is to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information. In excess of 200,000 organisations now complete the IGT annually.

STATEMENT EIGHT: CLINICAL CODING ERROR RATE

Barnet and Chase Farm Hospitals NHS Trust was subject to the payment by results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

40% primary procedures coded incorrectly
19% secondary procedures coded incorrectly
10% primary diagnoses coded incorrectly
17% secondary diagnoses coded incorrectly

The error rates will appear magnified because the sample size was very small for the admitted patient care audit. For example, there were only four primary procedures coded incorrectly but they make up 40% of the statistics, whilst only two secondary procedures were coded incorrectly but they make up 19% of the statistics.

ADDITIONAL INFORMATION

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

REVIEW OF QUALITY PERFORMANCE DURING 2012/13

During 2012/13 the Trust once again provided high quality clinical services. In this part of our quality accounts we review our performance against our key quality priorities for 2012/13 and provide examples that illustrate how individual services and specialties are focused on quality improvement. We also provide key data relating to our performance.

PERFORMANCE AGAINST OUR KEY QUALITY OBJECTIVES

In the 2011/12 quality accounts, we set five key quality improvement objectives. These were:

Priority one: Improving stroke care
Priority two: The Liverpool Care Pathway (LCP) for the dying patient
Priority three: Prevention and management of pressure ulcers
Priority four: Access to services for people with learning disabilities – working in partnership with the Acute Learning Disability Liaison Nurse and the local Community Learning Disability Teams to ensure improved outcomes for patients with a learning disability
Priority five: Infection Control – maintaining standards

On the next pages, we outline how we performed against these objectives.

Improving stroke care

During 2011/12 our TIA (Transient Ischaemic Attack) service at Barnet Hospital was awarded Gold accreditation. This was presented by the Cardiovascular and Stroke Network and local commissioners, in recognition of the team providing the highest quality of service to our patients. It also made us the first Trust in the sector to be accredited with this standard.

As part of our aim to maintain this level of care for these patient, the Trust is part of the national Accelerating Stroke Improvement (ASI) programme which highlights key areas of work including: direct admission to a stroke unit and time spent on a stroke unit, timely brain scan and psychological support.

Our progress in these areas during 2012/13 has been as follows:

Our patients now have almost immediate access to brain imaging 24 hours a day, seven days a week. We constantly audit our TIA clinic response times and this study identified that we are seeing more patients in this clinic and we are currently reviewing our staffing arrangements to ensure we can meet the extra demand.

We are reviewing psychological support as there is no neuropsychologist in our hospital, although many stroke units do employ one on a part time basis. Instead, we do routine mood assessments and treat when required.

We have set up weekly Multi Disciplinary Team meetings (MDT) and daily board rounds on the ward with the whole team present. The MDT are involved in all discharge decisions about the patients to ensure they go home with the appropriate care and community support if required.

The Liverpool Care Pathway (LCP) for the dying patient

This remains a priority for the Trust (see priority five), as we aim to provide excellent end of life care to patients, and encourages the use of the Liverpool Care pathway to support this.

The LCP incorporates care before and after death, ensuring a dignified death and the provision of appropriate support to relatives and friends. Government policy reinforces the need to prioritise the delivery of high quality care at the end of life.

We aimed to increase anticipatory prescribing for patients identified as dying (this means prescribing medications which may be needed to treat pain or other symptoms, before they arise). An audit in 2012 showed that 81% of patients identified as dying had all the correct medications prescribed. This is an improvement on the previous figure of 67% but we clearly still need to improve.

We aimed to improve completion of the LCP paperwork since previous audits highlighted that only parts of the LCP were fully filled in. The 2012 audit

showed that completion of sections regarding care before death had improved, but the after death sections had not. The results highlight again that we need to continue to work to improve our performance.

