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05 June 2023

To: All Members of the North Central London Joint Health Overview and Scrutiny Committee

Dear Member,

North Central London Joint Health Overview and Scrutiny Committee - Wednesday, 7th June, 2023

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

6. SCRUTINY OF NHS QUALITY ACCOUNTS (PAGES 1 - 276)

- Whittington Health NHS Trust
- North Middlesex University Hospital NHS Trust
- Royal Free London NHS Foundation Trust

Yours sincerely

Dominic O'Brien,
Principal Scrutiny Officer

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Agenda Item 6

Appendix One:

Quality Account 2022/23

Contents

Part 1: Statement on Quality from the Chief Executive

Information to follow

About the Trust

Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives.

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden and Hackney. Whittington Health provided over 40 acute and 60 community health services in 2021/22. In addition, we provide dental services in 10 London boroughs. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

Our services and our approach are driven by our vision.
We have an excellent reputation for being innovative, responsive, and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients, with a clear focus on integrating care for women, children, and the adult frail.

Our vision is: Helping local people live longer, healthier lives.

What we do: Lead the way in the provision of excellent integrated community and hospital services

Our 2019/24 strategy has four main objectives:

What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare that detail information about the quality of services they deliver. They are designed to assure patients, service users, carers, the public and commissioners (purchasers of healthcare), that healthcare providers are regularly scrutinising each and every one of the services they provide to local communities and are concentrating on those areas that require the most improvement or attention.

Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of service, explaining where an organisation is doing well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement over the coming financial year.

The requirement for external review and assurance by an external auditor, has been removed again for this year by NHS England / Improvement due to COVID-19.

Part 2: Priorities for Improvement and Statements of Assurance from the Board

This section of the Quality Account describes the priorities identified for quality improvement in 2023/24. It also sets out a series of statements of assurance from the Board on key quality activities and provides details of the Trust's performance against core indicators.

The progress made against priority areas for improvement in the quality of health services identified in the 2022/23 Quality Account can be found in 'Part 3: Review of Quality Performance' which starts on page 46.

2.1 Priorities for improvement 2020-23

Our quality priorities are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care. The Trust identified 4 key priorities for quality improvement pre pandemic in 2020, with a recognition that embedding change would take up to three years. The Quality Priorities for 2020-24 are set out below, with key targets and milestones to delivery within each year specified.

- Reducing harm from hospital acquired de-conditioning
- Improving communication between clinicians and patients
- Improving care and treatment related to blood transfusion
- Reducing health inequalities in our local population

Our consultation process

Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term and effectively monitored and so priorities were set as part of a four-year improvement plan 2020-24. However, given these were initially developed before the onset of the pandemic, the Trust felt that a

full review of intelligence, patient feedback and stakeholder consultation was needed to ensure that these priorities were still reflective of the current need.

To this end, the Trust has held several engagement events across the Trust and community sites to gather feedback from people who use our services and staff. This feedback was combined with intelligence from a range of data and information, such as learning from serious incidents, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data and presented in a meeting with key stakeholders from Healthwatch and the Clinical Commissioning Group to help establish ongoing priorities and any new priorities to be added in 2023-24.

The specific objectives, to achieve the priorities set for 2023/24 have been refined and agreed by clinicians and managers who will have direct ownership and approved at the relevant Trust committees. The quality account, including the 2023/24 objectives, have been shared with our commissioners, whose comments can be seen within the appendices.

Monitoring of progress against priorities

We have developed a robust system to monitor and report on progress against the quality priorities. Each priority has a project work stream (which focus on the key objectives for the year) which is aligned to one of the three pillars of patient safety, patient experience or clinical effectiveness, and reports regularly to the relevant governance group (Patient Safety Group, Patient Experience Group and Clinical Effectiveness Group). The Quality Governance Committee review progress on a quarterly basis and any concerns are escalated to the Quality Assurance Committee, a committee of the Trust Board. Within each priority, key milestones and targets are identified to monitor progress which are reviewed in the context of the wider Quality Account priority ambition.

The key milestones and targets highlighted below, and in the table that follows we have provided a rationale for selecting this area for focus, details of the improvement plans, and detail on the monitoring data and progress indicators.

- Improving communication between clinicians and patients and their carers (Ongoing priority, 4-year improvement plan 2020-24)
- Reducing harm from hospital acquired de-conditioning (Ongoing priority, 4-year improvement plan 2020 – 2024)
- Improving care and treatment related to blood transfusion (Ongoing priority, 4-year improvement plan 2020-24)
- Reducing health inequalities in our local population (Year 3)
    - Including specific projects to Improve care and treatment of patients with sickle cell anaemia & projects to improve care we provide to those with Learning Disabilities by increasing staff knowledge and confidence.

Quality Account Priority	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Goals for 23/24
Reducing and avoiding harm from hospital	Hospital-acquired deconditioning, defined as a loss of independence in	The deconditioning work stream focuses on preventing functional decline in frail patients by:	

acquired de-conditioning	activities of daily living (such as toileting, walking, eating/drinking) affects up to one in three adults over the age of 65. This deconditioning is associated with increased length of hospital stays, increased care or rehabilitation needs on discharge, as well as increased mortality. Hospital-acquired deconditioning is associated with longer stays in hospital, increased rehabilitation or care needs on leaving hospital and an increased risk of mortality. As the Trust provides care to both those in hospital and those within our local communities, this priority will cover both avoiding deconditioning whilst in hospital, as well as avoiding admissions that could results in deconditioning.	Reducing the length of time that patients remain in hospital.	To ensure 100% of patients have documentation of a full pressure ulcer risk assessment within 6 hours of admission, and an action plan to manage risks identified in place within 24 hours of admission. To manage 4 patients per month (2 from Islington borough, 2 from Haringey borough) via the delirium discharge pathway. To reduce medically optimised patients by 50% daily. To implement pathway for 'Trial without Catheter' (TWOC) at home, reducing the length of stay by at least one day.
		Preventing unnecessary hospital admissions through supporting patients to stay well in their home environments.	To utilise up to 28 Virtual Ward daily, including 8 technology enabled virtual ward patients and those on the delirium pathway. For Urgent Response and Recovery Care Group to ensure patients are seen within the national guidance of 2 to 24 hours for >80% of referrals
		Supporting patients in hospital with their eating and drinking, ensuring they have the appropriate choice and support.	For patients with Dementia & Learning Disability who are admitted to hospital to have eating and drinking preferences and information about support required available within 24 hours of their admission. This requires 100% of this cohort to have accurate and up-to-date next of kin and emergency contacts who will be able to supply this information, and for them to be contacted in regard to the individual's care needs within 24 hours of admission.

Reducing health inequalities in our local population	The NHS Long Term Plan outlined an urgent need to prevent and manage ill health in groups that experience health inequalities. This includes population groups less able or likely to access health services available.	The Health Inequalities work stream focuses on reducing inequalities by:	
		Improving the care we provide to those with Sickle Cell disease.	Deliver training to X% of ED staff to educate on the condition, ensuring unconscious bias does not exist in the treatment of patients with sickle cell anaemia by end of March 2024. Ensure 80% of sickle cell patients receive 1st dose of pain relief within 30mins of attendance to ED by end of March 2024.
		Improving the care we provide to those with Cancer or suspected Cancer, that have been identified as having health inequalities.	To expand on the previous success of Prostate cancer events, we will hold up to 6 specific cancer events by the end of March 2024.
		Improving the care we provide to those with Learning Disabilities	To develop and implement training packages by end of March 2024 for all clinical staff about: 1. Treating and supporting those with Learning Disabilities 2. Treating and supporting those with Autism Success in the project will be measured by implementation of package, uptake of training and reviewing patient experience within these populations to determine whether the training delivered shows a positive impact on experience and care. To improve patient experience by offering 100% of patients with Learning Disabilities access to care bags (including items aimed to improve this patient cohort's comfort within this environment) when attending ED by August 2023.

Improving access and attendance for appointments	We have received feedback from patient representatives that information around appointments can be confusing and access challenging. This includes comments around wayfinding on hospital sites; difficulties booking transport; as well as poor communication being highlighted as a contributory factor in PALS contact, complaints, and incidents.	The appointment work stream focuses on improving communication, access, and attendance by:	
		Continuing Zesty Patient Portal roll out with further functionality and availability across outpatient services.	For 60% of outpatients to be using Zesty by end of March 2024 For DNA rates reduced in line with booking amendments functionality being introduced by end of March 2024
		The Trust has an external provider for transport. We are working closely with this provider to streamline processes and make access to transport provision as easy as possible for those that require assistance in attending their appointments.	For patients to be able to complete single eligibility criteria for multiple transport requests by end of March 2024. For clear communication and guidelines on how to access Transport to be developed in conjunction with the transport provider, demonstrating an impact of reducing the number of patient complaints relating to Transport being received by March 2024.
		Improving clarity within patient letters and signposting around our sites	For outpatient letters to be reviewed and updated to ensure location correctly matches hospital signage Accessible information for those with Learning Disabilities (in the form of leaflets and videos) is currently in development for the following areas: • Outpatients (generic) • Outpatient check in stations • Going to Emergency Department • Going to Theatres • Having an operation • Having an anaesthetic • Going Home from Hospital • Compliments and Complaints • Appointment letters

			By the end of March 2024, this accessible information will be fully implemented, and accessible information will be further rolled out to other areas & topics required. Success will be measured via audits of how many information leaflets have been distributed, how often videos have been used, as well as reviewing patient experience feedback to determine the impact on their care and treatment.
		Offering increased options to be able to attend more local sites for outpatient appointments.	To improve uptake and attendance of Woodgreen CDC walk-in and booked appointments through offering a range of patient information (in different languages and different formats such as easy read, Braille, electronic and written formats) and by improving wayfinding to the CDC within the Mall, by end of March 2024. To improve accessibility of booking appointments by introducing an electronic self-booking system for Woodgreen CDC services by end of March 2024. Success will be measured via improvements in patient surveys, uptake of electronic app & booking rates of appointments.

2.2 Statements of Assurance from the Board

The Trust provides statements of assurance to the Trust Board in relation to:

- Modern slavery
- Safeguarding children and young people
- Mixed gender hospital accommodation

Mixed sex/gender accommodation declaration

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust are committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.

Patients who are admitted to hospital or come in for a planned day case will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area.

There are some exceptions to this. Sharing with people of the opposite gender may sometimes be necessary. In addition to clinical need other reasons for exceptions would be in a major incident or to maintain infection prevention and control isolation. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained.

Modern Slavery Act

It is our aim to provide care and services that are appropriate and sensitive to all. We always ensure that our services promote equality of opportunity, equality of access, and are non-discriminatory. We are proud of our place in the local community and are keen to embrace the many cultures and traditions that make it so diverse. The diversity of this community is reflected in the ethnic and cultural mix of our staff. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of patients. In accordance with the Modern Slavery Act 2015, the Trust has made a statement on its website regarding the steps taken to ensure that slavery and human trafficking are not taking place in any part of its own business or any of its supply chains.

Safeguarding Adults and Children Declaration 2022/23

Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding children standards and guidance to ensure that children and young people are cared for in a safe, secure and caring environment.

The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the two Heads of Safeguarding (adult and child) professionally reports to the Chief Nurse.

A Safeguarding Bi-Annual Report is produced which is reviewed by the Trust Board (covers both children and vulnerable adults).

Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required.

The Trust is a member of the local safeguarding adults' partnerships in Haringey and Islington and the Safeguarding Adults Partnership Assessment Tool is completed annually for both.

The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent, Deprivation of Liberty Safeguards and the Mental Capacity Act and monitors serious case review and Safeguarding Adult Reviews recommendations The committee reviews the Trust's responsibility across children and vulnerable adults.

Subcontracted Services

Whittington Health provided services across acute and community service in 2022/23. Of these services a number were subcontracted.

The Trust has reviewed all data available to them on the quality of care in these relevant health services through the quarterly performance review of the integrated clinical service unit and contract management processes.

The income generated by the relevant health services reviewed in 2022-23
represents 100% of the total income generated from the provision of relevant health services that Whittington Health provides.

A breakdown of the individual subcontracted services can be found in Appendix 2

Participation in Clinical Audits 2022/2023

During 2022/2023, 53 national clinical audits including 5 national confidential enquiries covered relevant health services that Whittington Health NHS Trust provides.

During that period, Whittington Health participated in 98% of national clinical audits and 100% of national confidential enquiries of those it was eligible to participate in.

The single national audit to which the Trust did not participate: End of Life Care Audit (EoLC), was discussed widely with North Central London EoLC colleagues as well as our full MDT at Whittington Health. Our rationale for non-participation was communicated to HQIP; that the work involved for small teams is significant, and the action plans extensive. The Trust requested consideration to moving the audit to a bi-annual undertaking which will allow our clinical team adequate time to implement the findings of each report.

The national clinical audits and national confidential enquiries that Whittington Health was eligible to participate in, and participated in, during 2022/2023 are detailed in (Appendix 1). This includes 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.

Additionally listed are the 17 non-mandatory national audits, in which the Trust also participated during 2022/2023 (Appendix 2).

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquiries in 2023/2024 by ensuring:

- National audit and national confidential enquiries will remain the key feature of our Integrated Clinical Service Unit (ICSU) clinical audit and effectiveness programmes.
- Learning from excellence will continue to form an intrinsic part of our work, and innovative ways of promoting and celebrating successes will be considered and shared.
- Patient and carer representation in national clinical audits will continue to be developed and effectiveness monitored.
- Multidisciplinary clinical effectiveness sessions will continue to include reflective learning on national clinical audit findings and quality improvement.
- The Clinical Effectiveness group will continue to ensure actions from national audit reports are scrutinised and monitored at the highest level to provide additional organisational assurance.
- Our new national audit response template will be monitored for assurance.
- Improved collaboration with our Quality Improvement lead will identify appropriate project follow up subsequent to national audit report publication.

The reports of 33 national clinical audits/national confidential enquiries were reviewed by the provider in 2022/2023.

Examples of results and actions being taken for a national clinical audit:

National Paediatric Diabetes Audit

The National Paediatric Diabetes Audit collects information on the care and diabetes outcomes of all children and young people receiving care from paediatric diabetes teams. The primary aim is to provide information that leads to an improved quality of care for those children and young people living with diabetes.

The recent National Paediatric Diabetes Audit Annual Report has identified the following areas for improvement:

The median HbA1c has not improved since the 2019/20 report and the department are continuing to work and improve upon the previously identified actions:

- Team to set higher expectations of families. HbA1c 6.5% (48mmol/mol)
- Continue to focus on education in clinic and patient empowerment – downloading and reviewing data at home.
- Low threshold for elective patient admission.
- Low threshold for social services referral.

There is an identified need to improve access to Continuous Glucose Monitoring. This was escalated to the appropriate operational lead who agreed that for all children who fulfil National Institute for Health and Care Excellence (NICE) criteria to have access to CGM with alarms. The Trust continue to use Freestyle Libre as per NCL Guidance. This has resulted in improvement; however, the Trust are not yet on a par with other units. The Trust expect to improve access to CGM for all. Approval from the operational lead was given to start Freestyle Libre 2 at diagnosis and those who need it outside NCL criteria.

Structured education reflected by blood ketone testing and sick day rules was previously 90-100% but reduced to 55-65%. This was appropriately discussed at the regular MDT meeting where it was decided to move from group sessions to structured education clinics in order to bridge this gap.

Royal College of Emergency Medicine National Audit on Fractured Neck of Femur

The aim of the Royal College of Emergency Medicine's audit on fractured neck of femur is to improve the care provided to adult patients in the Emergency Department (ED) who had sustained a fractured neck of femur, over a 6-month period of continuous data collection.

The data for this audit was collected during 2020/21, to identify performance in EDs against the following four clinical standards:

1. Pain is assessed immediately upon presentation at hospital.
2. Patients in moderate or severe pain (e.g., pain score 4 to 10) should receive appropriate analgesia within 30 minutes (or in accordance with local guidelines) unless there is a documented reason not to.
3. Patients should have an X-ray at the earliest opportunity.
4. Patients with severe or moderate pain should have documented evidence of re-evaluation and action within 30 minutes of receiving the first dose of analgesic.

Following comprehensive review of our results it was determined that none of the records audited for each standard achieved the gold standard 100% compliance.

Emergency Department staff took the following actions:

- To ensure that pain is assessed immediately upon presentation at hospital (standard 1) triage of these patients will be prioritised. Teaching sessions will further encourage and promote the need for documented pain assessment.
- To improve the compliance to the other audit standards, requirements for this group of patients has been included in departmental teaching. Due to the high turnover of ED staff, this is now a routine feature of emergency medicine teaching sessions.
- A local re-audit is to be undertaken in September 2023 and results will be carefully monitored to ensure continuous improvement, with particular emphasis upon these four key clinical standards.

Local Clinical Audits:

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in 2023/2024 by ensuring:

- Reactive local audits, vital to patient safety, will remain of intrinsic value to audit programmes, with further emphasis upon collaborative working across clinical effectiveness, patient experience, quality improvement and patient safety domains.
- Project proposals will continue to be subject to a centralised and multidisciplinary quality review to prevent duplication and to ensure alignment to speciality priorities.
- Bespoke clinical audit training packages will continue alongside our pre-existing workshops. These sessions will be open to staff of all designations and grades.
- Clinical speciality performance in relation to local clinical audit will continue to be monitored on an ongoing basis, with regular reporting via the ICSU Board meetings.

The reports of 61 local audits were reviewed by the provider in 2022/2023.

Example of results and actions being taken for a local clinical audit:

Audit of MRI spine requests for cord/cauda equina compression

Cauda equina is a time-sensitive diagnosing that requires urgent surgical intervention to prevent paralysis, sexual dysfunction, and/or loss of bladder or bowel function.

The British Association of Spine Surgeons has recommended 24/7 availability of MRI at the referring hospital for these cases.

The aim of this audit undertaken by the Imaging Department is to assess the time performance, hit rate and number of MRI requests to help guide local departmental policy.

The results demonstrated one breach of the 24-hour target for scanning. Therefore, 98.8% scans performed within 24-hour target.

Action taken: As the results were exceptionally positive, the Clinical Lead amended the number of slots to one MRI Cauda equina saved slot per day (rather than the previous 2 slots).

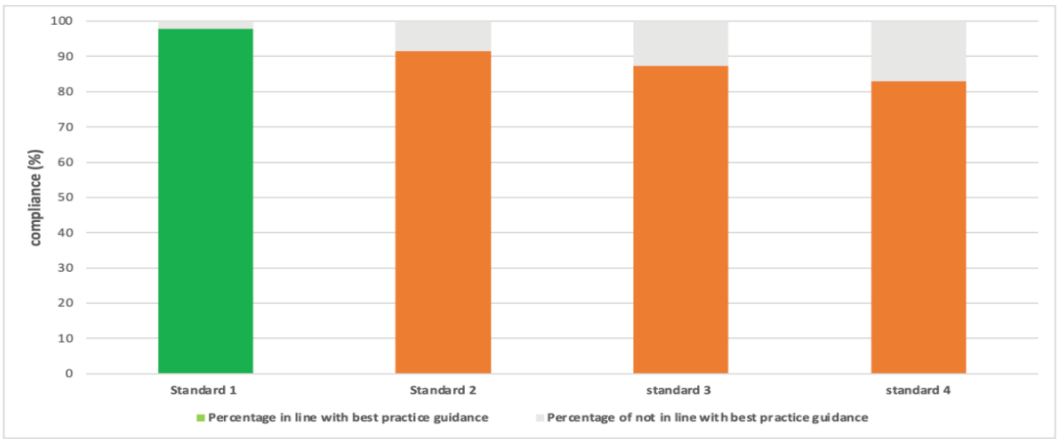
Assessing the appropriateness of antibiotic prescribing for UTI in adults age 16+

The UK has launched a 20-year vision regarding antimicrobial resistance where the optimal use of antimicrobials and good antimicrobial stewardship across sectors is being promoted. A five-year UK Antimicrobial Resistance national action plan outlined concerns about an observed increase in gram-negative bloodstream infections, including Escherichia coli (*E. Coli)* bloodstream infections. Targeting and improving the diagnosing and treatment of urinary tract infections (UTIs) would help reduce avoidable infection rates, improve patient safety, reduce length of hospital stay, and in turn, release bed capacity.

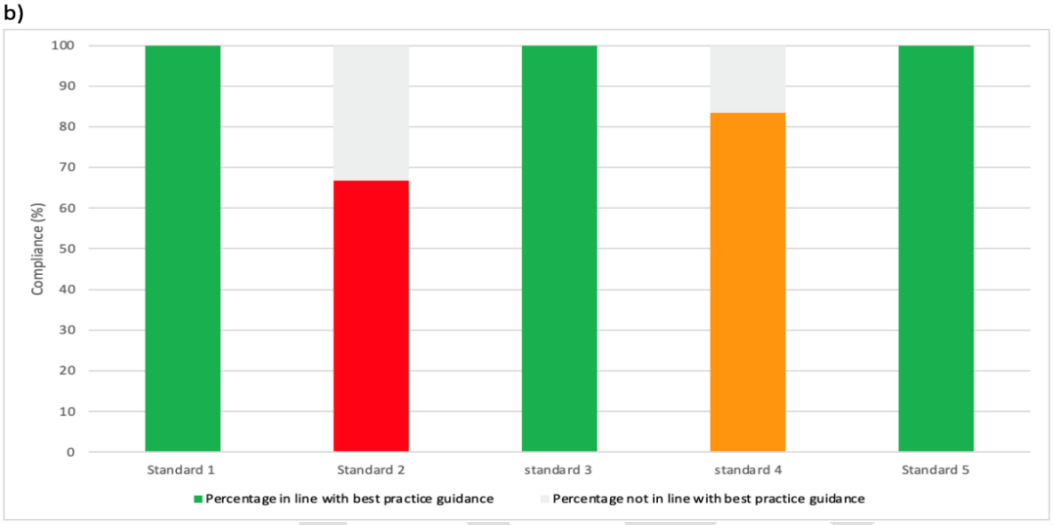
Aim: To assess current clinical practice and compliance to NICE guidance regarding the diagnosis and treatment of UTI's in patients (16+ years) at Whittington Health NHS Trust.

Results and discussion: 70% of the antibiotic prescriptions complied with all 5 standards, meeting the Commissioning for Quality and Innovation (CQUIN) CCG2 compliance target of 40% minimum. Lower and upper UTI antibiotic prescriptions showed good compliance to standard 1, and acceptable compliance to standards 2, 3 and 4 (see figure below). This indicated satisfactory use of antimicrobials; however, further work could be done to increase compliance to national guidance.

a)



b)



Conclusion

Results demonstrate that 70% of antibiotic prescriptions for UTIs at Whittington Health NHS Trust complied with all 5 standards set out by the CQUIN CCG2 target. However, interventions should be made to further increase and maintain compliance, whilst action must be taken to improve compliance to standard 2 in catheter-associated urinary tract infection (CAUTI) diagnoses.

Recommendations and action plan

- Raising awareness for when it is appropriate to take urinalysis and appropriate antibiotic prescribing by implementing ward-based training sessions.
- Including a 'further details' parameter in the data collection toolkit allowing inclusion of information about inappropriate antibiotic prescriptions.
- To present findings to the pharmacy and microbiology teams. Conduct a re-audit once recommendations have been implemented.

Participating in Clinical Research

Involvement in clinical research demonstrates the Trust's commitment to improving the quality of care we offer to the local community as well as contributing to the evidence base of healthcare both nationally and internationally. Our participation in research helps to ensure that our clinical staff stay

abreast of the latest treatment possibilities and active participation in research leads to better patient outcomes and demonstrates Whittington Health's commitment to improving the quality of care that is delivered to our patients and to global health improvement. The Trust are committed to increasing the quality of studies in which patients can participate (not simply the number), and the range of specialties that are research active as it is recognised that research-active hospitals deliver high quality care.

The research strategy reflects the Trust aim of enabling local people to 'live longer healthier lives' and has been established to benefit patient outcomes, staff recruitment and retention, revenue generation and the Trust's reputation.

A key strategic goal is to become a national leader in integrated care, covering all facets of district general hospital and community health research, and how they relate. The Trust's research portfolio continues to evolve to reflect the ambitions of our integrated care organisation (across hospital and acute, community health services, dental and mental health services).

The research portfolio has reverted to resemble the pre-COVID range of activity. Whilst studies originally classified as COVID-19 Urgent Public Health (UPH) studies remain open, they are no longer prioritised over other studies and as participant numbers for these studies are low, it has been possible to use capacity in other areas. The number of patients receiving relevant health services provided or subcontracted by Whittington Health NHS Trust in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was 540 at the time of writing (with further data to be uploaded). These patients all participated in studies adopted to the National Institute of Health Research (NIHR) portfolio. This was a decrease to each of the previous 5 years which (had included the highest annual recruitment recorded for the Trust in 2020/21) and reflected the challenges seen in opening new studies and reengaging clinical teams as they returned to pre-pandemic activities. The number of active NIHR Portfolio studies, 47 (30 actively recruiting, 17 in follow-up), has broadly been sustained during this period with Emergency & Integrated Medicine and Surgery & Cancer seeing the most activity (17 and 12 studies respectively) followed by Children & Young People and Women's Health. Acute Patient Access and Support services (having 8 studies each, with one cross divisional study).

Portfolio-adopted studies are mainly, but not solely, consultant led and are supported by the Trust's growing research delivery team to facilitate patient recruitment. In addition to the NIHR portfolio studies, an additional 4 non-portfolio studies commenced in 2022/23, a reduction of one from the previous year which had seen a pleasing increase in non-portfolio studies. There are plans in place to support the growth of locally led and locally focused research as a vital aspect of delivering the research strategy. Most non-portfolio research studies are undertaken by nurses, allied health professionals, and trainee doctors and the impact of these studies are frequently published in peer reviewed publications, at conference presentations, and are valuable in their ability to innovate within the Trust. In addition, small locally funded studies can provide the evidence needed to secure grant funding for larger scale projects and their potential to build capacity and capability to undertake larger research studies should not be underestimated. As a result of hosting two grants the Trust will receive enhanced Research Capability Funding (RCF) in the next financial year which will in part be used to increase and encourage both portfolio and non-portfolio research activity within the Trust.

CQUIN Payment Framework

A proportion of Whittington Health's income is conditional on achieving quality improvement and innovation goals between Whittington Health and NCL ICB through the Commissioning for Quality and Innovation payment framework.

Our CQUINs for 2022-2023 are:

- CCG 1 - Flu Vaccinations for Frontline Healthcare Workers (Target for achievement)
- CCG 2 - Appropriate Antibiotic Prescribing for UTI in Adults (Reporting only)
- CCG 3 - Recording of NEWS2 Score, Escalation and Response Times for Unplanned Critical Care Admissions (Target for achievement)
- CCG 5 - Treatment of Community Acquired Pneumonia in Line with BTS Care Bundle (Reporting only)
- CCG 6 - Anaemia screening and Treatment for Patients Undergoing Major Elective Surgery (Reporting only)
- CCG 7 - Timely Communication of Changes to Medicines to Community Pharmacists via Discharge Medicines Service (Target for achievement)
- CCG 8 - Supporting Patients to Drink, Eat and Mobilise After Surgery (Reporting only)
- CCG 9 - Cirrhosis and Fibrosis Tests for Alcohol Dependent Patients (Reporting only)
- CCG 13 - Malnutrition Screening in the Community (Target for achievement)
- Local Maternity CQUIN - 75% of continuity of carer for women from Black, Asian, Mixed and Minority ethnic communities and from the most deprived groups (Target for achievement)

For 2022/23 the Trust is required to undertake 12 CQUIN Indicators (9 National and 1 Local). However only 5 Indicators are included in the CQUIN payment scheme for 2022/23.

In 2022/23, 1.25% percent of our income was conditional on achieving national quality improvement and innovation goals agreed between Whittington Health and local commissioners through the CQUIN payment framework. These goals were set because they represent areas where improvements result in significant benefits to patient safety and experience.

Further details of the agreed goals for 2022/23 are available electronically at:
https://www.england.nhs.uk/nhs-standard-contract/cquin/2022-23-cquin/

Proposed CQUINs for 2023-2024 are:

- CQUIN01 - Flu Vaccinations for Frontline Healthcare Workers
- CQUIN02 - Supporting Patients to Drink, Eat and Mobilise After Surgery
- CQUIN03 - Prompt Switching of Intravenous to Oral Antibiotic
- CQUIN04 - Compliance with Timed Diagnostic Pathways for Cancer Services
- CQUIN05 - Identification and Response to Frailty in Emergency Departments
- CQUIN06 - Timely Communication of Changes to Medicines to Community Pharmacists via Discharge Medicines Service
- CQUIN07 - Recording of and Response to NEWS2 Score for Unplanned Critical Care Admissions
- CQUIN12 - Assessment and Documentation of Pressure Ulcer Risk
- CQUIN13 - Assessment, diagnosis, and Treatment of Lower Leg Wounds

- CQUIN16: Reducing the Need for the Use of Restrictive Practices in CYPMHS Inpatient Settings
- Local CQUIN - Core20plus5

There is a CQUIN Project Manager who leads, coordinates, and oversees the CQUIN projects and is responsible for the achievement of CQUINs. There is also a clinical lead and operational lead for each individual CQUIN. CQUIN progress information for 2022/2023 can be found in Appendix 7.

Registration with the Care Quality Commission (CQC)

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC carried out two inspections of the Trust during 2022/2023. One was conducted in Maternity services and the other was a 'mental health act monitoring inspection' of Simmons House our Child Specialist Community Mental Health Service for Children and Young People. The final report for Maternity services was received on the 28th April 2023. Only two domains were inspected during the Maternity inspection, and these were 'Safe' and 'Well-led'. The trust received a rating of requires improvement for 'Safe' and a rating of Good for the 'Well-led' domain which gave Maternity services a rating of 'Requires improvement'. The previous ratings for the other three domains of effective, caring and responsive were not taken into account as they were inspected jointly with Gynaecology services back in 2017. An action plan is being developed to address the findings in the report.

The Mental Health Act (MHA) monitoring report following the inspection' of Simmons House our Child Specialist Community Mental Health Service for Children and Young People, was received on the 30th March 2023. Concerns were raised by the young people to the inspectors about the hot water temperature, medication errors and the anti-barricade doors. An action plan has been developed to address these actions and sent to the CQC.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services (Surgery, Urgent and Emergency Care Services (ED), our Critical Care, Community Health Services for Children Young People and Families and Specialist Community Mental Health Services for Children and Young People). The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's '*Caring'* domain. The overall rating of the Trust has not changed following the CQC inspection of Maternity services in 2023 and remains 'Good' overall.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires Improvement	Good	Good	Good	Good	Good
Community	Good	Good	Outstanding	Good	Outstanding	Outstanding
Children's mental health services	Requires Improvement	Good	Outstanding	Good	Good	Good
Overall trust	Requires Improvement	Good	Outstanding	Good	Good	Good

The CQC action plan remains a focus for improvement; the actions are monitored by the responsible ICSU at their Quality meetings and through the Trust's Better Never Stops programme.

The CQC have moved to a more risk-based approach for service inspection since the COVID-19 pandemic began, this new approach focusses on reviewing data collected to trigger 'Direct Monitoring Activity' conversations. If there are still concerns or further action required after these conversations are

held, then this would trigger inspection activity. There will be a new assessment framework released by the CQC in 2023 to support this. Regular meetings have been held with our CQC Relationship Manager during 2022/2023. These have mainly focused on the following areas:

- Staff wellbeing and support
- Innovation at Whittington Health NHS Trust
- Elective services provision
- COVID-19 updates on outbreaks
- Serious incident investigations and CQC enquiries
- Victoria Ward
- Outpatients and diagnostic services – Core service focus
- Community nursing – core service focus
- Cancer waiting times – core service focus
- National audit program outlier status
- Maternity staff concerns raised to the CQC
- Pharmacy (direct monitoring activity conversation)

The most recent CQC engagement meeting was held in January 2023 and focused on recent leadership changes at the Trust and the current operational situation with impact on cancer performance and referral to treatment times due to COVID-19 and flu challenges. Our CQC relationship manager was given significant assurance on the areas highlighted at the meeting.

Secondary Uses Service

Whittington Health submitted records during 2021 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics. The percentage of records in the published data which included the patient's valid NHS number, and which included the patient's valid General Medical Practice Code were as follows:

		Percentage of records which included the patient's valid NHS number (%)	Percentage of records which included the patient's valid General Medical Practice Code (%)
2021/22	Inpatient care	99.45%	99.91%
	Outpatient care	99.62%	99.96%
	Emergency care	84.58%	100.00%

Data Item Score Average - April 2021 - December 2021

Information Governance (IG) Assessment Report

Information governance (IG) is to do with the way organisations process or handle information. The Trust takes its requirements to protect confidential data seriously and over the last 5 years have made significant improvements in many areas of information governance, including data quality, subject access requests, freedom of information and records management.

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health; hosted and maintained by NHS Digital. It combines the legal framework including the EU General Data Protection Regulations 2016, UKGDPR and the Data Protection Act 2018, the Freedom of Information Act 2000 and central government guidance including the NHS Code of Practice on Confidentiality and the NHS Code of Practice on Records Management. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements.

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. As a result, the Trust hopes to meet the majority of the mandatory assertions with an improvement plan in place for IG training which will likely be below the target of 95%. The Trust's DSP Toolkit submission and former IG Toolkit submissions can be viewed online at www.dsptoolkit.nhs.uk and www.igt.hscic.gov.uk.

All staff are required to undertake IG training. In 2022 the Trust ended the year at 86% of staff being IG training compliant. The compliance rates are regularly monitored by the IG committee, including methods of increasing compliance. The IG department continues to promote requirements to train and targets staff with individual emails includes news features in the weekly electronic staff Noticeboard and manage classroom-based sessions at induction.

Information Governance Reportable Incidents

IG reportable incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Reportable incidents are investigated and reported to the Trust's SIEAG Panel, relevant executive directorate or ICSU and the Caldicott Guardian and the Senior Information Risk Owner (SIRO). The IG committee is chaired by the SIRO who maintains a review of all IG reportable incidents and pro-actively monitors the action plans. The Trust declared two reportable incidents in 2022/23.

Data Quality

The Trust continued to work on a data quality improvement plan with significant improvements noted in the targeted areas. Trust monitors all national data submissions data quality at the point of submission and responds to any issues raised by NHS Digital with any remedial action required. Where system limitations have existed, the Trust continues to work with system suppliers to include fixes in the scheduled system upgrades as part of the supplier contracts. A regular review of the Data Quality Maturity Index (DQMI) scores published by NHS Digital Monthly is done at the Data Quality Group as well as the RIO User Group to highlight specific data quality issues requiring attention and to update on progress on data quality improvement initiatives.

To improve data quality in 2023-24 the trust will continue to embed the following actions:

- Replacing the Data Quality Group with a Data Quality and Business Intelligence Group that will include more stakeholder whose roles are relevant to maintaining data quality.
- Continue to use of data quality dashboards for services to individually monitor their own data quality as required. Plans are underway to improve the current dashboard and develop that in a more user-friendly platform that allows better collaboration.
- Issuing of regular data quality reports to specific services identified as requiring improvements.

- Continue monitoring data quality for each of the Integrated Clinical Service Units (ICSUs) through the Data Quality and Business Intelligence Group
- Undertake to complete any data quality related actions as stipulated in the Data Quality Improvement Plan (DQIP) requirements of Schedule 6 of the NHS Standard Contract
- Undertake regular internal clinical coding audits.
- Increase the frequency of the external clinical coding audit to every 6 months and produce and monitor action plans.
- Systematic use of benchmarking of data
- Actively engage in any national or NCL-wide data quality improvement initiatives

End of life care

Adult Specialist Palliative Care Service

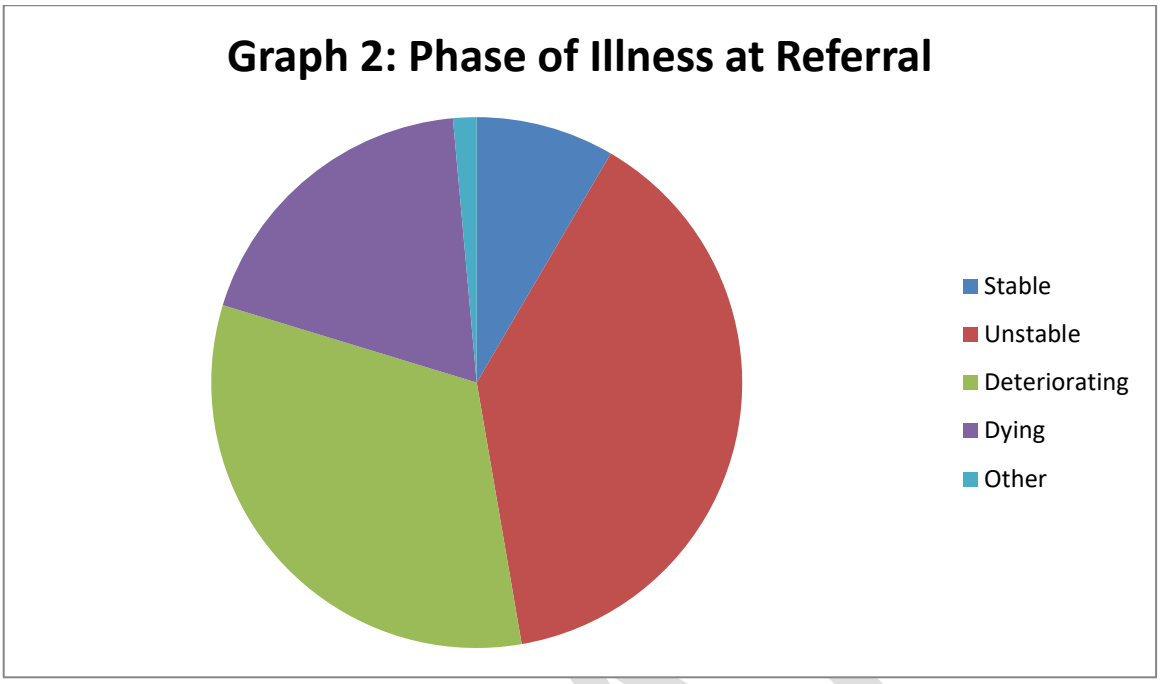
The Whittington Hospital Specialist Palliative Care team (SPCT) is a liaison service providing advice and guidance to the acute hospital teams caring for patients with palliative care needs. We manage physical symptoms, provide psychological support to patients and families, and engage in advance care planning to ensure that patients are discharged to their preferred place of care and die in their preferred place of death. We also provide education for non-specialist clinicians delivering palliative and end of life care.

The team has a visible presence across all hospital adult wards, including ambulatory care and ED. We have robust relationships and maintain regular contact with the Haringey (North London Hospice) and Islington (CNWL) community palliative care teams in order to facilitate joined up care across settings for patients and families.

Activity

At Whittington Health we cared for 503 patients who died during an acute admission in 2022. The SPCT saw over half of these patients. Our referrals were higher in 2022/23 than previous years, totalling 700. This is the highest number of referrals ever received by the service.

As well as increasing numbers of referrals, the complexity of our caseload has increased, particularly the amount of complex family support required. Over 70% of patients referred to SPCT in 2022/23 were in an unstable or deteriorating phase of their illness.



The SPCT proactively supports advance care planning discussions, including recording a patient's preferred place of care and death and whether this is achieved. Where appropriate, this is uploaded into the Pan-London Urgent Care Plan (UCP) so it is visible to all urgent and emergency care staff. In 2022/23, 225 palliative care patients had a UCP of which 104 were created or updated by the SPCT.

Quality and Performance Indicators

The Trust participated in the 2021/22 National Audit of Care at the End of Life (NACEL). This included a case note review (CNR) of all expected hospital deaths in April and May 2021, a hospital overview of governance and staffing (HGS), and a staff reported measure (SRM). The Trust was unable to participate in the Quality Survey designed to be sent to the families and those important to the deceased, as we have no robust mechanism for collecting these contact details. The summary scores for data collected include:

Table 1: Summary scores for data collected in NACEL

Key Theme	Source	National Summary Score	Whittington Hospital Summary Score
Communication with the dying person	CNR	7.9	8.5
Communication with families and others	CNR	7.0	6.9
Involvement in decision making	CNR	9.5	9.8
Individualised plan of care	CNR	7.7	6.8
Governance	HGS	9.7	10

Workforce / Specialist Palliative Care	HGS	8.1	3.1
Staff confidence	SRM	7.5	7.1
Staff support	SRM	6.4	5.3
Care and culture	SRM	7.3	6.9

Whittington Health scores are broadly in line with national performance. As in previous years, the Trust was a significant outlier in terms of specialist palliative care workforce. Since the audit period the SPCT have submitted a successful business case and recruited to a further 0.8WTE Band 7 Clinical Nurse Specialist post. This has enabled us to keep pace with our growing clinical workload and to renew our focus on education of ward staff, in response to our staff reported measure scores which are slightly lower than the national average.

NACEL Staff Survey Results and Education Action Plan

Thirty-three staff members responded to the survey which was circulated to all staff in summer and autumn 2021. The main feedback was that staff wanted more knowledge, education and training regarding palliative and end of life care to improve their confidence in caring for these patients. The survey reflects a time when staff had been engaged in caring for large numbers of patients with COVID-19, which is relevant in interpreting the results. It will be valuable to see results of subsequent surveys in future NACEL audits.

In response to the NACEL staff survey results, the SPCT has expanded its educational offer over the past year. This has been facilitated by an expansion of our Clinical Nurse Specialist team. Prior to the team expansion, we had been very limited in the education we were able to offer due to increasing clinical workload without a corresponding increase in staffing. The team has delivered training in 2022/23 as follows:

- Palliative care for student midwives
- Nursing students shadowing of team
- Syringe driver training on ICU
- Foundation year teaching on palliative and end of life care
- Respiratory team teaching on opioids and breathlessness
- HCSW Introduction to Palliative Care & Recognising Dying
- Nursing study day
- New staff nurse induction

Whittington Health elected not to participate in NACEL 2022/23. Results from the 2021/22 audit were made available informally in February 2022 and formally published in July 2022. It was felt that a further case note review of deaths occurring in April and May 2022, before any action could be taken on the results of the previous audit, would not add useful information and would take a significant amount of palliative care clinician time. This extra time was used to undertake staff training as described above, with our ongoing action plan in Table 2 below. The frequency of the national audit has now been reduced to biannually with the next round of data collection due in 2024.

All clinical staff caring for patients on medical and surgical wards need basic palliative care skills. Palliative and end of life care education ideally needs to be included in the induction and mandatory training programmes for all clinical teams. Over the past year, the SPCT has provided formal training

at New Nurses Orientation, study days (nurses, HCSWs, student midwives) and for medical and foundation trainees. The team also provides a significant amount of informal training and support (including reflective practice and emotional support) through working with ward staff caring for patients with palliative care needs and attending team Morbidity and Mortality meetings. The team is small and so to ensure all staff receive the training they need to care for patients towards the end of life the SPCT need to work with colleagues such as practice development nurses and ward managers. The team would be happy to work with the Learning and Development Team to agree a programme of mandatory training utilising the eLearning for Health (eLFH) resources for relevant staff if this is agreed.

Below are the main areas that professionals need training in, and how training can be expanded.

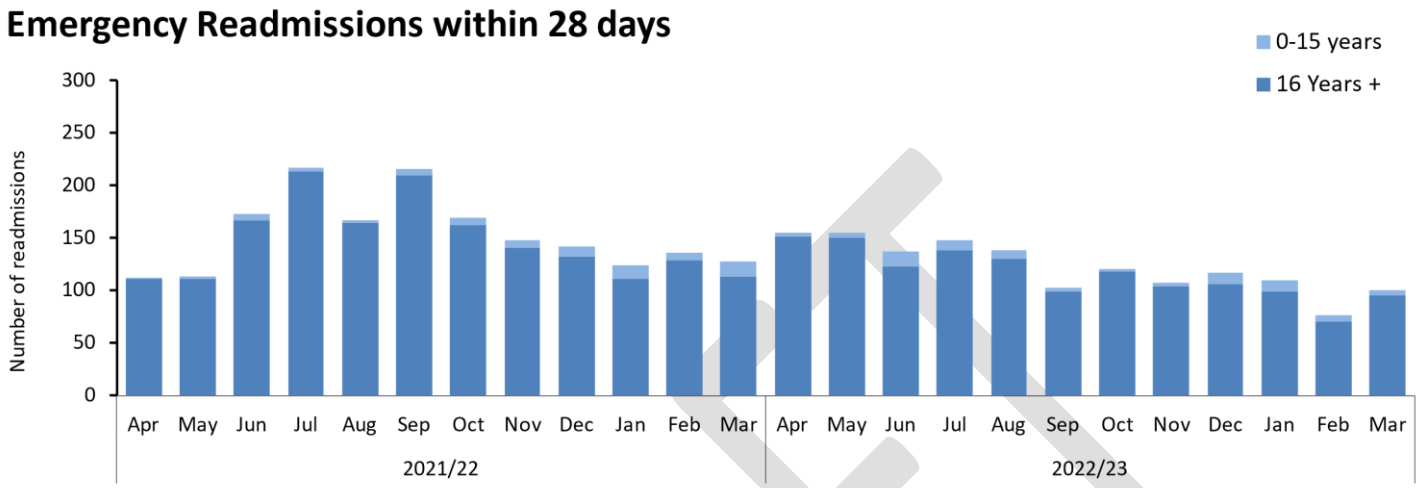
Table 2: Areas requiring training, current delivery and how training can be expanded:

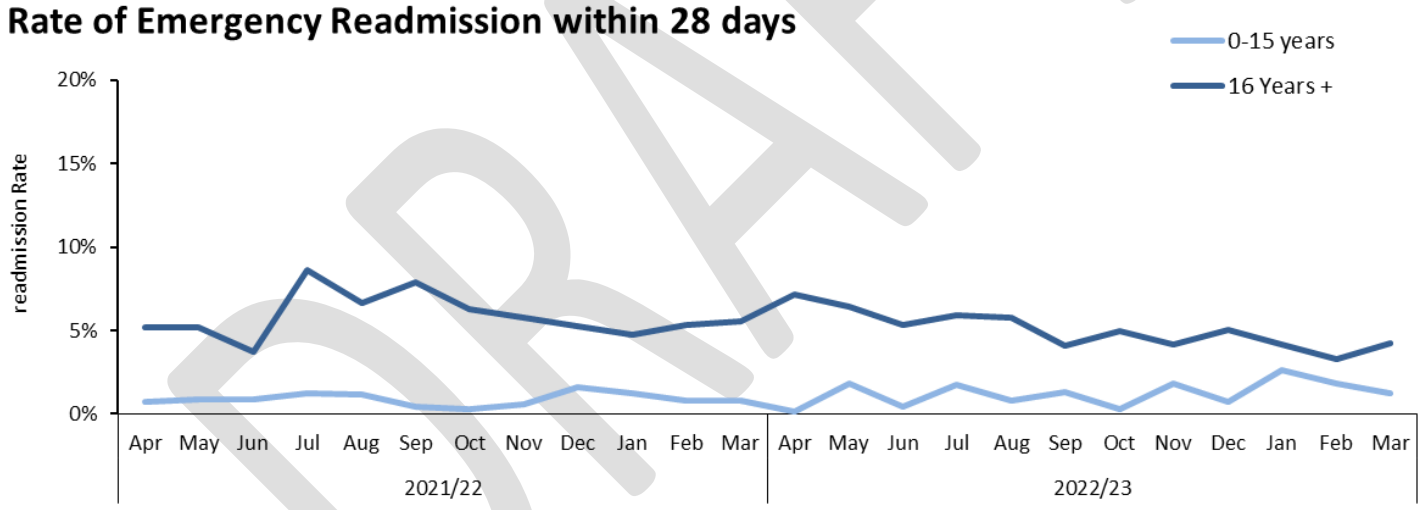
Topic	**How provided currently?**	**How could be expanded?**
Principles of PEOLC	Induction for nurses and medical trainees.	Induction and Mandatory training for all relevant clinical staff (could utilise eLFH modules).
Care of the dying patient	Induction for nurses and medical trainees. Study days. Working with palliative care teams on wards.	Induction and Mandatory training for all relevant clinical staff (could utilise eLFH modules).
Symptom control	Induction for nurses and medical trainees. Study days. Working with palliative care teams on wards.	Induction and Mandatory training for all relevant clinical staff (could utilise eLFH modules).
Syringe driver training	Syringe driver training currently available via PDNs. Specialist palliative care teams can support with ad hoc training. Ward managers are responsible for signing off staff competencies.	Ensure ward managers are keeping a record of syringe driver competencies.
Prescribing syringe drivers	Guidelines on intranet, at induction for trainees. 1-2-1 informal training.	
Communication Skills in PEOLC	Study days. Working with palliative care teams on wards	External courses eg Sage & Thyme

Learning from Deaths

Information to follow

Percentage of patients 0-15 and 16+ readmitted within 28 days of discharge





The Trust reports within stated requirements, the readmission data is reviewed thoroughly and compared closely to the metric that is used for routine board and departmental monitoring of readmissions.

*Data is reported against the month of discharge of the emergency readmission

*Data excludes patients between 0 and 4 years at time of admission or re-admission. Cancer and Maternity admissions and readmissions are excluded. Patients who discharged themselves are also excluded.

National data has not been published beyond 2011/12. Consequently, national comparison is not available, and this information is generated locally by the trust.

During 2022 the Trust has focussed on scoping and implementing initiatives to improve patient flow within the hospital and ensure safe discharges but, also reduce the numbers of patients requiring potential readmission within 28 days of discharge. Streaming pathways have been implemented and reviewed to try and reduce admissions and reduce waits against the 4 hour target, improving patient experience.

Our 'Multi Agency Discharge Event's' (MADEs) are now part of business as usual. They have regular input from Social Care, Clinicians, District Nursing and GPs to ensure patients are discharged to the most appropriate place for their care in a timely manner. However operational pressures have been experienced nationally which has affected discharge times. The data table that supports the graphs below can be found in Appendix Three.

The trust's Responsiveness to the Personal Needs of its Patients

Learning from National Patient Surveys

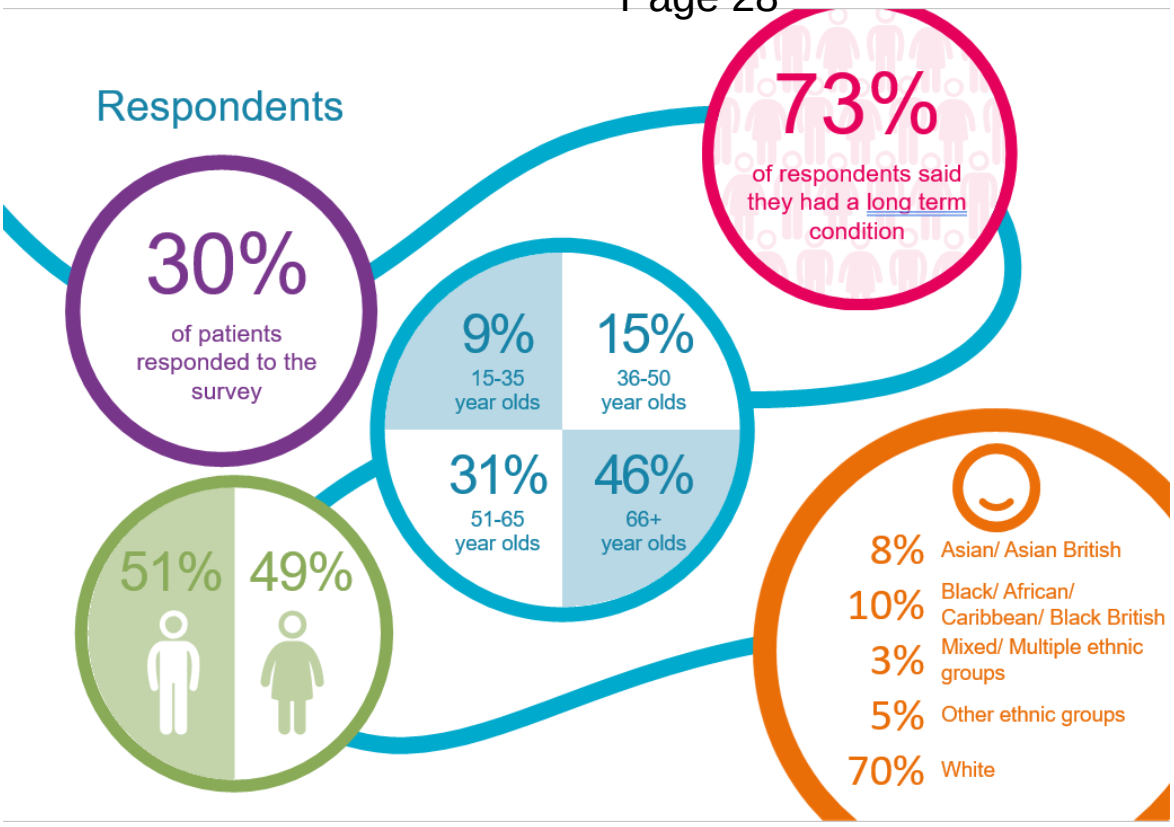
The Trust received the results for three national patient experience surveys during 2022/23. These were:

- 2021 Adult Inpatient Survey (published September 2022)
- 2022 Maternity Survey (published January 2023)
- 2021 Cancer Patient Experience Survey (published July 2022)

Adult Inpatient Survey 2021

1250 people, who stayed in hospital for at least one night during November 2021, were invited to take part in the survey. 30% of people responded, with a reduction of 3% response rate in comparison to our previous survey conducted in 2020. This percentage sits below the average response rate for similar organisations of 39%.
The survey, carried out by Picker on behalf of the Trust, used a mixed-mode data collection of both online and paper-based surveys, in addition to using a range of contact for invitation and reminders for completion, via letter and SMS format.
The survey was made available in a range of accessible formats, including Braille, Easy Read, British Sign Language, non-English languages, telephone assisted completes and a screen-reader compatible online questionnaire. In addition to this, a freephone language line service was available to provide translation services.

The representation of our respondents was as follows:



In comparison to the previous year, the following changes were noted within the demographics of respondents:

- An increased percentage response from those with a long-term condition (70% to 73%)
- A closer matched ratio of male to female participants (43/55% to 51/49%)

The key improvements and issues to address are summarised below:

Most improved scores since 2020		
↑	**98%**	Staff helped when needed attention
↑	**96%**	Room or ward very or fairly clean
↑	**91%**	Got enough to drink
↑	**79%**	Staff discussed need for additional equipment or home adaptation after discharge
↑	**98%**	Had confidence and trust in the doctors

Top scores vs the Picker Average			
	Trust Score	**Picker Average**	
☺	**90%**	**87%**	Given information about medicine at discharge

	16%	**13%**	Asked to give views on quality of care during stay
	97%	**95%**	Questions before procedure were answered well
	98%	**98%**	Staff helped when needed attention

Focus on Inpatient views	
77%	Rated overall experience as 7/10 or more
97%	Treated with respect and dignity overall
98%	Had confidence and trust in the doctors

Bottom 5 scores vs the Picker Average		
	52%	Food was very good or fairly good
	56%	Able to get food outside of mealtimes
	64%	Told who to contact if worried after discharge
	39%	Not prevented from sleeping at night
	58%	Staff did not contradict each other about care and treatment

Key successes include people getting help when they needed attention (Q30), increasing from 95% to 98% (above the national average of 97%). We maintained our scores for 98% of respondents having confidence and trust in their doctors (Q17), and 97% for answering questions before procedure well (Q32). These positive results are testament to the hard work and care of our clinical staff, and we will aim to maintain and even exceed these scores in future years.

96% of respondents reported that their room or ward was very or fairly clean (Q8), an increase on the previous score of 95%, in comparison to national results which saw a decrease in positive results since 2020.

When considering discharge from hospital, there was discussion about additional equipment or home adaption (Q37) for 79% of respondents (an increase from 78% in 2020), and their medications (Q41) for 90% of respondents (decreasing from 93% in 2020, remaining above the Picker average of 87%).

Looking at nutrition and hydration questions, there were both positive and negative results. We have increased our score for getting enough to drink (Q15) from 90% to 91%, matching the national average. This coincides with work done with staff to ensure patients are regularly asked whether they would like more to drink, and making water more readily available with the use of water dispensers on wards. However, our food score (Q12) has fallen to 52% from 55%. As the survey was conducted prior to the roll out of fully plated meals in January 2022 across all areas, allowing for increased patient choice at each mealtime, we hope to see a positive change in these scores in future patient surveys.

We continue to ask patients on their views on the quality of care during their stay, scoring 16%, which is 3% above the Picker average. However, this score has seen a downward trend since 2017 from 22%, showing our need to focus on accessing patient opinion more regularly during their stay. The Patient Experience and Volunteering team are currently working on ways to increase feedback received, and this area will be a goal to look to improve over the next year. The implementation of the Patient Safety Incident Response Framework (PSIRF) will support an increase in accessing patient views, as it has a key focus on engaging those with a lived experience of NHS care as a key part of incident responses and improvement work.

Staff Friends and Family Tests

Listening to Our Staff

This is the twelfth year in which Whittington Health as an Integrated Care Organisation (ICO) has conducted the national staff survey and the fifth year in which the Trust opted to invite all eligible staff to complete it. It is the second year Whittington Health has opted to run the survey online only. This paper summarises the results of the survey, draws out key comparative data and provides details of the proposed steps for updating staff and developing action plans. The 2022 NHS England-commissioned survey was sent to all staff in 124 NHS organisations. In 2022, 432,292 staff nationally responded with a median response rate of 44%.

This is the second year the survey results are aligned to the People Promise. There are seven People Promise elements which replace the old themes in addition to the existing elements of staff engagement and morale. A total of 117 questions were asked in the 2022 survey, of these 97 can be positively scored. Our results include every question where our organisation received at least eleven responses, which is the minimum required.

Of Whittington Health's (WH) 4519 eligible staff, 2019 staff took part in this survey, a response rate of 45% which is 1% below the average response rate for Acute and Acute & Community trusts using Picker. The Trust's response rate dropped by 7% since 2021. This is first time since 2017 that WH has experienced a response rate below 48%.

The purpose is to give staff a voice and provide managers with an insight into morale, staff engagement, wellbeing, culture and perception of service delivery. In 2020 NHS England and NHS Improvement took the decision to combine Acute trusts and combined Acute and Community trusts into one benchmarking group after analysis of the 2019 survey showed no substantial difference in the occupation group profiles or the overall distribution of scores or the survey themes for the two types of organisation. Whittington Health has been part of this newly combined Acute and Acute & Community Trusts group since 2020.

Staff Engagement Indicator

For the 2022 Staff Survey the key findings that make up the engagement score of staff are:

- Staff recommendation of the trust as a place to work or receive treatment (Advocacy)
- Staff motivation at work
- Staff ability to contribute towards improvements at work (Involvement)

Whittington Health's theme score of 6.8 for staff engagement is the national average 6.8 score and a reduction from the previous year which was 6.9.

Staff Morale Indicator

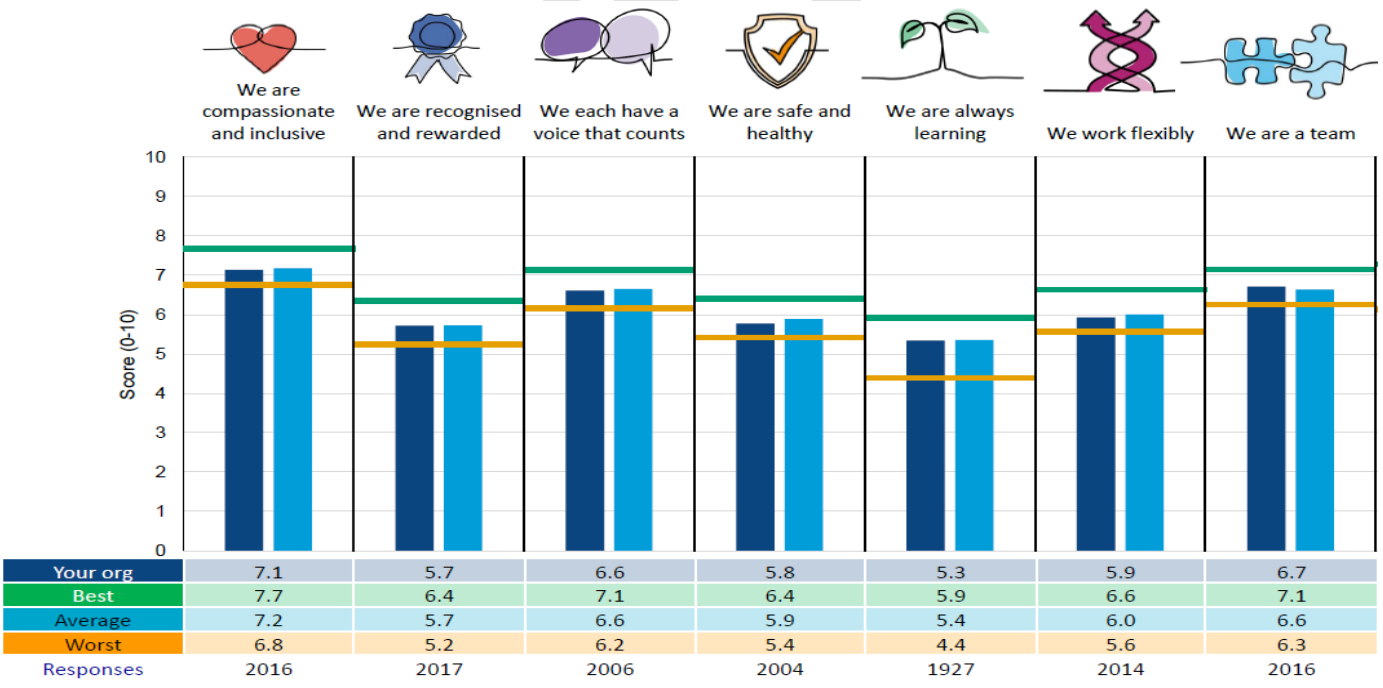
Whittington Health's theme score of 5.5 for staff morale which is slightly below the national average of 5.7 and a reduction from last year where morale stood at 5.6. The reduction follows a similar trend with other Acute and Acute Community Trusts.

The key findings that make up the Morale score are:

- Staff retention/turnover – thinking about leaving the organisation where the organisation scored 0.4 below average.
- Work pressures where the organisation scored 0.2 below average.
- Stressors – where the organisation scored average, and in line with other organisations.

Whittington Health – 2022 overall results – Themes

In 2022 Whittington Health is not ranked as 'worst' or 'best' in any of the themes. The Trust is slightly above average for one of the themes: We are a team; Average for two themes: We are recognised and rewarded, and We each have a voice that counts. The Trust has scored slightly below average in We are compassionate and inclusive, We are safe and healthy, We are always learning, We work flexibly.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team
Your org	7.1	5.7	6.6	5.8	5.3	5.9	6.7
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3
Responses	2016	2017	2006	2004	1927	2014	2016

Most improved scores

The table below shows the top five most improved scores for 2022 in comparison to 2021. Note that in the areas of Development and Reasonable Adjustments the organisation is still below the NHS average, with making reasonable adjustments to enable staff with disabilities to carry out their work 8.3% below average.

People Promise element or theme	Question	2021	2022	NHS average
We are safe and healthy: Negative experiences	q11b. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	36.6%	33.2%	30.6%
Morale: Stressors	q5c. Relationships at work are unstrained	46.4%	48.4%	44.0%
We are always learning: Development	q22e. Able to access the right learning and development opportunities when I need to	52.6%	54.8%	56.4%
We are compassionate and inclusive: Inclusion	q8b. Colleagues are understanding and kind to one another	68.7%	70.7%	69.6%
Not linked to People Promise elements or themes	q30b. Has your employer made reasonable adjustment(s) to enable you to carry out your work?	61.8%	63.4%	71.7%

Most declined scores

The below table indicates the most declined areas in comparison to 2021 and shows the overall NHS average in 2022. Note that despite the decline in these five areas since 2021, apart from the level of pay satisfaction, the Trust remains above NHS average.

People Promise element or theme	Question	2021	2022	NHS Average
We are recognised and rewarded	q4c. Satisfied with level of pay	25.7%	20%	25.1%
Staff Engagement/Advocacy	q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	67%	62.2%	61.9%
We are compassionate and inclusive: Compassionate Culture	q23b. Organisation acts on concerns raised by patients/service users	74.7%	70.7%	68.3%
We are safe and healthy: Health and safety climate	q11a. Organisation takes positive action on health and well-being	76.5%	70.6%	68.3%
We are safe and healthy: Health and safety climate	q13d. The last time you experienced physical violence at work, did you or a colleague report it?	76.5%	70.6%	68.3%

Highest and lowest scores in comparison to the NHS average

The below table shows the highest scores for WH in comparison to the NHS average scores.
The organisation has scored highly on quality of relationships at work and in two domains around line manager's asking staff opinions before implementing changes and providing clear feedback. The organisation has also scored positively around witnessing errors or near misses that could hurt the patients or service users.

Despite the organisation scoring positively (10% below NHS average) on staff not working additional paid hours, the trust is still 7.4% above NHS average where staff are working additional unpaid hours.

People Promise element or theme	Question	2021	2022	NHS average

Not themed	q10b. On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	30.5%	30.5%	40.4%
Morale: Stressors	q5c. Relationships at work are unstrained	46.4%	48.4%	44.0%
We are a team: Line management	q9c. My immediate manager asks for my opinion before making decisions that affect my work.	60.9%	62.1%	56.9%
Not themed	q17. In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	N/A	31.8%	35.2%
We are a team: Line management	q9b. My immediate manager gives me clear feedback on my work	64.7%	66.0%	62.1%

The table below shows the bottom five scores for WH in comparison to the NHS average.

The organisation has seen an improvement in some of the bottom scores since 2021, such as the organisation making reasonable adjustments for staff with long term conditions or disabilities, but it is still one of our lowest scored compared to the NHS average. The same applies to career progression, where the organisation has made an improvement of 2% but it is still below NHS average by 7.3%. The organisation has seen a decline and remains in the bottom scores in the areas of working additional unpaid hours, having adequate material to do my work and thinking about leaving.

People Promise element or theme	Question	2021	2022	NHS Overall
Not themed	q10c. On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	62.5%	63.7%	56.3%
We are safe and healthy: Health and safety climate	q3h. I have adequate materials, supplies and equipment to do my work	47.0%	46.5%	53.5%
Not themed	q.30b Has your employer made reasonable adjustment(s) to enable you to carry out your work?	61.8%	63.4%	71.7%
We are compassionate and inclusive: Diversity and equality	q15. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	46.3%	48.3%	55.6%
Morale: Thinking about leaving	q24b. I will probably look for a job at a new organisation in the next 12 months.	27.5%	30.5%	23.0%

Progress on the 2021 Staff Action Plan

In response to advice provided by the NHS Co-ordination Centre, the Trust sought to create action plans that focused on a small number of key areas to ensure progress is made and staff are able to experience the changes.

On receipt of the 2021 survey results the Workforce Directorate provided summaries of Integrated Care Service Units (ICSU) and Directorate results with three suggested focus areas for each ICSU and Directorate and a high-level action plan template.

The themes and templates were shared with all of the leads who were then tasked with cascading downwards, using the '***We Said We Did'*** templates to capture improvement work at team level. In addition to the templates and guides, departments and teams were issued with team coaching guides and action plan to support workshops.

To support managers and ensure staff were included in the process a number of workshops and support was offered by HR and Organisational Development (OD) to 'hot spot' teams. This included attending senior team Away Days, helping managers facilitate workshops to share the data and identify improvement areas.

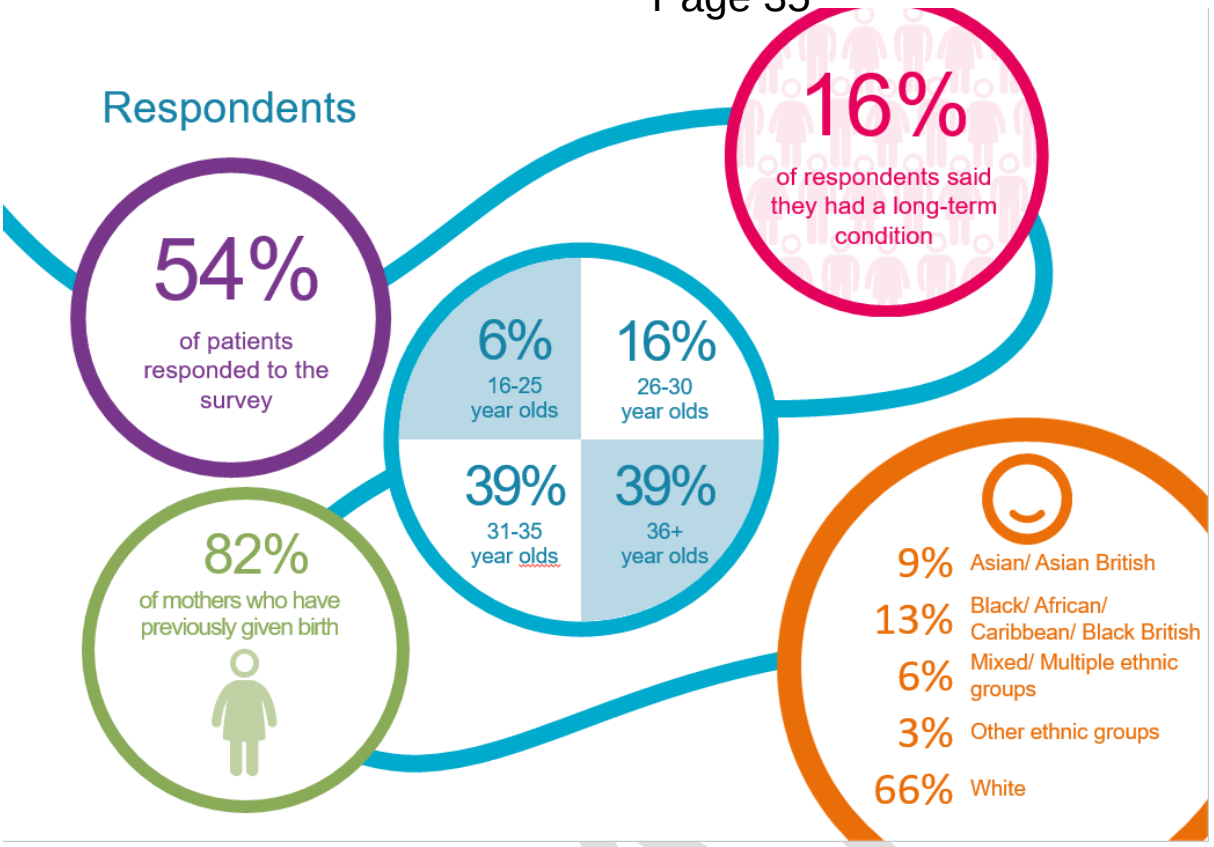
The scoring matrix from the 2021 staff survey, which illustrates the changes in scores from the 2021 survey can be found in Appendix 4.

Details of the Equality indicators for the staff survey can also be found in Appendix 5.

Patient Feedback: Learning from National Patient Survey Results

2022 Maternity Survey

300 people, aged 16 or older who had a live birth during the month of February 2022, were invited to take part in the survey. 54% of people responded, with a reduction of 7% response rate in comparison to the previous survey conducted in 2021. Although reduced, this response rate is above the average rate for similar organisations (48%).
The survey, conducted by Picker on behalf of the Trust, used a mixed-mode data collection of both online and paper-based surveys, in addition to using a range of contact for invitation and reminders for completion, via letter and SMS format. The online survey was available in nine non-English languages and included accessibility formats.
The representation of our respondents was as follows:



The number of respondents reporting a long-term condition remained static at 16%, as did the percentage of mothers who have previously given birth (82%). The percentage of respondents from ethnic minority groups increased from 29% to 31%.

Key findings, improvements and issues to address are summarised below:

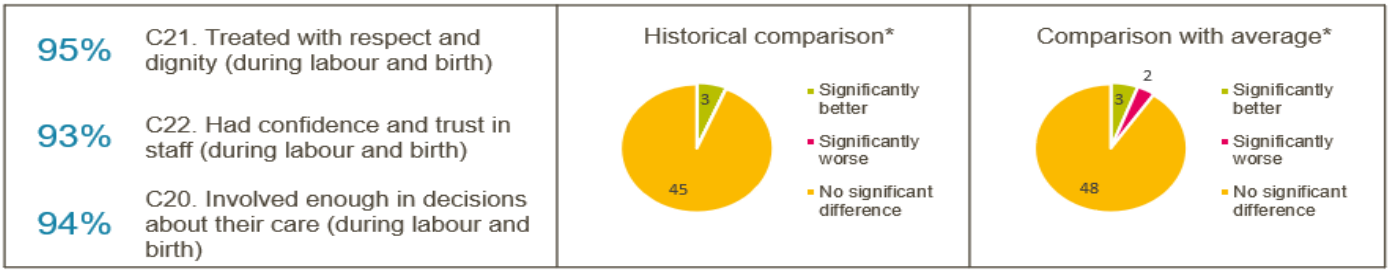


*Chart shows the number of questions that are better, worse, or show no significant difference

Most improved scores since 2021		
↑	**70%**	Saw the midwife as much as they wanted (postnatal)
↑	**71%**	Felt GP talked enough about mental health during postnatal check-up
↑	**69%**	Felt GP talked enough about physical health during postnatal check-up
↑	**84%**	Given enough support for mental health during pregnancy
↑	**72%**	Felt midwives aware of medical history (postnatal)

Top scores vs the Picker Average		
	91%	Found partner was able to stay with them as long as they wanted (in hospital after birth)
	85%	Given enough information about coronavirus restrictions and any implications for maternity care
	70%	Saw the midwife as much as they wanted (postnatal)
	90%	Involved enough in decision to be induced
	81%	Able to ask questions afterwards about labour and birth

Most declined scores		
	73%	Felt they they were given appropriate advice and support at the start of labour
	83%	Given information about changes to mental health after having baby
	93%	Had confidence and trust in staff (during labour and birth)
	80%	Given enough information about their own physical recovery
	94%	Involved enough in decisions about their care (during labour and birth)

Bottom 5 scores vs the Picker Average		
	72%	Provided with relevant information about feeding their baby
	73%	Felt they they were given appropriate advice and support at the start of labour
	63%	Received suppport or advice about feeding their baby during evenings, nights or weekends
	80%	Given enough information about their own physical recovery
	82%	Received help and advice about feeding their baby (first six weeks after birth)

Key highlights to note include the excellent feedback that **91%** felt their partners were able to stay for as long as they wanted (D7), in comparison to a national average of 41%, reflecting the Trust's proactive approach to risk assessing partner visiting during the Covid pandemic to allow this to continue safely. This score was in the top 10 out of 121 Trusts who conducted the survey.

The survey results indicate that further work can be done to improve provision of information, advice and support in maternity services (B16, F15 & F16: feeding information – 63% - 82%; C7: start of labour – 73%, F14: physical recovery – 80%; F12: mental health - 83%). Following the survey, an Ockendon visit took place in June 2022, which found that the service worked closely with the Maternity

Voices Partnership to drive improvement, including co-design of patient information. Additional quality improvement projects are currently underway looking at improving education and information for maternity service users, which we hope will be reflected in future positive survey results regarding information provision, advice, and support.

National Cancer Patient Experience Survey 2021

228 patients (with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2021) were invited to take part in the survey, and 88 responses (39%) were received.

The survey was conducted in both paper and online form, with respondents from 10 different tumour groups. Age distribution was from 25-85+, with 15% of total respondents from ethnic minority groups.

The executive summary is displayed below:

Questions Above Expected Range	Case Mix Adjusted Scores			
	2021 Score	Lower Expected Range	Upper Expected Range	National Score
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	86%	64%	85%	75%

Questions Below Expected Range	Case Mix Adjusted Scores			
	2021 Score	Lower Expected Range	Upper Expected Range	National Score
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	69%	75%	93%	84%
Q18. Patient found it very or quite easy to contact their main contact person	74%	77%	93%	85%
Q19. Patient found advice from main contact person was very or quite helpful	89%	91%	100%	96%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	94%	95%	100%	99%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	35%	42%	79%	61%
Q34. Patient was always able to get help from ward staff when needed	54%	61%	91%	76%
Q35. Patient was always able to discuss worries and fears with hospital staff	44%	50%	84%	67%
Q37. Patient was always treated with respect and dignity while in hospital	68%	78%	100%	89%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	70%	77%	100%	89%
Q41_1. Beforehand patient completely had enough understandable information about surgery	78%	80%	99%	89%

Q42_1. Patient completely had enough understandable information about progress with surgery	65%	74%	95%	85%
Q59. Patient's average rating of care scored from very poor to very good	8.4	8.6	9.2	8.9

To put this into context the results came during a period of extreme challenges for the delivery of patient centered care for Whittington Health cancer patients. Whilst it is accepted that many of the scores are below the lower expected range, Cancer Services valued the opportunity to learn and develop its services to ensure that these concerns are reduced in the future.

In response to the results, an action plan was drawn up to address some of the issues highlighted in the survey. The actions included:

- Building a stronger working relationship with other hospitals in order to enable better understanding of the needs of those with cancer or where cancer may be suspected.
- 'Ten at Ten' sessions were organised from September 2022 onwards giving the opportunity for the clinical nurse specialist (CNS) team to engage with other healthcare professions to support their learning and understanding about issues that might affect cancer patients. These included topics such as neutropenic sepsis and spinal cord compression which may be the cause of an acute admission. The CNSs also provide expert advice and guidance during a hospital admission, as their expertise and good practice is essential to the development of ward staff, which in turn enhances patient care.
- Training for frontline staff, including Ward Clerks and administrative staff around patient engagement. This was delivered by 'Wingfactors' (aviation experts) during Q2 and Q3 of 2022. This helped to promote and improve better communication with patients, their families and carers, especially during periods when a hospital stay was required. During the time of the survey, hospital visiting was very limited due to ongoing Covid-19 restrictions, which created further problems with access to information, especially for a patient's family and carers.
- Work is currently underway to increase the support available in cancer specific outpatient settings using volunteers. This is to improve the patient experience, but also gives the opportunity to engage with the patients to further support the collection of friends & family feedback (FFT)
- Face to face Health and Wellbeing events have also increased during the latter part of 2022. These help to increase engagement with different patient groups. This then supports patients to gain further information and awareness of support mechanisms, which helps to manage some of the concerns and anxieties that occur because of a cancer diagnosis and ongoing treatment. An example of this was the highly successful Prostate Cancer event held in September 2022. This focused on a patient group that had been poorly serviced in relation to ongoing support (men and in particular Black Men who have a disproportionately higher chance of being diagnosed with prostate cancer). The event brought patients and healthcare professionals together, provided access to information, personal testimonies of living with this condition and explored the need for ongoing support.

Patient Feedback: Friends and Family Tests

Family & Friends Test (FFT)

Response Rates

A total of 29,577 Family & Friends Tests were completed for the year, with an average of 2,465 per month. This is an increase on the previous year's average of 2,067 per month.

August 2022 received the highest volume of submissions, coinciding with focused intervention of Patient Experience team and Maternity services to increase response rates, going from a response rate of 202 in July, up to 517 in August. Whilst this improved rates for that month, the subsequent months did not maintain this rate, dropping to 167 the following month, demonstrating that further work is required to embed the practice of services proactively requesting service user feedback.

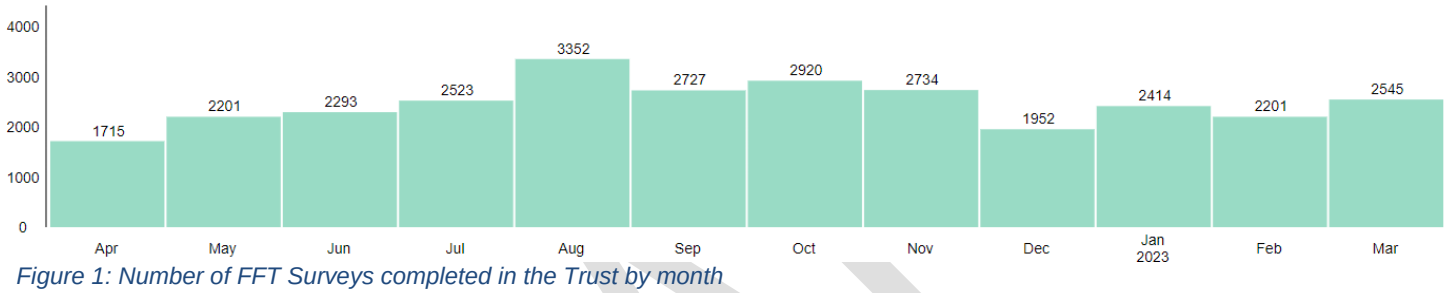


Figure 1: Number of FFT Surveys completed in the Trust by month

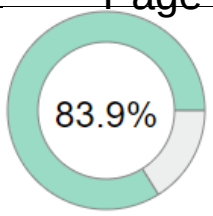
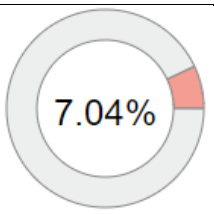
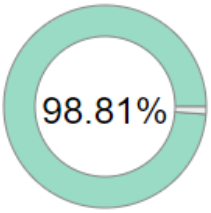
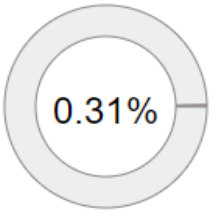
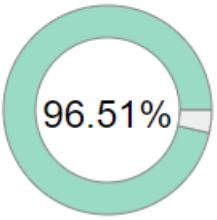
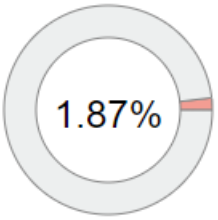
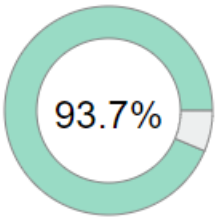
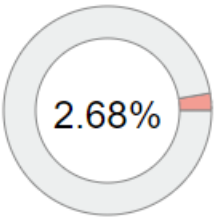
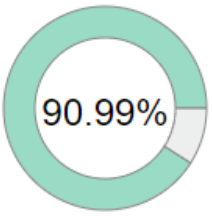
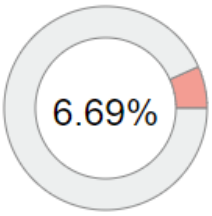
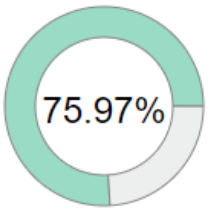
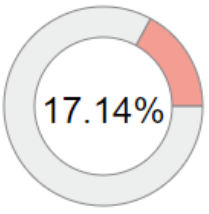
Work has continued within the Patient Experience Team and Voluntary Services to promote and collect FFT responses. This includes the ongoing work of collecting handwriten postcards to upload to the electronic reporting system. A new project was commenced in Quarter 4 of 22/23, with Patient Experience staff and volunteers regularly visting Outpatient waiting areas to promote completion of FFTs, making electronic tablets available for patients to complete.
FFT responses are received from a range of sources, including:

- SMS/text (12,329 responses)
- Smartphone app/tablet/kiosk (7,710 responses)
- Postcards (6,161 responses)
- Online survey after discharge/appointment (1,781 responses)
- Telephone survey after discharge of appointment (5 responses)

QR codes have been introduced across the Trust, enabling patients to provide feedback from their own devices, as well as reducing the need for manual collection and inputting of data. The automated SMS/text message is in place, with the largest number of SMS/text responses being received for the Emergency Department FFT (9,388).

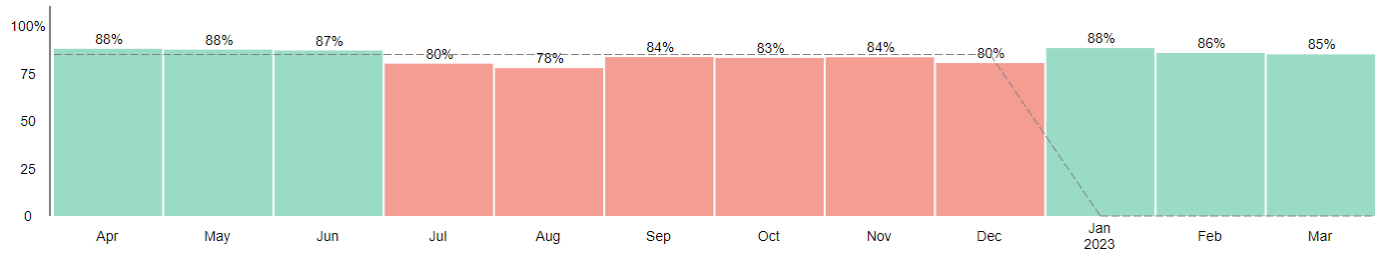
Scoring

The below charts demonstrate the percentages of "very good/good" versus "poor/very poor" responses.

FFT - All	 % very good or good	 % poor or very poor
FFT – Birth	 % very good or good	 % poor or very poor
FFT - Community	 % very good or good	 % poor or very poor
FFT - Inpatient	 % very good or good	 % poor or very poor
FFT - Outpatient	 % very good or good	 % poor or very poor
FFT – Emergency Department	 % very good or good	 % poor or very poor

The overall average has fallen from 89% to 84%, with lowest scoring noted within the Emergency Department and Outpatient FFTs. On further analysis, it is noted that this drop in responses were during Quarter 2 and 3, with an uplift in scoring during Quarter 4, reflecting a proactive response of Patient Experience and individual services to improve based on feedback received.

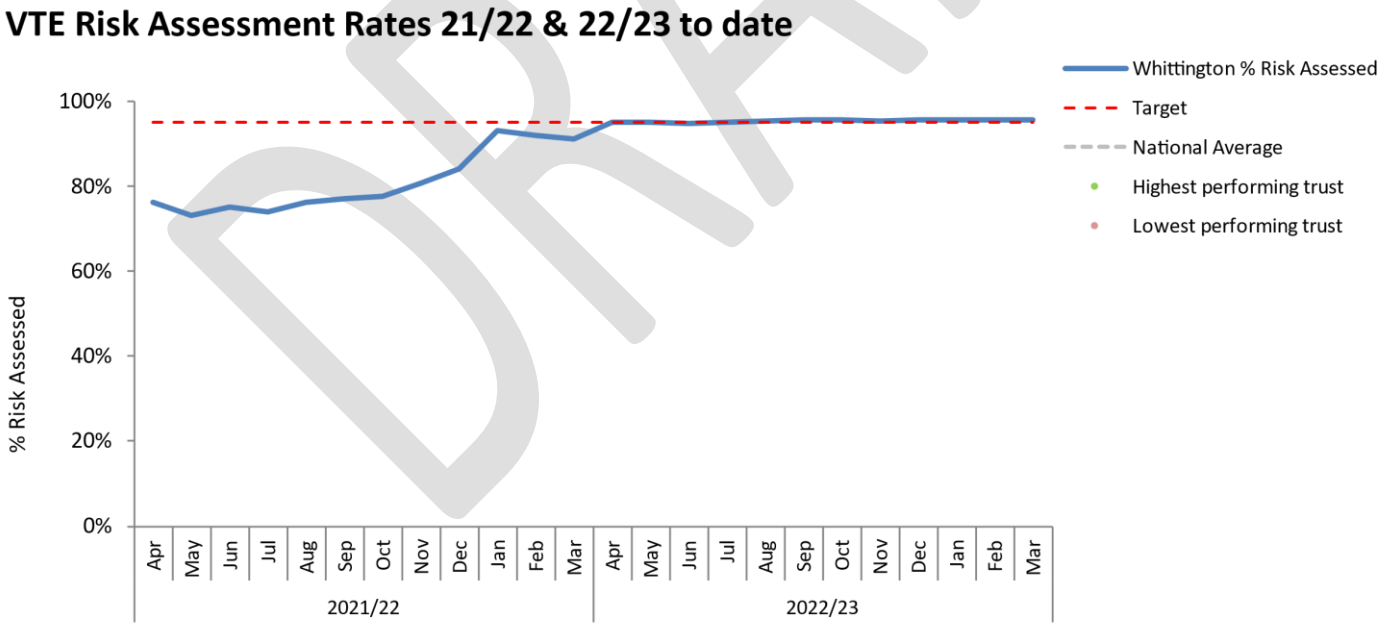
Figure 2: Very good and good responses for all FFTs



The Patient Experience and Engagement Strategy for 2023-2025 has been written and an action plan drawn up. Goals include:

- To expand methods used to receive feedback in order to engage with a wider audience that is representative of the community we serve.
- To increase our Friends and Family Test responses to baseline response rate seen prior to the Covid Pandemic.
- To engage and recruit patient representatives to be present and able to contribute at Trust meetings, playing an active role in improvements and learning from incidents.