Case study

Mr X was an 85 year old man with heart failure and kidney failure. He was admitted to hospital with worsening breathlessness and oedema (swelling of the body with fluid) and was found to have end-stage heart and kidney failure. He'd already had all possible treatment for the heart failure, despite which he was getting worse. Mr X and his family understood that he was going to die within a few days from the heart failure. He was breathless, nauseous, and anxious. He and his family agreed that he wanted the best end of life care, with his comfort as the main aim, and that to help achieve this, the LCP should be commenced. In agreement with Mr X we stopped doing blood tests and measuring observations (e.g. temperature and blood pressure) to allow him to rest. He was given medication for the breathlessness, nausea and anxiety and became much more comfortable. He died peacefully a short time later. His family were pleased that he was able to be comfortable and dignified at the end.

Prevention and management of pressure ulcers

Avoidable hospital acquired pressure ulcers (commonly called pressure sores) remain a key indicator of the quality of nursing care.

The Trust gives high priority to this and a zero tolerance approach to avoidable pressure ulcers has been implemented with significant focus being given to this area of care.

Weekly audits and reviews were commenced in 2011/2012 and have continued to have a positive effect on the reduction of hospital acquired pressure ulcers. In the last twelve months the trust has seen a reduction in the level of pressure ulcers by 111 pressure ulcers with only two of the most severe type of ulcer.

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

Access to services for people with learning disabilities – working in partnership with the Acute Learning Disability Liaison Nurse and the local Community Learning Disability Teams to ensure improved outcomes for patients with a learning disability

Over recent years there have been a number of hard hitting reports highlighting the failures in the care and treatment of people with a learning disability within acute hospital settings. The first report *Death by Indifference*

(Mencap 2007) documented the 6 lives of people with a learning disability who died in NHS care.

Following an investigation into the report by Sir Jonathon Michaels *Healthcare for All* (2008) it concluded that *'people with learning disabilities have higher levels of unmet need and receive less effective treatment'.* The *Six Lives Progress Report* (2010) again emphasized the improvement required in acute hospitals to ensure that access to health services is equitable. More recently the updated Mencap report *Death by Indifference – 74 and counting* (2012) and the *Confidential Inquiry into premature deaths of people with learning disabilities* (2013) concluded that *premature deaths could be avoided by improving the quality of the healthcare that they receive.* The reports identified many shortcomings, the most significant being a failure to make reasonable adjustments to services in order to meet the individual needs of patients. They did, however, also identify examples of good practice and key recommendations for all of the agencies involved in caring for people with learning disabilities and their families.

Building on the findings and recommendations of the reports, the Trust has improved its partnership working with the local Community Learning Disability Teams and the Acute Liaison Nurse. This was positively demonstrated in a recent case with a patient who required an intensive chemotherapy regime.

The Acute Liaison Nurse supported the clinicians to apply the Mental Capacity Act 2005 and assess the patient's capacity to consent to the treatment. The Acute Liaison Nurse was able to organise meetings with the family and health and social care community professionals to ensure the gentleman's best interests were considered at each stage of his treatment. The Acute Liaison Nurse worked with the ward staff regarding reasonable adjustments and how they could make small changes to the way they provided care taking into consideration the patients' learning disability. The reasonable adjustments included easy read information, ensuring consistency of staff, providing a quiet area away from the other patients and allowing the patient to bring in computer games and DVD's. The patient successfully accessed all of the investigations, procedures and treatments required and is currently in remission.

Infection Prevention and Control – maintaining standards

Infection Prevention and Control continues to be a high priority for us and our patients.

In 2012/13 our Intravenous Working Group focussed on improving Intravenous line care; in particular central lines, which has resulted in the development of a bespoke central line insertion pack so that all these devices are put in using a standard approach. This has been supported by targeted education for all staff who insert and looks after central lines.

Our Matrons and Heads of Nursing have developed a Care Bundle to reduce the incidence of hospital acquired pneumonia and this will be launched in

2013/14. The Matrons have also revised our daily ward and department cleanliness checklist which our ward and department leaders use every day.

We launched our Olympic themed 'Going for Gold' Campaign in April 2012; setting our local reduction targets (based on our national objectives) for both MRSA and *Clostridium Difficile*.