Venous Thromboembolism (VTE)



Every year, thousands of people in the UK develop a blood clot within a vein. This is known as a venous thromboembolism (VTE) and is a serious, potentially fatal, medical condition. The Trust

policy requires all admitted patients are individually risk assessed and have appropriate thromboprophylaxis prescribed and administered.

Since April 2022 the Trust VTE Risk assessment compliance is consistently above 95% as per National Standards.

The following actions have been taken:

- Close co-operation between the VTE pharmacist and Information Technology to switch from a non-mandatory VTE RA on ICE Sunquest to a mandatory VTE RA form on Careflow clinical noting which happened in November 2021.
- A Quality Improvement project has been published internally as an example of successful implementation.
- Subsequent inclusion of the VTE mandatory form into gynaecology, paediatrics and elective surgical proformas to increase compliance rate and maintain a good level of safety in VTE prevention.
- Weekly VTE team meeting established to review actions to be taken to increase VTE RA compliance and policies/guidelines e.g., sub-massive PE, COVID guidelines updates, one-page anticoagulation and PE guidelines.
- A quarterly Thrombosis Committee meeting also established starting from March 2022 with a multidisciplinary representation.
- Weekly MDT meeting to follow up patients who might need bridging plans/haematology reviews.

Root Cause Analysis:

Root cause analysis continue to represent an educational tool for healthcare professionals on VTE thromboprophylaxis and the VTE pharmacist and the team are keen on keep collecting data to prove our Trust standards and implementing a robust reporting system.

- A report system is currently in place for the Trust to be able to provide data on Hospital Acquired Thrombosis (HAT) occurred annually in the Trust.

- Serious Incidents management (Datix) and co-operation with the Patient Safety Pharmacist and Patient Safety Group leads to help increasing awareness of incidents occurring related to anticoagulation.

The team is working towards an application as VTE Exemplar Centre.

Infection prevention and control

A senior lead nurse leads the Trust Infection Prevention and Control (IPC) procedures, in collaboration and under the direction of the Chief Nurse and Director of Allied Health Professionals, who is the Accountable Officer, and Director of Infection Prevention and Control. The Infection Prevention and Control Team (IPCT) provide a full service to hospital, dental, mental health and community services across Whittington Health NHS Trust. Operationally, they are a team of senior IPC nurses, audit person and an information analyst who support national, regional and local reporting on health care acquired infections (HCAI), Trust attributable bacteraemia such as Methicillin Resistant Staphylococcus Aureus

(MRSA) and Escherichia Coli (E. Coli); Clostridium Difficile infections, HCAI outbreaks; Seasonal respiratory illness e.g., Influenza and Sars-Cov-2 (COVID-19) across the Trust.

The focus is on prevention of infection through surveillance, audit, education, training and reaudit. The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

Health Care Acquired Infections (HCAI)

Nosocomial or Health Care Acquired Infections (HCAI) are defined as those occurring:

- as a direct result of treatment in, or contact with, a health or social care setting
- because of healthcare delivered in the community healthcare-associated infections
- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

(NICE Quality Standard- 13 - 2016)

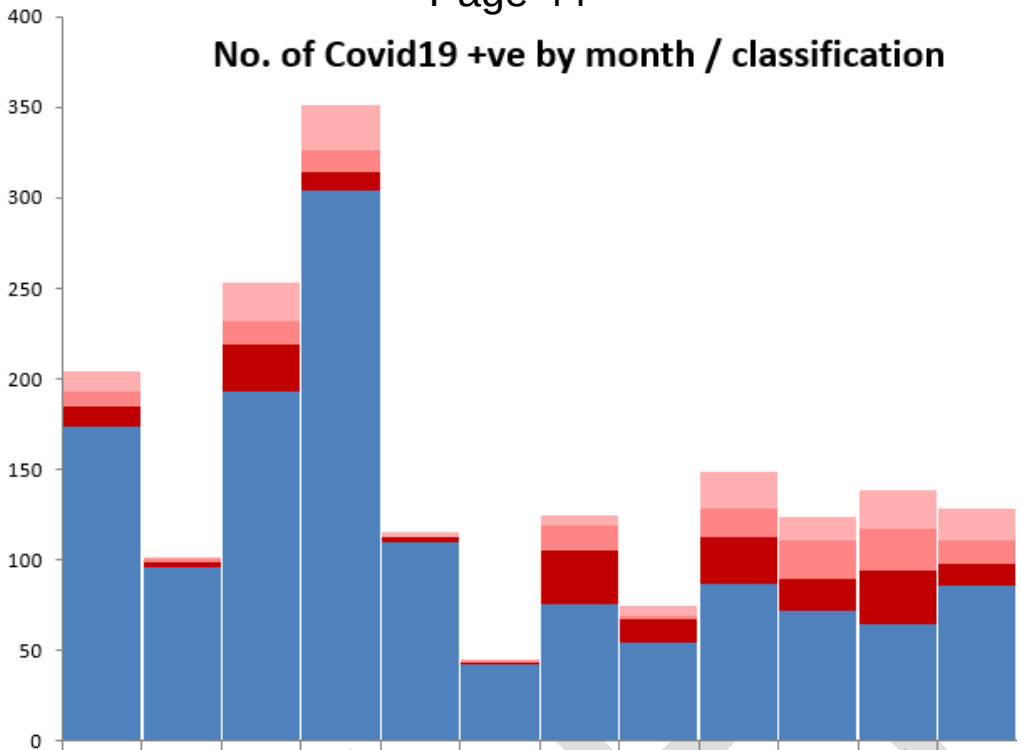
The UK Health Security Agency (UKHSA) monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools.

Management of healthcare associated infections

Whittington Health's infection prevention and control policy documents the importance of preventing and reducing rates of HCAI and the surveillance of potential incidents. This remains critical for inpatients who are at risk as they provide essential information on what and where the problems are and how well control measures are working.

Health Care Acquired Infections – COVID-19

2022-23 Covid surveillance continues, anticipating a drop of reported infections in line with August 2022 guidance pausing routine asymptomatic testing in a number of NHS settings (e.g., emergency, trauma). The Trust reports daily on all HCAI COVID-19 infections. There have been 182 definite COVID-19 HCAI cases in the reporting period 2022/23. Wherever known transmission has occurred, appropriate IPC measures are implemented, individual cases are reviewed and when necessary, closure of beds recommended. There is regular updating of the COVID-19 IPC guidance, and this is incorporated within local policies and guidelines to ensure all staff are kept up to date on Department of Health and NHSEI changes.



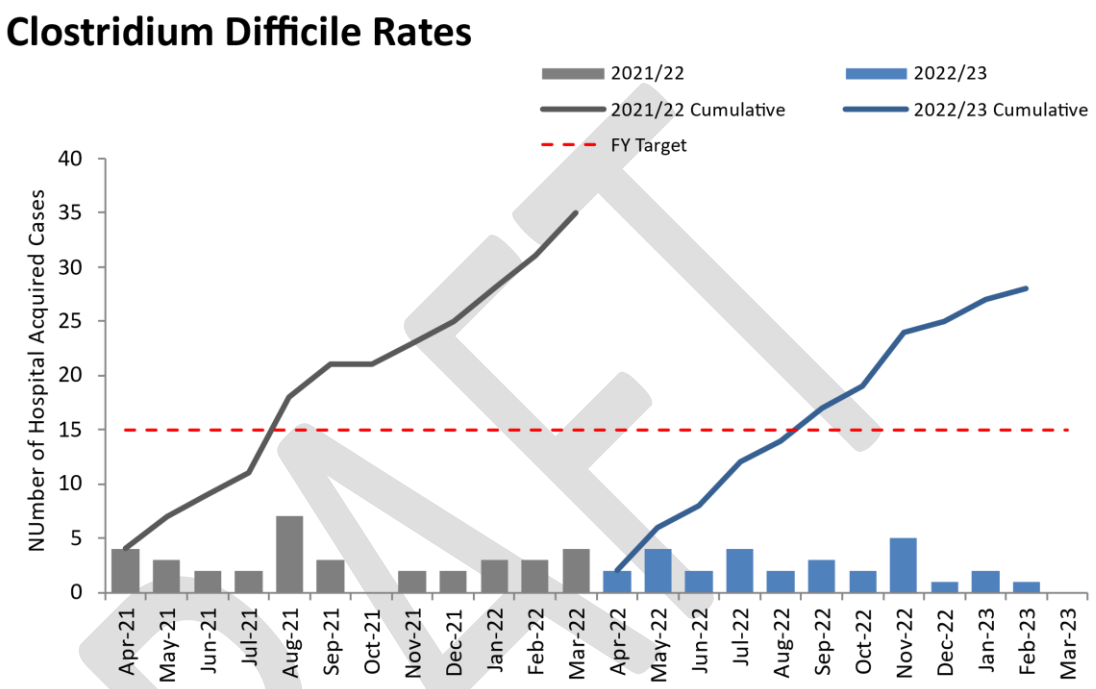
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2022									2023		
Intermediate HAI	11	1	21	25	2	1	6	6	21	13	22	17
Probably HAI	8	2	13	12		1	14	2	15	21	23	13
Definite HAI	11	3	26	10	3	1	29	13	26	18	29	12
Community Acquired	174	96	193	304	110	42	76	54	87	72	65	86

Health Care Acquired Infections – Other infections

The Infection Prevention and Control team continue to support the hospital and community services by performing the post infection reviews which focus on all aspects of the patient journey from pre-admission through to discharge when the patient acquires a HCAI. This includes a multi-disciplinary clinical review of all cases with rapid feedback of good practice and/or any lapse in care identified to prompt ward-level learning; these are reported at the Infection Prevention and Control Committee (IPCC) meeting to ensure Trust-wide sharing and learning and an appropriate platform for escalating outstanding actions.

2022/23 has seen an increase of Clostridium Difficile (C. Diff) cases compared with previous years which may be a threefold consequence of 1) increased use of key antibiotics required during the acute and subsequent phases of the COVID-19 pandemic 2) the altered surveillance definitions of health or community acquisition and 3) C. difficile threshold is calculated during the 12 months ending November 2021 data. If a trust had more than ten cases the threshold will be one less than the count. Up until February 23 Whittington Health reports zero cross infection in relation to this infection. March cases remain outstanding on referencing two sample strains to rule out cross contamination of two cases found in the same ward at the same time.

The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

Infection	Outcomes
MRSA (Methicillin Resistant Staphylococcus Aureus)	There is a zero tolerance on MRSA blood stream infections (BSI). Unfortunately, there were two reported case in the reporting year. The first case (February 23) is from an unclear source and a possible contaminant. The second case is probable source to be line related. There is Trust wide learning outcomes identified and dedicated work streams underway through audit and education.
Clostridium Difficile Infections (CDI)	 The UKHSA CDI trajectory recommended for 2022/23 within the Trust was set at 14, Whittington Health reported 21 cases of CDI (Hospital onset, healthcare associated (Day 2 or later since admission HOHA) above the target. All cases were investigated under collaboration with microbiology, pharmacy, IPC, nursing and the medical teams. There have been no lapses in care related to cross-transmission or antibiotic choices until February, March cases investigation continue. Recurring themes from post infection reviews (PIR) were: • Missed opportunity to send stool on time (making a CAI a HAI) • Not isolated ○ as no side room ○ not recognising infectious diarrhoea • Poor documentation ○ not being able to isolate not recorded ○ no pre-admission bowel habit recorded ○ no cause of diarrhoea assessment undertaken IPC are working alongside the EPR program team to ensure documentation on the frontline is intuitive, clear and simple. Rapid patient clinical assessment is essential for providing appropriate IPC management and reducing the spread of infection.

Infection	Outcomes
E.Coli Bacteraemia	Trusts are required under the NHS Standard Contract 2022/23 to minimise rates of both C. difficile and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England and Improvement. There were 17 Trust-attributed E. coli blood stream infections (BSI) this year of a trajectory set at 35. The national objective in line with the UK five-year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024 to which Whittington are on target.
Respiratory other than C19	This winter, there were 36 acquired cases of influenza within the hospital, no HCAI deaths were associated. Currently seeing slight increase in cases of Influenza B which is consistent with seasonal picture. Influenza A and RSV cases occurring in low numbers.
Surgical Site Infections (SSI)	National mandatory SSI reporting is one quarter / one orthopaedic surgical procedure. Whittington opted to report three quarters in 2022/23 on large bowel and repair of neck of femur fracture surgery as follows: • Apr to Jun 22 Large bowel Surgery and repair of neck of femur fracture surgery • Jul to Sep 22 No SSI surveillance undertaken • Oct to Dec 22 Repair of neck of femur fracture surgery – data being finalised • Jan to Mar 23 Repair of neck of femur fracture surgery The Trust reported: • 7 large bowel surgery SSIs • 0 repair of neck of femur fracture surgery SSI risk is above the national 90th percentile in both above operations although the number of operations occurring are small and could distort percentages. It is recommended by UKHSA that surveillance should be undertaken in more than one consecutive period or continuously so that 'more precise rates can be estimated from a larger set of cumulative data' (UKHSA 2013 – Protocol for the Surveillance of Surgical Site Infection). Large bowel surgery is complex and often with urgency therefore considered an increased risk of infection and therefore will cease surveillance in 23/24. Surveillance on reduction of long bone fracture surgery will be considered as a replacement of NoFs in 23/24 given the low operations performed.

Patient Safety Incidents

Patient safety incidents

The Trust actively encourages incident reporting to strengthen a culture of openness and transparency which is closely linked with high quality and safe healthcare.

Incident reporting has continued to increase to levels around those pre-pandemic. The patient safety team are continuing to raise awareness of the importance and usefulness of incident reporting through training based on the national patient safety syllabus.

Figure 1: Total number of incidents reported by financial quarters from 19/20 – 22/23 by level of harm.

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4
None	1279	1585	1582	1422	865	1128	1276	1196	1230	1121	1184	1018	1045	1128	1246	1302
Low / Minor (minimal harm)	479	420	457	461	463	439	535	558	649	643	636	555	633	619	552	646
Moderate (short term harm)	97	83	110	114	147	118	140	198	149	188	187	205	220	186	203	245
Severe (Permanent or long term harm)	9	2	7	3	6	3	5	5	4	3	3	2	5	3	5	6
Death - caused by the incident	0	1	1	1	1	1	1	2	2	0	0	0	2	2	1	1
Death - (NOT caused by the incident)	12	9	9	4	10	12	14	11	5	4	11	9	12	6	5	13
Total	1876	2100	2166	2005	1492	1701	1971	1970	2039	1959	2021	1789	1917	1944	2012	2213

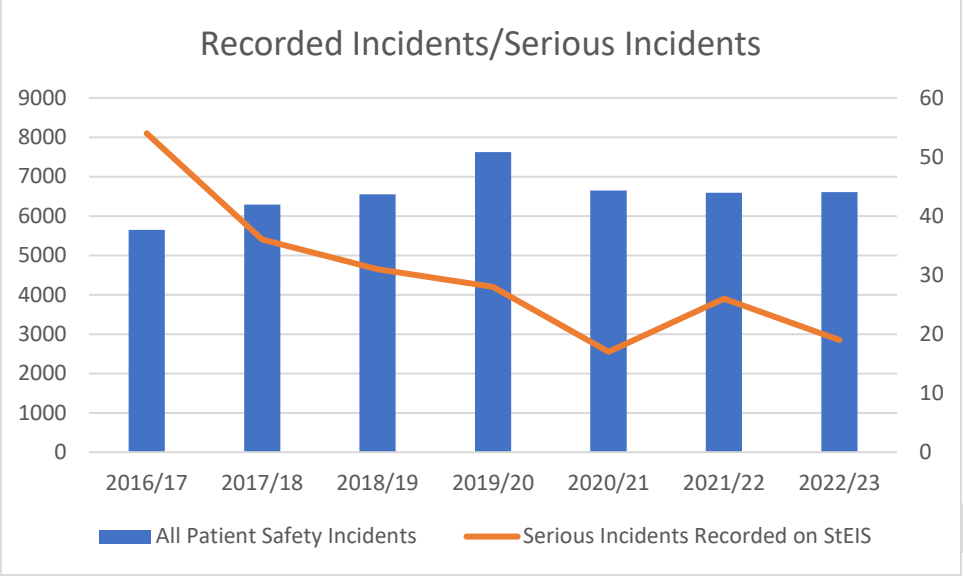
Serious incidents

The Serious Incident (SI) Executive Approval Group (SIEAG), comprising the Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, the Associate Director of Quality Governance and Serious Incident Coordinator, meets weekly to monitor and review SI investigation reports as defined within NHS England's Serious Incident Framework (March 2015). In addition, internal root cause analysis investigations with recommendations and actions are monitored and reviewed by the panel.

All serious incidents are reported to North East London Commissioning Support Unit via the Strategic Executive Information System (StEIS) and a lead investigator is assigned by the Clinical Director of the relevant Integrated Clinical Service Unit (ICSU). All serious incidents are uploaded to the National Reporting and Learning System.

During 2022/23 there were 19 serious incidents reported on StEIS. As illustrated in the graph below, the number of Serious Incidents declared as a proportion of all patient safety incidents has been reducing since 2016. This is a positive trend, indicative of an open, transparent safety culture where reporting of incidents is encouraged, with a higher volume of incidents which are near misses or low harm incidents.

Figure 2: Serious Incidents declared, as a proportion of all patient safety incidents 2016-2023



In preparing for the new Patient Safety Incident Response Framework (PSIRF), Whittington Health have reviewed processes to ensure that the identification of systems issues and human factors remain at the forefront of our work with a focus on learning and improving practice. The Serious Incident Executive Advisory Group (SIEAG) have supported the use of alternative tools, such as After-Action Reviews, a Multidisciplinary team (MDT) approach, Quality Improvement projects and audit projects, to drive change.

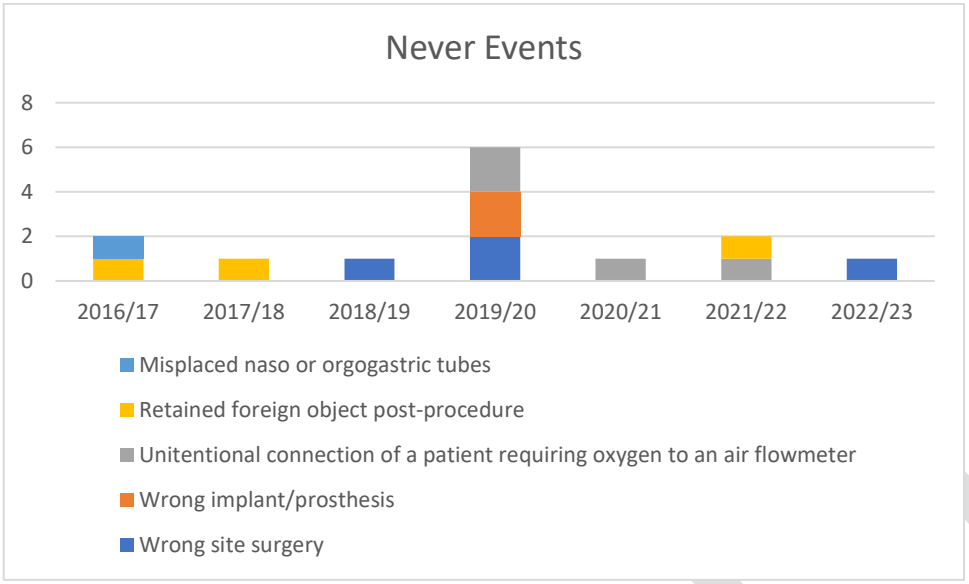
Completed investigation reports with a summary letter, highlighting key findings and changes made as a result, are shared with the patient and/or family member with an offer of meeting with the Trust to discuss the findings.

Lessons learned following each investigation were shared with all staff and ICSUs involved in the care provided, through various methods including the 'Big 4' in theatres, and 'message of the week' in Maternity, Obstetrics, and other departments. Learning from incidents is shared through trust wide multimedia such as a regular patient safety newsletter, as well as at local ICSU Quality & Risk meetings and other internal media sources.

Never Events

A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented; this is a list of specific events defined nationally.

Figure 3: The number of Never Events reported by Whittington Health from 2016 to 2023



During 2022/23, the Trust reported one Never Event which was wrong site surgery.

A patient who was admitted to Whittington Health NHS Trust for an elective shoulder procedure in the Day Treatment Centre (DTC). As part of the anaesthetic plan, the patient was to be given a general anaesthetic and an interscalene brachial plexus block.

Unfortunately, the interscalene brachial plexus (nerve) block was performed on the incorrect side. This was immediately noted. Surgery was cancelled and rebooked for the following day. Subsequent surgery (and correct side block) occurred uneventfully on the following day 25/10/2022.

Learning from the incident:

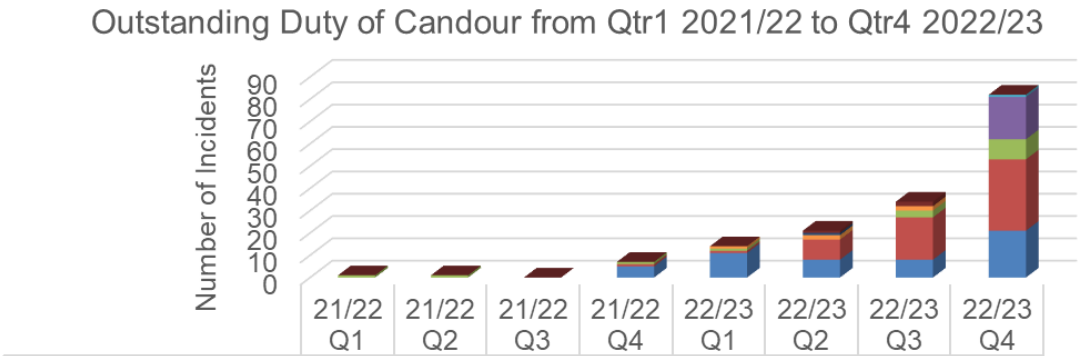
- Remember to complete the WHO surgical list with the anaesthetist undertaking the procedure present.
- Remember to 'Stop Before You Block' for all anaesthetic team members involved in the procedure.
- To ensure patients are not asked leading questions about their procedures.

Duty of Candour

Since 2014 there has been a statutory duty of candour to be open and transparent with patients and families about patient safety incidents which have caused moderate harm or above. The Trust complies with its statutory obligations but also strives to apply being open principles for low harm patient safety incidents which do not meet the statutory criteria.

During 2022/23, 132 Duty of Candour requirements were completed.

Figure 4: Outstanding Duty of Candour for incidents reported from Q1 2020/21 to Q4 2022/23



	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4
Nursing and Patient Experience	0	0	0	0	0	1	2	0
Strategy	0	0	0	0	0	1	0	0
Facilities and Estates	0	0	0	0	1	2	2	0
IM&T	0	0	0	0	0	0	0	1
ACS	0	0	0	0	0	0	0	19
ACW	1	1	0	1	1	0	3	9
EIM	0	0	0	1	1	9	19	32
S&C	0	0	0	5	11	8	8	21

There are currently 166 incidents between Qtr1 2021/22 to Qtr4 2022/23 across the Trust that have outstanding Duty of Candour requirements. This is a risk on the corporate risk register with mitigating actions in place to significantly reduce the backlog. ICSU risk managers are prioritising any incidents for which duty of candour is either not recorded on Datix or is outstanding to rectify any administrative errors.

Central Alerting System (CAS) Alerts

Patient safety alerts are issued via the CAS, which is a web-based cascading system for issuing alerts, important public health messages and other safety information and guidance to the NHS and other organisations. The Trust uses a cascade system to ensure that all relevant staff are informed of any alerts that affect their areas.
In 2022/23 the Trust received 34 safety alerts (of which eleven were National Patient Safety Alerts issued by NHS Improvement/NHS England). These have each been actioned and closed as appropriate.

Safety alerts are reviewed by the relevant group — for example Patient Safety Alerts are reviewed at Patient Safety Group, and Estates and Facilities alerts are reviewed at Health and Safety Committee — in addition there is a six-monthly Safety Alert Group in place to review performance regarding the closure of all CAS alerts.

The Quality Governance Committee monitors compliance with CAS alerts, and the Quality Assurance Committee receive updates on any concerns as part of the quarterly Quality report.

Freedom to Speak Up

The Freedom to Speak Up Guardian (FTSUG) for Whittington Health is continuously working to engage with teams and services across Community and Hospital departments and strengthen its relationships across the trust. The Guardian has adapted to meet the needs of staff over the course of the COVID-19 pandemic where there are less opportunities to meet staff face to face. As the year has ended, more people have been preferring face-to-face appointments as before the pandemic started.

The Guardian has worked closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. the Trust launched the new **Speak Up badges** to improve the visibility of the Speak up Advocates network and allies across the Trust. The new badges state '**Freedom to Speak Up, Speak to me**" encouraging people to approach the network. The Intranet page was improved, enabling everyone to access it through the main page on the site. An all-staff email was sent to everyone in the organisation about Freedom to Speak Up (what we do, who we are and how to contact us). Another email is scheduled to be sent Spring 2022 as a reminder that everyone can reach out in a safe confidential way. Posters across the community health sites are being updated displaying information about the Speak Up Advocates working on that site. The Guardian continues to be part of the Nurse, Midwives and Allied Health Professionals Preceptorship Study Day and Newly Qualified Nurses Orientation Training, Health Care Support Worker (HCSW) Development Programme and Medical Education Induction to explain how to raise concerns safely and confidentially, raising the profile of FTSU. The Guardian continues to attend the Trust Induction Day for all new starters.

The collaboration between the FTSUG and the Organisational Development team and Human Resources continues to be fundamental to reinforce learning and acting on the concerns received. This collaboration has allowed the trust to challenge cultural behaviours, bullying and harassment and detriment in a serious, committed, and constructive way.

The Guardian has offered regular supervision and support to consolidate the network of Speak Up Advocates. Currently the network, representing diversity, equality, and inclusion across the Trust, has 45 Advocates, across job roles and services. They are trained to actively listen to colleagues raising concerns and provide unobstructive emotional support for staff in difficult meetings.

Whittington Health has been working closely with the joint Directors of Race, Equality, Diversity & Inclusion and all the Staff Networks to listen to staff concerns, promote a healthy and positive Speak Up culture and help remove additional barriers that staff may face in speaking up. Collaboration and mutual support are growing between the FTSUG and the Networks leadership, who have been escalating concerns and signposting accordingly to the Guardian some of the concerns raised within the network's members.

During this year, the FTSUG received 84 initial concerns that required action. These 84 concerns created 84 new opportunities for change and improvement. We always thank staff raising concerns for this valuable contribution. Considering the impact of COVID-19 and winter pressure, it is encouraging to see the number of concerns is returning to the levels seen prior to the Pandemic. Only two concerns were anonymous and have been reported internally and investigated. This hopefully represents a gradual change to an open and positive culture for raising concerns and suggests that staff are starting to feel more confident and safer to disclose their identities while speaking up. 54 concerns presented an element of bullying or harassment. 14 involved patient safety/ experience. Aligned with the National figures reported by the Guardians to the National Guardian office, the percentage of cases at

Whittington Health involving an element of patient safety or quality of care has decreased, while cases involving elements of bullying and harassment have also dropped.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused on a new National Guardian's Office Freedom to Speak Up e-learning package, in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up. Also, following the national workforce race equality standard (WRES) in depth review of race equality and the WRES data at Whittington Health, there was feedback that some staff report still feeling cautious about speaking to the FTSUG or Advocates. Communication and work to support black and minority ethnic staff gaining further confidence in the role will be a priority over the next 6-12 months. Proactive engagement with our temporary, agency and bank workers is also a priority for the next 12 months.

Guardian for safe working hours – (GoSWH)

There continues to be a significant emphasis on the safety of junior doctors' working hours. This has been reflected in the ongoing engagement with the exception reporting process by both junior doctors and their supervisors. These clearly document the extra hours worked over and above their rostered hours, as well as the breaks that are missed. The time accrued through exception reports continue to be reimbursed with either time off in lieu or payment. The reasons for extra hours worked are analysed to try and effect change to prevent this from recurring where possible.

This year has seen ongoing issues with significant staff shortages across all training grades due to high levels of sickness coupled with high levels of acuity of patients, as we have seen across the wider NHS. There also continues to be high levels of fatigue and burnout amongst all staff and the hard work and resilience of junior doctors is to be commended.

There continues to be good engagement with the process of exception reporting as laid out in the 2016 terms and conditions. There has been an ongoing effort to encourage all specialities to promote and encourage the use of exception reporting and a particular emphasis on those at higher levels of training where low levels of exception reporting is typically seen. The reasons for this are being explored.

The Guardian of Safe Working Hours has worked closely with the junior doctors' forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. This is also where the spending of monies generated from exception reporting is discussed and decided. This process will continue.

Seven Day Service Standards

Whittington Health is committed to the 7 Day Hospital Services (7DS) Programme. The programme supports providers of acute services in tackling the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. The Trust has made progress with all 4 priority standards, particularly Standard 6 where the Trust is now fully compliant for the first time this year. The Trust continues to do focussed improvement work on the remaining priority standards to move towards 100% compliance:

- **Standard 2**: Time to initial consultant review: this has been reaudited annually as part of the national Society of Acute Medicine Benchmarking Audit (SAMBA) and the Trust have

consistently showed that we meet time to initial consultant review with the exception of patients arriving between 1500 and 2000 as this would require significant investment as would require an extension of the standard working day of General Medical consultants to midnight. Currently the acute medical admissions are covered by a consultant on the floor from 0800 to 2000 in line with most acute medical units which allows for the teams to ensure the sickest and most complex patients are prioritised for review which may well explain why no complaints, clinical incidents or feedback from mortality reviews have included lack of timely consultant review as a quality concern over the last year when the Acute Medicine team have monitored for this outcome.

- **Standard 5**: Access to diagnostics: The magnetic resonance imaging (MRI) service is now available during daytime hours 7 days a week on site for spinal cord compression with out of hours cover still provided at The National Hospital for Neurology and Neurosurgery (NHNN). Echo cover increasing with training programme underway of Intensive Care Unit, Emergency Department, and acute medical staff to provide 7-day cover by 2025.This is taking longer than anticipated last year due to key staff being required to cover acute work.
- **Standard 6**: Access to consultant led interventions: All areas are compliant with either onsite or as network pathway with partner Trusts. Access to 24/7 Interventional Radiology is via an onsite 6-day daily service with emergency out of hours cover provided by University College London Hospital which is working well.
- **Standard 8**: Ongoing daily consultant-directed review: In most specialities this is place-Obstetrics and Gynaecology, Surgical specialities, ITU, Paediatrics but remains challenging in Medicine. The electronic record and handover system and effective daily meetings (Board Rounds) has allowed effective prioritisation for daily review but it must noted that at weekends the weekend consultant staffing in medicine not adequate to allow consultant level ward reviews rather this task is delegated to the ward registrar who asks for consultant input from the on-site consultant if required. This is under active review with QI plans for 2023-4 to trial adding in another weekend consultant to support the ward patients.

  The Trust is fully compliant with the remaining standards 1, 3, 4, 7, 9 and 10 which are assessed through self-assessment annually.

Part 3: Review of Quality Performance

This section provides details on the progress the Trust is making with the Quality Account priorities 2020-23. the Key milestones and targets were identified for Year 3 (2022/23), and notwithstanding the impact of the COVID-19 pandemic the Trust has made significant progress.

Priority not achieved
Priority partially achieved
Priority achieved

Priority 1: Reducing harm from hospital acquired deconditioning

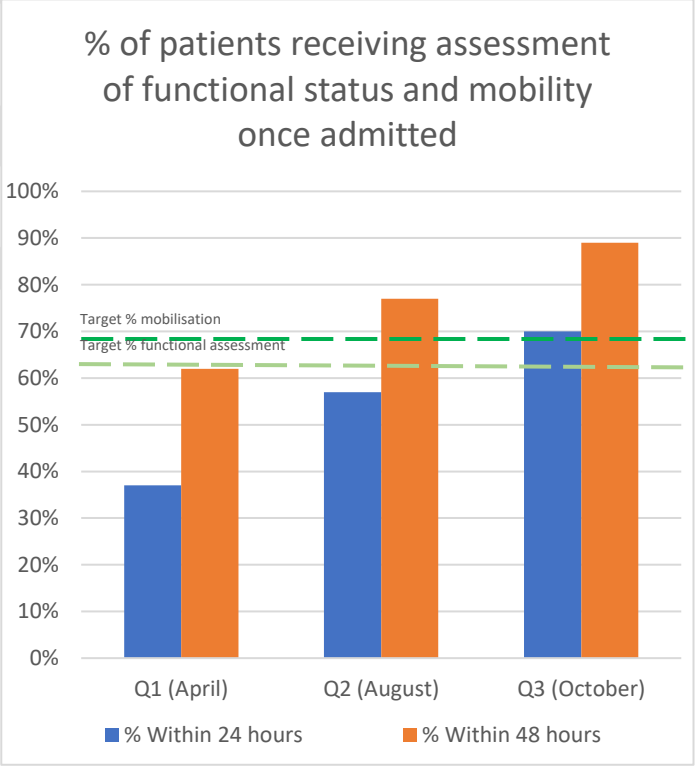
Aims for 2022/2023:

What did we achieve in 2022/23? – Project 1: Patients in Hospital

Project 1: Patients in Hospital:

- Goal 1: For 65% of patients to have assessment of functional status within 24 hours.
- Goal 2: For 70% of patients to be mobilised within 24 hours.
- Goal 3: To ensure that 15 patients are mobilised daily.

<u>Functional status & Mobilisation within 24 hours:</u>
During 2022-23, project work was undertaken by multidisciplinary (MDT) colleagues within the acute settings to promote the importance of early mobilisation to reduce hospital acquired deconditioning. It was identified that assessment of functional status included mobilisation, therefore intervention and audits for these goals were combined. Intervention across the year included: daily therapy attendance at ward board rounds and safety huddles; using clinical frailty score to identify and prioritise those requiring early assessment of mobilisation; development and promotion of clear therapy inclusion and exclusion criteria; MDT Falls presentation at local Grand Round to promote links between deconditioning and mobility.



Initial audits conducted in Q1 demonstrated a range of 37-51% of patients having an assessment of their functional status within 24 hours of admission, rising to a range of 62-74% being assessed within the first 48 hours of admission. Following engagement with therapy

staff in the project, a clear inclusion and exclusion criteria was produced to identify those that would be appropriate for assessment within the first 24 hours of admission.

Audits conducted in Q2 demonstrated that functional assessment within 24 hours had increased to 57% (and up to 77% within 48 hours of admission). Further analysis of the data demonstrated the robustness of therapy screening, as 8 patients (out of 120) that did not receive an assessment during their admission all met the therapy exclusion criteria. Of those patients admitted for less than 24 hours, 100% received appropriate intervention, either receiving an assessment or excluded from assessment in line with the criteria produced.

A further audit conducted in Q3 demonstrated a further increase to 70% assessment within 24 hours, up to 89% within 48 hours of admission.

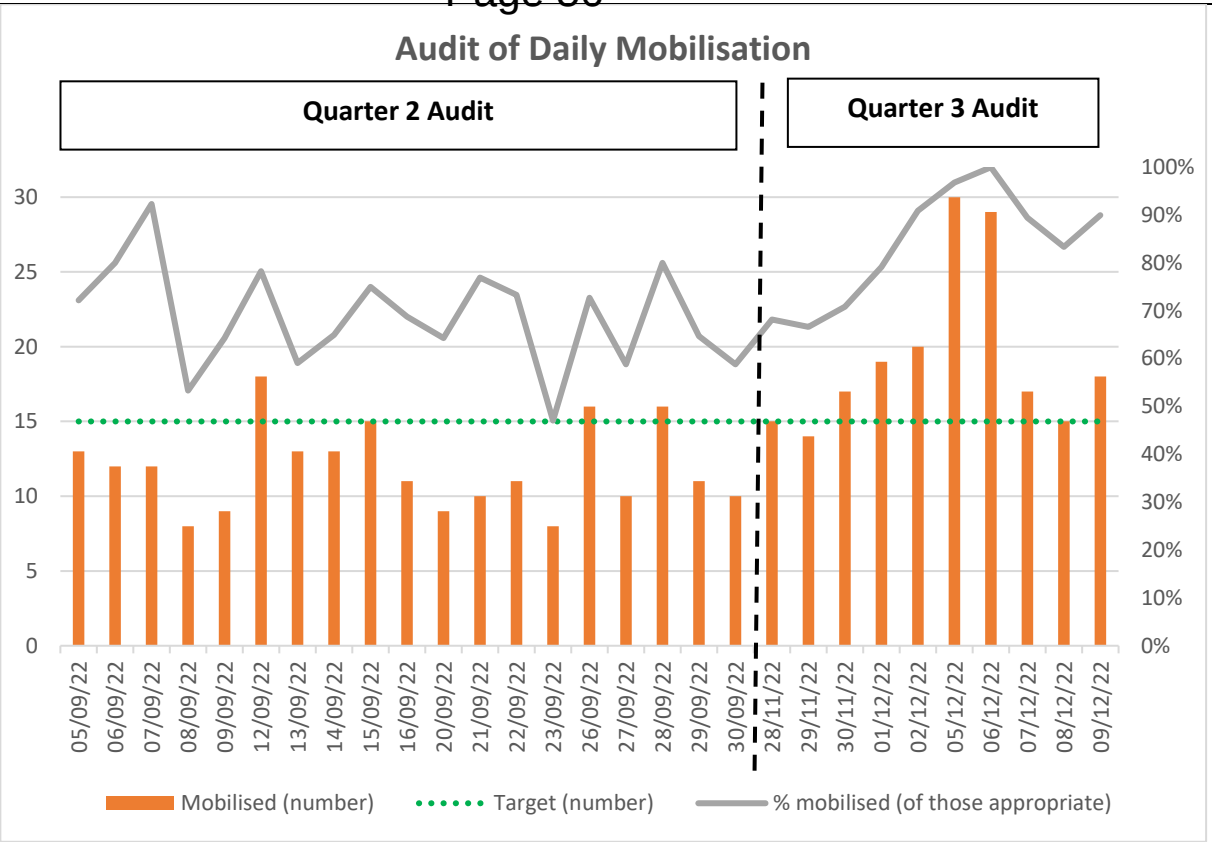
Daily mobilisation:

Coyle (a 32 bedded ward) was identified as a speciality ward that cares for those with neck of femur fractures, and therefore appropriate as a focal point for the daily mobilisation project.

In Q2, an audit of daily mobilisation was carried out, with results indicating that an average of 12 patients were mobilised per day, with an average of 69% of those appropriate to be mobilised.

The audits identified several reasons for patients declining to mobilise, including pain, fatigue, agitation, and nausea. Based on these results, the therapy team looked at ways to eradicate barriers. This included raising awareness of importance of mobility to patients, staff, and visitors with posters as well as staff education. Barriers to mobilisation were raised and discussed in daily board rounds, considering optimisation of analgesia, identification of patients that those independently mobile or able to be assisted by nursing staff (rather than solely reliant on therapy for mobilisation). Further ideas included focusing on toileting, washing, and dressing as ways to promote retaining independence and mobility.

Following these interventions, a repeat audit was carried out which demonstrated an improvement in daily mobilisation, with an average of 19 patients mobilised per day, and an average of 84% of those appropriate to be mobilised.



What did we achieve in 2022/23? – Project 2: Discharge

Project 2: Discharge:

- Goal 1: To reduce length of stay through implementation of a delirium discharge pathway pilot.
- Goal 2: Reduce medically optimised patients by 50% on a daily basis.
- Goal 3: Virtual Ward to utilise 20 beds daily (4 of these for patients with delirium)
- Goal 4: Reducing length of stay for patients who require a 'Trial without Catheter' (TWOC) by at least one day.

Delirium Discharge Pathway

This has been very successful in Islington, the number of people we have taken out on this pathway has been higher than anticipated. Further funding has been agreed by the Integrated Care Board (ICB) to continue to support this successful pathway. It was implemented in Haringey in January 2023 the delay was due to recruitment and funding challenges, that have now been resolved. The plan is to continue this priority until it is fully embedded in Haringey as well as Islington.

Reducing Medically Optimised Patients

This priority has not been achieved and will be rolled over to 2023/2024. There has been an increase in medically optimised patient delays which has been attributed to lack of placements and care resources in the community.

Virtual Ward Utilisation

This priority has been consistently achieved throughout 2022/2023. Virtual ward has exceeded past the initial 20 bed usage at times due to the successful utilisation and we plan to increase the use of Virtual Ward bed usage for 2023/2024.

Reducing length of stay for patients who require a 'Trial without catheter'

This priority was not achieved as the pathway was only implemented in January 2023. This was due to funding being discontinued. Further funding streams have been agreed and the priority is being rolled over for 2023/2024 to maximise the impact on length of stay.

What did we achieve in 2022/23? – Project 3: Reducing admissions

Project 3: Reducing admissions:

- Goal 1: Utilisation of new falls pick up service to support people to be supported at home rather than requiring admission.
- Goal 2: Newly restructured Urgent Response and Recovery Care Group to streamline discharge and ensure patients are seen by the right clinician first time and within the new national guidance of 2 to 24 hours.

Information to follow.

Priority 2: Improving communication between clinicians, patients, and carers:

Aims for 2022/23:

We aim to improve communication with patients and their relatives by:

What did we achieve in 2022/23? - Project 1: Implementing Zesty

Project 1: Implementing Zesty (an online, secure, interactive platform that is easily accessible) to improve outpatient's experience and quality of communication.

- Goal 1: Introduction of Zesty in all outpatient clinics by the end of March 2023
- Goal 2: 30% of outpatients to be onboarded to the app by end of March 2023
- Goal 3: Improved patient satisfaction in outpatient communication.
- Goal 4: Improved timeliness of patient appointment correspondence showing a positive impact of reducing 'Did not attend' (DNA) rate.

The Zesty programme has made excellent progress in 2022/2023 having undertaken a successful pilot in Haematology and Respiratory service in Q1 of 2022, the technical processes work correctly and importantly we surpassed our patient registration target by 3% achieving 43%. The programme has received the green light for full acute roll out (Phase 1) with go live commencing from the 10th of January 2023.

Portal benefits include:

- Reduction of physical outpatient appointment letters being printed and posted, therefore a reduction in costs
- Option to add appointments to personal calendars from the portal
- Patients don't need to worry about misplaced appointment letters, service contact details available on the portal
- NHS App integration - Early 2023 we will see the Zesty portal accessible via the NHS app through a single point of access for our patients using their existing NHS log ins.
- Reduced DNA rates - portal users can autonomously cancel and reschedule their appointments without calling a member of the booking team (Phase 2).
- Relieving pressure on booking staff and/or call centre and clinic staff by reducing the number of calls from patients* (Phase 2).

*Benefit dependant on adequate number of future available appointment slots.

Parallel to the Zesty Project, the Wayfinder Project has been gaining traction over the last few months and plans are for this to be ready for a go live decision by the end of January 2023. The Wayfinder Project is collaborative work with NHS England to integrate the Zesty Patient Portal into the NHS App for a single point of seamless access to outpatient appointment information.

The Project Management Office (PMO) are also exploring additional features within the portal which were not part of the initial project scope. These include:

- Forms/questionnaires for portal feedback,
- patient-initiated bookings,
- Community integration
- Clinical letters.

What did we achieve in 2022/23? - Project 2: Improving contact with NOK

Project 2: Improving timeliness of contact with a patient's Next of Kin (NOK) for those admitted to hospital.

- Goal 1: For 70% of NOK details to be checked within 24hrs of admission by end of March 2023.
- Goal 2: For 70% of NOKs to be contacted within 24 hours of admission by end of March 2023.

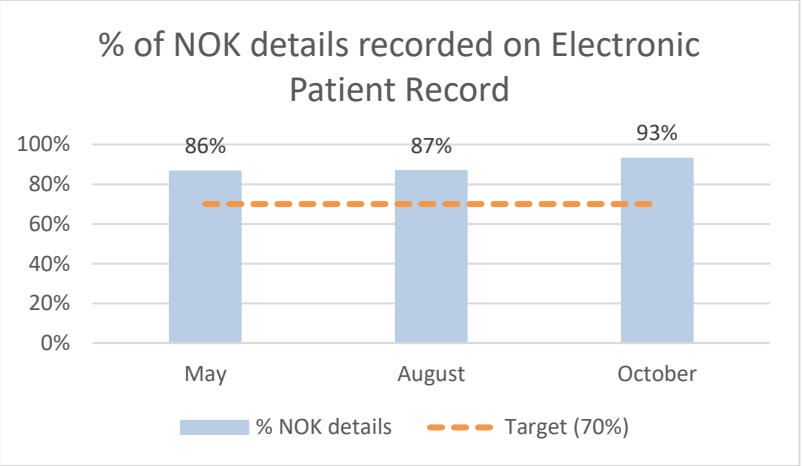
<u>NOK detail checking</u>

A baseline audit was conducted to establish the number of NOK details recorded on the inpatient electronic note system. It identified that of 889 adult, non-elective admissions in May 2022, 86% had NOK details recorded. For the remaining 14%, errors ranged from no information recorded, partial information recorded (e.g., name with no number, number with no name), or incomplete telephone numbers recorded. The audit identified that the system did not record when details were last updated. On exploration of this with Information Technology, it was identified that the system was not able to account for this, and that alternative ideas needed to be explored to ensure the information recorded was current and accurate. This led to multiple changes ideas, including:

✓ Emergency Department (ED) staff handing out NOK information cards for patients to fill out whilst they were in the waiting area and returning to front desk once completed, to avoid "bottle necking" occurring at the front desk when NOK details required updating, or in cases where patients were reluctant to provide details out loud in a busy ED environment.

- ✓ ED administrative team sharing ideas about how they record updates on the system, using free text areas to include date/time of NOK updates, as well as recording if patients declined to give details or reported no known NOK.
- ✓ A prompt to check NOK details via admission board rounds was introduced.
- ✓ IT reviewed accessibility of EPR, to ensure that staff who may receive updates to NOK details have the correct access to update the system.

Following introduction of these, NOK details were re-audited in August and October. August data (883 non-elective adult admissions) showed a 1% increase in details recorded, with a further increase of 6% (13% above target) from baseline by October (970 non-elective adult admissions). Records with no information recorded fell from 8% at baseline to 3% by October. Although this shows improvement and an achievement of the target set, the gold standard for NOK contact details should be 100%, as in the event of emergencies or a change in a patient's ability to communicate and provide informed consent, NOK contact details would be required. It is therefore recommended that further improvement work continues with capturing and maintaining accurate NOK details.



<u>NOK Contact</u>

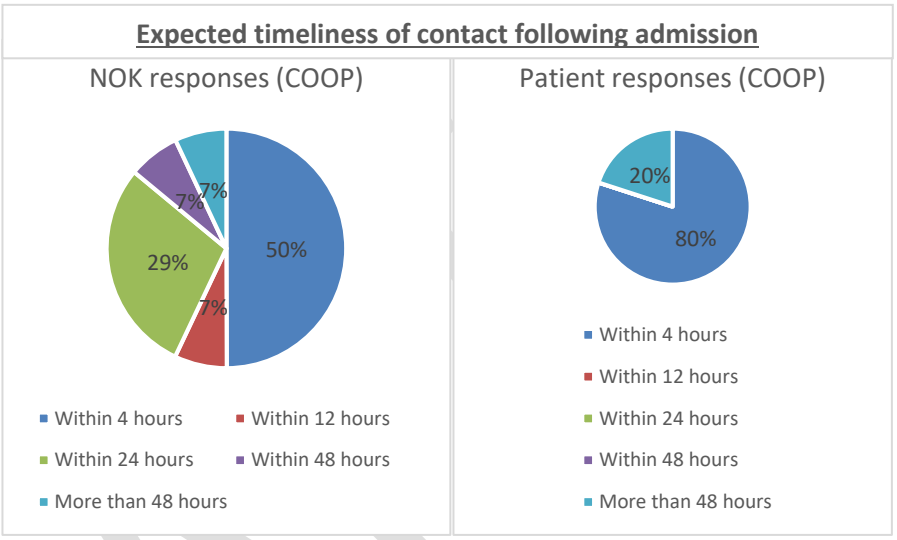
A baseline snap-shot audit of 30 patient records was conducted in May. 13 next of kins were contacted during their admission, 11 occurring within 24 hours of admission. Those not contacted included 15 patient (50%) where notes indicated there was no concern regarding the patient's communication, ability, or capacity, and the patient was provided with updates directly, with the expectation that they would provide the information they deemed necessary to their own NOK.

Following this audit, stakeholders within the admission wards were identified and consulted as to how to improve timeliness of NOK contact, as well as developing clear criteria for those requiring an update within 24 hours. This resulted in change ideas being introduced in Admissions including updating post take documentation that had a section regarding discussion with NOK/patient, and addition of a NOK discussion column in the electronic white board, placed in a prominent position to ensure it was highlighted during daily multidisciplinary (MDT) discussion.

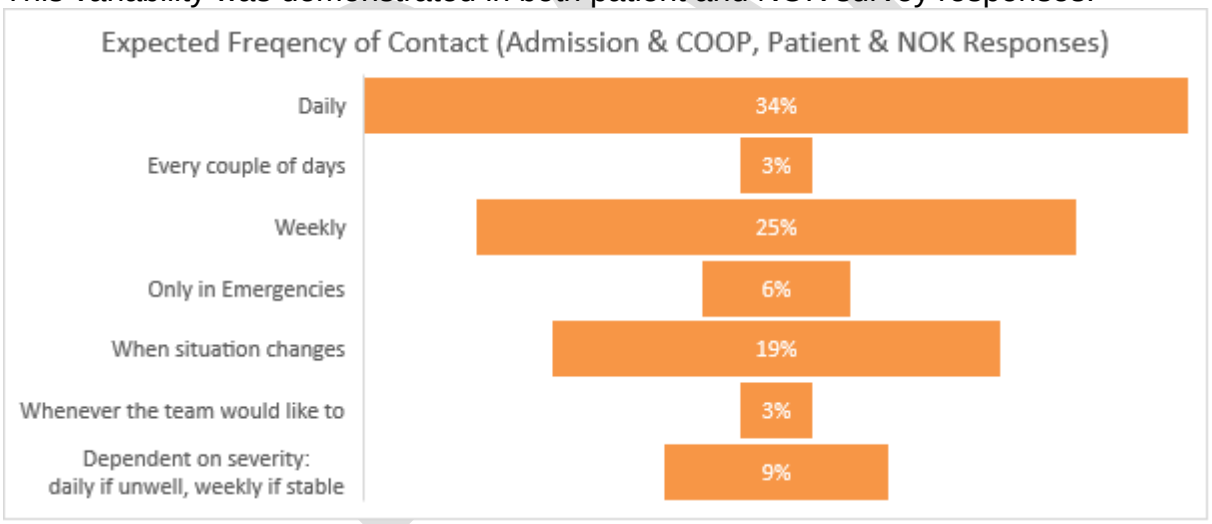
Further audits conducted in August and October demonstrated an increase from 73% to 77% of those requiring NOK contact achieved within 24 hours of admission (7% above target). Surveys conducted with patients on admission wards suggest that there may be a higher

percentage of contact occurring than is documented, as 36% of patients surveyed reported there had been contact made despite there being no record within clinical note.
Further scoping was carried out across the hospital, shifting focus from initial NOK contact within 24 hours of admission, to NOK contact across the whole hospital admission. Anecdotal feedback from Care of Older People (COOP) wards reported an increase in demand and expectation for NOK updates coinciding with the re-introduction of open visiting after the Covid pandemic, with queues forming outside the doctor's office during visiting hours. Based on these reports, surveys for patients and NOKs were designed and conducted on both COOP and Admission wards.

Survey results demonstrated a wide variety in expectation of timeliness and frequency of contact. Expectations for timeliness of contact ranged between 4 (50-80%) to more than 48 hours (7-20%) after admission, with frequency of contact expectation ranging from daily (34%), weekly (25%) or only in the event of change or emergency (6 and 19%).



This variability was demonstrated in both patient and NOK survey responses.



Qualitative results demonstrated updates expected would include updates of changes, test results, any concerns, discharge planning & change in location. Contact was most frequently expected from doctors (87.5%), although some responses acknowledged that the update could be received from other member of the MDT, if there was a structure to the update that included a brief medical summary as well as a general status update.
Following analysis of these surveys, project work has commenced on both Admission and COOP wards to develop standard expectations for the provision of NOK contact. These ideas include developing a standard for MDT staff to follow, and a welcome pack for individual wards, outlining key information for patient and NOKs, including expectation and frequency of contact, visiting hours, how to arrange meetings when required. Creation of these standards

will not only help clearly set out expectations but also ensures that NOKs who may not initiate contact with the hospital, continue to receive regular contact from the hospital. The aim of these projects is primarily to improve communication, whilst also ensuring efficiency of staff time. Further ideas for development include exploring whether there can be a collaborative approach to gaining collateral history that covers multiple elements of MDT care, therefore reducing incidences of duplicate conversations.

What did we achieve in 2022/23? - Project 3: Embedding the 'Dear Patient Letters'

Project 3: Embedding the "Dear Patient Letters" project to further improve communication between clinicians and service users.

- Goal 1: "Increase in quality metrics, in particular letters written to patient and in clear language."

Dear Patient Letters project has been running in the Trust since 2020, aiming to increase the usefulness of letters provided to patients about appointments they have attended. In previous years the project has seen success in delivering teaching and training on how to write letters in a patient friendly format including:

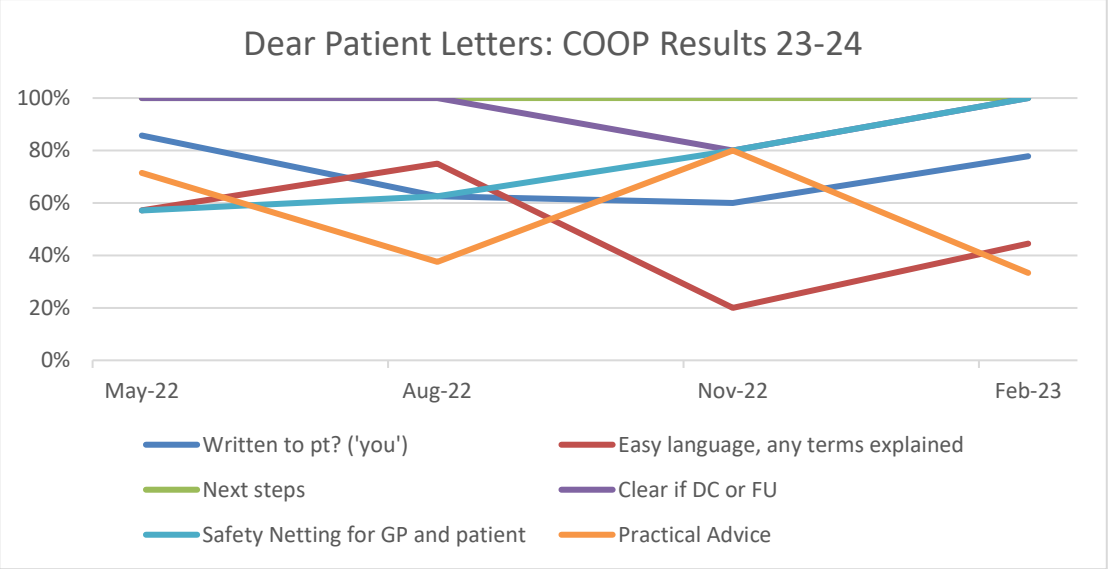
- Having the letters addressed directly to patients rather than GPs or other referrers.
- Using clear language and explaining medical terminology
- Providing next steps
- Providing clarity as to whether the patient is discharged or will be followed up
- Provide safety netting advice of what to do or look out for (for both patient and GP)
- Provide practical advice to promote self-management.

Awareness raising and promotion of these standards has continued throughout the year, including targeting of new medical staff at induction via training and induction packs, as well as using staff communications to highlight the importance of writing in patient friendly format. The library service runs regular sessions for staff across different forums regarding Health Literacy training, highlighting the importance of patients understanding their letters.
Following analysis of areas where this practice was not being consistently adopted, specific services were targeted to help explore the barriers to adopting this practice. Responses received demonstrated a reluctance to engage in the practice, with concerns that using ley terms rather than medical terms may result in less clear communication with GP and other medical colleagues, with the potential to dilute the significance of diagnoses or actions. This was particularly of concern in departments that use letters as their primary source for medical records and information. Suggestions to move forward with this were for departments to develop crib sheets or patient friendly information that could supplement letters where medical jargon needed to remain for the purpose of medical records and communicating with other specialities.

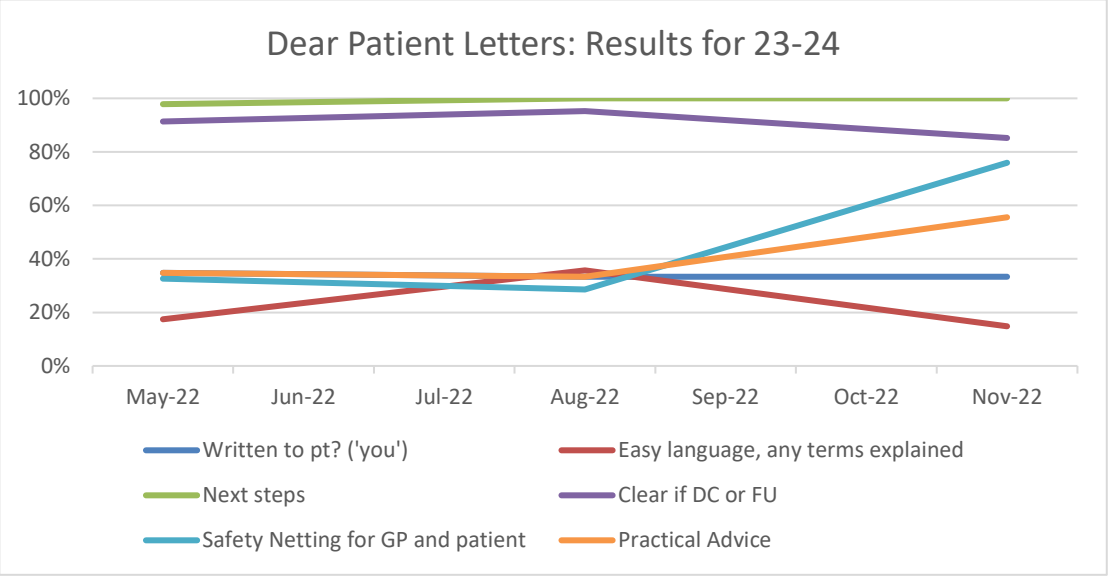
Services other than medical specialities have reporting adopting the practice including Intermediate Care Rehabilitation services. The Learning Disability service has also carried out a project to develop easy read formats of appointment letters and information about various inpatient processes, such as having an operation, going to the Emergency Department, and attending appointments.

Results across the year demonstrate uptake of the Dear Patient Letters project remains variable. Results were collected using spot-check audits across the year, using departments that identified in previous years of being high, low and randomly selected performing areas.

An audit of early adopters, Care of the Elderly Speciality, was conducted to determine whether practices are embedded. Results (as demonstrated in the below chart) demonstrate maintenance of next steps, improvements in safety netting, and ongoing variability in the other areas. On detailed analysis of these results, variability or downtrends appear secondary to new staff rather than discontinuation of practice in existing staff.



Results of spot-check audits conducted across a wider range of services across the year are shown in the chart below.



The results suggest that the areas of “next steps” and “clear if discharge or follow up” are consistently being documented. Improvements were seen within “safety netting” and “practical advice”, “written to patient” remained static at around a third of letters, and a downtrend in “easy language”.

Given the results, further ideas for improving communication with patients’ needs to be considered. A working group around Patient Information is currently being established to review the current processes of developing and reviewing Patient Information, such as

	leaflets, with a key focus on ensuring information available is provided in an appropriate format for those with lower-than-average health literacy, as well as those with additional needs.

Priority 3: Human Factors Education

Aims for 2022/23:
We aim to improve understanding and impact of human factors by:

What did we achieve in 2022/23? Project 1	
	Project 1: Delivering Trust wide Human Factors education through development of a sustainable, educational model. • Goal 1: Develop robust pathway to incorporate patient safety learning into the Simulation programme in a timely way. Due to the introduction of Patient Safety Incident Response Framework (PSIRF) this priority has been superseded. The Patient Safety Incident Response Framework was published in Q2 2022/23 which replaces the previous Serious Incident Framework (2015). The PSIRF is not a different way of describing what came before – it fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement with a focus on systems-based investigations and human factors. The transition to PSIRF is inextricably linked with human factors awareness and understanding. PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement. PSIRF supports organisations to respond to incidents in a way that maximises learning and improvement rather than basing responses on arbitrary and subjective definitions of harm. Whittington has laid some of the groundwork for this transition through the increased use of After-Action Reviews (AAR's) and work will continue as we transition over the next 12 months to the new framework.
What did we achieve in 2022/23? Project 2	
	Project 2: Raising awareness of the practical implications of human factors on patient safety. • Goal 1: Develop multiple channels to deliver patient safety syllabus level 1 'Basics of patient safety' to maximise exposure. Due to the introduction of Patient Safety Incident Response Framework (PSIRF) this priority has been superseded. Training on the new response framework will include human factors training as part of the wider patient safety learning package.

Priority 4: Improving blood transfusion care and treatment

Aims for 2022/23:
We aim to improve blood transfusion safety by:

What did we achieve in 2022/23? - Project 1: Implementing a vein-to-vein tracking system

Project 1: Implementation of a vein-to-vein system to minimise risk of error during blood transfusion process.

- Goal 1: Vein to vein system to be in place by end of March 2023 including fully electronic transfusion documentation.

Information to follow.

What did we achieve in 2022/23? – Project 2: Blood Transfusion training

Project 2: Improving understanding of blood transfusion safety practices through training and awareness.

- Goal 1: To continue to increase compliance with blood transfusion training from the 2020 baseline and achieve over 60% compliance by end of 2022/23.

Information to follow.

Priority 5: Addressing Health Inequalities in our local population.

Aims for 2022/23:
We aim to improve health inequalities by:

What did we achieve in 2022/23? - Project 1: Improving care and treatment of patients with sickle cell anaemia.

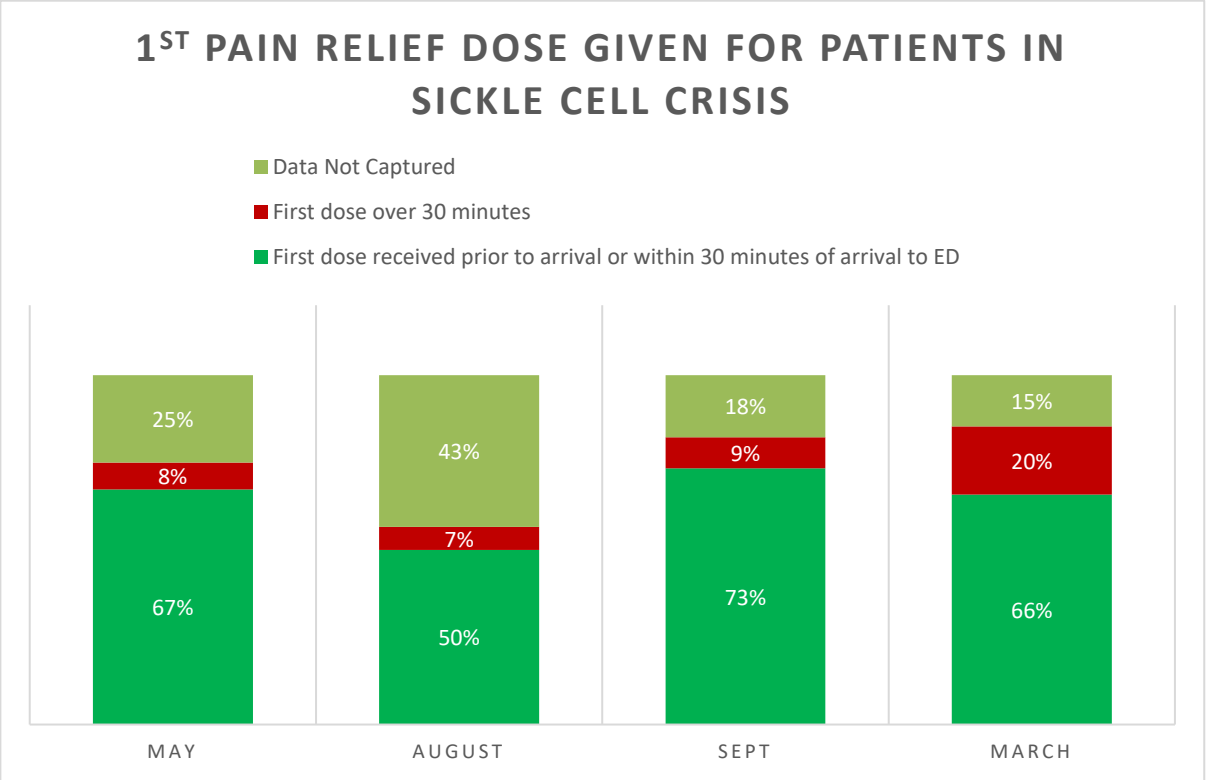
Project 1: Improving care and treatment of patients with sickle cell anaemia.

- Goal 1: Ensure 100% of sickle cell patients receive 1st dose of pain relief within 30mins of attendance to ED.
-

<u>Ensuring first dose received within 30 minutes of attendance</u>
Audits have been carried out throughout the year to measure the efficiency of delivery of pain relief against the target. Results for those requiring pain relief during their ED attendance are shown in the charts and table below:

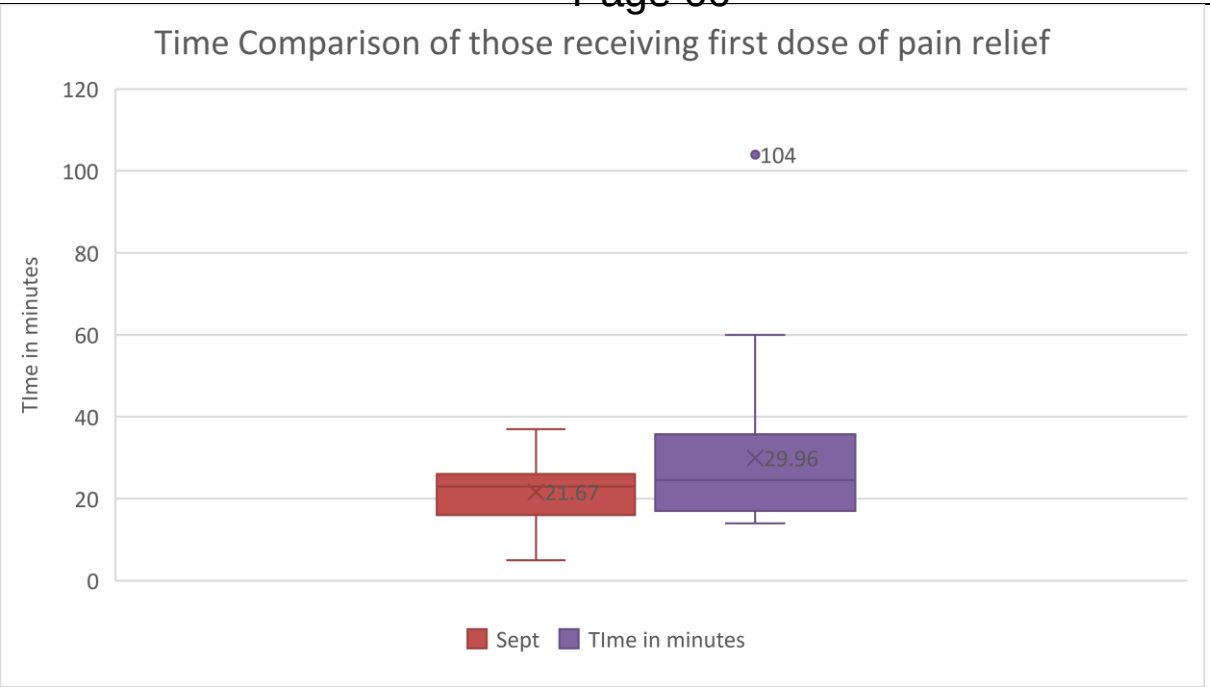
	May 2022	August 2022	Sept 2022	March 2023
1st dose received with London Ambulance Service (LAS)	22	5	10	11

1st dose received with 30 minutes	13	18	23	16
1st dose received over 30 minutes	4	3	4	8



On review of the data, data had not been captured for some cases due to discrepancies in the data being held in paper format. Audits across the year show an average of 64% receiving their first dose within 30 minutes, 36% below the target.

On further analysis, September data demonstrates an average time of 21.67 minutes to receive dose, compared to an increase in March of 29.96 minutes. In March data, there is an outlier of 104 minutes (and shown in the graph below). On review of this case, the patient presented to ED outside of their usual borough and were under the care of a Haematology service external to the Trust, which may have contributed to the delay seen in this individual case.



Across the year, QI projects have been commenced aiming to improve experience and efficiency of care for Sickle Cell Disease. This includes ED staff training aiming to reduce bias and increase awareness of need for urgency with medicine prescription. Teaching sessions have been held face to face and virtually, with patient representatives included as speakers during these sessions. This work will continue into 2023-2024 to reach a wider workforce audience.

Within Research there has also been a focus on Sickle Cell Disease. The STAR (Sickle and Thalassemia Alliance for Research) held its first meeting on 27th February 2023 and has since appointed two paediatric research nurses to further the aims of the alliance in increasing the availability of research for this patient cohort.

Whittington Health are actively participating in the work of the alliance and continue to deliver research studies that are of relevance and benefit to our patients. Studies that have been open to recruit SCD patients in the last year include Rare Diseases BioResource (NIHR) and CROSS WALK-a (A Study Evaluating the Safety, Pharmacokinetics, Pharmacodynamics and Efficacy of Crovalimab for the Management of Acute Uncomplicated Vaso-Occlusive Episodes in Participants with Sickle Cell Disease), with further studies in the pipeline for 2023/24.

What did we achieve in 2022/23? – Project 2: Raising awareness of prostate cancer

Project 2: Raising awareness of prostate cancer.

- Goal 1: Hold 20 Prostate cancer events by end of March 2023.

The target of 20 prostate cancer events has not been met this year, this was due to staff leading on the priority leaving the Trust. A Prostate Cancer Conference was held during Q2 2022/23, funded by Macmillan, organised by Casey Galloway and Tracey Palmer.

Speakers included: people with lived experience of prostate cancer, radiographer, psychosexual nurse specialist, dietician, representative from Maggie's. The all-day event focussed on health and wellbeing, living with diagnosis, recovering from treatment and side effects.

Theatre groups performed using real life scenarios, and there were opportunities for attending patients to have a haircut / beard trim or massage.

Roughly 70 people attended, with 85% of those that completed questionnaires about the event being patients. 100% reported the conference was very useful or useful, and respondents had the opportunity to suggest further areas of information that they would like to receive.

Plans going forward include filming and sharing clips to be accessible through WHT and Macmillan; developing group sessions to be rolled out for people diagnosed with cancer; development of a support group; CBT training for prostate CNA; exercise and therapy sessions to be evaluated against patient outcomes measures; roll out of personalised cancer care objectives within services, with increased permanent staffing structure.

During the last financial year, we started a colorectal support group for patients who have ceased active treatment and are currently on the remote monitoring pathway. The groups meet 4 times a year and it has been very beneficial for the patients that have attended.

We are currently working on the planning of events specifically aimed at breast patients. We are planning a self-care day, having online workshops, and will also run the same 'side effects' course as with prostate patients. We therefore anticipate having 4 breast specific events separate to the running of the course and again if successful the course will be repeated throughout the year.

Work is currently being undertaken to survey lung cancer patients about their care and support needs as a means of identifying any gaps in the support that is being offered to them. This has historically been a 'harder to reach' group and socio-economic factors tend to be a barrier to them receiving adequate levels of support.

We have submitted a grant application to hopefully enable us to run Sex and Intimacy workshops for patients affected by cancer diagnoses. If successful plan on running a series of workshops for patients and staff (separately). The aim will be for some of the sessions to be gender specific and some to cater for the needs of more marginalised groups (e.g., LGBTQI+ communities).

Part 4: Other Information

Local Performance Indicators

Goal	*Standard/benchmark*		*Whittington performance*		*Comments*
		21/22	*20/21*	*19/20*	
ED 4 hour waits	*95% to be seen in 4 hours*	***78.30%***	*87.4%*	*83.8%*	

RTT 18 Week Waits: Incomplete Pathways	*92% of patients to be waiting within 18 weeks*	***74.4%***	*65.6%*	*92.1%*	April 21 to Feb 22 (March 22 not yet available)
RTT patients waiting 52 weeks	*No patients to wait more than 52 weeks for treatment*	***7093***	*11094*	*2*	*Total Breaches reported as part of monthly submission, not individual patients. April 21 to Feb 22 as March 22 not yet available
Waits for diagnostic tests	*99% waiting less than 6 weeks*	***94.1%***	*72.1%*	*99.3%*	
Cancer: Urgent referral to first visit	*93% seen within 14 days*	**74.8%**	94.6%	94.8%	April 21 to Feb 22 (March 22 not yet available)
Cancer: Diagnosis to first treatment	*96% treated within 31 days*	**95.3%**	98.1%	98.8%	April 21 to Feb 22 (March 22 not yet available)
Cancer: Urgent referral to first treatment	*85% treated within 62 days*	**61.1%**	73.8%	84.0%	April 21 to Feb 22 (March 22 not yet available)
Improved Access to Psychological Therapies (IAPT)	*75% of referrals treated within 6 weeks*	**91.4%**	93.8%	95.1%	April 21 to Feb 22 (March 22 not yet available)

Summary Hospital-Level Mortality Indicator (SHMI)

Information to follow.

Annex 1: Statements from external stakeholders

Health Watch Islington feedback

Health Watch Haringey feedback

Commissioner feedback

How to provide feedback

If you would like to comment on our Quality Account or have suggestions for future content, please contact us either:

By writing to:
The Communications Department,
Whittington Health,
Magdala Avenue,
London. N19 5NF

By telephone:
020 7288 5983

By email:
communications.whitthealth@nhs.net

Publication:

The Whittington Health NHS Trust 2019/20 Quality Account will be published on the NHS Choices website by the 15th December 2020.

https://www.nhs.uk/pages/home.aspx

Accessible in other formats:

This document can be made available in other languages or formats, such as Braille or Large Print.

Please call **020 7288 3131** to request a copy.

Annex 2: Statement of directors' responsibilities for the quality report

Appendix 1: National Mandatory and Non-Mandatory Audits 2020/21

Title of Audit	Management Body	Participated in 2022/2023	If completed, number of records submitted (as total or % if requirement set)
Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder (MITRE) Audit	British Association of Urological Surgeons	✓	Data submitted: 4 cases
National Bariatric Surgery Registry	British Obesity & Metabolic Surgery Society	✓	Data submitted: 66 Cases
National Early Inflammatory Arthritis Audit	British Society for Rheumatology	✓	Data submitted: 100 Cases
Adult Respiratory Support Audit	British Thoracic Society	✓	carried forward to 2023/24 for completion.
Improving Quality in Crohn's and Colitis formerly Inflammatory Bowel Disease Audit	Inflammatory Bowel Disease Registry	✓	Data submitted: 95 Cases
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre	✓	Data submitted: 44 Cases
Case Mix Programme (CMP)	Intensive Care Society	✓	Data submitted: 464 Cases
Sentinel Stroke National Audit Programme (SSNAP) - to include Organisational Audit	Kings College London	✓	Data submitted: 53 Cases.
Myocardial Infarction Audit Project	National Institute for Cardiovascular Outcomes Research	✓	Data submitted: 77 Cases
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research	✓	Data submitted: 110 Cases
National End of Life Care Audit	NHS Benchmarking Network	X	Trust decision not to participate (rationale provided above)
Oesophago-gastric cancer (NAOGC)	NHS Digital	✓	Data submitted: 19 cases
National Diabetes Footcare Audit	NHS Digital	✓	Data submitted: 168 cases
Breast and Cosmetic Implant Registry (for cancer pts only)	NHS Digital	✓	Data submitted: 25 Cases
National Obesity Audit	NHS Digital	✓	Participated - see link to latest published data https://digital.nhs.uk/data-and-information/publications/statistical/national-obesity-audit/bariatric-surgical-procedures-21-22-final-and-q1-22-23-provisional

National Diabetes Inpatient Safety Audit	NHS Digital	✓	Data submitted: 2 cases
Diabetes (Adult - national core)	NHS Digital	✓	Data submitted: 1417 cases
National Pregnancy in Diabetes audit	NHS Digital	✓	Data submitted: 36 cases
National Bowel cancer Audit	NHS Digital	✓	Data submitted: 95 cases
LeDeR - Learning from lives and deaths of people with a learning disability and autistic people	NHS England	✓	Data submitted: 9 Cases
UK Parkinson's Audit	Parkinson's UK	✓	Data submitted: 80 cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✓	Data submitted: 91 Cases
PQIP (applicable to spinal patients only)	Royal College of Anaesthetists	✓	Recommenced November 2022. Those patients who were approached did not wish to participate in the study.
Mental Health Self Harm	Royal College of Emergency Medicine	✓	carried forward to 2023/24 for completion.
Pain in Children (care in Emergency Departments)	Royal College of Emergency Medicine	✓	Data submitted: 269 cases (c/f 2021/22)
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	✓	Data submitted: 2984 Cases
National Clinical Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics & Child Health	✓	Data submitted: 65 cases
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	✓	Data submitted: 108 cases
National Audit of Dementia - care in general hospitals	Royal College of Psychiatrists	✓	Data submitted: 173 Cases
Lung cancer (NLCA)	Royal College of Surgeons	✓	Data submitted: 74 Cases
National Audit of Metastatic Breast Cancer	Royal College of Surgeons	✓	Data submitted: 5 Cases
National Audit of Primary Breast Cancer	Royal College of Surgeons	✓	Data submitted: 140 Cases
National Audit of Breast Cancer in Older Patients	Royal College of Surgeons	✓	Data submitted: 41 Cases
National Prostate Cancer Audit	Royal College of Surgeons	✓	Data submitted: 155 Cases
Falls and Fragility Fractures Audit Programme (FFFAP) - Inpatient Falls	Royal College physicians	✓	Data submitted: 7 Cases

Falls and Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database	Royal College Physicians	✓	Data submitted: 187 Cases
SAMBA 22	Society for Acute Medicine	✓	Data submitted: 47 cases
Neonatal Intensive and Special Care (NNAP)	The Royal College of Paediatrics and Child Health	✓	Data submitted: 409 Cases.
Major Trauma: The Trauma Audit & Research Network (TARN)	Trauma Audit & Research Network	✓	Data submitted: 296 Cases
UK Renal Registry National Acute Kidney Injury Audit	UK Kidney Association	✓	Data submitted: 5291 Cases
National Child Mortality Database	University of Bristol	✓	Review of published reports
National Audit of Cardiac Rehabilitation	University of York	✓	Data submitted: 347 Cases

Mental Health Clinical Outcome Review Programme			
Suicide and Homicide	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester	✓	If cases identified to WH then participate - none to date

Maternal, Newborn and Infant Clinical Outcome Review Programme **data on 19 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream**			
Maternal mortality surveillance	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Perinatal mortality surveillance	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Perinatal mortality and serious morbidity confidential enquiry	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
National perinatal mortality review tool	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Maternal mortality confidential enquiries	MBRRACE-UK, led from the University of Oxford	✓	Ongoing

Medical, Surgical and Child Health Clinical Outcome Review Programme			
Chron's Disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	6/6 cases submitted
Transition Study from Child to Adult Health Services	National Confidential Enquiry into Patient	✓	1/1 cases submitted

	Outcome and Death (NCEPOD)		
Epilepsy: Hospital attendance	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	5/6 cases = 84%
Testicular Torsion	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	3/3 cases submitted
Community Acquired Pneumonia Hospital Attendance	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	6/6 cases submitted

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
Paediatric Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 102 cases
Pulmonary rehabilitation	Royal College of Physicians	✓	Data submitted: 118 cases
COPD in Secondary Care	Royal College of Physicians	✓	Data submitted: 146 cases
Adult Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 101 cases

Non-Mandatory National Audits 2022/2023

Project Title	Management Body	Status
COVID-19 Process Audit: a quality improvement initiative	NHS England	Completed
Audit of use of PET imaging during neoadjuvant chemotherapy for breast cancer	University College London Hospital	Completed
Cardiovascular outcomes after major abdominal surgery - CASCADE	STARSurg and EuroSurg	Data submitted
Learning Disability Improvement Standards for NHS Trusts Year 5	NHS Benchmarking Network	Data submitted
UK Comparative Audit of Acute Upper Gastrointestinal Bleeding: clinical management and the use of blood	NHS Blood and Transplant	Data submitted
National Comparative Audit of Blood Sample Collection and Labelling	NHS Blood and Transplant	Data submitted
NDA Integrated Specialist Survey	NHS Digital	Data submitted
Consultants sign off	Royal College of Emergency Medicine	Data submitted

Infection & Prevention Control	Royal College of Emergency Medicine	Data submitted
TRANSFER study: ThReatened preterm birth, Assessment of the Need for in utero tranSFER between 22+0-23+6 weeks' gestation	University of Birmingham, University Hospitals Bristol & Weston NHS Foundation Trust	Data submitted
National study of HIV in Pregnancy and Childhood (NSHPC)	NSHPC	Data submitted
Audit of Reversal of anticoagulation (warfarin/DOACs) in trauma patients	London & SE Trauma & Haematology Group	Data submitted
"End of life care in adVanced chrOnic LiVEr disease (EVOLVE)"	British Society of Gastroenterologists	on target
London-wide audit of TB management in patients with ocular TB – led by Moorfields	Pan-London LOOP TB pathway guidance	on target
Mandatory Surveillance of Healthcare Associated Infections	Public Health England	on target
Surgical Site Infection Surveillance Service	Public Health England	on target
Infection Prevention and Control	Royal College of Emergency Medicine	on target

Appendix 2 - Subcontracted Services

Organisation	Service Details
Camden and Islington NHS foundation trust	Psychological service
UCLH foundation trust	South Hub Tuberculosis resources
UCLH foundation trust	Ears Nose and Throat services
UCLH foundation trust	Provision of PET/CT scans
The Royal Free London NHS foundation trust	Ophthalmology services
Whittington Pharmacy CIC	Provision of pharmacy services
WISH Health Ltd A network of 8 local practices – four in north Islington and four in west Haringey	Primary care services to the urgent care centre at the Whittington hospital
The Thrombosis Research Institute	The Provision of 2 clinical sessions
Camden and Islington NHSFT	Provision of associate hospital managers panels and training under MHA

Tavistock and Portsman	CCN209- Agreement for the provision of services from Tavistock and Portsman NHS Foundation Trust – CAMHS OOH consultants
UCLH	SLT 4 days per week provision at Whittington
NHS Blood and Transplant	Contract for the supply of blood, blood components and services
NHS Blood and Transplant	Contract for the supply of Tissue and Ocular products
UCL Foundation Trust	Renewal addendum of combined screening services detailed in COMB1
Newcastle Upon Tyne Hospital NHS Foundation Trust	Department tests a wide range of patient and environmental specimens to detect the presence of pathogenic micro-organisms.
Epsom & St Helier University Hospital NHS Trust	Pathology Testing Service
Calderdale and Huddersfield NHS FT	Agreement relating to National Pathology Exchange Service (NPEx)

Appendix 3 - Patients 0-15 and 16+ readmitted within 28 days of discharge

Year and Month		0-15 years			16 Years +		
		Readmissions	Discharges	Readmission rate	Readmissions	Discharges	Readmission rate
2019/20	Apr	7	639	1.1%	205	2913	7.0%
	May	2	688	0.3%	163	2791	5.8%
	Jun	9	629	1.4%	143	2899	4.9%
	Jul	6	664	0.9%	167	2860	5.8%
	Aug	6	601	1.0%	179	2582	6.9%
	Sep	3	615	0.5%	177	2556	6.9%
	Oct	9	669	1.3%	187	2842	6.6%
	Nov	5	675	0.7%	166	2780	6.0%
	Dec	7	645	1.1%	157	2532	6.2%
	Jan	7	621	1.1%	169	2703	6.3%
	Feb	4	607	0.7%	151	2616	5.8%
	Mar	3	525	0.6%	117	1977	5.9%
2020/21	Apr	1	308	0.3%	96	967	9.9%
	May	2	387	0.5%	109	1220	8.9%
	Jun	6	447	1.3%	137	1748	7.8%
	Jul	3	547	0.5%	171	2296	7.4%
	Aug	3	570	0.5%	160	2042	7.8%
	Sep	6	630	1.0%	140	2302	6.1%
	Oct	7	715	1.0%	165	2353	7.0%
	Nov	7	683	1.0%	193	2383	8.1%
	Dec	10	674	1.5%	183	2322	7.9%

	Jan	13	599	2.2%	156	1853	8.4%
	Feb	8	632	1.3%	153	1922	8.0%
	Mar	14	875	1.6%	110	2442	4.5%
2021/22	Apr	4	573	0.7%	111	2132	5.2%
	May	5	595	0.8%	111	2134	5.2%
	Jun	14	1549	0.9%	167	4476	3.7%
	Jul	10	805	1.2%	213	2476	8.6%
	Aug	8	704	1.1%	164	2464	6.7%
	Sep	3	762	0.4%	209	2657	7.9%
	Oct	2	722	0.3%	162	2583	6.3%
	Nov	4	670	0.6%	140	2431	5.8%
	Dec	11	684	1.6%	132	2521	5.2%
	Jan	10	790	1.3%	111	2329	4.8%
	Feb	6	765	0.8%	128	2392	5.4%
	Mar	5	639	0.8%	113	2049	5.5%
2022/23	Apr	1	645	0.2%	151	2104	7.2%
	May	13	728	1.8%	150	2337	6.4%
	Jun	3	725	0.4%	123	2321	5.3%
	Jul	12	687	1.7%	138	2339	5.9%
	Aug	5	649	0.8%	130	2267	5.7%
	Sep	9	683	1.3%	99	2405	4.1%
	Oct	2	748	0.3%	118	2386	4.9%
	Nov	14	761	1.8%	103	2473	4.2%
	Dec	5	699	0.7%	106	2099	5.1%
	Jan	20	767	2.6%	99	2392	4.1%
	Feb	12	673	1.8%	70	2117	3.3%
	Mar	9	720	1.3%	95	2254	4.2%

Appendix 4 – Staff Survey score matrix 2022

Whittington Health Directorate/ICSU Report

The directorate/ICSU results for Whittington Health contain the results by directorate or ICSU for People Promise elements and theme results from the 2022 NHS Staff Survey. The below directorate results are compared to the unweighted average for the organisation.