We did not achieve our MRSA trajectory. Our goal was to have no more than four reported cases. We had seven reported cases. This year we continued to reduce incidents of *Clostridium Difficile* seeing a 42% reduction in cases from 2011/12.

This reduction has been achieved by carrying out an in-depth investigation of all cases so that we can learn the lessons from each case and share these widely with our clinical teams. We have also focussed on antibiotic prescribing; implementing ward rounds with a consultant microbiologist and pharmacist.

Hand Hygiene for all our staff remains a priority. We have gone back to basics with hand washing techniques, doing a series of road-shows around the wards using observations of hand washing practice and talking to staff about how to take of their hands using a special machine to test how the contaminated the skin is.

FOCUS ON QUALITY AND IMPROVEMENT

We want to provide the highest quality service to our patients. As one of the largest healthcare providers in North London with a catchment population of 500,000 potential patients, we recognise the importance of conducting research and training the healthcare professionals of tomorrow. In this section, we provide some examples of how we have continually improved the quality of service we provide over the past year.

Some quality improvement highlights from the last 12 months:

Trust scores highly in annual PEAT Assessments

The Trust scored highly in the 2012 Patient Environment Action Team (PEAT) Assessments. These examine the areas of environment, food, and privacy and dignity that all have an impact on a patient's wellbeing during their treatment.

The results show that Barnet Hospital scored a 5 (for 'Excellent') on both Environment and Food, whilst Chase Farm Hospital scored a 4 (for 'Good') and a 5 for these two areas respectively. Both hospitals scored a 4 on Privacy and Dignity.

The PEAT Assessments cover the whole of a hospital site, including both inpatient and outpatient areas. National publication of all hospitals' PEAT scores will take place in July. This is the last year that the Assessments will be made in their current form; they will be replaced in 2013 by a new patient-led inspection programme.

Extra car parking to be provided at Barnet Hospital and extended bus route is also now in effect

As part of the Barnet, Enfield and Haringey Clinical Strategy implementation plan a building and remodelling programme is underway to accommodate the extra patients and visitors that will be attending Barnet Hospital and the additional staff.

Following a further review of car parking requirements, the Trust will now provide an extra 200 car parking spaces on the fallow land at the front of the hospital.

To further aid accessibility to Barnet Hospital and improve patient experience before and after their care, a popular bus route through Barnet has also been extended slightly so that it now stops directly outside the hospital.

Cancer services praised by patients

The publication of the National Cancer Patient Experience Programme's 2012 report showed the Trust's cancer services to be of a very high standard, with notable progress made since last year's report and areas of improvement highlighted for staff to work on.

The survey looked at adult patients (aged 16 and over) with a primary diagnosis of cancer who had been admitted to NHS hospitals as an inpatient or day case patient and discharged between 1 September 2011 and 30 November 2011. Of the 972 patients who returned questionnaires for the survey, 89% rated their care as excellent or very good. This is the highest score across all NHS trusts in North Central London. Of the 55 questions that were comparable to questions in the previous year's survey, the Trust showed improvement in 37 of them. We were also in the top quintile of surveyed trusts for 11 questions (up from four in the previous year) and in the bottom quintile for 15 questions (down from 23 in the previous year).

Comments made by patients included: "Always aware that the best professional care was being provided, it's truly outstanding", "The nurses and doctors at Chase Farm were very supportive and kind", and "All staff were polite, efficient and professional. This applies to Chase Farm and Barnet Hospitals".

Areas for improvement identified in the report included a decrease in the number of patients who felt they were able to get understandable answers to important questions (from 92% to 88%), only 20% of patients being asked about taking part in cancer research although 50% would have liked to, and only 31% of staff asking a patient what name they preferred to be called by.

Introducing a sub-speciality gastrointestinal medical rota

As part of the introduction of our new Medical Model the Trust has now implemented a fully functioning 24/7 Consultant delivered GI Bleed rota. The outcomes from this will become part of our annual audit programme but we believe this is a major step forwards in the management of this critically sick patient cohort.