**Each 2022 theme score for ICSUs and Directorates is graded in green with a '↑' symbol if the score is above organisational average, and red where the score is below organisational with a '↓' symbol. Where an ICSU or Directorate has scored the same as the organisations averaged it is graded black with a '-' symbol.*

Theme	WH Overall	ACW	ACS	COO	CYP	EIM	Facilities	Finance	IT	Medical Dir.	Nursing & Patient Exp.	Procurement	S&C	Trust Secretariat	Workforce
We are compassionate and inclusive	7.2	6.7 ↓	7.4 ↑	7.4 ↑	7.7 ↑	7.0 ↓	6.4 ↓	7.4 ↑	7.4 ↑	7.8 ↑	7.3 ↑	7.2 -	6.9 ↓	7.6 ↑	8.1 ↑
We are recognised and rewarded	5.8	5.1 ↓	5.9 ↑	6.0 ↑	6.3 ↑	5.6 ↓	5.1 ↓	6.3 ↑	5.9 ↑	6.8 ↑	6.2 ↑	5.9 ↑	5.3 ↓	6.6 ↑	7.3 ↑
We each have a voice that counts	6.7	6.0 ↓	6.8 ↑	7.2 ↑	7.1 ↑	6.5 ↓	6.3 ↓	6.8 ↑	6.6 ↓	7.0 ↑	7.1 ↑	6.8 ↑	6.3 ↓	7.2 ↑	7.1 ↑
We are safe and healthy	5.8	5.4 ↓	5.8 -	6.2 ↑	6 ↑	5.4 ↓	6.2 ↑	6.7 ↑	6.4 ↑	6.6 ↑	6.1 ↑	6.3 ↑	5.7 ↓	6.1 ↑	6.9 ↑
We are always learning	5.4	4.5 ↓	5.9 ↑	5.8 ↑	5.8 ↑	5.5 ↑	4.4 ↓	5.4 -	5.0 ↓	6.2 ↑	5.3 ↓	5.3 ↓	5.0 ↓	5.3 ↓	6.2 ↑
We work flexibly	6.0	5.8 ↓	6.1 ↑	6.8 ↑	6.7 ↑	5.6 ↓	5.8 ↓	6.8 ↑	6.3 ↑	6.8 ↑	7.0 ↑	6.4 ↑	5.7 ↓	7.0 ↑	8.0 ↑
We are a team	6.8	6.1 ↓	7.0 ↑	7.0 ↑	7.2 ↑	6.7 ↓	5.7 ↓	7.2 ↑	7.0 ↑	7.5 ↑	7.0 ↑	6.7 ↓	6.4 ↓	7.2 ↑	8.0 ↑
Staff Engagement	6.9	6.3 ↓	6.9 -	7.6 ↑	7.2 ↑	6.8 ↓	6.6 ↓	7.0 ↑	6.7 ↓	7.4 ↑	7.2 ↑	6.7 ↓	6.7 ↓	7.0 ↑	7.6 ↑
Morale	5.6	5.0 ↓	5.6 -	5.7 ↑	5.8 ↑	5.4 ↓	5.5 ↓	6.2 ↑	5.5 ↓	6.6 ↑	6.0 ↑	6.1 ↑	5.5 ↓	5.4 ↓	6.6 ↑

Appendix 5 – Equalities Indicators from the Staff Survey 2022

Equalities Indicators from the Staff Survey

In its fifth year, Workforce Disability Equality Standards (WDES) breakdowns are based on the responses to questions *Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?* In 2020, this question was shortened and the word '*disabilities*' removed to align with the standard question used by ONS. The question and related WDES results remain historically comparable since 2019, but the WDES labels have been updated to better reflect the new wording of the question. The word disability has now been replaced by 'long-term condition (LTC) or illness'

WDES (Workforce Disability Equality Standards) indicators reported in the Staff Survey for Whittington Health

The table overleaf, shows improvement in 6 out of 9 WDES indicators with areas such as experiencing abuse form managers and colleagues improving and where staff are experiencing bullying or abuse, reporting has improved. There is also an increase in staff with disabilities or long-term conditions believing the organisation provides equal opportunities and a positive shift towards the organisation making reasonable adjustments. There is an increase in staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months – an increase not mirrored in staff without a long-term condition. There is also a 1% increase in staff feeling pressure from their managers to come in to work despite feeling unwell – this may be because of the end of the government's guidance on

protecting vulnerable people during the Covid-19 pandemic in 2020/21. There is also a decrease in engagement for staff with LTC of 0.2 since 2021.

Table to show WDES Indicators	2019		2020		2021		2022	
Question	LTC or illness	WITHOUT LTC or illness	LTC or illness	WITHOUT LTC or illness	LTC or illness	WITHOUT LTC or illness	LTC or illness	WITHOUT LTC or illness
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months	33.4%	31.3%	32.8%	28.8%	33.4%	27.4%	37.5%	28.0%
Percentage of staff experiencing harassment bullying or abuse from a manager in the last 12 months	24.1%	16.3%	29.5%	13.4%	22.7%	13.8%	22.3%	11.2%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	32.9%	23.5%	30.1%	19.0%	27.7%	19.9%	26.5%	17.3%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or colleague reported it	48.7%	45.3%	43.8%	47.1%	44.7%	48.6%	47.1%	48.9%
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	46.6%	50.2%	41.8%	49.7%	38.5%	49.2%	40.1%	51.8%
Percentage of staff who have felt pressure from their managers to come to work, despite not feeling well enough to perform their duties	33.5%	22%	37.4%	21.6%	28.5%	22.0%	29.5%	20.8%
Percentage of staff satisfied with the extent to which their organisation values their work	39.3%	51.6%	37.1%	53.7%	33.8%	46.5%	34.7%	45.6%
Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	68.1%	73.4%	67%	75.5%	62.3%	N/A	64.7%	N/A
Staff engagement score (0-10)	6.7	7.2	6.7	7.3	6.5	7.0	6.3	7.0

**Each 2022 response is graded in green if there has been a positive improvement for staff with a LTC or illness and red if a decline from the previous year.*

WRES indicators reported in the Staff Survey for Whittington Health

In its fifth year of reporting there are four indicators comparing the experience of B.A.M.E and white staff. NHS England report the findings under 'BME' staff whilst Whittington Health uses the acronym B.A.M.E.

**Each 2022 response is graded in green if there has been a positive improvement for B.A.M.E staff or red if a decline from the previous year*

The table overleaf shows a positive decline in three areas around discrimination at work from staff, managers and a positive improvement around career progression. There is a negative increase in staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last twelve months of 0.7%. This mirrors the national increase in bullying, harassment of abuse from patients or the public across the board.

Table to show WRES Indicators	2018		2019		2020		2021		2022	
Question	BME staff	White staff	BME staff	White staff	BME staff	White staff	BME staff	White staff	BME staff	White staff
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	35.9%	30.5%	32.5%	30.6%	30.3%	28.9%	28.6%	27.9%	29.3%	30.4%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	36.2%	31.4%	31.9%	29.9%	29.7%	24.2%	27.7%	25.7%	25.4%	24.3%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	35.8%	56.2%	39.7%	58.2%	39.7%	56.4%	39.9%	54.4%	41.2%	57.5%
Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	20.3%	9.5%	16.1%	7.8%	16.9%	8.2%	15.2%	8.3%	15.0%	9.4%

Appendix 6 – Clinical Coding External Audit Results 2022/23

Primary Diagnosis		Number of cases	% coding correct
	Number of primary diagnoses	200	
	Number of primary diagnoses Correct	175	**87.50 %**

Secondary Diagnosis		Number of cases	% coding correct
	Number of secondary diagnoses	600	
	Number of secondary diagnoses correct	543	**90.50 %**

Primary Procedures		Number of cases	% coding correct
	Number of primary procedures	159	
	Number of primary procedures correct	147	**92.45 %**

Secondary Procedures		Number of cases	% coding correct
	Number of secondary procedures	348	
	Number of secondary procedures correct	306	**87.93 %**

Appendix 7 – CQUIN progress for 2022/2023

2022-2023 CQUIN progress

Achieved
Not achieved
Partial achievement
No requirement to report for the quarter

CQUIN Scheme	Rationale/Objectives	Compliance		
CCG 1 - Flu vaccinations for frontline healthcare workers	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact.	Q1	Q2	Q3
CCG 2 - Appropriate antibiotic prescribing for UTI in adults aged 16+	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.	Q1	Q2	Q3
CCG 3 - Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	Achieving 60% of all unplanned CCU admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation and time of clinical response recorded.	Q1	Q2	Q3
CCG 4 - Compliance with timed diagnostic pathways for cancer services	Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	Q1	Q2	Q3
CCG 5 - Treatment of community acquired pneumonia in line with BTS care bundle	Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.	Q1	Q2	Q3
CCG 6 - Anaemia screening and treatment for all patients undergoing major elective surgery	Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24.	Q1	Q2	Q3

CCG 7 - Timely communication of changes to medicines to community pharmacists via the discharge medicines service	Timely communication of changes to medicines to community pharmacists via the discharge medicines service	Q1	Q2	Q3
CCG 8 - Supporting patients to drink, eat and mobilise after surgery	Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.	Q1	Q2	Q3
CCG 9 - Cirrhosis and fibrosis tests for alcohol dependent patients	Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	Q1	Q2	Q3
CCG 13 - Malnutrition screening in the community	Achieving 70% of community hospital inpatients and community nursing contacts having a nutritional screening that meets NICE Quality Standard with evidence of actions against identified risks	Q1	Q2	Q3
CCG 14 - Assessment, diagnosis, and treatment of lower leg wounds	Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.	Q1	Q2	Q3
Local Maternity CQUIN - 75% of continuity of carer for women from Black, Asian, Mixed and Minority ethnic communities and from the most deprived groups.	Ensuring continuity of carer for 75% of women from Black, Asian, Mixed and Minority ethnic communities and from the most deprived groups.	Q1	Q2	Q3

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North Mid in the community

NHS North Middlesex University Hospital NHS Trust

DRAFT
Annual Report and Quality Account 2022-23

North Mid: A beacon for local people

Our values

[Insert Infographic]

Contents

Chair's foreword

Progress and pride are the two words I hear most often when I speak to staff and patients about North Mid. In the face of unprecedented challenges across the NHS, I am immensely proud of the work that the teams at the Trust have accomplished. It's safe to say that the past year has tested our local communities, with the cost of living taking a toll. Yet, the kindness, compassion and humility shown by our staff to each other and to our local communities is a source of hope – a beacon.

Despite the challenges that we have encountered this year, North Mid has continued to make remarkable progress. Our teams have worked tirelessly, across teams and across organisations, to ensure that we are well-equipped to serve the needs of people living in Enfield and Haringey.

It's this collaboration that is a source of pride for me – using our collective strengths to help patients get the care they need, when they need it. As we look to the future, we do so with closer collaboration with partners in mind, drawing on each other's strengths so we can reduce health inequalities in Enfield and Haringey and local people benefit.

Not only am I proud of North Mid, but I am proud to be part of North Mid. I would like to thank our Board for their unwavering commitment to leading improvements that have meant so much to our local communities and look forward to coming year.

Mark Lam
Chair

Chief Executive's foreword

As the world continues to navigate uncertain times, the vital role North Mid plays in supporting local people has never been more apparent. While anchored in our community, we make sure that we strive for care that is world class; it's what our patients deserve and I know each and every member of Team North Mid is committed to achieving this. I am incredibly proud of the immense effort and unwavering dedication shown by our entire team in the past year, which has been one of the most challenging in the NHS's history.

As I reflect on the past year, it's important for me to give thanks. First, to our incredible staff, who turn up day in day out despite the unprecedented challenges we, and the wider NHS, face. Their resoluteness, compassionate and commitment to our patients is truly inspiring and I am proud to work with them. And second, to our friends in the north central London integrated care system, community partners, stakeholders and patients; all of whom who have played a vital role in helping to shape our improvements.

Our vision to provide outstanding care for local people remains steadfast, and we are fully committed to achieve this - our True North. As you will see in this annual report, we are building on the foundations set by our Patient First themes: Patient, People, Outstanding Care, Sustainability and Partnerships and we have structured the first part of this report to showcase the improvements we have made against these five areas.

You will see that our story is one of progress, one of pride, one of tangible improvement that is benefiting the people of Enfield, Haringey and beyond. That story will continue as we enter the NHS's 75th year, and welcome more than 600 new staff who provide health services in the community in the borough of Enfield, and their patients, to Team North Mid. We are honoured to be coming together with the teams and staff who together, provide a wide range of health services in the local community, from district nursing to podiatry, which support people to maintain as good health as possible, for as long as possible, and to get care and treatment in ways and in places which are convenient for everyday lives, in the heart of our community. This invaluable integration allows us to provide care in a way that transcends physical walls and is delivered in the best place for our local people.

North Mid always has, and always will be a beacon of hope for local people at their most vulnerable, and it is a privilege to lead such a valued organisation.

Dr Nnenna Osuji
Chief Executive

Part 1 - About North Mid: Overview

We are one of London's busiest healthcare providers, providing hospital care and community services for the 600,000 people living in Enfield, Haringey and beyond.

Local services

We provide maternity, children's, and adult services across a range of medical and surgical specialities. Our adult and children's emergency departments are among the busiest in London, with over 202,000 patients seen last year, and over 3,800 babies were delivered in our maternity unit.

Specialist services

Our specialist services include HIV, cardiology, blood disorders, diabetes, fertility, sickle cell and thalassaemia. In addition to a full range of cancer diagnosis and treatment services, the Helen Rollason Cancer Support Centre is based on-site and provides services to support cancer patients' wellbeing, and our Macmillan Cancer Information and Support Centre provides information, advice and support for patients, family, carers and friends.

North Mid in the community

From 1 April 2023 we began running community services in Enfield, following a smooth and safe transfer of the staff and services from Barnet, Enfield and Haringey NHS Mental Health Trust.

The teams which form Enfield Community Services have been a valued part of Barnet, Enfield and Haringey Mental Health Trust for a number of years, delivering vital care for people in Enfield. The transfer of services means we can take the opportunity for even closer working across the hospital and community sectors, to provide services in ways that better meet the needs of local people and which extend beyond traditional healthcare boundaries.

North Mid has an established Community Services Division, which already provides 0-19 services across Enfield and community intermediate care. The additional services will form an integral part of the North Mid vision to provide joined-up services across community and hospital care.

Our partnership with the Royal Free London

The North Mid and the Royal Free London NHS Foundation Trust (Royal Free London) are working together to strengthen our partnership to deliver better care for local communities and more opportunities for our staff.

North Mid has been a clinical partner with the Royal Free London since 2017, working together to design and deliver care based on the latest evidence of what works best. Collaboration between our trusts was strengthened during the pandemic, helping our hospitals to maintain services like surgery and cancer care.

Our closer partnership will support the services our patients use most. Enfield residents already visit either North Mid or Royal Free London sites for most of their care. Between us, we cover almost all A&E visits, nearly 90 percent of inpatient and day cases and eight out of ten outpatient appointments. These figures are lower, but still significant, for Haringey residents.

North Mid continues to have a strong future as a district general hospital and will continue to maintain an A&E, emergency surgery, maternity, paediatrics, critical care and specialised services on site designed for the needs of our local communities. The same is true for the Royal Free London's three main sites: Barnet Hospital, Chase Farm Hospital and the Royal Free Hospital.

But with so much cross-over, we believe we can achieve more together, as one partnership, to improve health and care for the communities we serve.

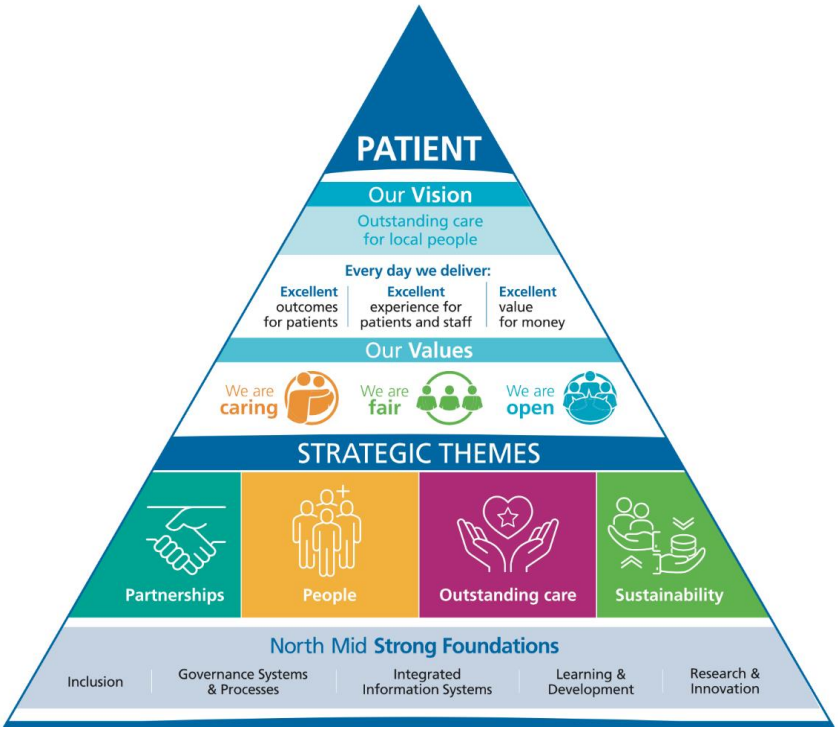
Our Patient First strategy

The Patient First strategy continues to be how we know our business, run our business, and improve our business; understanding our daily work and helping us improve our processes in line with our strategy.

In 2022, the Trust committed to enhance Patient First beyond a programme of work and to pivot to focus on developing, implementing, and maturing a lean management system - the Patient First Management System. The management system will help approach daily business in a way that is systematic and aligned with our True North, while also prioritising areas of improvement across the Trust.

Patient First: The Why, The How and The What

The Patient First triangle still provides the vision and strategy that embodies the ***'Why'*** in the Trust's everyday commitment to patients and the community.



'How' the Trust will deliver this promise is through implementing a lean, systematic way of working focussed on building problem-solving capability across the Trust and modelling the seven respectful behaviours.

'What'**:** The five key elements of the Patient First Management System are problem solving, huddles, strategy alignment, standard work, and visual management, which when embedded in daily work, support a robust approach to improvement.

Part 2 - Performance report

This section provides the reader with a summary of the North Mid, its purpose, the services it provides, and performance over the past year.

North Mid in numbers 2022-23 (infographic)

Patients seen in the Emergency Department	202,031
Women looked after in our maternity care	4,621
X-rays and other radiology tests	20,3141
Inpatients cared for	69,148
Outpatient appointments	434,588
Surgical operations	41,236
Babies born	3,805

2.1 Patient

Patients are the point of everything we do at North Mid.

Our vision for the Patient strategic theme: we deliver improved services that are accessible and responsive to our local people's needs, where people feel looked after, cared for, and involved in the developing their services.

Our strategic goal is that we have the highest percentage of patients recommending North Mid as a place to be treated, measured by our Friends and Family Test (FFT) scores.

We aim that by the end of 2025-26, 95% of our patients recommend us as a place to be treated.

Our breakthrough objective: Our breakthrough objective is to increase our response rate for patients completing the Friends and Family Test feedback to 90 per cent.

How have we been progressing with this objective?

There have been challenges in improving the response rate across all Trust services which stood at 11% in 2022-23 (8.3% in 2021-22) compared to a national average of 18%. One areas that has seen most improvement is the FFT response rate for inpatient services which improved from 26% in April 2022 to 30% in January 2023 (highest response rate achieved was 37% in October 2022).

The overall percentage of patients that would recommend the Trust as a place to be treated was 79.3%.

Further information can be found in the Patient Experience part of Section 4.1 – Looking Back: Our Quality Priorities 2022-23 in Part 4.

What else have we been doing to improve our services for patients?

Investing in our services

We continue to invest heavily in improving our services, and over the last year this has included:

- over £1million in a new state-of-the-art CT scanner to help patients receive quicker, more accurate CT scans with less radiation.
- invested nearly £400,000 to install a new robot in our pharmacy department, which is helping us dispense medicines faster and will make care safer.
- A new state-of-the-art MRI scanner so that three extra patients can be seen every day and up to 1,000 more patients will be diagnosed every year.

New activities boost dementia patients' wellbeing

Thanks to a donation made to North Mid Charity to improve dementia care, patients can now take part in a range of activities including bingo, listening to music, watching films, painting, colouring, and completing jigsaw puzzles, while they are in hospital.

The activities, which are available to all departments who are caring for patients with dementia, also include aromatherapy to help manage feelings of anxiety and depression, 'chuckle and chat' packs which provide prompts to encourage conversations and reminiscing, and star projectors to create a calming environment during the night to help patients relax and sleep better.

Virtual care pilot launched for heart failure and frailty patients

Clinicians from North Mid, Whittington Health NHS Trust and Barnet, Enfield and Haringey Mental Health NHS Trust have come together to trial a new app, Clinitouch, to monitor patients' health and vital signs virtually.

Clinitouch is being used by patients who have heart failure or living with frailty who have been transferred into North Mid's 'virtual ward'. The patients have been given 4G tablet devices, a blood pressure monitor, pulse oximeter and thermometer to record their vital signs. They share answers to health questions related to their condition and readings through the app for analysis.

Clinitouch will provide real time data insights and give patients a hands-on role in managing their own health. It will not replace existing assessment methods which include telephone and video calls with patients and face-to-face assessments when needed.

Designed in partnership with Whittington Health NHS Trust and Barnet, Enfield and Haringey Mental Health Trust, our virtual ward now has 28 beds and aims to reduce the amount of time patients who are clinically stable but not medically ready to be discharged stay in hospital.

Emergency department staff "skilled, responsive and kind" despite ongoing pressure

Patients using our emergency department can be confident their treatment will be provided by well-trained, safe, skilled staff in a visibly clean unit with specialist equipment that manages infection risk well. These were the findings following the Care Quality Commission's recent report of our urgent and emergency care services.

Every member of our urgent and emergency care service should be proud of the work they do every day, for everyone in our community, and we are grateful to the CQC for their report which highlights the immense commitment our staff show to our local patients, day in, day out.

Like our hospital, which draws much strength from our brilliant north London community, our emergency department is embedded in a system which not everyone sees all the parts of. We do, and we want to extend our thanks to partners across the urgent and emergency care system, for their ongoing work to help us continue to improve. From rota coordinators to medical suppliers, to royal colleges, trade union representatives, and educators, we are all one team, and we urge our local community and its leaders to work with us to use our emergency department wisely so that we can continue to look after people who need us most.

Launching the North Mid Disability Charter

North Mid was joined by a panel of special guests and senior leaders to officially launch a Disability Charter for the healthcare provider. According to the British Disability Forum (BDF), the North Mid is one of the first NHS Trusts in England to provide a charter supporting both its workforce and service users.

Rona van Horne and Louisa Georgiou, co-chairs of North Mid's staff DiverseAbility Network, were joined by specialists Paul Deemer, head of diversity and inclusion at NHS Employers, Dr Christine Rivers, head of workforce disability equality standard at NHS England and Improvement and Karan Snuggs, disability business partner from the Business Disability Forum to speak with attendees during an event to mark the launch.

The five-point charter is a public commitment by North Mid to improve the standards of care experienced by disabled patients and staff who access its services. The charter also aims to better the views and voices of those with disabilities and to harness the talents of disabled staff.

To support the delivery of the charter, the Trust has introduced a new team of Disability Ambassadors whose role is to engage with service users, help identify and report any challenges or barriers experienced and champion the voices of those requiring support when accessing treatment and facilities at North Mid.

2.2 People

Across the Trust as a whole, we employ just under 4,000 people, with nursing and midwifery making up the largest sector within our workforce, followed by our invaluable clinical support staff and administrative and clerical staff, all working together to make care possible.

"Our North Mid team" infographic

Nursing, midwifery and health visiting staff	1,447
Administration and estates	738
Medical and dental	656
Healthcare assistants and other support staff	778
Scientific, therapeutic, technical and healthcare science staff	378
TOTAL	**3,997**

Our people are our most important strength. The diversity of our people is an asset.

Our vision for our People theme: our people feel committed to North Mid because we care for their safety, health and wellbeing, we support them to progress in their careers, and we actively encourage them to contribute to the success of their teams and the Trust.

Our strategic goal is to be the best acute Trust in London for staff feeling respected, included and working in a safe environment.

We aim that by the end of 2025-26, we will be above average among all London acute Trusts for staff reporting that they feel respected and included, and that we will be above average among all London acute Trusts for staff reporting that they work in a safe environment.

Our breakthrough objectives: Our breakthrough objectives are to significantly increase the percentage of staff who report that North Mid acts fairly with regard to career progression and promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age; and to significantly decrease the percentage of staff reporting how many times they have personally experienced harassment, bullying or abuse at work from managers.

How have we been progressing with this objective?

In line with Patient First and our overall commitment to improving the staff experience of fair career progression within the Trust, we've developed 'Our Recruitment Charter'. It solidifies our efforts to promote fairness in recruitment, selection and career development. All recruiting managers are asked to sign up to the charter.

Our diversity, amongst our staff and residents, is an asset and we want North Mid to be a place of belonging for our staff and our population where everyone is valued and respected. That's why we're proud to launch 'A fairer North Mid' - our equality, diversity and inclusion strategy, which maps out how we will get there. We will do this through deepening and widening our partnerships. This relates not just to other parts of the NHS, local government, and other public sector partners such as the police, but also voluntary, community and faith groups. We have started, and we look forward to redoubling our efforts and our impact in this space.

The Trust is clear about its journey; for staff we have listened and know what we will do together, why we want to do it, how we will do it and what success will look like. Our journey in addressing local health inequalities continues to mature. We are building a health picture of people and places we serve in partnership with others. The next step will be to use those partnerships to plot what we and others can co-create with people specifically to improve health outcomes.

What else have we been doing to improve #TeamNorthMid's experience?

Staff survey 2022

The Trust received a good response to the Staff Survey, with 60% of eligible staff responding. This equates to 2,258 colleagues of whom have contributed their views and experiences to the latest nationwide picture of life working in the NHS and at North Mid.

North Mid achieved average or close to the average in each theme of the Staff Survey, indicating that whilst some progress has been made (improvements in four elements of the People Promise, plus an improvement in morale), the results show that we need to continue our focus on a range of staff experience aspects to ensure that we become a better place to work for all our staff.

For all the questions asked, improved responses and deteriorated responses broadly match. Along with the significantly improved response for career progression (up 4%), the question relating to bullying by managers has stayed the same (15% say that they have been bullied by managers) following a big improvement last year. We have focussed much of our attention this past year on addressing these two issues which were of particular concern.

Unsurprisingly, we have seen a deterioration in staff views relating to pay, staffing numbers and working additional hours. There has been a reduction in the number of staff being appraised although we have positive and improved scores relating to the impact of appraisal. As requested by many managers, we removed the appraisal window (April to July) and replaced it with a 12 month rolling appraisal period to give staff and managers time to ensure that appraisals are timely and meaningful.

Most improved scores	**2022**	**2021**
Feel organisation respects individual differences	69%	64%
Appraisal helped me improve how I do my job	37%	33%
Immediate manager asks for my opinion before making decisions that affect my work	60%	56%
Feel supported to develop my potential	55%	51%
Organisation acts fairly: career progression	48%	44%

Most declined scores	2022	2021
Satisfied with level of pay	20%	28%
Received appraisal in the past 12 months	77%	83%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	53%	56%
Enough staff at organisation to do my job properly	23%	27%
Enjoy working with colleagues in team	75%	79%

Supporting our staff and communities through the cost-of-living crisis

One of our top priorities continues to be supporting our staff and communities with the cost-of-living. We are a member of the North Central London cost of living group which includes other NHS organisations and local authorities. Together, we are making sure that we are sharing with staff and our communities all the support available to them.

We have been supporting our staff in a range of ways including:

- producing a z-card (pocket size, fold-out leaflet) which summarises all the benefits available to them.

- working with Connected Communities, part of Haringey Council, and community groups in Enfield and Haringey to run a Community Advice Hub in our hospital. The Hub aims to improve access to local authority led community and voluntary sector support and services. This enables patients, residents, and staff at North Mid to access early help and preventative support on issues such as finance, housing and employment. Since opening in January 2022, the hub has helped over 600 people.

- working in partnership with Edible London to provide a food box subscription service to staff and reduce food waste.

- working in partnership with S.M.I.L.E charity to run an event swapping pre-loved clothes, books, shoes, accessories. This helped staff by providing an affordable way for them to refresh their wardrobe while also helping to recycle, reduce waste and make a positive impact to reduce environmental harm.

- Introduced a salary sacrifice scheme in partnership with Fleet Home Electronics and Currys to provide access to over 5,000 products. This includes the latest desktop computers, laptops, tablets, televisions, smart technology and domestic appliances.

Celebrating the dedication and loyalty of our staff

There are many staff who dedicate their lives to public service, with many years served at North Mid. That’s why we have introduced a new loyalty award. Those who have been part of the North Mid family for 1, 5, 10, 15, 20 and 25 years are now recognised at a ceremony and presented with badges and certificates.

George Cross for NHS and North Mid staff

On 12 July 2022, the NHS and its incredible staff were awarded the George Cross from Her Majesty, Queen Elizabeth II. The sad death of Her Majesty has stirred up a wide range of emotions and feelings across the UK and the Commonwealth. She was the constant in our lives and a powerhouse for Britain - a figurehead and brand that many other nations across the globe have tried to emulate with their own heads of state.

The George Cross, the highest civilian award for gallantry, recognises the incredible dedication, courage, compassion and skill shown by NHS staff – from nurses and doctors to porters, cleaners, therapists and countless other roles – over more than seven decades, particularly in the face of the Covid pandemic.

This is only the third time the George Cross has been given to a collective body since its introduction in 1940, and it is granted in recognition of "acts of the greatest heroism or of the most courage in circumstances of extreme danger".

This recognition is an incredible honour and we want to congratulate and thank each and every member of North Mid for their valuable contribution to our local community.

North Mid nurse awarded honorary MBE for work with children and young people

In what would have been one of the final acts of her historic reign, Her Majesty the Queen awarded a senior North Mid nurse with an honorary MBE for services to nursing.

The award to Colette Datt, associate director of nursing for children and young people is officially known as 'honorary Member of the Most Excellent Order of the British Empire', and was confirmed on 7 September 2022, just 24 hours before the death of the late monarch was announced on 8 September 2022.

North Mid serves a population which has a higher proportion of children and young people than average and it is vital that we listen to, hear and respond to what this hugely important sector of our society tell us. Having one of brilliant nurse leaders' work recognised in this way is an important sign we are heading in the right direction in how we do this, and North Mid is proud of her for championing and leading our work on this.

Celebrating and championing diversity at North Mid

It is always such a pleasure to celebrate and champion the rich diversity at North Mid and in our communities. This included:

- Marking South Asian Heritage Month, an opportunity for us to commemorate, mark and celebrate South Asian cultures, histories and communities. We put a spotlight on staff around the Trust, from Dr Girija Anand, associate medical director of professional affairs and Nya Pertinaud, senior midwife and new co-Chair of our Ethnicities Network, who shared their stories to staff in our popular #ThisIsMe blog series.

- Marking Black History Month by hosting events celebrating Black history.

- Hosting our third annual equality, diversity and inclusion conference - an all-day conference with special guest speakers Dr Habib Naqvi MBE, Director at the NHS Race and Health Observatory, and David Lammy, MP for Tottenham.

North Mid Admin Academy launches during #LoveAdmin week

We have over 700 members of admin and clerical staff at North Mid, all of whom are vital to helping us provide outstanding care for local people. That's why in the last week of September, we held our first #LoveAdmin week, an opportunity for the Trust to celebrate and thank our admin and clerical staff for everything they do that contribute to the care we provide to patients.

To mark the occasion, we launched our Admin Academy, led by Shola Adegoroye, our chief operating officer and now, professional lead for admin and clerical. The Academy brings

together all the learning and development opportunities available across North Mid and beyond for admin and clerical staff. We also held workshops with different areas of focus, including coaching, interview skills and supporting teams with wellbeing.

We rounded off the week with an awards ceremony, which received over 200 nominations from across North Mid.

2.3 Outstanding care

We are committed to being an outstanding NHS provider.

Our vision for outstanding care theme: we are an outstanding organisation, deliver safe care every time, and are recognised nationally for our work on safety, mortality and morbidity.

Our strategic goal is that there are no moderate or severe harms or deaths in our care, and that we treat patients in A&E within 4 hours 100 per cent of the time.

We aim that by the end of 2025-26, we reduce by 50 per cent the number of moderate, severe harms or those resulting in death; and that we consistently achieve 80 per cent of patients being admitted from A&E within 4 hours.

Breakthrough objective: Our breakthrough objective is to improve our median discharge time by four hours.

How have we been progressing with this objective?

2022-23 provided the opportunity to truly understand the root cause of delays in discharge across the Trust. Several focused improvement cycles in areas such as care of the elderly and community wards demonstrated small wins that set the trajectory for ongoing work into 2023-24. Although the annual target was not achieved, ongoing incremental progress was made to get our patients home earlier and facilitate flow from our emergency department.

What else have we been doing to improve our services for patients?

Learning from Never Events

When mistakes happen, it's important that they become a learning opportunity for all of us, and we have worked hard to develop and embed a culture of learning at North Mid.

In April 2022, we held a patient safety learning event which was focussed on 'Never Events'. Never Events are wholly preventable patient safety incidents, which should never happen if the long-established safety procedures are followed. This learning event gave staff from across the hospital, both clinical and non-clinical, a chance to hear about the changes that have been made in response to these incidents and to think critically about how they can be part of reducing risks further.

Nursing leadership in the community announced as regional winner of NHS parliamentary awards

Belinda Okyere was announced as the London regional winner at the prestigious NHS Parliamentary Awards for 2022.

Recognised as a superb ambassador for North Mid, Belinda is the nursing lead for the Trust's ABC (Achieving a Better Community) Parents outreach programme.

ABC Parents is a parent education programme which provides new parents, with little or no knowledge of child health, the confidence to care for their child's common illnesses as well as provide lifesaving skills. Over 100 families have completed the programme, benefiting

from free advice and support on basic life support, illness recognition, choking, allergy, vaccination education and first aid.

Improving adult red cell services with patients

The North Mid hosted a series of listening events recently for adults living with sickle cell and thalassemia who are treated at the North Mid. The service has faced a number of challenges and we were keen for patients to be central to the improvement work. It was important to hear first-hand the concerns of people who use the services to help focus our improvement efforts.

The Trust has made progress, including significantly improving the time in which we administer pain relief for people living with a red cell disorder who come to our emergency department with acute pain, transforming our dedicated health and wellbeing centre - the George Marsh Centre in Haringey - for people living with these conditions and recruitment to a senior nursing post which will spearhead even more improvements in the service.

Caring kits for kids – 300 bag milestone

Each year, over 25 children are brought to the North Mid by social workers or the police because they've been found home alone, wandering in the street, or need emergency care for neglect or abuse injuries. Sometimes they arrive only in the clothes they are wearing, and perhaps whatever is in their pockets.

For us, it is vital that we help these children feel less scared and try to make them feel valued. That's why three years ago we pioneered a Kid's Kit bag initiative, this provides a backpack full of new personal items that the child or young person gets to keep. This really makes an important difference, and shows these vulnerable young people that they are in a safe and caring place.

The initiative has now turned into a charitable organisation, Caring Kits for Kids, and has reached a milestone with 300 bags now donated for children who need to go into emergency foster care after they receive care from hospitals across the country.

North Mid nurse crowned Nurse of the Year

Nursing care and leadership at North Mid was recognised nationally at the Nursing Times Awards in 2022 after winning two awards.

Anne Biggs, children's community matron, was announced as the Nurse of the Year and the children's allergy team came out on top in the managing long term conditions category for their comprehensive, compassionate and caring children's allergy service.

Anne Biggs picked up the award after judges praised her for transforming many lives with an outstanding understanding of allergy care. She has led the development of evidence-based allergy services that have had a significant impact, particularly for children with eczema.

The children's allergy team was praised for recognising an unmet need of children living with the debilitating conditions of undiagnosed food allergies, severe eczema, asthma, rhinitis, and the co-morbidities of infants with cow's milk protein allergy. The team developed a comprehensive and successful children's allergy service at North Mid, providing expert, responsive and accessible care to a large urban population in North London where 82% of families are from a minority ethnic group.

North Mid's Play Leaders crowned national Play Team of the Year

We couldn't be prouder of our play leaders at North Mid, who were crowned Play Team of the Year in October for their incredible work with young people across the Trust.

Starlight is a national charity for children's play in healthcare, supporting children to experience the power of play to boost their wellbeing and resilience during illness.

Keisha Young, Megan Davidson and Emma Lambert from Starlight Ward at North Mid picked up the national award in this year's Starlight's Health Play Awards. The team were recognised for going 'above and beyond' in improving the experience of hospital treatment for ill children and young people when in the Trust's care.

They work directly with children in the hospital, empowering them to understand more about their treatment, develop coping techniques, distract them during procedures and support their mental health whilst undergoing treatment.

North Mid leaps into top 19% of digitally advanced Trusts in England

The Trust has achieved the Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) Stage 5 accreditation, going from fourth from bottom out of 232 Trusts for Digital Maturity to being within the top 19% of digitally most-mature Trusts. This has been the result of three years of incredibly hard work from the whole IT and Digital transformation team as well as clinical colleagues throughout the organisation.

NHSE 'Group 3'	40 Trusts; 19% of all Trusts	**HIMSS EMRAM Level 7**	4 Trusts; 2% of all Trusts	Alder Hey Children's Hospital Cambridge University Hospitals NHS FT Chase Farm Hospital Sunderland Royal Hospital
		HIMSS EMRAM Level 6	4 Trusts; 2% of Total	GOSH NHS Trust Liverpool Heart and Chest Hospital Newcastle upon Tyne Hospitals NHS FT Oxford University Hospitals NHS Trust
		Considered by NHSE to be 'equivalent' to **HIMSS EMRAM Level 5**	32 Trusts; 15% of all Trusts	**North Middlesex University Hospital NHS Trust** (formally accredited) plus 31 others - unknown how many have been formally assessed or accredited
NHSE 'Group 2'	128 Trusts; 60% of all Trusts	Deemed by NHSE to have an "existing EPR needs extension/optimisation to meet required standard"		
NHSE 'Group 1'	20 Trusts; 9% of all Trusts	Currently procuring or implementing an EPR		
NHSE 'Group 0'	25 Trusts; 12% of all Trusts	No electronic records at all		

The HIMSS EMRAM rating system is an international quality standard which measures the adoption and maturity of a health facility's inpatient electronic medical record capabilities from 0 to 7, with Stage 7 being the highest possible rating. According to HIMSS criteria, Stage 5 means that the Trust has established clear standards for improving safety, minimising errors, and recognising the importance of healthcare IT.

The Trust has delivered and achieved the quality, safety and efficiency benefits of our three-year Global Digital Exemplar Fast Follower programme. This national digital scheme aimed to support NHS trusts to improve their digital maturity and in turn help enable better health, better care, financial sustainability and better experiences for staff and patients.

Since then, the Trust has established a clinically-led digital leadership team, introduced a single electronic patient record so that all healthcare records are in one place, implemented electronic prescribing, electronic observations, electronic noting and single-sign-on for clinical applications.

We would like to thank our #DigitalNorthMid team for their incredible hard work over the last three years to get us to this international standard.

Frailty Awareness Month brings special guests to North Mid

November 2022 marked our Frailty Awareness Month, where our teams worked hard to:

- increase the number of people over 65 who have received the clinical frailty score in our emergency department.

- encourage more people on our care of the elderly wards to stay mobile by hosting a number of events with partners.

During the month, we were joined by Bambos Charalambous, MP for Enfield Southgate, who spoke to teams about the importance of frailty care and what we're seeing at North Mid.

We also formally opened our Medical Day Hospital, a new £190,000 facility away from our Emergency Department. It is used by elderly and frail patients as the Trust's outpatient care of the elderly service, providing same-day emergency care and ongoing follow-up appointments in a frailty-friendly environment. We were joined by special guest and former Tottenham Hotspur club captain, Ledley King, who cut the ribbon and celebrated with our teams.

2.4 Sustainability

Financial Sustainability is fundamental to our present and our future.

Our vision for the sustainability theme: we deliver excellent healthcare to our local population by making sure we reduce waste and make the most of every pound we earn.

Our strategic goal is that we ensure we can deliver patient services without spending more than we earn each year.

The original aim was to steadily reduce the gap between what we spend and what we are given to spend over a three-year period:

2021-22 - by 20%
2022-23 - by 40%
2023-24 - by 40%

Breakthrough objective: Our breakthrough objective is to develop and fully deliver a recurrent efficiency programme, as defined by our Trust's annual plan.

How have we been progressing with this objective?

The Trust approved an efficiency target of £15.1m for 2022-23 which comprised of the need for £10.7m recurrent savings and non-recurrent (one off savings) of £4.4m. This represented a significant financial challenge that equated to efficiency improvements of over 3% of our annual expenditure.

We are proud to report that the Trust delivered the full £15.1m of savings in the past year. Of the savings delivered £8.3m was recurrent with the remaining £6.8m achieved on a non-recurrent basis. The recurrent savings shortfall of £2.4m will carry forward to the 2023-24 savings target as we seek to further align our spending with the available funding.

The key contributions to our savings plan in 2022-23 included temporary staffing, a detailed review of all non-pay expenditure, medicines management and a reduction in business rates.

It is important to note that all efficiencies are subjected to an executive-led quality and equality impact assessment lead by our chief nurse and medical director to ensure that efficiency improvements do not adversely impact on safety/quality.

Our efficiency programmes focus on three key areas of the business with the following aims:

- Workforce – to reduce our reliance on temporary staff with an emphasis on agency staffing
- Productivity – to maximise what we do with the resource available to us
- Financial stewardship – to ensuring our spending represents ‘value for money’ and is spent in accordance with our financial policies and processes.

What else have we been doing to improve our services for patients?

Using evidence-based improvement techniques to reduce missed appointments and wasted materials

Our nuclear medicine team specialise in using radioactive materials to diagnose and treat disease in the body. It's not as science fiction as it sounds! It's a tried-and-tested method used widely around the world, particularly to treat life-threatening and chronic conditions.

Although this type of treatment uses very small amounts of radioactive substances in each procedure, the materials are both expensive and finite, so it's best practice for us to ensure we minimise any wastage.

Our nuclear medicine lead, Khadija Muhiddin and team, have adopted our Patient First improvement methods to identify opportunities to eliminate unnecessary wastage in their service, and to reduce the number of occasions when patients do not attend appointments or sessions need to be cancelled on the day. This has the dual positive impact of minimising inconvenience for our patients, and ensuring that our spend on these important medicines and materials is targeted efficiently for patient benefit.

Decontamination services commence at Chalkmill Drive

In a boost for local employment and in our efforts to reduce our carbon footprint, we have engaged Chalkmill Drive decontamination unit, run by the Royal Free London to provide our decontamination services.

The reprocessing facility is located in Enfield just off the A10, and is a state-of-the-art sterile service reprocessing unit which decontaminates equipment safely and efficiently, offering a rapid turnaround service meaning that essential items of care equipment can return to circulation quickly. A team of over 90 staff are employed within the unit, which handles over four million medical devices per annum operating 24 hours a day, 365 days a year.

The change in provider will support employment in the local area and the units' green credentials are also a reason to celebrate. Electric vehicles play a vital role in the distribution network and in turn support the sustainability agenda. Delivery and collection schedules operate throughout the day and will help remove 4.8 tonnes of CO^2 emissions through the use of the electric fleet per annum, the equivalent of driving four times around the globe in an average car.

New multi-storey car park

Staff, maternity patients, and visitors can now park in our brand-new multi-storey car park.

The five-storey car park has a total of 450 car parking spaces which includes 48 disabled bays on the ground floor and 45 electric car charging points plus lift and stair access.

The car park is open 24 hours a day, seven days a week and has been designed to be accessible to all.

The ground floor has disabled parking and is open to staff, patients, and visitors; maternity patients and visitors to our maternity department can park on the first floor; whilst the second, third and fourth floors are dedicated staff-only spaces.

Reducing waste in operating theatres

Our matron for theatres, Theo Ellina, and our medical consumables buyer, Cindy Biagi, have worked closely together to cut nearly £50,000 of spending from our surgery budget, without impacting the quality or availability of materials our surgical teams need to have to hand.

By understanding the true needs of theatres staff and how they care for surgical patients – and in a number of cases driving hard bargains with suppliers! – Cindy and Theo have jointly reduced the total spend for vital surgical supplies, allowing the funds to be reinvested for further patient care.

Their efficiencies are also having an additional positive impact on our environmental footprint, through reducing use of single-use non-surgical items, such as drinking cups.

Introducing a faster, smoother financial ledger system

Our finance department introduced a new financial ledger system called e-financials. This new financial management system allows faster and smoother processing and payment of invoices, supporting North Mid to meet not only its statutory commitments for timely payments, but to fulfil its wider role as an anchor organisation which supports a healthy local economy.

The new ledger system also offers more flexibility for budget managers to plan and review spending, by having real-time information at their fingertips, and offering ways to identify and achieve potential efficiencies.

2.5 Partnerships

To be successful at what we do, we must work in true partnership with others.

Our vision for our partnership theme: in partnership, we consistently improve the healthy life expectancy of our local population.

Our strategic goal is that we reduce the prevalence of the top five risk factors which contribute to the years local people live in poor health.

We aim that by the end of 2025-26, we reduce by 25 per cent the prevalence of smoking across Enfield and Haringey.

Breakthrough objective: Our breakthrough objective is to ensure that within the next 12 months, we are providing all patients and staff who we identify with a tobacco dependency with evidence-based advice on stopping smoking.

How have we been progressing with this objective?

We took a giant leap closer to our breakthrough objective by launching our new Tobacco Dependency Treatment (TDT) service in October 2022 to provide specialist in-house support and follow-up care.

The Trust established a team of advisors to support the delivery of our commitment to tackle avoidable illnesses, by providing an in-house tobacco dependency service. Initially introduced in the Acute Medicine Unit (AMU) and in Maternity, the TDT service has been expanded to include the T5 ward (respiratory) and the Amber ward (inpatients over 65). The TDT service also receive and accept ad hoc referrals from other wards.

In addition to providing services direct to patients, the TDT has trained 1,505 staff in how to provide very brief advice about smoking cessation.

Recent data shows that 68% of inpatient smokers are identified as patients using services within the Medicine and Urgent Care Division, and 48% of those are identified on the Acute Medical Unit (AMU). This means that the TDT service is well placed to extend specialist support to a significant percentage of smokers who attend the Trust.

What else have we been doing to work in partnership to improve the healthy life expectancy of our local population?

Integrated Care Systems become statutory bodies

On 1 July 2022 Integrated Care Systems (ICS) became statutory bodies in line with the Health and Care Act recently passed by Parliament. ICSs replace clinical commissioning groups to commission local services and as such, North Mid is now formally part of the North Central London (NCL) ICS.

The NCL ICS encompasses the boroughs of Barnet, Camden, Enfield, Haringey, and Islington and brings together local health and care organisations and local councils to work in joined-up ways to improve health outcomes for residents and tackle health inequalities that currently exist.

Our Community Advice Hub goes from strength to strength

Our Community Advice Hub received well-deserved plaudits after being 'Highly Commended' in the Place-based Partnership Award category at this year's HSJ Awards.

This prestigious acknowledgment emphasises the incredible hard work and importance of the Community Advice Hub which aims to reduce health inequalities within the local community.

The Community Advice Hub is run by North Mid and local partners. Its aim is to improve access to council and voluntary support groups and services for local residents, patients and staff. This includes early help and preventative support on issues such as finance, housing, and employment.

In 2022-23, 450 people were introduced to the Community Advice Hub for support.

We would like to thank Connected Communities (Haringey Council), Engage Enfield (Enfield Council), Age UK Enfield, Enfield Carer's Centre and Enfield Connections who have helped to make this service a reality.

London hospitals to run event for children and young people with sickle cell at the Tottenham Hotspur Stadium

In the summer of 2022, over 300 young children, teenagers and their families enjoyed a fun and educational Summer Sickle Cell event.

The event was provided by the North Mid, University College London Hospitals NHS Foundation Trust and Whittington Health NHS Trust, and was hosted by Tottenham Hotspur Football Club at their White Hart Lane Stadium.

The event proved to be a major success and saw paediatric teams from the three London trusts team up to launch further support for local families affected by sickle cell disease. Families had access to support and advice from several charities that attended on the day and educational and inspirational talks including transition workshops to get families with young sickle cell warriors prepared for adult care.

Sickle cell is the most common inherited single gene disorder in the UK and affects primarily people of black African and black Caribbean ethnicity. Children and young people with sickle cell face a multitude of acute and chronic complications that can occur from early childhood.

North Mid a founding member of UCL Health Alliance

The North Mid has joined forces with a number of healthcare and education organisations to form the UCL Health Alliance, a collaborative to enable effective partnership working to improve the outcomes and experience for the population we serve. This scope includes people across NCL as well as people travelling in across the wider region and in some cases nationally to receive specialised care.

Through the Alliance, NHS and university partners are working together to respond to the most pressing health and care priorities for our organisations and the communities we serve, and to rapidly put our findings into practice in health services, education and research. The Alliance looks at the whole pathway from prevention, to treatment and both physical and mental health needs.

Establishing a Population Health Committee with Royal Free London

The North Mid and Royal Free London are working together to improve health and reduce health inequalities among local communities. A new joint population health committee in common will bring together clinicians and leaders from both trusts, along with local government, GPs and the voluntary and community sector, to tackle the causes of ill-health and health inequalities.

Both trusts have long-established approaches to improving population health but the formal partnership between the two trusts was seen as an opportunity to achieve more together than could be done alone. Tackling inequalities in access, outcomes and experience is an important priority for the partnership.

The committee in common is developing a joint dashboard of health inequalities data. It is expected that reviewing this information across both trusts will help to identify inequalities and drive more targeted action to address them, both within each trust and in collaboration with health and care partners.

North Mid joins forces with the Metropolitan Police and Tottenham Hotspur Football Club to engage young people on reducing youth-on-youth violence

Doctors, nurses and senior leaders from North Mid, local Metropolitan Police leaders in Enfield and Haringey, and representatives from the Tottenham Hotspur Foundation came together with local young people to discuss how to reduce youth-on-youth violence.

The ‘Youth Innovation Hub’ took place at Tottenham Hotspur Stadium in November 2022, and formed part of Metropolitan Police Commissioner Sir Mark Rowley’s 100-day plan to deliver the best possible policing for London, through his mission of ‘more trust, less crime and high standards’.

Community leaders and young people heard from North Mid staff about the health impact and the long-term consequences of youth-on-youth violence, including knife crime, in the local area. From October 2021 to October 2022, North Mid treated 831 people due to violent crime, including blunt and penetrating trauma injuries.

Following talks from staff at North Mid, the Metropolitan Police and the Tottenham Hotspur Foundation, young people took part in sharing ideas on what more could be done to better improve relationships with community leaders and how to make the local area safer. Community leaders made a commitment to use these ideas and align efforts across the public and voluntary sectors to make a genuine difference.

2.6 Operational Performance

Summary of activity and growth

Key Figures	2019-20	2020-21	2021-22	2022-23	19-20 – 20-21	20-21 – 21-22	21-22 – 22-23	Compound Annual Growth Rate 19-20 – 22-23
A&E Attendance	184,084	138,050	195,813	202,031	-33.3%	29.5%	3.2%	-0.6%
Outpatient Attendances	429,314	351,062	403,929	434,588	-22.3%	13.1%	7.6%	-1.6%
Admissions	80,215	56,884	68,912	69,148	-41.0%	17.5%	0.3%	-23.2%
Operation / Procedures	35,833	24,524	25,837	41,236	-46.1%	3.2%	59.6%	16.7%
Babies Born	4,515	3,911	3,943	3,805	-15.4%	0.8%	-3.5%	18.1%

The 2022-23 fiscal year presented significant challenges for the NHS and Trust. Despite the increased pressure on emergency care services and the need to address the backlog of elective and cancer waiting times, we have maintained our commitment to delivering safe, consistent, and timely care to our patients. The Trust's Patient First framework is designed to track our progress against key metrics and ensure that we continue to improve our services.

Our focus on cancer recovery has yielded positive results, with a notable reduction in the number of patients waiting for treatment. We have a strong culture of continuous improvement and utilise the Patient First Improvement System to enhance our performance against agreed measures and quality priorities. The monthly Strategic Deployment Review scorecard enables us to continuously monitor key datasets, including quality and finance, service-specific information, and deviations from agreed targets.

We are dedicated to maintaining operational performance against national and local standards, and our efforts are overseen by various committees, including the Trust Board, board level committees, the Urgent Care Board, the Access Board, and the Cancer Board. The Integrated Performance Report is presented to the board level committees and the Trust Board to ensure transparency and accountability.

Externally, the Trust is held to account for its operational performance by NHS England and its commissioners. As a Trust, we remain committed to delivering high-quality care to our patients and will continue to work towards improving our performance in the years to come.

Attendances in the Emergency Department (ED) increased by nearly 3% during 2022-23; this aligns to the national trend of increased ED attendances. There was also an increase in the number of outpatient attendances, admissions, and procedures during the past year due to greater collaboration between system partners in NCL, and increased Trust focus on productivity and efficiency. We saw a slight decrease (-3.5%) in the number of babies born at the Trust.

Key Performance Measures

Table 1 represents an overview of the operational performance of the Trust from April 2022 to March 2023.

Overall, the Trust met 2 of the 17 standards. We continue to monitor several key metrics to track our performance and demonstrate our commitment to delivering safe, consistent, and timely care to both elective and emergency patients.

Table 1 - Operational performance April 2022 to March 2023

Indicator	Target 21-22	20-21	21-22	22-23
A&E 4 Hour performance (all types)	>95%	85.1%	73.1%	64.6%
18 Weeks Referral to Treatment (RTT) - Incomplete Pathways	>92%	79.8%	79.1%	82.2%
2 Week Wait - Suspected Cancer	>93%	59.8%	73.1%	81.1%
2 Week Wait - Breast Symptomatic	>93%	38.1%	21.1%	23.8%
31 Day Decision to Treat to Treatment	>96%	95.3%	94.4%	95.2%
31 Day Subsequent – Drug Treatment	>98%	94.3%	99.5%	95.6%
31 Day Subsequent - Radiotherapy	>94%	95.1%	96.1%	91.2%
31 Day Subsequent - Surgery	>94%	84.2%	91.4%	80.7%
62 Day Referral to Treatment	>85%	51.5%	51.5%	57.3%
62 Day Specialist Screening Service to Treatment	>90%	88.5%	80.0%	67.4%
Diagnostic Waiting Times	>99%	66.2%	85.8%	94.9%
Operations not rebooked within 28 days	0	26	21	17
Maternity Bookings within 13 weeks referrals received within 13 Weeks	>80%	92%	89.8%	91.0%
Clostridium Difficile (aged 2+) - hospital acquired / received	33	19	18	29
MRSA Bacteraemias - Hospital Acquired	0	4	1	1
Mortality (SHMI) Rolling 12 Months (as at Nov 2021)	<100	93.1	94.0	101.6
Mortality (HSMR) Rolling 12 Months (as at January 2022)	<100	94.3	107.4	109.1

Emergency Care

The year 2022-23 saw further development of initiatives to minimise the time a patient spends in the ED or signpost patients to other services where clinically appropriate. We have continued to work in partnership with social care and other providers to increase the rate of discharges per day for those patients who are fit to leave the hospital. We have also strengthened our relationships with the London Ambulance Service to ensure we release ambulances on time and with the local GP Federation to improve the performance of our Urgent Treatment Centre (UTC).

The Trust has delivered a new performance management oversight of the pathway with each specialty developing plans to increase our same-day emergency care (SDEC) offer and drive compliance with the Patient First aspiration to discharge patients earlier in the day.

Despite our efforts, the Trust did not meet the four-hour emergency care standard and finished 2022-23 at 64.6% against a 95% target. The drivers for our performance include high bed occupancy, which meant only 10% of our patients were admitted to a bed within four hours.

The number of patients waiting longer than twelve hours extended significantly. We have continued to see an increase in attendances to the ED, with an increase of nearly 3% in attendances compared to last year, and the highest number of attendances for over six years. Low acuity attendance (no investigation or no treatment) grew exponentially through the year reaching over 50% of overall demand.

18 Week Waiting Times

Similar to other organisations, delivery of the national 18 Week Waiting Times standard was challenging during 2022-23. Despite the challenges, we have managed to increase our elective activity compared to the previous year, which is a testament to the hard work our staff and the Trust's continued focus on productivity and efficiency.

Our performance against the 18-week target has improved, with 82.2% of patients treated within the 18-weeks, compared to 79.1% in the previous year. Throughout the year, we have also made significant progress in reducing the number of patients waiting over 78 weeks, and ensured that all patients waiting over two years for their treatment had been treated. Our Trust continues to have one of the lowest rates of patients waiting over 78 weeks in NCL for referral from GPs to initial treatment.

In addition, we have redeveloped our patient pathway reporting processes, which has improved the accuracy of reporting and, most importantly, led to more effective management of patients on their pathway to receiving care. We have also focused on clinical prioritisation and review of long waiting patients to ensure the most clinically urgent patients are prioritised for treatment, which has enabled us to allocate our resources towards those who need it most.

Cancer Treatment Waiting Times

Our focus this year has been to ensure the continuity of cancer services and respond to increased demand whilst reducing the numbers and length of time patients wait for diagnosis and treatment. The Trust has worked collaboratively with neighbouring providers and the NCL Cancer Alliance to share resources and ensure timely access to diagnostics and surgery for all patients.

The Trust continued Cancer Recovery and Turnaround during 2022-23 and introduced an interim recovery and improvement governance structure to facilitate improvement. Cancer Turnaround was one of the Trust's highest priorities and as such was added as a Patient First Corporate Project. The Trust received improvement support from the NHS England Elective Care Improvement Support Team and NCL Cancer Alliance to diagnose the underlying issues affecting our ability to deliver sustainable cancer performance and identify improvement actions that have the highest impact.

During the start of 2022-23, the Trust was holding one of the biggest cancer backlogs proportionate to cancer Patient Tracking List size in the country. Due to our improvement work, the Trust's 62+ day backlog has reduced significantly to the lowest level in over three years and below the national average.

Performance has increased across five of the eight cancer specific measures. The Trust did not achieve the two-week wait standard for suspected cancers or for patients with breast symptoms. However, performance increased substantially for two-week wait standard for suspected cancers to 81.1% in 2022-23 compared to 73.1% in 2021-22. Performance against the 62-day standard from GP referral to first treatment was 57.3% in 2022-23, which is an improvement compared to 2021-22.

The Trust is committed to the delivery of all national cancer standards and recovery plans are in place to work towards achieving the 28-day faster diagnosis standard during 2023-24 and continue to reduce backlogs to sustainable levels.

Whilst there has been improvement in some areas, the Trust acknowledges the negative impact on patients of not achieving key constitutional standards and we apologise for this. The Trust continues to prioritise capacity and resource to deliver cancer-related pathways and treatments as effectively as possible.

Diagnostic Waiting Times

Performance against the Diagnostic Waiting Times standard has improved significantly to 94.9% in 2022-23 compared to 85.8% in 2021-22. Whilst the Trust is not compliant overall with the standard, multiple modalities achieved over 99%, and there was continued improvement in performance throughout the year.

The Trust has increased the capacity and access to diagnostic tests with the use of mobile CT and MRI machines on site, offsite additional working, and patients travelling to independent providers for their diagnostic test. We also increased our reporting capacity to ensure diagnostic procedures can be clinical reviewed and reported as quickly as possible. The Trust has worked collaboratively with system partners to ensure our patients have access to Community Diagnostic Centre scanning capacity. The Trust has invested in a new purpose-built MRI suite, which adds a second permanent scanner to our existing capabilities. The new MRI has improved our ability to scan complex clinical cases, including for the first time, ventilated patients, helping the Trust meet the imaging needs of our local community.

Infection Control

Clostridium Difficile Infection (CDI)

The Trust reported 29 cases of hospital onset healthcare associated (HOHA) CDI cases in 2022-23. Whilst this is an increased compared to the previous year, it is below the target of 33 cases. All CDI cases received a post infection review and aligned to the processes outlined by the North East London Commissioning Support Unit CDI management.

Methicillin Resistant Staphylococcus Aureus (MRSA)

The national objective for all NHS Trusts in England from 2013 was to have zero avoidable MRSA bloodstream infections. In 2022-23 there was one case of MRSA bacteraemia reported by the Trust, which is comparable to 2021-22. The case was subjected to a post infection review to identify any learning. Clinical teams developed improvement plans that were presented at and monitored through the Trust's Infection Prevention and Control Committee.

Sustainability and energy efficiency

In 2022-23 the Trust's total energy consumption fell by 7.0% to 32.8 million kWh (kilowatt hours). Within this total, electricity consumption was 2.3% lower at 14.4 million kWh, whilst gas consumption decreased by 10.3% to 18.4 million kWh – this was a consequence of 2022 being the warmest year on record. The Trust's solar panels contributed some 54,000 kWh to the electricity consumption, whilst the Combined Heat and Power (CHP) plant generated 115,000 kWh of electricity. Water consumption increased by 6.1% to 105.6 million litres.

The government's Carbon Reduction Commitment funding ended in 2019, with the funds previously raised now being generated by an increase in the Climate Change Levy (CCL) on energy bills; however, the Trust continues to make progress towards reducing the level of carbon emissions generated by its operations and in 2021-22 our carbon dioxide (CO^2) emissions from energy consumption decreased by 15.0% from 7,151 tonnes to 6,107 tonnes.

The Trust has committed itself to procuring electricity from renewable sources and all electricity purchased by the Trust in 2022-23 from NPower is supported by Renewable Energy Guarantees of Origin (REGOs). The REGOs issued by NPower certify that a proportion of electricity supplied comes from wind or solar energy generated in the UK. This means that our CO^2 emissions for electricity are effectively zero and the net CO^2 emissions for 2022-23 amount to 3,359 tonnes in respect of gas consumed.

The original target for the NHS was a reduction in CO^2 by 2020 of 34% compared to 1990. After allowing for the increase in the size of the estate following the implementation of the Barnet, Enfield and Haringey Clinical Strategy in 2013-14, the Trust has achieved an overall reduction in CO^2 emissions, before taking account of renewables, on its annual energy consumption of 46%.

The Trust continues to explore and put in place other initiatives that reduce the Hospital's impact on the environment. This includes almost the complete elimination of harmful anaesthetic gases such as Desflurane, and increasing our usage of recycling rather than sending waste direct for incineration or landfill.

Achievements during 2022-23 in partnership with Bouygues

Environmental:

- Monthly energy forum now in progress.
- Installation of 2 new gold-efficiency Daikin Chillers.
- Hospital-wide Smart Meters have been installed on all incoming main power supplies to monitor energy consumption.
- An EV charging point has been installed to support the role of an electric vehicle fleet for Bouygues employees. The Energy Intervention program has been implemented on site.
- Future Motors – A trial has begun to find a suitable AHU to trial the newest next-gen switched reluctance motor
- Phase 1 of the replacement of LED lighting within the retained estate (IT department) has been completed.
- Ongoing trial for digital taps which will contribute to a reduction in water usage.

Sustainability:

- Internal accreditation for ECOSITE – Bronze Award.
- Implemented a chemical-free closed loop system “Elysator”.
- Cycle to work – staff are continually encouraged to cycle to work to support the company’s clean air initiative.

Social Value:

- Bouygues is hosting an art competition for the children in the paediatric assessment unit and their artwork has been displayed on the hoardings around the new Day Surgery Unit build.
- Bouygues attended a recruitment day with Trust staff to offer careers advice and opportunities in the local area.
- Launching of the Iron Man Crisps Packet Project to repurpose crisps packets into blankets.

Future plans:

- The new Day Surgery Unit build will be installed with automatic LED lighting control, high-spec installation, and additional sub-meters to monitor energy usage.
- A feasibility study will be undertaken to explore rainwater collection and using PV panels to charge the UPS system is being explored.
- We are considering introducing Camfridges, a new generation of low-carbon cooling products. Coolnomix idea to fix this energy-saving technology on the retained estate's refrigeration and air conditioning systems.
- The traditional fluorescent lights located on the lower ground of the main building will be replaced with LED lighting.
- We are starting a project to improve upon air quality, air pollution and biodiversity on site with Edible London.
- A site has been selected outside the front of the hospital to create a new garden which will decrease CO^2 levels produced by the carpark and traffic on Bull Lane.
- We will also look to expand our work with Edible London looking into creating a kitchen/store to hand out food to staff to help with the cost-of-living crisis. This will provide local volunteering opportunities.

Achievements during 2022-23 in partnership with Sharpsmart Total Waste Management

NHS England have recently launched a new strategy which focuses on improved waste segregation across healthcare waste. Three main targets set are to reduce CO^2e by 50% by 2026, achieve 60% diversion to offensive waste by 2026 and reduce the cost of healthcare waste by 15% by 2030. The goal is to reduce the waste sent for treatment and high temperature incineration down to 20% each to provide a 50% reduction of CO^2e produced from healthcare waste management.

Since awarding the new total waste management contract to Sharpsmart in October 2022 the Trust has made significant improvements by moving from 8% offensive waste to now tracking in the region of 30% per month. This has seen a monthly reduction of CO^2e of approximately 5 tonnes per month. We will be carrying out a site wide training program and launch of the bag to bed system to further improve this with the aim to exceed the NHS England strategy by the end of 2023, which is two years earlier than targeted.

The overall impact of this project is expected to provide an annual CO^2e saving of around 110 tonnes per month; this will achieve around 48% reduction of CO^2e bringing us close to the 50% target by 2026. With further opportunities to drive CO^2e down through further segregation from clinical waste streams into recycling streams within the departments. This project is also expected to reduce the overall spend on healthcare waste by around 8% on an annual basis which takes up over halfway to the 2030 target in year 1.

2.7 Financial Performance

The NCL Joint Health Overview and Scrutiny Committee is asked to note that Part 2.7 specifically relates to the requirement on the Trust to produce an Annual Report.

This section is still subject to internal governance arrangements and approval. As this section does not form part of the requirements to produce a Quality Account this has been redacted at this time.

Part 3 - Accountability report

The NCL Joint Health Overview and Scrutiny Committee is asked to note that Part 3 specifically relates to the requirement on the Trust to produce an Annual Report.

This section is still subject to internal governance arrangements and approval. As this section does not form part of the requirements to produce a Quality Account this has been redacted at this time.

Part 4 - Quality account

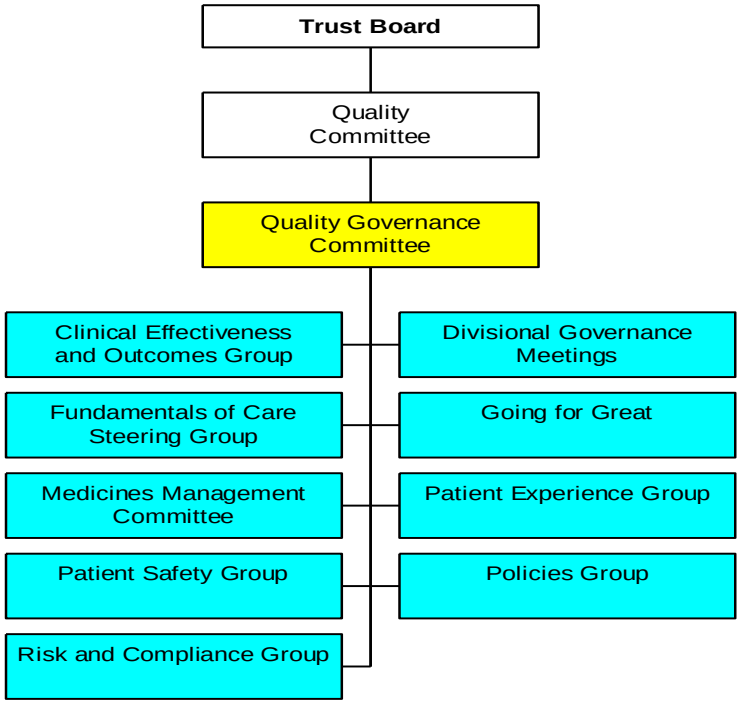
This section presents the Quality Account for 2022-23. The Quality Account is a narrative report accessible to patients, carers, professionals and the public. It details the Trust's commitment to quality through the standard of services we provide. It is important for the Trust to be able to share the improvements made to the services we deliver to local communities and stakeholders. The Trust measures the quality of services by reviewing patient safety, the effectiveness of treatments that patients receive and patient feedback.

How Quality is Embedded

The Quality Governance Committee is the trust wide operational committee with oversight for all aspects of quality. The four divisions; “Medicine and Urgent Care”, “Surgery, Anaesthetics, Critical Care and Associated Services”, “Women’s, Children's, Cancer and Diagnostics”, and Community Services, as well as Trust-wide quality governance teams collaboratively review and progress all aspects of quality governance through this committee.

Figure 1 shows the reporting structure through to the Trust Board filtering back down to ward-level quality outcomes. This is in-line with previous years 2022-2023 structure.

Figure 1



Care Quality Commission (CQC)

North Mid is required to be registered with the CQC and is currently registered for the following regulated activities:

- Maternity and midwifery services
- Family planning services
- Termination of pregnancies
- Treatment of disease, disorder, or injury
- Assessment of medical treatment for persons detained under the 1983 Mental Health Act
- Surgical procedures
- Diagnostic and screening procedures

Going for Great

The Trust is committed to ensuring quality standards for its service users are consistently delivered. The remit, aims, deliverables and goals of the Going for Great Steering Group have been set out in a project charter that has been identified as an objective under the Patient First strategy. Underpinning the programme of works for Going for Great is the

continual development of a robust assurance framework which aims to work alongside divisions to achieving its vision.

The Trust continues to develop an awareness of regulatory standards as the golden thread that connects patient care to good quality outcomes. Such activities will ensure supporting divisional teams to assess their services under a standardised framework will enable teams to realise their potential at achieving an outstanding CQC rating.

Inspections

The overall rating for the Trust has remained as 'Requiring improvement' since 2019 following completion of the last full inspection. A copy of the full inspection report can be access via the CQC's website – see www.cqc.org.uk/provider/RAP.

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement

CQC inspections & ratings of specific services	
Medical care (including older people's care)	Requires improvement
Services for children and young people	Requires improvement
Critical care	Good
End of life care	Requires improvement
Surgery	Good
Urgent and emergency services	Good
Maternity	Good
Outpatients	Requires improvement

The CQC did not take enforcement action against the Trust during the last financial year.

Since 2020 the approach to inspection by the CQC has changed with a shift from full inspections of core services to intelligence guided inspection driven by data based on concerns or other triggers that the CQC may be monitoring.

In addition, most inspections will now focus on individual specialties as opposed to looking at a core service; as a result of this approach not all CQC inspections will impact on a Trust's overall rating.

In July 2022, North Mid received an unannounced focused CQC inspection which reviewed the Emergency Department (ED). The CQC did not rate this service at this inspection, therefore the previous rating of 'Good' remains.

The ED, which falls under the regulated activity of Urgent and Emergency Care, was inspected in response to concerns raised about the quality of care provided. The CQC had

noted the high number of ambulances being delayed from handing over their patients to the ED.

The CQC identified several areas of good practice across the inspected services:

- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments.
- Staff identified and quickly acted upon patients at risk of deterioration.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. Staff were focused on the needs of patients receiving care. Staff were also clear about their roles and responsibilities.

The inspection also noted a number of areas of focus that require improvement:

- The Trust should ensure that it works more closely with NHS ambulance services to review opportunities to allow ambulance crews to off-load patients more quickly.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were below national performance.
- Not all staff were up to date with their infection prevention and control training.

Quality Performance

Data pertaining to quality performance in line with the standard operating framework can be found in Section 2.6 - Operational Performance in Part 2.

Digital Strategy

North Mid prides itself on being ambitious, inclusive and forward-thinking. As part of the Trust's Patient First approach to healthcare, the #DigitalNorthMid team endeavours to challenge digital boundaries and position the hospital as digital thought leaders.

#DigitalNorthMid

Outlined in Section 2.3 – Outstanding Care of Part 2, are details of how the Trust has achieved Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) Stage 5 accreditation, going from fourth from bottom out of 232 Trusts for Digital Maturity to being within the top 19% of digitally most-mature Trusts. Section 2.3 also outlines how the Trust has completed its three-year Global Digital Exemplar programme which has delivered quality, safety and efficiency benefits.

Achievement of HIMMS EMRAM Stage 5 accreditation has set the foundations for the next phase of the Trust's digital development, which includes empowering patients to manage their own appointments, accessing their hospital records online, and making greater use of hospital and population health data to address health inequalities and improve care.

All of this has set the foundations for the next phase of the Trust's digital development, which includes empowering patients to manage their own appointments and access their hospital records online, and making greater use of hospital and population health data to address health inequalities and improve care.

Empowering our patients and staff

In the last year we have made really good progress on the "People" pillar of the Digital strategy, supporting digital inclusion for staff and patients:

- For staff, we have introduced a new digital learning platform to complement our mandatory and statutory training platform, it includes a digital gap-analysis / self-assessment which points colleagues to the right online courses

- For our patients we have introduced self-check-in and have begun the rollout of our Zesty portal app which will allow patients to book, re-book and manage their own appointments.

Case Study – Electronic Vitals and Observations

We have been using e-vitals in our inpatient wards for almost three years and more recently going live in our ED. Instant benefits for our patients and staff include:

- Clinical Oversight – providing a global view for teams of patients' observations, making it easier to spot, monitor, and treat the people who are most unwell.

- Safety Culture – door to door monitoring; observations from arrival in the ED, through ward stay, to discharge meaning we can better support flow by helping our patients as they move along their care pathway.

- Digital Transformation – bringing the ED in line with systems used at other EDs across London and continuing the Trust's evolution in unifying its electronic patient record.

Improving our efficiency through Digital

Single sign-on has changed the way our teams access clinical systems at North Mid. This innovative piece of technology is exactly what it says on the tin – staff no longer need to repeatedly type usernames and password to access the computers and applications we use on a daily basis to deliver care. Since introducing the system:

- 92% of our most commonly used clinical systems are available through single sign-on.
- 1,800 staff currently use it.
- 45,000 successful sign-ons every seven days.
- Over 12 million single sign-on events since we introduced it last year.

North Mid in the Community – Digital Integration

During 2023-24, along with the rest of the Trust, IT and Digital will be welcoming our new North Mid in the Community colleagues. Integrating Enfield Community Services is a complex task including many digital workstreams such as migrating the RIO community electronic patient record system, buying new kit and infrastructure (laptops, PCs, network and telephony) for all the community sites and welcoming our 600 new members of staff ensuring that we provide them with fast and effective IT and Systems support.

Infection Prevention and Control

Covid-19 operational challenges and response

Covid-19 has continued to be a challenge and throughout 2022-23 the Trust entered the third year of the pandemic with proportionally high numbers of Covid-19 cases in both patients and staff in line with our local preparations. The emergence of the Omicron variant of Covid-19 resulted in some wards being closed due to outbreaks and high numbers of staff Covid related absence. The Trust continued to implement robust control measures to combat the spread of Covid 19 and to support patient flow through the hospital.

In addition to outbreak meetings, the infection prevention and control team introduced daily Covid-19 operational meetings to:

- support the site managers with flow and to reduce the risk of further onward transmission.
- ensure continuity the daily meetings continued at weekends and involved the tracking of all patients identified as contacts.
- ensure patients identified as contacts were managed appropriate, if they became positive then rapid isolation and reduced the risk of onward transmission.

North Mid reported low numbers of hospital onset Covid-19 cases compared to similar Trusts across London (UKHSA data), due to early identification of patient contacts, daily screening and appropriate isolation management. In addition to supporting with Covid-19, the infection prevention and control team maintained the wider healthcare associated infection agenda in accordance with the Health and Social Care Act (2008) ‘The Hygiene Code’.

4.1 Looking Back: Our Quality Priorities 2022-23

Patient First

The Patient First programme forms the bedrock to achieving the Trust's Quality Priorities ensuring the continuous focus of the Trust's strategic goals within the three statutory domains of quality:

- Patient Safety
- Clinical Effectiveness:
- Patient Experience

Details of the Patient First strategy are set out in Part 1.

2022 saw incredible accomplishments and advancements in how the Trust is accountable, across all levels of the organisation, for delivering the Trust's strategy. The Trust successfully implemented and iterated Strategic Deployment Reviews. The executive directors, along with the clinical divisions and corporate teams used scorecards in these reviews to monitor performance of metrics, that define improvements within an area of the organisation. SDRs ensure alignment with our strategy and accountability for performance from leaders across organisation.

Details of progress during 2022-23 against the five Patient First themes is set out in Part 2.

Patient Safety

NHS Patient Safety Strategy

Patient safety is about maximising the things that go right and minimising the things that go wrong. It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.

The NHS launched the Patient Safety Strategy in 2019. The strategy set out what the NHS will do to achieve its vision to continuously improve patient safety.

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight).
- equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement).
- designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).

For further information, please refer to https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/

Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

During 2022-23 the Trust has taken initial steps to implement the requirements of PSIRF including identifying resources for coordination of the programme, development of patient safety partner roles, improvements to risk management reporting system to work towards alignment with the new national reporting systems, as well as streamlining the management of patient safety alerts in line with the national guidance.

Patient Safety Specialist

As part of the implementation of the Patient Safety strategy, all organisations are required to have patient safety specialists in post. Patient safety specialists are individuals in healthcare organisations (predominantly in NHS providers and Integrated Care Boards, but also in some independent providers and arm's length bodies) who have been designated to provide dynamic senior patient safety leadership.

Each patient safety specialist is dedicated to providing expert support to their organisation and is expected to have direct access to their executive team, this facilitates the escalation of patient safety issues or concerns. They also play a key role in the development of a patient safety culture, safety systems and improvement activity.

During 2022-23 the Trust successfully approved a business case for the recruitment of a stand-alone patient safety specialist role, recognising the national mandate and successfully recruited to the role in March 2022. This role will report to the Deputy Chief Nurse, with an initial focus on coordinating the implementation of the PSIRF.

Serious Incidents (SIs) and Never Events

During 2022-23, 67 incidents met the threshold as reportable Serious Incidents. Refer to Reporting against core indicators / Domain 5 in Part 4.2 below for a further breakdown of incident numbers and SI categories.

Never Events

NHS England describes Never Events as:

> 'Serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.'

During 2022-23, four incidents met the Never Event criteria. Table 29 below provides a summary of these incidents. Immediate safety actions were implemented following each incident coming to light. Key learning and areas for improvement were identified through the investigation process and all actions were monitored for completion via the divisional and Trust-wide governance assurance processes.

All patients, families and carers were contacted in line with 'Duty of Candour' requirements and given the opportunity to contribute to the scope of the investigation. Final investigation reports have been shared and meetings offered to respond to any questions, further clarification or concerns.

Table 29 – Never Events

Reported (Quarter)	Division	Incident Category / Description
Quarter 1	Women, Children, Cancer and Diagnostics	Surgical / invasive procedure - retained swab.
Quarter 2	Surgery	Surgical / invasive procedure - retained gauze pack.
Quarter 2	Surgery	Surgical / invasive procedure - laser eye procedure.
Quarter 4	Surgery	Surgical / invasive procedure - regional anaesthesia block.

Learning Events

Over the course of 2022-23 the North Mid held a number of learning events to provide a forum and safe space for staff and wider stakeholders to share, discuss and learn from key themes and issues impacting patient and staff safety. Learning events are a key conduit for sharing learning across the organisation from ward to board.

Learning Events held during 2022-23 included:

- **Learning from 'Never Events'** – The event covered learning from recent Never Events, including the impact on patients and staff. The event was attended by a number of external stakeholders who provided positive feedback praising Trust staff for their openness, vulnerability and demonstrating a true commitment to making improvements and acknowledging the patient experience.

- **Learning from absconsion incidents** – The event focussed on:
  - Learning and reflection on the findings of four previous Serious Incidents whereby patients came to significant harm (death).
  - Considering how to use the learning as individuals and teams.
  - Identifying how we can share the learning in our various work areas.

- **Patient safety learning** - The event covered a number of presentations and discussion in regards to 'Empathy, the human connection', a patient story, 'the acute blood shortage across the NHS, the Trust response and lessons learnt' amongst other topics.

Peer review of theatres

During 2022-23, the Trust commissioned an independent peer review of theatres by the Association for Perioperative Practice. The review primarily focussed on:

- Reviewing practice processes currently being used
- Workforce and staffing
- Theatre utilisation

Key areas identified as demonstrating good practice:

- An excellent team spirit, openness and honesty from all the staff at all levels including the managers and medical staff that were engaged with over the course of the review. Very open culture.
- Good care, respect, and compassion are shown to patients.
- The department supports both nursing, operating department practitioners and midwifery students. This was seen positively by the staff.
- Theatre huddles every morning with all staff present to discuss any incidents or concerns from previous day and areas of concern around the planned activity of the day ahead.

Key areas highlighted as representing safety concerns related to:

- The implementation and engagement of the five steps to safer surgery across all specialities.
- A structured policy for accountable items, swabs and instruments used across all theatres.
- The labelling of drugs on the theatre trolleys using sterile labels.
- Improvement of staffing establishments. The review acknowledged the business case submitted for investment to increase staffing levels for planned improvements in surgical productivity and the investment in practice development will affect practice.

As a result of the peer review the Trust commissioned the Association for Perioperative Practice (AfPP) to carry out a fully accredited audit surrounding the recommendations pointed out in the peer review.

Accreditation assesses the quality of the processes followed by healthcare providers allowing users to recognise the highest quality care and to continually raise standards in the longer term. The AfPP accreditation process does not accredit an individual's capability but awards a seal of approval – an accreditation mark – to theatre departments showing they meet the defined set of accreditation criteria in processes used to deliver healthcare, this links to quality assurance, ethical issues, and the reduction of medical error, and ultimately to improving standards of care within the perioperative environment.

Patient Experience

Patient experience is at the heart of all that we do at the North Mid. We encourage and welcome feedback about the quality of care provided to patients as a means of continually assessing and improving our services.

During 2022-23 the Patient Experience Strategy has been developed, providing a refreshed approach and focus to ensure that all patients have a positive experience of our services whilst under our care. The strategy will be launched in 2023-24 along with the new Patient Safety Partner (PSP) roles as outlined in the NHS National Patient Safety Strategy. The PSP role provides patients, carers, and other lay people with the opportunity to support and contribute to a healthcare organisation's governance and management processes for patient safety.

Key sources of patient feedback include complaints, compliments, the Patient Advice and Liaison Service, and the Friends and Family Test, all of which are discussed in more detail.

Other sources of patient feedback include the Care Quality Commission Inpatient Survey (2021). Participants responded to 67 questions regarding their inpatient experience and the survey highlighted the following:

Where patient experience is best

- ✓ Noise from other patients: patients not being bothered by noise at night from other patients
- ✓ Disturbance from hospital lighting: patients not being bothered at night by hospital lighting
- ✓ Help to wash and keep clean: patients getting enough help to wash and keep clean
- ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- ✓ Information about medicines to take at home: patients being given information about medicines they were to take at home

Where patient experience could improve

- Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital
- Including patients: patients feeling included in nurses' conversations about their care
- Talking about worries and fears: patients feeling able to talk to staff about their worries and fears

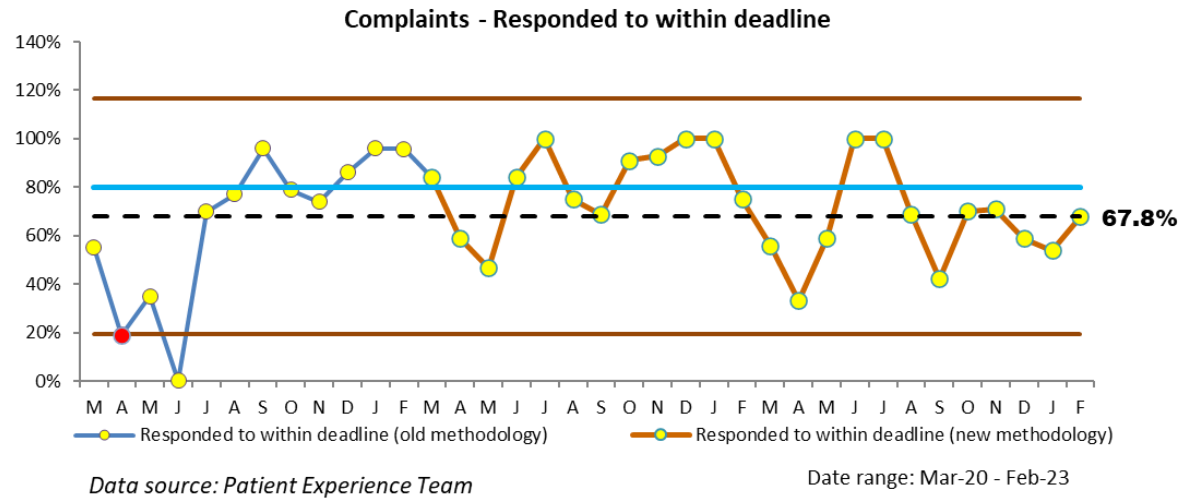
The Trust has improved its feedback mechanisms making it easier for patients to share the experiences. This includes:

- We also continue to develop the Trust patient story programme, seeking to regularly capture experiences to further support service development.
- A landing page for the four maternity touch points has been agreed to capture post birth feedback in the postnatal ward.
- Two feedback kiosks are now located in the main Hospital atrium.
- Feedback cards were delivered with the first 10 stations.
- The Trust's FFT provider, Healthcare Communications, visited the Trust on 16 February 2023 and delivered a face-to-face training session on the Envoy System where staff were taught how to generate their own graphs and charts regarding FFT data; this can then be displayed on their wards.
- A contract has been agreed with Healthcare Communications to implement SMS automation across community services and all inpatient areas.

Complaints

Complaints are seen as an important part of helping the Trust to improve the quality of the patient experience as well as safety and effectiveness. We continued to make improvements in responding to patient complaints faster.

394 complaints were received between April 2022 – March 2023. Response times varied averaging at approximately 62% of complaints being responded to within the deadline over the course of the last 12 months. During 2022-23 there has been a focus on improving the quality and timeliness of complaint responses. Lead investigators have been supported through the provision of one-to-one training and “drafting” drop in sessions.



An inherent part of complaints management is ensuring that when care and service delivery failures are identified, appropriate and timely action is taken to continually improve the quality of services being provided. Complaints and their responses are personally reviewed and signed off by the Chief Executive and a weekly progress report is reviewed by the executive management team.