Audit of our emergency services

The Trust takes very seriously the feedback we received following an external review and audit into our emergency services in 2012. We appreciate that the audit has taken note of the state of transition our emergency services currently find themselves in and the report understands the proposed implementation of the Barnet, Enfield and Haringey Clinical Strategy in late 2013 will enable us to better meet all key national standards.

In the interregnum we have in place robust plans to continue to provide safe and high quality services prior to the implementation of the strategy.

PERFORMANCE DATA

The Trust measures many aspects of its performance and this data is regularly reviewed throughout the organisation. At board level we review a dashboard each month that includes some of our key measurements (metrics) in the areas of patient safety, clinical effectiveness, patient experience and operational performance. This section contains a sample of the key metrics that the trust board currently reviews on a monthly basis

Key Performance Achievement 2012/13

Domain	Healthcare Targets Domains and Indicators	2012/13 Performance	2012/2013 Target
Quality	% Urgent Referrals seen within 14 days**	93.39%	93.00%
	% Urgent Referrals seen within 14 days - Breast Symptomatic**	94.01%	93.00%
	% Cancers treated within 31 days of Decision to treat**	98.41%	96.00%
	% Cancers treated within 62 days of Referral**	87.47%	85.00%
	% Consultant Upgrades treated within 62 days**	98.81%	90.00%
	% Screening Services treated within 62 days**	96.37%	90.00%
	% Subsequent treatments treated within 31 days of DTT - Drugs**	100.00%	98.00%
	% Subsequent treatments treated within 31 days of DTT - Surgery**	97.73%	94.00%
	Total time in A&E - 95% of patients should be seen within 4hrs	94.95%	95%
	Percentage of Patients that have spent at least 90% of their time on the stroke unit	92%	80%
	Percentage of high risk TIA patients who are treated within 24	78%	60%
	% Delayed Discharges	3%	3.50%
Womens Health	% Maternities Breastfeeding	85.72%	78.00%
	% Maternities not Smoking	93.00%	90.00%
Access	% Diag. Tests. Excl Audiol. waiting > 6 weeks**	0.31%	< = 1%
	% Audiology tests waiting > 6 weeks	0%	< = 1%
	RTT Waiting Times 95th Percentile - Incomplete*	24.59	36 Weeks
	RTT Waiting Times 95th Percentile - Admitted*	23.31	27.7 Weeks
	RTT Waiting Times 95th Percentile - Non-Admitted*	15.31	18.3 Weeks
	RTT Waiting Times Median - Incomplete*	5.35	7.2 Weeks
	RTT Waiting Times Median - Admitted*	9.43	11.1 Weeks
	RTT Waiting Times Median - Non-Admitted*	5.26	6.6 Weeks
	18 Weeks - Admitted 90% Target*	90.3%	90%
	18 Weeks - Non-Admitted 95% Target*	98.5%	95%
Patient Experience	% Ops. Canc. at last minute	0.67%	0.80%
	% Canc.Ops not Re-Admitted within 28 days	0.00%	5.00%
	Number of Mixed Sex Breaches	135	0
	Number of Never Events	5	0
Safety	Clostridium Difficile – meeting the Clostridium Difficile objective	19	33
	MRSA – meeting the MRSA objective	7	4

** March 2013 Performance*

*** Feb 2012/13 YTD Performance*

As can be seen from the table (*demonstrated as graphs in updated draft)* above, the Trust has continued to perform well in many key areas including cancer, cancelled operations and Accident and Emergency

Never Events

It is important that any health care organisation recognises and acts appropriately upon its findings. It is of particular concern to the organisation that we had five never events during 2012/13. These included three maternity cases in relation to retained swabs, medication administration errors and incorrect administration of a gas.

However the Trust has already implemented changes with regard to swabs and gas administration and is working on a program in relation to medication errors with recognition of the eventual need for an electronic prescribing

process when our electronic platform programme is appropriately advanced. This is expected to occur within the next eighteen months.