The top three themes recorded are outlined in the table below.

Themes	Total
Patient Care	166
Values and Behaviours (staff)	57
Communications	49

Complainants are offered Local Resolution Meetings to provide an opportunity to meet with key staff to talk through the concerns raised and identify immediate actions where possible.

All complaints that are upheld have an associated action plan which is monitored by the service to ensure relevant improvements are made.

No new complaints were opened with the Parliamentary Health Service Ombudsman during 2021-22, however some earlier complaints had not been concluded as they were still under investigation.

Compliments

During 2022-23 the Trust logged a total of 225 compliments. Compliments related primarily to staff demonstrating Trust values and behaviours, representing positive feedback relating to all divisions.

Compliments are displayed on Patient Experience Boards across the hospital to showcase the positive experiences we wish to provide all patients under our care.

Patient Advice and Liaison Service (PALS)

A total of 2,769 PALS cases were received in the financial year. A review of the data indicates that there continues to be a decline in cases related to Covid-19, storage of personal possessions, visiting times and waiting periods for test results, surgery, and appointments. This has been because of restrictions being lifted since the lockdowns associated with the Covid pandemic. Review and updates to visiting times, supported by pro-active communication with family and friends, has also supported the reduction in these types of concerns.

Top 3 themes	Total
Appointments [outpatient]	1069
Communications	677
Values and Behaviours (staff)	392
Total	2138

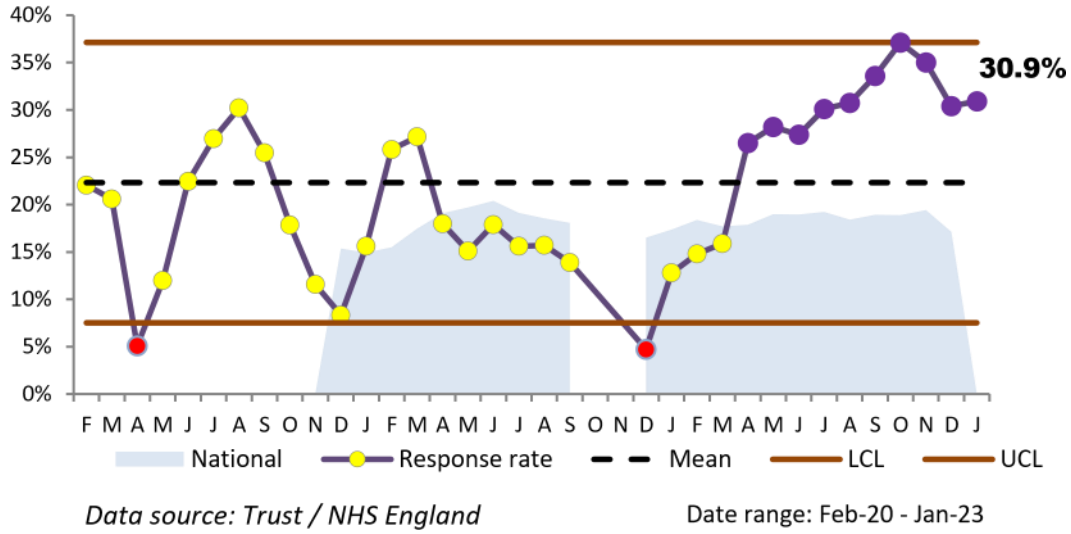
Friends and Family Test (FFT)

The Friends and Family Test continues to be promoted and is available in multiple formats and languages. Routinely listening to the views of patients helps identify what we are doing well and highlights what can be improved. The FFT is the NHS tool of choice for routinely collecting feedback from our patients and service users as they experience their moments of care in our Trust. There has been increased scrutiny and progress monitoring of the response rate over the past year in recognition of the importance that integrity of the data plays in providing the insight and learning opportunities to improve patient outcomes and experience.

There have been challenges in improving the response rate across all Trust services which stood at 11% in 2022-23 (8.3% in 2021-22) compared to a national average of 18%. However, considerable quality improvements have been made using the A3 methodology as part of the Patient First programme. These include extending the tools used to collect data and make this more accessible for patients, including the use of QR codes, text messages, kiosks, cards and online methods, and tailoring these to the different service areas and the specific needs of patients.

The patient experience team are supporting clinical teams by holding weekly surgeries to discuss any issues and provide training for frontline staff; our systems provider (HCC) is putting on regular training to help staff understand and analyse the FFT data for their areas. Actions are being taken to increase the visibility for the FFT and to ensure all patients have the opportunity to feedback whenever suits them and in a format they understand.

The FFT response rate for inpatient services improved from 26% in April 2022 to 30% in January 2023 (highest response rate achieved was 37% in October 2022) this compared to the national average of 18%.



Overall, 79.3% of our patients told us they were satisfied with their experience at the Trust.

Volunteers

During 2022-23, 52 volunteers were recruited to provide assistance:

- with meeting and greeting at main reception
- in pharmacy
- in maternity
- in the ED
- in the dietetics department
- in paediatric areas
- as Pet as Therapy
- on wards – Stroke Unit, Surgical2, AMU and Podium1

In June 2022 the Trust celebrated National Volunteers week and held a tea and cake morning to show support and appreciation to all our volunteers who make a significant contribution to how we deliver care and services at North Mid.

Pet therapy

The Trust recognises the potential benefits Pet Therapy can have on patients' experience. The value of pet 'therapy' is widely accepted as a powerful aid to stimulation and communication. Studies have shown that the presence of companion animals can improve the well-being of patients and lower the rate of anxiety, simply by making the hospital environment happier, more enjoyable, and less forbidding.

Trial visits were undertaken during the year by Performing Pets with budgies and a parakeet. They visited a number of wards including Starlight, the children's ward, and the Paediatric Day Assessment Unit. Patients, parents, visitors as well as staff thoroughly enjoyed the visits. The Trust has agreed for Performing Pets to visit monthly with different small animals.

Music as therapy

Music Therapy interventions have been found to have beneficial effects on ill health and is recommended by the National Institute for Health and Clinical Excellence (NICE) as a therapeutic tool combined with conventional therapies. The benefits of live music for the health and wellbeing of patients have been well documented.

Funding for this project has been secured from the Enfield Mayor's Office by the North Mid Charity for a soloist musician to provide 24 half-day sessions for 6 months during 2023. The musician will be onboarded as a volunteer.

Information for inpatients

The Information Booklet for Inpatients was updated and finalised in November 2022. The booklet provides useful information about Trust services and what to expect as a patient. The North Mid Charity provided funding for the booklets to be included in personal packs to be given to all patients admitted to inpatient areas. 1,815 packs were delivered in January 2023, this included:

- Adult welcome pack
- Adolescent welcome pack
- Children's activity pack

In addition, a 'Calm Bag' for adults/adolescents with learning disabilities or Autism has been ordered and will be implemented. This was first launched at Leeds Hospitals with very positive outcomes and feedback.

Chaplaincy

Our chaplains provide highly skilled and compassionate pastoral, spiritual or religious support for our patients, carers, and staff.

We have invested in the employment of a Muslim Chaplin to cater for our population at the North Mid. The general visitation of Muslim patients has increased since a Muslim female Chaplain, Rabiya Mehter, started in February 2023. The Trust is aiming to recruit a Roman Catholic female Chaplain.

Trust activity to mark faith celebrations (Pesach, Ramadan, Easter, Eid) has improved the visibility of the spiritual care and chaplaincy team balanced against the daily ward visits and Palliative Care team co-working. The team routinely provides staff training and well-being support on a weekly basis. In addition, the team leader chairs the Organ Donation Committee and is a member of the Clinical Ethical Panel.

Responding to Trust requests to be involved in faith celebrations (Pesach, Ramadan, Easter, Eid) has improved the visibility of the Chaplaincy team balanced against the need to continue with daily ward visits and Palliative Care team co-working. This includes at least 2-5 hours of staff training and well-being support which we engage in each week. The Chaplaincy team leader chairs the Organ Donation Committee, (which is newly active after the Covid pandemic) and is a member of the Clinical Ethical Panel.

Chaplaincy represents the faiths and beliefs systems of the local population who use our services. There is work in progress to establish a Shabbos Room which will be available to

patients 24 hours a day and stocked throughout the week with Kosher food to serve our Jewish community.

Please refer to Section 2.1 – Patient in Part 2 for further information about progress against the Patient First 'Patient' theme during 2022-23.

Clinical Effectiveness

During 2022-23 the Trust has focused on its strategic themes under the Patient First strategy, of which clinical effectiveness plays a fundamental part of supporting improvement across the Trust:

Patient	Our audit and GIRFT programmes allows us to understand more about the patients we serve and deliver the services that matter them
Outstanding Care	Our team has a crucial role in measuring the effectiveness of what we do at North Mid and supporting clinicians to improve and through supporting the CPG programmes we are delivering improved outcomes and experience for patients
Partnerships	The common ground for working with system partners is the shared understanding of care delivery and care demand which is underpinned by meaningful data analysis
Sustainability	We will support our teams to demonstrate that the care they deliver care is eligible for Best Practice Tariffs

National Audits

During 2022-23, the Trust participated in a total of 57 national clinical audits and national confidential enquiries covering the relevant health services that North Mid provides. The national clinical audits and national confidential enquiries that North Mid participated in, and for which data collection was completed during 2022-23, are outlined in Appendix 1 which also details 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.

There was a concerted effort during 2022-23 to ensure that key National Audits were undertaken. This has resulted in a substantial improvement in accrual rates. The Clinical Effectiveness team have monitored completion rates throughout the year to ensure that any National Audits at risk of non-engagement were highlighted and escalated early. Progress with National Audits is reviewed at the monthly Divisional Strategic Deployment Reviews.

A notable success has been the performance of the Trust in the National Paediatric Diabetes Audit. The Trust has sustained its position as a positive national outlier in the delivery of the recommended care process in diabetes. This has resulted in a clinically significant reduction in median HbA1c in our patient cohort, reflecting a higher degree of glycaemic control which is associated with improved long term clinical outcomes. This is thought to be related to the increased use of insulin pump technology at North Mid. The national picture suggests that

there is poorer uptake of insulin pumps in more deprived children, however, the Trust's results show the reverse.

Getting It Right First Time (GIRFT)

There remains nation-wide delays in the delivery of the GIRFT led site visits and follow up implementation meetings due to Covid. However, where departments have received recommendations based on their data, they have been able to start implementing change in preparation for the implementation meeting. There are currently 437 recommendations from GIRFT across 22 specialities, of which 79% have been implemented or are in the process of being implemented. Table 30 below shows the most recent position.

Table 30 – GIRFT position

		Progress through GIRFT process					Progress in implementing recommendations		
Division	Specialty	Data pack received	Deep dive visit	Observation notes	External implementation meeting	Sign off of all recommendations	Number of recommendations	Implemented or in progress end Q1 2022/23	Implemented or in progress Q4 2021-22
Medicine and Urgent Care	Acute and General Medicine						18	100%	100%
	Cardiology								
	Diabetes						14	50%	50%
	Emergency Medicine						24	88%	88%
	Endocrinology						14	71%	71%
	Gastroenterology						32	84%	81%
	Geriatric Medicine						17	88%	82%
	Neurology						7	0%	0%
	Renal								
	Respiratory						28	79%	79%
	Rheumatology						18	78%	78%
	Stroke						17	100%	82%
	Lung Cancer								
	Overall divisional progress						**189**	**80%**	**79%**
Surgery, anaesthetics and critical care	Anaesthetic & Perioperative Medicine						22	100%	86%
	Breast Surgery						14	100%	29%
	General Surgery						34	100%	100%
	Intensive and Critical Care						8	100%	75%
	Ophthalmology						42	79%	79%
	Orthopaedic Surgery						31	100%	100%
	Orthopaedic Trauma Surgery						11	73%	0%
	Paediatric Trauma and Orthopaedic						10	0%	0%
	Urology						32	81%	81%
	Overall divisional progress						**204**	**86%**	75%
Womens children and cancer	Gynaecology and Maternity						4	100%	100%
	Imaging and Radiology						16	100%	100%
	Neonatology								
	Paediatric Critical Care								
	Pathology						24	0%	N/A
	Overall divisional progress						**44**	**45%**	**100%**
Overall trust progress							**437**	**79%**	**78%**

Clinical Practice Groups (CPG)

The CPG methodology is designed to reduce unwarranted variation in clinical outcomes through the implementation of evidence based, standardised clinical practice and processes as core operating standards.

A review of the CPG work was performed at the start of 2022-23 to identify opportunities for future work and assess the current pathways by the following domains:

- Current CPG improvement resource allocation.
- Size of patient cohort.
- Progress towards delivery of stated aims.
- Duplication and changes in clinical responsibility.
- Strategic alignment of the current pathways with the Trust priorities.

This review identified the following:

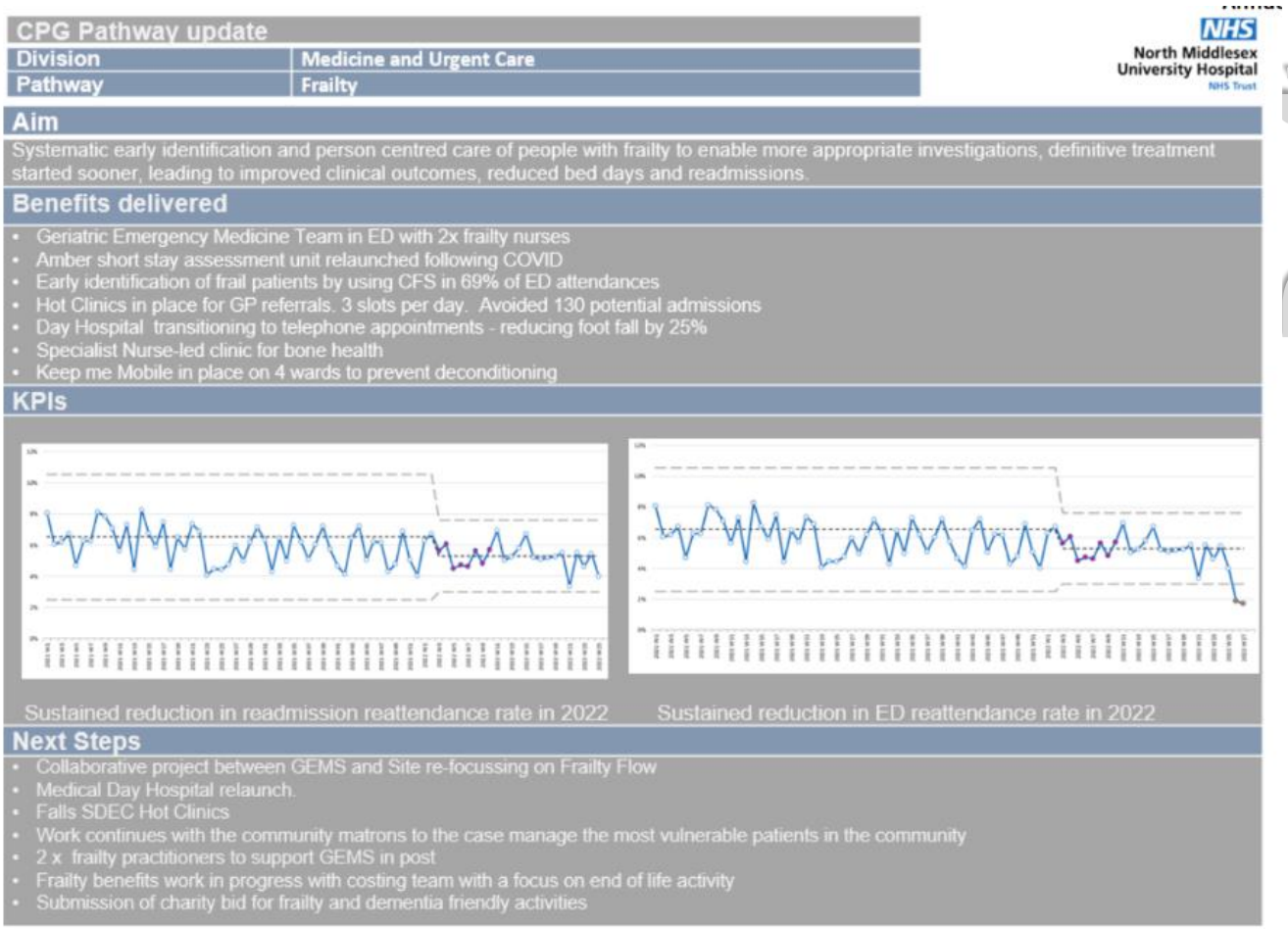
- Supporting medical and surgical same day emergency care (SDEC) is critical to improving flow within the hospital.
- Previous CPG work in pulmonary embolus had demonstrated that optimising ambulatory pathways can reduce resource utilisation.
- The frailty pathway continues to deliver significant improvement for inpatient, emergency and ambulatory pathways.

The review concluded:

- Pulmonary embolus work would be merged into the existing medical SDEC pathway.
- Significant opportunity in launching a surgical SDEC pathway, incorporating the hot gallbladder pathway.
- Work to continue on prostate and haematuria pathways, reflecting the need to address cancer waits.
- Further analysis is required to determine if the community acquired pneumonia pathway has delivered against the stated aims.

The 2022-23 CQUIN program also covers community acquired pneumonia.

As a result, there are now three active CPG pathways:



CPG Pathway update

Division	Surgery
Pathway	Prostate and Haematuria

NHS North Middlesex University Hospital NHS Trust

Aim

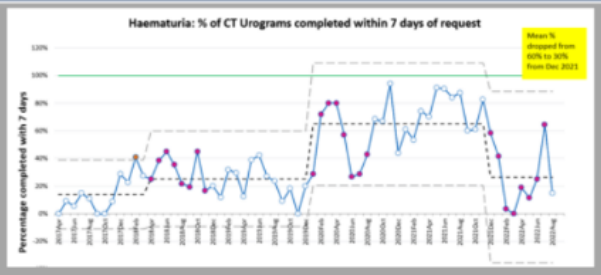
To provide an expert opinion with quick access to tests to diagnose cancer and give a personalised plan of care

Benefits delivered

- Created dedicated 2WW clinics including results clinics
- Dedicated MRI slots (3-4) available on same day as first appointment (0% Jan 19)
- Moving towards 100% of patients seen within 2WW window
- Created digital clinical notes on Care Flow
- Undertaken patient shadowing and interviews to understand 'what matters to patients' – created new patient information leaflets.
- Joined the NCL Prostate Diagnostic Improvement Programme which will enable rapid MRI scan cloud based second line reporting
- Dashboard able to monitor pathway performance

KPIs

Prostate pathway MRI availability remains variable



Haematuria pathway CT availability significantly challenged

Next Steps

- Reviewing the pathway in the wake of COVID as part of an NCL mapping piece of work funded by the Cancer Alliance.
- Move towards a straight to test model for the majority of patients
- Address delays in MRI and CT reporting with radiology team
- Validating the dashboard to ensure that data is accurate

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CPG Pathway update

Division	Medicine and Urgent Care
Pathway	SDEC

NHS North Middlesex University Hospital NHS Trust

Aim

The Same Day Emergency Care (SDEC) unit provides consultant-led care for patients referred with acute medical conditions who do not need an inpatient stay. We aim to provide same-day diagnostics and treatment without the need for an overnight stay

Progress to date:

- New SDEC consultant in post to manage the day to day clinical work
- 7/12 SDEC pathways in operation - PE, Cellulitis, DVT, Pyelonephritis, AF, AKI and headache
- Plans to offer increased infusion service for patients to assist early supported discharge in 2022
- Service review, nursing medical workshops with action planning to optimise efficiency and effectiveness
- Daily Clinical huddle established for team to share information about patients attending
- Screening/planning for next day attendances established
- LAS pathway has gone live
- SDEC dashboard in development
- Virtual follow up process v2 agreed and trialled
- New Service Manager in post

Progress against CPG methodology:

Next Steps

- To continue to work with the team to establish the virtual follow processes
- To continue to work with the wider team to establish a robust dashboard
- Clinical noting, CareFlow and EPMA deployment
- Embed patient experience/co-design into SDEC development
- Link with colleagues at the Royal Free to enable the team to work in collaboration with other teams

Local audits and Quality Improvement Projects

A Trust-wide improvement day was held in April 2022 which included clinical and non-clinical teams to highlight the Trusts' Patient First, patient experience and clinical effectiveness initiatives.

To contribute to the improvement of patient safety, care and experience, clinicians, nurses, and allied healthcare professionals have registered and taken part in local audits and quality improvement projects. 156 audits and projects were registered during the year with around 26 projects displayed at the improvement day in April 2022 where prizes were awarded to best use of Quality Improvement (QI) methodology, best co-production by a Multi-Disciplinary Team (MDT) group, best sustainability of change and people's choice. The winners are listed below:

- **QI Methodology:** S Hassan and N Keating for their work on Transforming the management of tobacco dependency: A focus on improving provision of Nicotine Replacement Therapy

- **Co-production by an MDT group:** V Konteti, L Chahal, G Anand, H Abdirahman, M Castro, S Fernando, H Fokeerbaccus, J Gyamfi, A Hubbard, G Imseeh, B Kamudyariwa, E Keen, A Lerner, M Malone, J Maloney, T Powles, F Rafique, F Raja, A Rose, H Saunders, A Sheri, N Suttie, M Veli, S Weekes, L Wells, V Wolstenholme, and L Cheng Yew for their work on Patient Information Videos on Systemic Anti-Cancer Therapy (SACT) to Improve Patient Experience and Access to Information: a North/North East London Collaboration.

- **Sustainability of change:** T Huseyin, L Parker, H Crook, S Akinol, T Owolabi, E Chidenga, P Sandajan, A Rahman, and L Odeh for their work on Sickle Cell Crisis - Time to First Dose.

- **People's choice**: U Wokoh, J Elliott and A Fakokunde for their work on Whose Job is it Anyway? - Risk Reporting in Gynaecological Surgery at North Middlesex University Hospital.

Learning and recommendations from these local clinical audits have been reviewed and recommendations taken forward as required. Reports of local clinical audits are disseminated to the Trust's Clinical Divisions for their actions.

4.2 Board Statements of Assurance

Services and Income

During 2022-23 the North Mid provided 49 relevant health services (46 at the North Mid and 3 in community services). The income generated by the relevant health services reviewed in 2022-23 represents 93.5% of the total income generated from the provision of relevant health services by the North Mid for 2022-23.

National Audit Summary

During 2022-23, 48 national clinical audits and 6 national confidential enquiries covered relevant health services that North Mid provides. During that period the Trust participated in 96% of national clinical audits and 67% of national confidential enquiries organisational questionnaires completed and 0% of clinician questionnaires completed which it was eligible to participate. The national clinical audits and national confidential enquiries that North Mid was eligible to participate in during 2022-23 are shown in Appendix 1.

Research and Development (R&D)

Enabling and conducting research at the Trust aligns the Trust with regional and national agendas aimed at delivering evidence-based medicine in the NHS, and creating health and wealth through research and innovation. Supporting clinical research helps NHS organisations fulfil their obligation to promote research and use research evidence when providing services. R&D at the Trust continues to support research activity across the Trust in several specialties. Its main research activity involves recruiting patients for high-quality National Institute for Health Research (NIHR) portfolio-adopted multi-center studies, which receive funding from the North Thames Clinical

Research Network (North Thames Clinical Research Network)

Research organisations in the United Kingdom rose to the pandemic challenge by allocating all research staff to Urgent Public Health (UPH) Covid-19 studies, stopping all non-essential research study recruitment and setup. The consequence of this decision was the spectacular success in recruiting patients for studies that ultimately changed the way Covid-19 disease is treated. Unfortunately, other research activities suffered as a result of this success.

Summary of Activity

To demonstrate the intense effort during the pandemic, the activity for previous years is displayed, including April 2020-21 (2,694 patients recruited) and 2021-2022 (1,956 patients recruited). As of now, the activity for 2022-23 is slowly recovering, with more than 160 patients recruited. In addition, the activity for 2022-23 is presented in the form of trials opened per division (Table 31), trials on follow-up (Table 32), trials on set-up (Table 33), and trials on feasibility (Table 34).

Table 31 - Current trials opened per Division

Division	Topic	Studies Open to recruitment
1	Oncology & Radiotherapy	11
2	Stroke/Cardiovascular & Renal Diabetes	4
3	Obstetrics and Gynaecology & Paediatrics	6
4	Dementias	1
5	Musculoskeletal	1
6	Infections, Respiratory Medicine & Critical Care	8

Table 32 - Current trials on follow-up

Division	Topic	Studies Open to recruitment
1	Oncology & Radiotherapy	7
2	Stroke/Cardiovascular & Renal Diabetes	1
3	Obstetrics and Gynaecology & Paediatrics	1
4	Dementias	0
5	Musculoskeletal	0
6	Infections, Respiratory Medicine & Critical Care	1

Table 33 - Current trials on set-up

Division	Topic	Studies on set-up
1	Oncology & Radiotherapy	2
2	Stroke/Cardiovascular & Renal Diabetes	0
3	Obstetrics and Gynaecology & Paediatrics	2
4	Dementias	0
5	Musculoskeletal	1
6	Infections, Respiratory Medicine & Critical Care	3

Table 34 - Current trials on Feasibility and expression of interest

Division	Topic	Studies Open to recruitment
1	Oncology & Radiotherapy	7
2	Stroke/Cardiovascular & Renal Diabetes	3
3	Obstetrics and Gynaecology & Paediatrics	5
4	Dementias	0
5	Musculoskeletal	2
6	Infections, Respiratory Medicine & Critical Care	4

Challenges

The main challenge during the period covered by this report is the slow recovery of portfolio and commercial activity following the pandemic years. However, the Trust has successfully secured extra funding through competitive bidding from North Thames Clinical Research Network, which will significantly enhance our post-pandemic recovery.

Strategic Opportunities

The most important opportunity in the years to come is to continue working in partnership with the Royal Free London NHS Foundation Trust to improve the financial stability of the research and development service through new research opportunities across specialties. This partnership will also provide managerial stability and align research priorities with a strong clinical and academic partner.

The Trust's connection to the University College London Health Research Alliance provides opportunities for the Trust's investigators across North Central London. The first collaboration will be on the paediatric hemoglobinopathies research.

Performance in Initiating and Delivering Clinical Research

The National Institute for Health and Care Research measures the performance of all providers of NHS services in initiating and delivering research on behalf of the Department of Health and Social Care. The Government uses this information to ensure that clinical research in England is conducted efficiently and effectively. The Trust's research and development reports can be accessed through the NIHR website – see https://www.nihr.ac.uk/ .

The Jonathan Grieve Ainsworth Research Award

The Jonathan Grieve Ainsworth Research Award was celebrated on 8 November 2022. The award was given to Dr Mohsin Butt for his project titled "Patient and public attitudes towards vagus nerve stimulation for liver cirrhosis decompensation." Dr Prabhahar Thaventhran and Athaven Sukunathan were the runners-up with their project titled "Bispectral analysis during stress response in patients admitted to intensive care".

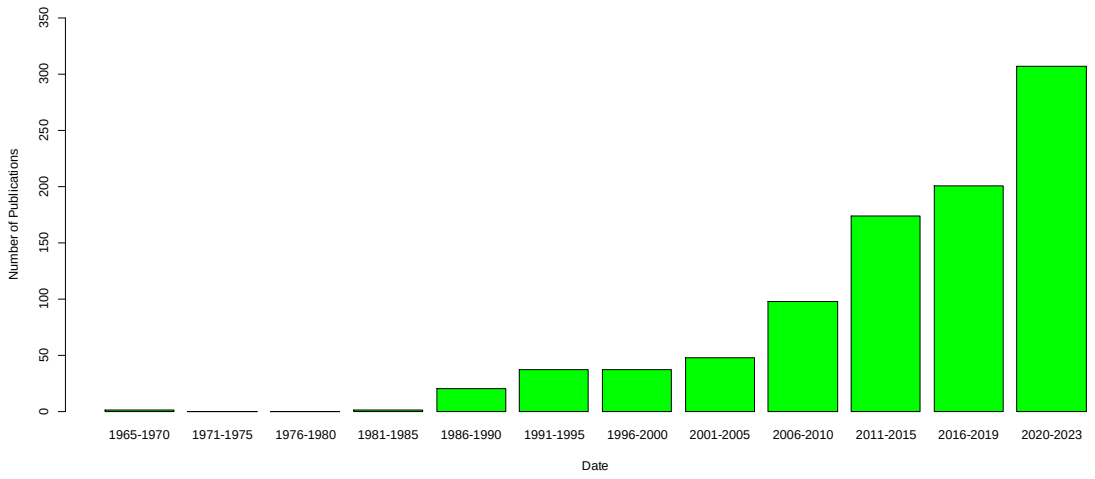
Other Research and Innovation

The Trust's research manager has been hosting training sessions for the entire research delivery team to ensure that their practical clinical trial delivery work is optimised with up-to-date knowledge of regulatory requirements and procedures. These training sessions provide a critical learning environment for less experienced staff. Additionally, there were ad-hoc meetings with the principal investigators, pharmacy personnel, company representatives, and finance department to ensure that promotional sessions helped in disseminating a research culture within the Trust.

Publications

Figure 2 shows the number of publications by quinquennium. The last bar represents the Covid period (2020-2023) comprising only three years instead of five, but nevertheless the number of publications exploded to 307.

Figure 2. Number of publications at North Middlesex Hospital by quinquennium



Looking forward

Despite the challenges brought about by the pandemic, the Trust was able to achieve significant milestones. The Trust has established a strong and resilient research and development workforce. Accountability has been enhanced through weekly meetings with delivery staff and by addressing governance issues through a new business committee.

The Trust has improved information dissemination by creating a research webpage and collaborating with the communications and engagement team to promote research, as well as developing standard operating procedures for sponsoring home research. Looking forward, the Trust will continue to integrate the research and development office with Royal Free London NHS Foundation Trust to provide further opportunities for research and development activity.

CQUINs and Secondary Uses Service

The CQUINs (Commissioning for Quality and Innovations) payment framework was re-introduced into the 2022-23 fiscal year with the Trust participating in 11 core indicators which can be seen in table 35 below (red below minimum target, green above minimum target).

Table 35 - CQUINs

CQUIN	Q1	Q2	Q3 (excl. Dec)	Q4
CCG1: Flu vaccinations for frontline healthcare workers		Submitted	Submitted	
CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+	N/A	39% 39/100	58% 58/100	TBC
CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	100% 92/92	100% 107/107	100% 55/55	100% Jan – 27/27
CCG4: Compliance with timed diagnostic pathways for cancer services	34.04% 621/1824	36.62% 734/2004	26.27% 480/1827	43.60% Jan – 290/665
CCG5: Treatment of community-acquired pneumonia in line with BTS care bundle	9.09% 10/110	13.41% 11/82	9.09% 10/110	
CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery	1.92% 2/104	22.22% 18/81	54.83% 34/62	TBC
CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service	0.31% 54/172236 Apr - 13 May - 26 Jun – 15	0.36% 60/16786 Jul - 25 Aug - 19 Sep – 16	0.61% 24/11372 Oct – 24 Nov – 22 Dec – 54	0.23% 26/10924 Jan – 26 Feb - Mar -
CCG8: Supporting patients to drink, eat and mobilise after surgery	70.90% 78/110	40.47% 34/84	100% 53/53	TBC
CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients	83.54% 66/79	73.84% 48/65	76.66% 23/30	

CCG13: Malnutrition screening in the community	30.25% 36/119	36.97% 44/119	31.25% 25/80	28.81% Jan – 17/59
CCG15: Assessment and documentation of pressure ulcer risk	26.98% 17/63	30.15% 19/63	100% 80/80	60.71% Jan – 34/56

Reporting against core indicators

Domain 1 – Preventing people from dying prematurely

Mortality rates are measured by both Hospital Standardised Mortality ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI). The methodology differs between the two metrics. HSMR includes deaths in hospital but excludes deaths with palliative care coding. SHMI includes all deaths in hospital and in the 30 days after discharge. Trust performance in relation to SHMI and HSMR is outlined in Section 2.6 – Operational Performance in Part 2.

The Trust has a responsibility to ensure that we learn from mortality cases. Table 36 below details the Trust performance and review of relevant cases.

Table 36 – Learning from deaths

Learning from death data	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
During 2021-23 **1,233** of NMH NHS Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period.	283	281	315	354	1233
During 2022-23 there were 18 stillbirths delivered from 24 weeks and neonatal deaths after 22 weeks. This comprised the following number of deaths which occurred in each quarter of that reporting period	5	5	4	4	18
By 31 March 2023, 1,233 case record reviews and 214 investigations have been carried out in relation to 1,233 of the deaths included above. In 214 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	283	281	315	354	1233
22 representing just under 2% 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. These numbers have been estimated using review of structured judgement reviews completed and deaths that were investigated via a serious incident process.	0.02% (7)	0.014% (4)	0.015% (5)	0.01% (6)	0.017%

Key learning identified from case reviews and investigations includes:

1. **Failure to obtain key collateral information at start of care**
   There have been a number of Structured Judgement Reviews (SJRs) and a recent Serious Incident Investigation which highlighted the need to gather key information from family, carers or advanced directives to plan care. During the restrictions on visiting

during the Covid pandemic it was harder to obtain this information. It was necessary to contact the family or carer by telephone.

The health information exchange (HIE) gives clinicians the ability to access a patient's health record including information from other hospitals and the 'urgent care plan' (UCP) which includes key information about end of life decisions. This system has now been integrated into the Trust's electronic patient record system called Careflow.

All healthcare staff are now required to undertake the Oliver McGowan Training on learning disability and autism. This highlights the importance of not making assumptions about patients with a learning disability and listening the patient and the family when they raise concerns.

2. **Risks of Clozapine Use**
   There have been several patient safety incidents and a SJR that highlighted the risks of Clozapine. Clozapine is an antipsychotic medication used in the management of schizophrenia. It can only be initiated by a consultant psychiatrist. Interruptions to dosing or missed doses can precipitate severe side effects. Starting or stopping smoking can also affect drug levels in the bloodstream.

   Following the recent incidents, the patient safety pharmacist has delivered a training programme for staff. In addition, the electronic prescribing system (EPMA) displays a list of prompts if Clozapine is prescribed including the need to inform the psychiatric liaison team of the prescription.

3. **Detection of delirium**
   A recurring theme from SJRs, patient safety incidents and complaints is a failure to identify and manage delirium appropriately. Approximately 10% of inpatients experience delirium and it can impact on outcomes as well as be very distressing for the patient and family. The standard screening tool is the '4AT' screening tool.

   The Frailty team continue education around delirium and audit the use of the 4AT screening tool. It is recognised that ward moves can exacerbate delirium and so there is a concerted effort to reduce ward moves for patients who are at risk of delirium. In addition, there is a focus on reducing moving patients at night.

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Patient safety incidents and the percentage that resulted in severe harm or death – Review of National Reporting and Learning System data.

Publication Date	Reporting Period	Measures	NMUH	National Average	Lowest	Highest
April 2022	April 2021 – March 2022	Number of Patient Safety Incidents	9286	14252	3441	49603
		Rate of incidents (per 1000 bed days)	55.3	-	23.67	205.52
		No. resulting in severe harm or death	104	7116	3	216

		% resulting in severe harm or death	0.11%	0.40%	0.08%	0.04%
September 2021 March 2020		Number of Patient Safety Incidents	7,976	12,402	3,169	37,572
	April 2020 –	Rate of incidents (per 1000 bed days)	53.8	-	27.2	118.7
	March 2021 (1 year)	No. resulting in severe harm or death	42	6,828	4	261
		% resulting in severe harm or death	0.5%	0.4%	0.1%	1.3%
		Number of Patient Safety Incidents	3,917	6,276	1,392	21,685
	April 2019 –	Rate of incidents (per 1000 bed days)	45.76	49.8	26.3	103.8
	September 2019 (6 months)	No. resulting in severe harm or death	9	6	0	95
		% resulting in severe harm or death	0.21%	0.10%	0	0.44%
September 2019		Number of Patient Safety Incidents	3,349	5,841	1,278	22,048
	October 2018 - March	Rate of incidents (per 1000 bed days)	39.32	46.06	16.90	95.94
	2019 (6 months)	No. resulting in severe harm or death	12	6.4	1	72
		% resulting in severe harm or death	0.36%	0.10%	0.08%	0.32%

It is important to note that there will always be some variation in the figures reported by the National Reporting and Learning System (NRLS) in comparison to numbers quoted from Trust systems. This is due in part to timeliness of reporting to NRLS and whether incidents are reported and uploaded within their cut off period.

Incidents

During 2022-23 the Trust maintained a good level of incident reporting across all areas. The substantial proportion of incidents still result in no harm or low harm, but reflects the organisations commitment to learning from all incidents irrespective of level of harm.

Overall, the Trust remains within the median range for the number of incidents reported by similar type Trusts (acute non specialist). The Trust continues to maintain a good reporting culture across the organisation. The rate of incidents graded as severe or death falls below the national average. All incidents resulting in severe harm or death have the appropriate level of review and investigation to ensure that all opportunities for learning are identified and improvements made as required; and more importantly that the Trust is open and transparent with patients, families and carers where things have gone wrong.

During 2022-23 the Trust reported 67 incidents as meeting the threshold as a reportable 'Serious Incident' (SI), and these are detailed in table 37 below:

The patient, families and carers are given the opportunity to contribute to the investigation terms of reference to ensure their concerns are addressed. Following completion of the investigation the patient, family and/or carers are offered a copy of the final report, along with the opportunity to meet with Trust staff to discuss the report findings, and any improvements that have been made.

Table 37 – Serious Incidents

Incident Category	Number of SI's
Abuse / alleged abuse of adult patient by third party	2
Blood product / transfusion incident meeting SI criteria	1
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	14
Disruptive / aggressive / violent behaviour meeting SI criteria	2
Maternity / obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)	14
Maternity / obstetric incident meeting SI criteria: mother and baby (this include foetus, neonate and infant)	2
Maternity / obstetric incident meeting SI criteria: mother only	3
Slips / trips / falls meeting SI criteria	13
Sub-optimal care of the deteriorating patient meeting SI criteria	3
Surgical / invasive procedure incident meeting SI criteria	6
Treatment delay meeting SI criteria	7
Total	67

Four 'Never Events' were reported during the financial year as detailed in Section 4.1 – Looking Back: Our Quality Priorities.

The Trust has a number of mediums for sharing learning from incidents which include '7 minute learning summaries' following all SIs reported, these are shared locally and are available via the Trust's intranet for all staff to access. Learning from incidents is also used to inform and direct projects and workstreams for improvement, as well as key learning events which have wide attendance from a number of internal and external stakeholders.

During 2023-24 the Trust will transition to reporting to a new national reporting system 'Learning from Patient Safety Events' (LfPSE) which replaces the NRLS.

Rota Gaps - Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016

Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 stipulate that where Health Education England are unable to appoint to training posts, the Trust will endeavour to fill medical staffing rota gaps via the bank service. Any vacant shifts

are identified by the Trust's rota coordinators and then published via Locum's Nest for filling with qualified medical bank workers. Once a shift has been filled, the rota coordinators then manage the timesheet process electronically. The Trust's bank rates are aligned to the Pan London rates and where there are deviations, the Trust has a clear escalation process.

Our partnership with Locum's Nest's was confirmed as finalists for two awards at the prestigious 2023 HSJ Partnership Awards. Our partnership working was named as a finalist for both the Best Acute Sector Partnership award and the Workforce and Wellbeing Initiative of the Year award.

The national recognition comes after the impact the collaborative work with Locum's Nest has, and continues to have, on patient care and staff experience at North Mid. Since 2018, the Trust has been working with Locum's Nest to design and implement technology-enabled workforce processes with the aim of reducing total agency use and spending, increasing the number of doctors working at North Mid and improving the care patients receive at North Mid.

Expanding the Trust's reach to more doctors through Locum's Nest's services helped reduce waiting times and increase patient safety whilst also increasing staff retention and engagement at North Mid.

4.3 Looking to the Future: Our Plans 2023-24

Patient First - Onward to 2023 and beyond…

Excitedly, the Trust will continue the journey to embed and mature the Patient First strategy through training leaders and teams, experimenting with improvement tools and modelling the behaviours that develop and sustain a culture of continuous improvement.

Looking forward for Clinical Effectiveness

The clinical effectiveness team has created a registry where audit leads who need more personnel on their teams or staff are looking to join an ongoing audit/project. Audit leads and teams have been reminded to register their local audits and quality improvement projects – all audits registered will be included in the Trust's clinical audit plan.

The Trust has organised and hosted a trust-wide improvement day in April 2023 to include non-clinical teams in addition to clinical teams to highlight the Trusts' Patient First, patient experience and clinical effectiveness initiatives and the work that has been undertaken to deliver these initiatives. The Trust is looking forward to hosting another improvement day in 2024 on a much bigger scale.

CQUINs

NHS England published the new payment framework and core performance indicators on 23 December 2022. The Trust is currently agreeing which CQUINs will be taken forward for 2023-24.

CQUIN	Division	Speciality	Goal/target
CCG1 - Flu vaccinations for frontline healthcare workers	Corporate	Trust-wide	75 – 80%
CCG2 - Supporting patients to drink, eat and mobilise (DrEaM) after surgery	Surgery	Therapies	70 – 80%
CCG3 - Prompt switching of intravenous to oral antibiotic	Surgery	Pharmacy	35 – 55%
CCG4 - Compliance with timed diagnostic pathways for cancer services	Womens'	Oncology	60 – 40% (lower % = more compliant)
CCG5 - Identification and response to frailty in emergency departments	Medicine and Urgent care	Accident and Emergency	10 – 30%
CCG6 - Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	Surgery	Pharmacy	0.5 - 1.5%

CCG7 - Recording of and response to NEWS2 score for unplanned critical care admissions	Surgery	Critical care	10 – 30%
CCG10 - Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Womens'	Oncology	80 – 85%
CCG12 - Assessment and documentation of pressure ulcer risk	Community		70 – 85%
CCG13 - Assessment, diagnosis, and treatment of lower leg wounds	Community		25 – 50%
CCG14 - Malnutrition screening for community hospital inpatients	Community		70 – 90%

4.4 Stakeholder and Directors' Statements

Statement of Assurance following review on behalf of Haringey Healthwatch, by the Research and Engagement Manager

To follow

Statement of Assurance following review on behalf of Enfield Healthwatch

To follow

Statement of Assurance following review on behalf of North Central London Integrated Care Board

To follow

Single Oversight Framework indicators

To follow

Statement of Directors' responsibilities for the quality report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Account) Regulations to prepare the Quality Account for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards and NHS trusts on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report. In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

The content of the Quality Report meets the requirements set out in the NHS trust annual reporting manual 2022-23 and supporting guidance.