Root cause analysis investigations are currently being undertaken the findings to be presented to the Trust panel and a report will be sent to North Central London Commissioning Support Unit and NHS Trust Develop Authority in due course.

Mixed Sex Breaches

All our mixed sex breaches during 2012/13 were due to step down in the Intensive Care Units and High Dependency Unit. This has led to changes in our pathways arrangements.

MRSA

As mentioned previously we did not achieve our MRSA objective. Our goal was to have no more than four reported cases. We had seven reported cases. A full root cause analysis has been carried out on all cases and we are committed to a zero tolerance process with regard to this area of our work and ongoing staff training and education at all levels.

Trust has better than expected mortality rates

The Trust was pleased to receive a special mention in the Dr Foster Good Hospital Guide. One reason for this is that it has been identified as having better than expected mortality rates in comparison to other health providers. Mortality rates at the Trust have now been successfully kept down for three years in a row. Another reason is that the Trust has shown better than expected outcomes for deaths in low risk groups associated with the Pneumonia severity index.

The Trust's mortality rates were praised again later in 2012/13 by official Government figures released earlier this month have shown Barnet and Chase Farm Hospitals to be amongst 11 trusts with fewer than expected death rates for their local population.

The data was collected over two years, from July 2010 to June 2012, by the Health and Social Care Information Centre. The new summary hospital-level mortality indicator (SHMI) rate has been calculated by comparing the number of patients who die at a trust's hospitals – and for the first time including those who die within 30 days of discharge – with the number who would be expected to die, given the sort of population it serves. Important factors will include whether the population is especially elderly and whether the area is deprived and likely to have more people in poor health.

FRANCIS REPORT

The NHS London Chair has written to all London Trust chairs asking them to summarise the steps their trusts are taking to ensure that staff and patient views are listened to and inform the Trust's views on the quality of its services. The Chair has responded as follows:

Staff Experience

The Trust will build on the programme of 'Big Conversations' with staff by developing a programme of quarterly focused conversations supported by an increased deployment of Executive and Non executive safety walk-rounds on both sites. We will increase the use of the staff tracker system and we have extended this to doctors.

We continue to monitor the annual staff survey results and focus specific work on any areas where concerns have been identified. We will shortly introduce regular 'Schwartz Centre Rounds' to empower staff to share their experiences of delivering and improving patient care in the Trust. We have good evidence that our staff are both free and willing to use our whistle blowing policy and will review the policy in the light of the Francis report to ensure its ongoing fitness for purpose. All these activities will be reported to the Trust Board.

Patient Experience

The Trust will strive to achieve and maintain an increased response rate on outpatient experience trackers, which are deployed throughout both our sites. We will continue to work with our partners and stakeholders to ensure that any concerns that are raised are dealt with promptly and systematically.

We will undertake a comprehensive analysis of complaints at an individual and aggregate level to ensure we are aware of specific issues, 'hotspots' and trends. We will reinstate our 'Meet the Matron' meetings in the community at least quarterly and widely distribute patient and public feedback to the organisation. We have refreshed our Patient Experience Strategy in response to the CNO strategy, Dignity for all, Death by Indifference and we are now undertaking a further review in light of the Francis Inquiry.

We will increase the patient and relative representation on our Patient Experience Group. We will continue to encourage meetings with complainants and continue to give a full audio recording of these meetings to complainants – a successful initiative which has been well received by complainants and which has already resulted in a fall in follow up issues being raised. We will introduce patient stories at our Trust Board meetings.

We will develop, publicise and promote a 'Tell us how you feel' campaign to seek further feedback. All these activities will be reported to the Board.

THE VIEWS OF OUR STAKEHOLDERS

The views of our patients, local community and staff are essential in helping us maintain and develop high quality clinical services. In developing our quality accounts, we undertook a series of engagement exercises to ensure we fully engaged our various stakeholders and partners as much as possible in developing these accounts.

(For expanding on in future drafts)

OUR RESPONSE

(For future drafts)

DIRECTORS' STATEMENT

(Completed once agreed)