The content of the Quality Report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2022 to March 2023
- Papers relating to quality reported to the Board over the period April 2022 to March 2023
- Feedback from commissioners dated XXX
- Feedback from Healthwatch Haringey and Healthwatch Enfield
- The National Patient Surveys:
    - 2022 Maternity Survey dated January 2023
    - 2021 Adult Inpatient Survey dated September 2022
- The 2022 National Staff Survey April 2023
- CQC inspection report dated January 2020
- Targeted CQC Inspections reports dated:
    - September 2021 – Maternity Services
    - August 2021 – Sickle Cell Services
    - July 2022 – Emergency Department
- The Quality Report presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

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

The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Report. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

Signed..... Date…....
Mark Lam
Chair

Signed..... Date…....
Nnenna Osuji
Chief Executive / Accountable Officer

4.5 Appendices

Appendix 1 - National Audits submitting and reaching full case ascertainment in 2022-23

National audits	Division	Cases Submitted
Parkinson's Audit	Medicine and Urgent care	33
Emergency Medicine QIPs - Infection Prevention and Control	Medicine and Urgent care	246
Epilepsy study	Medicine and Urgent care	6
Major Trauma Audit	Medicine and Urgent care	347
National Adult Diabetes Audit (NDA) - National Core Diabetes Audit	Medicine and Urgent care	0 – national batch submission planned
National Adult Diabetes Audit (NDA) - National Diabetes Foot Care Audit	Medicine and Urgent care	0 – national batch submission planned
National Adult Diabetes Audit (NDA) - National Diabetes Inpatient Safety Audit (NDISA) Previously NaDIA-Harms	Medicine and Urgent care	0 – national batch submission planned
National Asthma and COPD Audit Programme (NACAP) - Chronic Obstructive Pulmonary Disease Secondary Care	Medicine and Urgent care	125
National Audit of Cardiac Rehabilitation	Medicine and Urgent care	232
National Cardiac Audit Programme (NCAP) - Myocardial Ischaemia National Audit Project (MINAP)	Medicine and Urgent care	220
National Cardiac Audit Programme (NCAP) - National Audit of Cardiac Rhythm Management (CRM)	Medicine and Urgent care	98
National Falls and Fragility Fracture Audit Programme (FFFAP) - National Audit of Inpatient Falls	Medicine and Urgent care	11
National Falls and Fragility Fracture Audit Programme (FFFAP) - National Hip Fracture Database	Medicine and Urgent care	224
National Lung Cancer Audit (NLCA)	Medicine and Urgent care	165
National Oesophago-Gastric Cancer Audit (NOGCA)	Medicine and Urgent care	31
Sentinel Stroke National Audit Programme (SSNAP)	Medicine and Urgent care	242
Society for Acute Medicine Benchmarking Audit (SAMBA)	Medicine and Urgent care	
Case Mix Programme (CMP)	Surgery	422 (excl q4)
Elective Surgery (National PROMs Programme)	Surgery	46
Emergency Ureteric Injury Management Audit (REJOIN)	Surgery	
Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder Audit (MITRE)	Surgery	3
National Bowel Cancer Audit (NBOCA)	Surgery	158

National Emergency Laparotomy Audit (NELA)	Surgery	69 (needs updating)
National Joint Registry	Surgery	190
National Ophthalmology Database Audit (NOD) - National Age-related Macular Degeneration (AMD)	Surgery	299 – national automatic data extraction
National Ophthalmology Database Audit (NOD) - National Cataract Audit	Surgery	614 – national automatic data extraction
National Prostate Cancer Audit (NPCA)	Surgery	345 – national automatic data extraction
Perioperative Quality Improvement Programme (PQIP)	Surgery	9
Transurethral REsection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT) Improving quality in TURBT surgery.	Surgery	40
Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal Mortality surveillance and mortality confidential enquiries (reports annually)	Women's and Children's	2
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal confidential enquiries	Women's and Children's	6
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal mortality surveillance	Women's and Children's	9
National Audit of Breast Cancer in Older Patients (NABCOP)	Surgery	113 – national automatic data extraction
National Audit of Care at the End of Life (NACEL)	Women's and Children's	171
National Child Mortality Database (NCMD)	Women's and Children's	4 – national automatic data extraction
National Maternity and Perinatal Audit (NMPA)	Women's and Children's	0 – national automatic data extraction
National Neonatal Audit Programme (NNAP)	Women's and Children's	0 – national automatic data extraction
National Paediatric Diabetes Audit (NPDA)	Women's and Children's	0 –
National Pregnancy in Diabetes Audit: The National Pregnancy in Diabetes (NPID)	Women's and Children's	37

Audits submitting data but not reaching full case ascertainment in 2022-23

Audit	Division	Cases Submitted
National Asthma and COPD Audit Programme (NACAP): secondary care workstream – children and young people asthma	Women's and Children's	15 – were originally unable to submit due to issues surrounding workforce but have started to submit with aims of 20 a month
National Asthma and COPD Audit Programme (NACAP) - Adult Asthma Secondary Care	Medicine and Urgent Care	18 – unable to submit due to issues surrounding workforce but have started to submit with aims of 20 a month
National Cardiac Audit Programme (NCAP) - National Heart Failure Audit	Medicine and Urgent Care	164 – 37.6% case ascertainment

Audits where participation has not been possible in 2022-23

Audit	Division	Cases Submitted
National Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	Women's and Children's	0 due to failed submission by RLH EEG team
Inflammatory Bowel Disease Audit (IBD)	Medicine and Urgent care	Failure to register for audit due to numerous issues with raising of purchase order. Submission will begin in the new audit year.

Action taken in response to national audit findings during 2022-23

Title	Action taken or planned
Maternal, Newborn and Infant Clinical Outcome Review Programme: Ethnic and Socio-economic Inequalities in NHS Maternity and Perinatal Care for Women and their Babies	Included deprivation Trust equality and diversity training via staff phoenix MAST (Mandatory and Statutory Training)
Maternal, Newborn and Infant Clinical Outcome Review Programme: Saving Lives, Improving Mothers' Care	Updated trust guidelines to include protocols for assessment and monitoring of pregnant women with COVID-19 in the community
National Pregnancy in Diabetes Audit: The National Pregnancy in Diabetes (NPID)	Offer patients between Libre or CGM for diabetes management
National Audit of Breast Cancer in Older Patients	• Introduce fitness assessment for older patients form for patients aged 70+ • Improve Somerset data entry to improve audit data
National Diabetes Audit - National Core Diabetes Audit	Planned implementation of a clinical noting proforma to identify and monitor Type 1 and Type 2 patients.

National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	• Have appointed a lynch champion • Reinstated education events regarding EOCRC and the symptoms of CRC • Adopted robotic surgery for colorectal cancer resections • Utilising mismatch, microsatellite instability and other genomic testing for patients

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Royal Free London NHS Foundation Trust

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

Keeping people healthy

Quality Account 2022/23

Contents

Part 1: Achievements in quality

1.1 Statement on quality from the chief executive

We would like to open this quality account publication with a huge thank you to our staff and everyone who has supported them for their incredible efforts over 2022/23.

We would like this report to give you an idea of what we have achieved over the last year and our priorities for the period ahead, including some of the activities that we believe will yield further improvements in the quality of care we offer going forward.

Although we cannot cover every detail of our achievements in quality from the past year in this report, we hope this account gives an accurate impression of the journey we have travelled and the key next steps along the road to delivering excellence.

We embarked on 2022/23 as the UK was emerging from the Covid-19 pandemic, which had required us to work very differently and shone a light on the health inequalities in our population. Learning from our pandemic experience and with a particular emphasis on inclusion and collaboration, our focus for the past year has been on recovering services to see and treat as many patients as possible, while maintaining the safety and quality of the care we provide. Thanks to the dedication and professionalism of our staff and the commitment and support of our partners, we have made good progress in this endeavour, despite very high demand for both urgent and planned services.

Looking ahead, we know there is more to do as we expect further growth in health and care needs, while an economic downturn is creating financial pressure across the public sector. As we look forward to responding to this challenge in 2023/24, our governing objectives will remain the guiding principles on which our approach is based, and we will be enabled by an updated quality governance framework.

2022 also saw the inception of integrated care systems across the NHS in England, establishing our local system in North Central London, in which Royal Free London plays a leading role. Over the coming year, we will continue to work with our partners and stakeholders in North Central London and beyond.

This report shares some of what we have achieved over the last year and sets out our quality priorities for the year ahead.

Achievements to highlight

The Royal Free London continues to operate at scale to reduce unwarranted variation in clinical care and to continuously improve our services. Building on previous successes, the Clinical Practice Group programme has transformed care across new pathways in response to health needs in our population.

We have embarked on delivery of an ambitious research and development strategy, providing more patients than ever before with access to research studies and opening a clinical research facility to host cutting edge clinical trials.

Last year saw completion of a review of our quality governance. Implementation of the recommendations in 2023/2024 will help us to deliver on this year's quality priorities.

We were delighted to establish the Royal Free London Involvement Framework, a formalised infrastructure to support staff to involve patients and carers in designing and improving services. This framework will help us to ensure patient and carer voices are at the heart of our organisation's culture and values, and at the centre of how the trust does its business, based on the principle that those who use a service are best placed to help design it.

We have made significant progress over the past year on understanding and addressing

inequalities. The new population health committee in common, formed with North Middlesex University Hospital, has an ambitious workplan to work across the system to improve population health outcomes and to use our roles as anchor institutions to improve the health of our communities.

We hope you find this Quality Account informative and interesting. I am confident that the information in this report accurately reflects the services we provide to our patients and the quality of care delivered by the Royal Free London NHS Foundation Trust.

Governing Objectives

You will note in Part 2 of this report that a number of the quality priorities identified for 2023/24 have been aligned to one of the relevant goals in the table above to support the delivery of the trust's overall strategic framework.

Part 3 of this report describes performance against selected and key indicators and gives examples of some improvement plans we have put in place across the trust.

Finally, it remains to say I hope you find this Quality Account enlightening and interesting. I am confident that the information in this report accurately reflects the services we provide to our patients and the quality of care delivered by the Royal Free London.

Peter Landstrom
Deputy Chief Executive
Royal Free London NHS Foundation Trust

1.2 Keeping people healthy

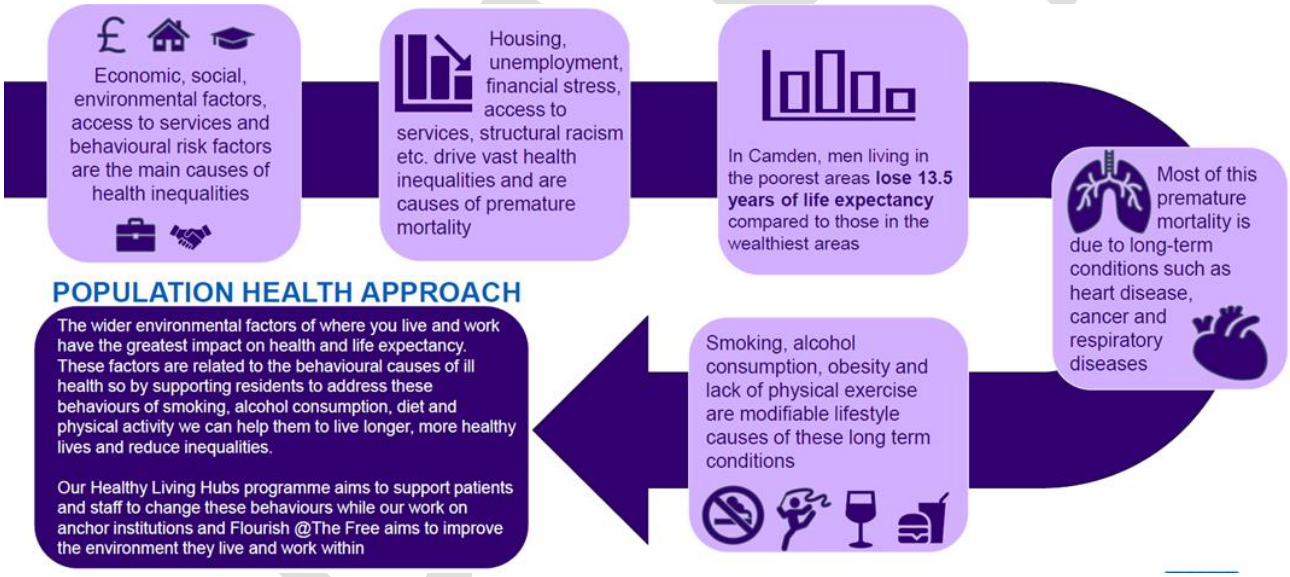
Further to the Chief Executive's statement on quality in opening the 2022/23 quality account report, the examples below represent a selection of patient journeys and improvement work undertaken in the trust over the last year to demonstrate that we are both safe and effective in our delivery of ongoing high-quality care.

Last year saw the Royal Free London continue to address the challenges of the COVID-19 pandemic on health and inequalities. The Royal Free London serves a diverse population, and significant progress has been made in understanding and addressing our population's health inequalities.

Our population health approach is led by understanding our residents' needs, identifying and addressing inequalities in life expectancy and healthy life expectancy and embedding equity and prevention in what we do.

Last year, we developed the Healthy Living Hubs pilot for North Central London, a holistic, equitable and integrated approach to improving healthy habits in our population. Our approach also included the Royal Free London Equitable Recovery Programme and the co-development of a joint inequalities data dashboard with North Middlesex University Hospital. We partnered with North Middlesex University Hospital and have developed a joint population health committee in common, a subcommittee of both Boards.

Health inequalities



The wider determinants of health:

Our approach is based on the four pillars of population health, with various workstreams and programmes within each.

- social determinants of health
- health behaviours and lifestyles
- the places and communities we live
- an integrated health and care system

Our population health approach addresses all of the Trust's governing objectives.

Social Determinants of health: The Royal Free London as an anchor organisation: employment | procurement | green agenda

The most significant contributor to our health is the social determinants eg income, wealth, housing, education, employment and leisure. The role of NHS trusts as anchor institutions within their local communities is providing new evidence and opportunities for us to impact these determinants for our population positively. The role of NHS trusts as anchor institutions gives us tremendous opportunities to use our assets and resources to benefit our communities. We are making continual progress to make our trust a greener organisation as we work towards net zero.

Our health behaviours and lifestyles: Healthy Living Hubs | Flourish @ The Free

These are the second most important drivers of health and include key behaviours of smoking, alcohol consumption, diet and exercise. In order to support our staff and patients to achieve healthier lifestyles, we utilise a make-every-contact count (MECC) methodology to ensure that every interaction within the Royal Free London is an opportunity to improve health. Our work has been augmented, at a sector level, with our 'North Central London Whole System Approach to Obesity'. We ran the 'Flourish@TheFree' project to improve the health and well-being of our staff.

The places and communities we live in, and with: Borough Partnerships

The local environment and community play an essential role in our health, so working closely with the boroughs where we sit is vital to improving the health of our patients, staff and communities. As our partnership with the North Middlesex University Hospital grows, we look forward to presenting a joint population annual report next year.

An integrated health and care system: Clinical Strategy | Clinical Practice Groups | Integrated Care System

As our populations age and more people live with multiple long-term conditions, is it essential to ensure that the health and care system works around individuals' needs and not in silos. Strategic work within the trusts and with the North Central London Integrated Care System ensures that healthcare is integrated within the trust and with external stakeholders.

Equitable Recovery Programme

The Equitable Recovery Programme focuses on improving access and experience, reducing did not attend (DNA) rates and ethnicity recording in two specialities at the Royal Free London.

The pilot programme ensured the embedding of equity into the Royal Free London's accelerated recovery programme. A small team of patient navigators rang patients one week before their appointment to see whether they needed support with technology, transport or translators.

The team also improved the completeness and accuracy of ethnicity recording.

Programme outcomes

The intervention was well received by patients and staff.

We saw:

- DNA rates decreased in both specialties.
- Improved ethnicity recording in both specialties.

We have:

- Developed tools, resources and a training pack to support the rollout across the trust.

Our next steps

In year one (2022/23), the healthy living hub has been set up to investigate system improvements using smoking cessation as an example. In the future, during year two, further implementation is planned to bring an entire team, adding alcohol, nutrition and physical activity to the healthy living hub. We will use year three to evaluate the healthy living hub, use a quality improvement approach to embed learning and embed the healthy living hub approach across North Central London Integrated Care Board and borough partnerships.

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

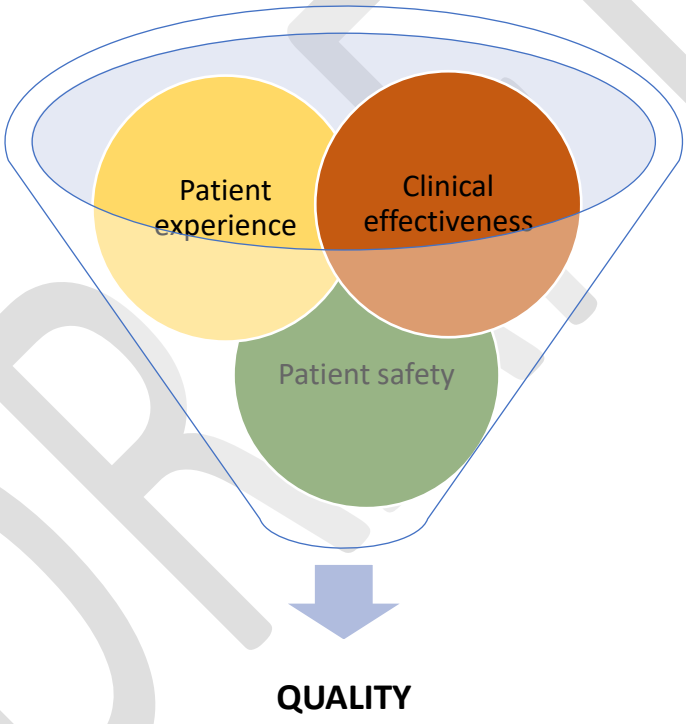
2.1 Priorities for improvement

Every year all NHS hospitals 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 quality account report allows us to be more accountable and answerable. It helps us drive improvement in how patients experience our services and support the overall strategic objectives of the Royal Free London Group by underpinning the quality goals with principles of safety and effectiveness.

Within this quality report, we will review our performance over the previous year, identify areas for improvement and publish that information. These areas include the three key indicators of quality:

- 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.



This section describes the following:

- Progress made against our priorities during 2022/23
- Outlines our quality priorities chosen for 2023/24
- Provides feedback and assurance statements in relation to key quality measures

What were our priorities for 2022/23 and how did we do?

The development of the priorities for improvement in 2022/23 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 clinical standards and innovation 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: **Establish shared principles for involving patients and carers in our services to better monitor their experiences and make relevant improvements.**
Why?	This is a new priority developed for 2022/23 and supports the delivery of our year five ambition to ensure that our relationships with our patients and carers are amongst the best in the country.
Our progress in 2022/23	At the Royal Free London NHS Foundation Trust, we ensure equity of access to all our patients, carers and service users is at the heart of everything we do. Improving access to care for all is embedded in the trust values, governing objectives and is a key part of our service delivery. We are working collaboratively with our public health team and partners across North Central London to address health inequalities and to identify and act where we can improve services for everybody who visits our hospitals. Inequalities continue to exacerbate in the population we serve, and here at Royal Free London we are taking this very seriously and endeavour to address inequalities in our waiting times and want to improve access to our services for all. In April 2021, Royal Free London published its equality, diversity and inclusion framework for staff, patients and carers (2021-2024). The framework has been aligned with the board's governing objectives and has a set of equality objectives as the key drivers. Royal Free London is committed to implementing the eight equality objectives, six for our patients and two for our people. The framework is aligned with the national policies; the long-term plan and the 'people plan' and internal Royal Free London strategies for example, health inequalities and the trusts clinical strategy that has been approved by board in January 2023. We are approaching the end of year two of implementing the equality, diversity and inclusion framework and demonstrate in the summary and main report our successes and where we have further work to do. Royal Free London acknowledges that it has made some progress but has more to work on to ensure we are meet patient's and carer's needs. To show further commitment, we have increased capacity in our equality, diversity and inclusion team and have developed partnerships to further enhance our equality, diversity and inclusion agenda, sharing common goals. The link between improved outcomes and experience for our patients and enhanced staff experience is widely acknowledged to be intrinsic and key to improvement in how we collaborate to influence positive change in this regard. Royal Free London is working towards strengthening our engagement and involvement with patients,

carers, staff and voluntary and community organisations with the development and agreement on a framework for the trust.

The Royal Free London NHS Foundation Trust continues to face the challenges of long wait times and backlogs and tired staff. However, the pilot of the equitable recovery programme (ERP) demonstrated that calling patients before their appointments reduced potential Did Not Attends (DNAs) and improved collation of equality data and improved equity of access.

Key highlights and successes achieved for patients and carers in the last 12 months include:

- The trust continues implementing the accessible information standard by developing infrastructures to support implementation. As a priority for next year, the trust will develop and deliver training for targeted staff groups.
- All business units have embedded equality, diversity and inclusion into patient experience policies, processes and interventions such as visiting, walkabouts and feedback from patients and carers.
- One of the trust's ambitions is to improve ethnicity recording to 100% completeness, dovetailing with the equitable recovery programme. The trust will use the learning from this programme to promote ethnicity recording and training for our staff to feel more confident in asking questions to improve completeness and accuracy of ethnicity. It will be extended to include all protected characteristics and lifestyle choices.
- The trust is working in partnership with North Middlesex University Hospital to develop an inequalities data dashboard that includes routine performance metrics, all protected characteristics, lifestyle criteria (smoking, alcohol and BMI), as well as the Core20PLUS5 agenda. The dashboard will enable local ownership of inequalities and quality improvement projects to mitigate these inequalities.
- The trust is committed to improving engagement and involvement and thus made a further commitment to the equality, diversity and inclusion agenda and has increased in capacity in the equality, diversity and inclusion team to include an equality, diversity and inclusion and engagement manager.
- The trust has ensured equality, diversity and inclusion is integral to developing new policies and strategies. The trust is in the process of developing a 'patient experience, engagement and involvement strategy', and a 'carers strategy'. This also includes an involvement framework.
- 'My RFL Care' patient portal continues to be refined to meet our patient's and carer's needs. The trust has entered phase-two and will continue to work with the equality, diversity and inclusion team to refine further to improve equity of access for people with sensory impairments, learning disabilities and or autism and for those whose first language is not English.
- The trust has developed and implemented an equality analysis template and guidance and ensured robust processes are in place for internal assurance and compliance. The template and guidance are integrated into the project management portal used by the service transformation team.
- The trust is conducting an 'accessibility audit' designed and conducted by patients with diverse disabilities and with patients whose first language is not English. The audit will be completed by the end of March 2023 and will make recommendations on the physical access to our hospital sites, trust website and on the patient portal.
- Several partnerships are being formed across North Central London to develop a coordinated and collaborative approach to tackling health inequalities and improving equity of access.

- Maternity services continue to translate critical information leaflets in the top ten languages. The trust has taken the learning and implemented this across other specialities that are reviewing the leaflets and planning to translate in the top ten languages. An internal accessibility steering group closely monitors this work.
- The accessibility steering group aims to improve alerts in our electronic patient record for people with sensory impairments and patients with learning disabilities or autism.

We are 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.

In 2022, the Royal Free London NHS Foundation Trust endorsed the Royal Free London involvement framework, a formalised infrastructure to support staff to involve patients and carers in activities across the trust, recognising that patient and carer involvement is an organisational priority.

Principles	There is a shared understanding about involvement underpinned by shared values
Purpose	Everyone understands why they are involved and there is clarity and transparency on decision making and authority
Presence	A diverse range of patients and carers are involved at all levels in the organisation and are reflective of the local community
Process	Patients and carers are enabled to make the best contribution possible
Impact	The trust is able to demonstrate the impact and outcome of involving patients and carers

Across the Royal Free London group, we have adopted the 4Pi national involvement standards as a set of shared principles for involving patients and carers in our services to monitor their experiences better and make relevant improvements.

4Pis: Developed by NSUN (National Survivor User Network).
https://www.nsun.org.uk/

Each hospital business unit hosts our patient voice groups. They are active groups of patient voice partners (PVPs) that help us understand the experiences of people who have used our services and involve them in our work to improve services. The patient experience committees receive updates from their patient voice groups and have patient voice representatives attend.

In addition, we have undertaken a project to develop an involvement register, which will provide a standardised process for facilitating and supporting patients and carers in ad-hoc and regular involvement activity across the group. The involvement register will launch in 2023.

The group also has co-produced resources for staff and patients to ensure effective involvement, including a resource produced in collaboration with University College London Co-production Collective.

Priority 1b:
Establish a world class dementia care service operating across inpatient settings Trust wide.

Why?

This new priority developed for 2022/23 supports the delivery of our year one quality goal to understand and improve the experience for our patients and carers.

Our progress in 2022/23

We will remain a 'dementia friendly' hospital through ongoing delivery of the dementia clinical practice group five workstreams: delirium, distressed behaviour, assessment, discharge and carers.

- **Delirium:** an auto-text protocol has been written and embedded within the electronic patient record (EPR) aligning our delirium care with NICE guidance and using 4AT and 'PINCHME' to identify, diagnose and treat underlying causes of delirium. Education around delirium remains a priority and regular delirium training across various formats continues.
- **Distressed behaviour:** a simulation training package called 'De Escalating Distressed Behaviour' has been designed and rolled out in partnership with colleagues from Security services using a real patient story to develop understanding and learn practical techniques. The service is working closely with security and the enhanced care project to deliver a 'Behavioural Triage' tool to assist colleagues dealing with distressed behaviour in understanding and de-escalating patients in acute distress. The primary reason for referral to our service remains distressed behaviour and most of our educational interventions are focussed on this topic.
- **Assessment:** the dementia service has collected data on referrals and interventions for over six months and has developed a thematic understanding of where the service is most needed. Our data has also enabled us to design, develop and embed a dementia assessment auto-text which structures the specialist assessment clearly and consistently, allowing staff to understand and learn from our interventions and ensure that we are pulling together best practices under one single assessment.
- **Discharge/ Carers:** to plan the priorities and outcome measures for the service, we engaged in service design activities with a wide range of stakeholders, including patients, carers, community support groups, as well as our trust colleagues. We learned that what mattered most to carers was a clear and consistent line of communication with the organisation and around discharge more specifically. As such, we provided our dementia specialists with a mobile phone on the understanding that their mobile number be shared with all carers of patients referred to them. The feedback on this alone has been excellent and has alleviated much stress and frustration for carers looking for the right person to talk to for information/ updates. We had another 1000 copies of our 'dementia handbook' printed and this is given out to all carers at the point of discharge along with a questionnaire about our service. We are working closely with Barnet and Camden carer support services and are collaborating on a signposting document for use across those boroughs.

We will measure the impact of the service on critical outcomes through collecting patient and carer feedback and use this to identify areas for improvement.

We have developed three primary outcome measures for this service:

- Staff satisfaction post education activities
- Patient well-being
- Carer questionnaire

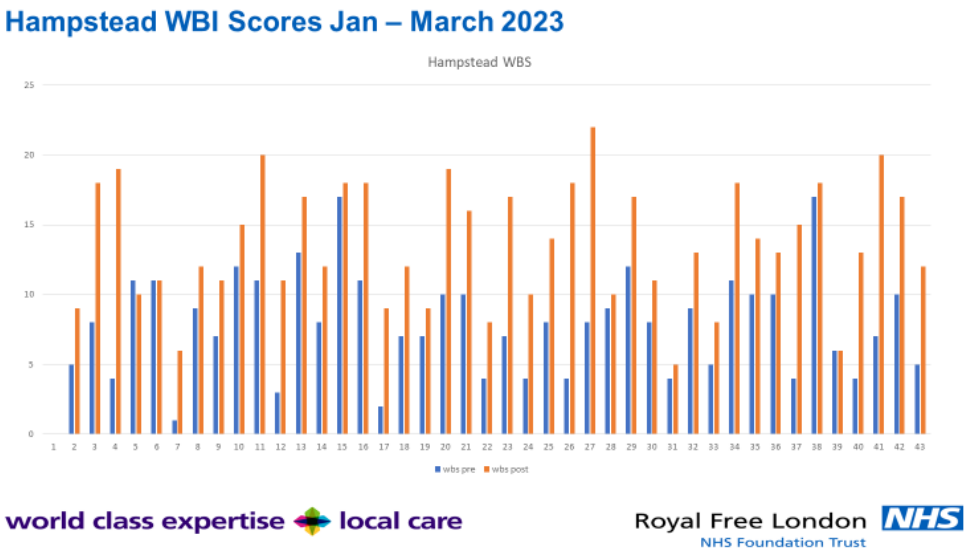
Whilst we have compelling and almost entirely positive feedback in all the areas we are measuring, we can showcase the impact we can demonstrate on patient well-being. Patient experience specific to those living with dementia is very difficult to capture for several reasons. We were keen to develop a tool that assessed well-being specifically and was observational. We recognise that 'distressed behaviour' in patients can frequently indicate sub-optimal clinical care. Given that we are prioritising referrals of those exhibiting distressed behaviour, we wanted to understand our impact here.

Inspired by the WHO 5, we developed the following Well-Being Index:

	In the last 48 hours:	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	None of the time
1	The person appears calm and relaxed	5	4	3	2	1	0
2	The person has had positive social interactions	5	4	3	2	1	0
3	The person has engaged in their daily care	5	4	3	2	1	0
4	The person has identified or participated in things that interest them	5	4	3	2	1	0
5	The ward staff feel this person is settled	5	4	3	2	1	0

Total

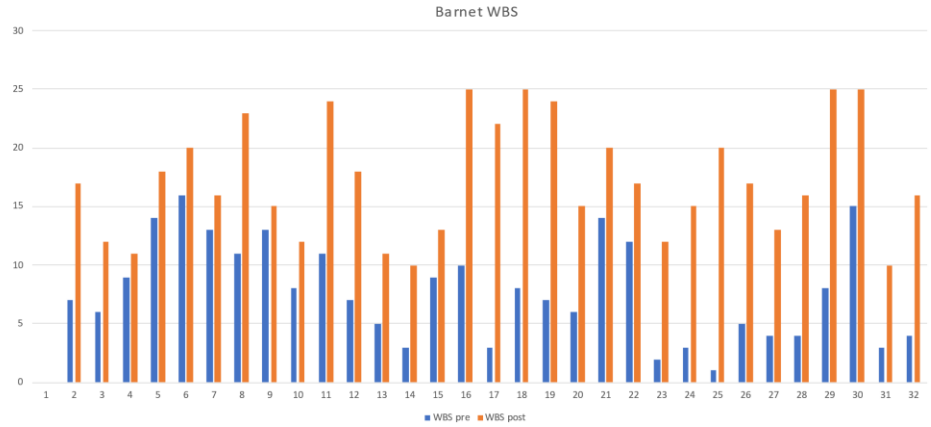
This tool is done at the time of the service's initial assessment and again at the end of the intervention. We have been completing this for over three months and our results speak for themselves:



world class expertise local care

Royal Free London NHS
NHS Foundation Trust

Barnet WBI Scores Jan – March 2023



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Priority 1c:
Patients who are recognised as likely to be in the last year of life will be offered a conversation about their personal preferences and priorities for their future care.

Why?

This is an ongoing priority for 2022/23, with the wording adapted in light of new national guidance and supports the delivery of our year one quality goal to understand and improve the experience for our patients and carers.

Our progress in 2022/23

Patients who are recognised as being in the last year of life are offered a conversation recognising this. In this conversation their wishes and preferences will be assessed, there will be negotiation of treatment plans, and a comprehensive discharge summary will be written.

To provide staff with the tools and build confidence with having conversations with patients about Advance Care Planning, the 'Elephant in the Room' training is offered as a half day simulation training opportunity (4 CPD points). It is available to all members of the multidisciplinary team, across all Royal Free London sites. The topics covered include unnecessary invasive investigation, DNA CPR (Do No Attempt Cardio-Pulmonary Resuscitation), risk feeding, readmission to hospital, religious wishes regarding nutrition, general frailty, discharging a patient from hospital at end of life, and polypharmacy. It is an interactive simulation session using actors, so each candidate gets the opportunity to practise what they have learnt and observe others doing the same. The course runs 8 times per year, and on top of that there have been additional bespoke sessions at the request of individual specialities eg, renal. Last year, there were 130 internal Royal Free London staff across the Trust who attended the training, and 30 external attendees.

A substantial portion of our focus in 2022/23 to achieve the above priority has been supporting the digital infrastructure to facilitate clinicians to have structured conversations related to Advance Care Planning and to ensure that patients' wishes and preferences are digitally shared and documented. On the 27th of July 2022, Universal Care Plan replaced Coordinate My Care as an NHS service that enables every Londoner to have their care and support wishes digitally shared with healthcare professionals across the capital. The Universal Care Plan Programme leads the implementation of the Universal Care Plan across the five

Integrated Care Boards in London. On behalf of London Integrated Care Boards, NHS Southwest London procured the Universal Care Plan to improve access to care plans, by removing the need for separate log-in credentials, via the London Care Record. This technology enables information to be shared in real-time across various health care settings across the region.

For Royal Free London, this means all clinical staff can view/edit an individual's care plan via the electronic patient record using the Health Information Exchange button, without the need for a separate login which is required when using the web portal. However, currently the access of Universal Care Plan via Health Information Exchange is not widespread amongst clinicians. Coordinate My Care previously provided the Trust with reports on how many users were reading and updating/writing care plans. Universal Care Plan have advised that in time, they will similarly be able to provide user reports to understand how many staff are accessing this new platform which will highlight issues or improvements in adoption. We are waiting a timeline from Universal Care Plan about when these reports will be available. We are working with change leads in the Royal Free London digitalisation team who are supporting some changes to make existing care plans more visible to clinical staff within the Powerchart application in the electronic patient record. Although we do need support from Universal Care Plan to enable this technical capability to progress this development request. The Universal Care Plan have also advised that they are developing an option for patients to view or edit their own care plan via the website. There is local improvement work taking place at Barnet Hospital to promote the use of Universal Care Plan, particularly in patients 65 years and older with a clinical frailty scale score of 7 and above which indicates severe frailty.

The improvement work has also involved some changes to the electronic documentation of DNA CPR and treatment escalation plans, to improve use and dissemination of these changes. We plan to extend this improvement work to the Hampstead site.

	Priority 1d: **Keep patients informed and regularly updated about waiting times in outpatient clinics.**
Why?	This new priority developed for 2022/23 and supports the delivery of our year one quality goal to understand and improve the experience for our patients and carers.
Our progress in 2022/23	**Awaiting information and infographics from the team.** **Text for this section will be ready for the final version of the quality accounts**

Priority 2: Clinical effectiveness

Improving clinical effectiveness: delivering excellent outcomes

	Priority 2a: **Implement a systematic approach to align the following activities at group and business unit levels: planning and prioritisation; progress and performance tracking; quality improvement activity.**
Why?	This is a new priority developed for 2022/23 and supports the delivery of our year one quality goal to improve health outcomes across the group.

Our progress in 2022/23

Each hospital business unit used the annual planning process during spring 2022 to help identify priorities, projects, and teams to be put forward for the Quality Improvement expedition programme – which started in May 2022. Over 25 quality improvement (QI) projects from our business units, involving nearly 250 team members, completed the QI Expedition programme. Many of which have delivered improvements in the outcomes and experience of our patients.

The Quality Improvement (QI) team has worked with the Planning team to identify priorities for the forthcoming (2023/24) cohort of QI Expedition projects. Applications for the programme have recently closed. The trust aims to report the programme's impact in next year's quality account.

The 'Life QI' system has become further embedded as the web-based tool through which all significant QI projects and programmes are registered, categorised and tracked – which has improved the visibility of progress and knowledge-sharing.

Chase Farm Hospital business unit continue to roll out and develop its 'Quality Blueprint' – which provides an overview of the 'quality ambition' at Chase Farm Hospital and the programmes of work that will help achieve that ambition.

Priority 2b:
Systematically spread learning from Quality Improvement activity across teams, services and sites and, where appropriate, scale effective interventions across the Royal Free London Group.

Why?

This is a new priority developed for 2022/23 and supports the delivery of our year one quality goal to improve health outcomes across the group.

Our progress in 2022/23

Quality improvement implementation group (QIIG) reviewed and endorsed an approach (based on internationally validated good practice) for 'scale and spread' at Royal Free London in the summer of 2022.

We have tested this approach with some 'early candidate' projects, including:

- The 'patient safety dashboard', has been spread from a small QI project at Barnet Hospital to wards across Royal Free Hospital and Chase Farm Hospital.
- The 'Mouthcare' QI project, has led to a change in equipment and process in nursing care across the group.
- The 'What Matters to Staff process, aims to improve staff experience that is being spread across the group.

The capability development required to implement our approach to 'scale and spread' was finalised and [training] delivered during autumn 2022 to the first cohort of 'QI practitioners' (as part of the 2022/23 QI expedition programme). Following evaluation, this training module will be a core part of the trust's QI curriculum going forwards, including an updated offer for senior leaders. This year the QI team have trained 58 QI practitioners from all parts of the organisation. These individuals have led many successful projects within the QI expedition.

Priority 2c:
Over the next year the Clinical Practice Group (CPG) programme will embed a further 17 pathways and develop a training package to increase knowledge, skills and capabilities across operational and clinical teams.

Why?

This priority supports delivery of our year one quality goal to improve health outcomes across the group.

Our progress in 2022/23

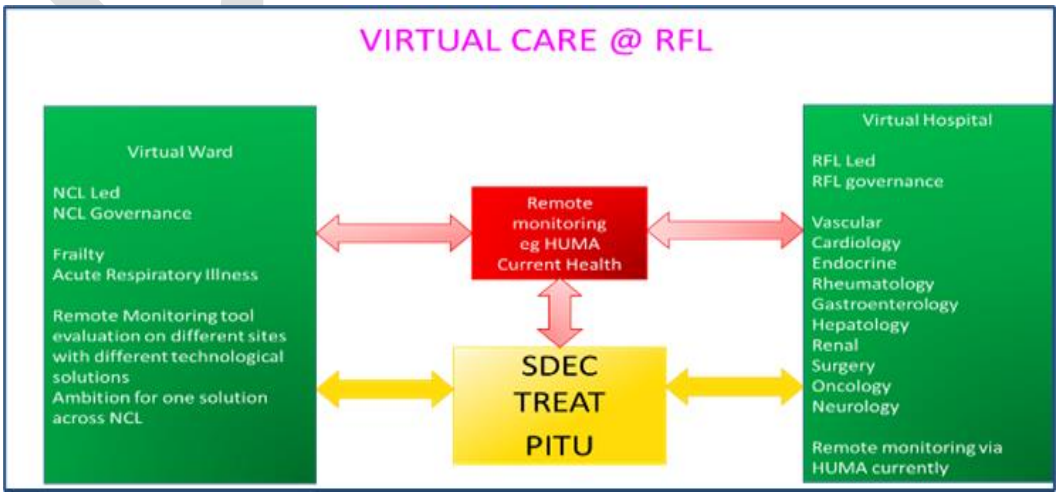
Overview

Of the 64 clinical pathways, 44 are digitised in the Royal Free London electronic patient record across all hospital sites. Digitisation has resulted in 71% of admitted activity related to a CPG; the pathways digitised are:

1. Elective Hip Replacement
2. Elective Knee Replacement
3. Non-complex Right Upper Quadrant Pain
4. Haematuria Diagnostic
5. Early Pregnancy Unit (EPU)
6. Wheezy Child
7. Chest Pain – Cath Lab
8. Upper Gastro-Intestinal Cancer
9. Community Acquired Pneumonia
10. Heart Failure
11. Hot Gallbladder
12. Pulmonary Embolism
13. Virtual Fracture Clinic
14. Pre-operative Assessment
15. Teledermatology Part 1
16. Keeping Mothers and Babies together
17. Anaemia
18. Prostate Cancer Diagnostic
19. Prostate Cancer Treatment
20. Induction of Labour
21. Lower GI Cancer
22. Lung Cancer
23. Hepato-biliary Cancer
24. Shoulder arthroscopy
25. Gynaecology Cancer
26. Haematuria Treatment
27. Hyperemesis
28. Skin Cancer
29. Surgical Management of Miscarriage (SMM)
30. Kidney Stones
31. Arthroscopy
32. Ambulatory DVT
33. Fracture of Femur (FOF)
34. Rapid Diagnostic Centre (RDC)
35. Complex Perioperative MDT
36. Enhanced Recovery after Surgery (Nephrectomy)
37. Renal Transplant
38. Diabetes
39. Better Births
40. Breast Cancer
41. Emergency Laparotomy
42. Induced Primips
43. Teledermatology Part Two
44. Chest Pain Part 2

Ambulatory and emergency care CPG

Admission avoidance and virtual care to improve emergency flow:
The aim has been to develop virtual care pathways as an extension of care by secondary care 'virtual hospital' and optimise the borough-based virtual community hospitals as shown in the diagram below:

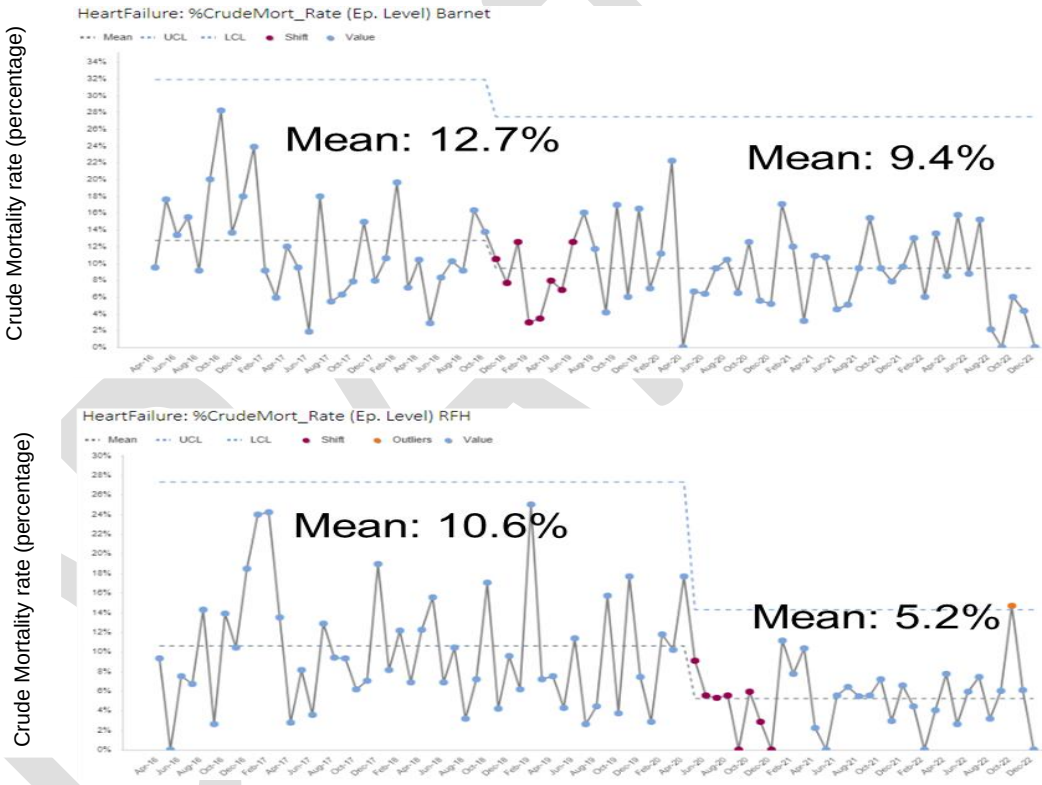


Firstly, for virtual care as an extension of care, whilst still under the supervision of the acute doctor, we have developed a virtual encounter in our electronic patient record and commissioned a third party to pilot remote monitoring of heart failure patients' vital signs at home. Secondly, we are optimising flow in the emergency department by working with Camden and Barnet virtual community wards to identify patients who could benefit from early supported discharge and be cared for by the community nursing teams.

Heart failure CPG pathway

The heart failure CPG is the first Cerner example of an integrated pathway working cross-site at Royal Free Hospital and Barnet Hospital with the local primary care providers generating outcome data showing mean mortality reductions:

- Barnet Hospital from 12.7% to 9.4%
- Royal Free Hospital from 10.6% to 5.2%



Explanatory note:
The definition of crude mortality rate: - a hospital's crude mortality rate looks at the number of deaths in a hospital in any given year. Then it compares that against the number of people admitted for care in that hospital for the same period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted. So usually uses the rate to measure mortality at quite large scale based on a year period.

- Reducing variations in guideline-based prescribing inter-site.
- Showing that where many hospitals across the UK don't have access to biomarkers, automated digital pathways, or staffing to respond to the growing population of patients with underlying heart failure, the Royal Free London has reversed that paradigm fully to detect heart failure proactively.
- Consistently delivering best practices in heart failure by having the proper test and interventions, designed by the right leaders, and manned by a superb healthcare team, and by working with Camden GPs we have

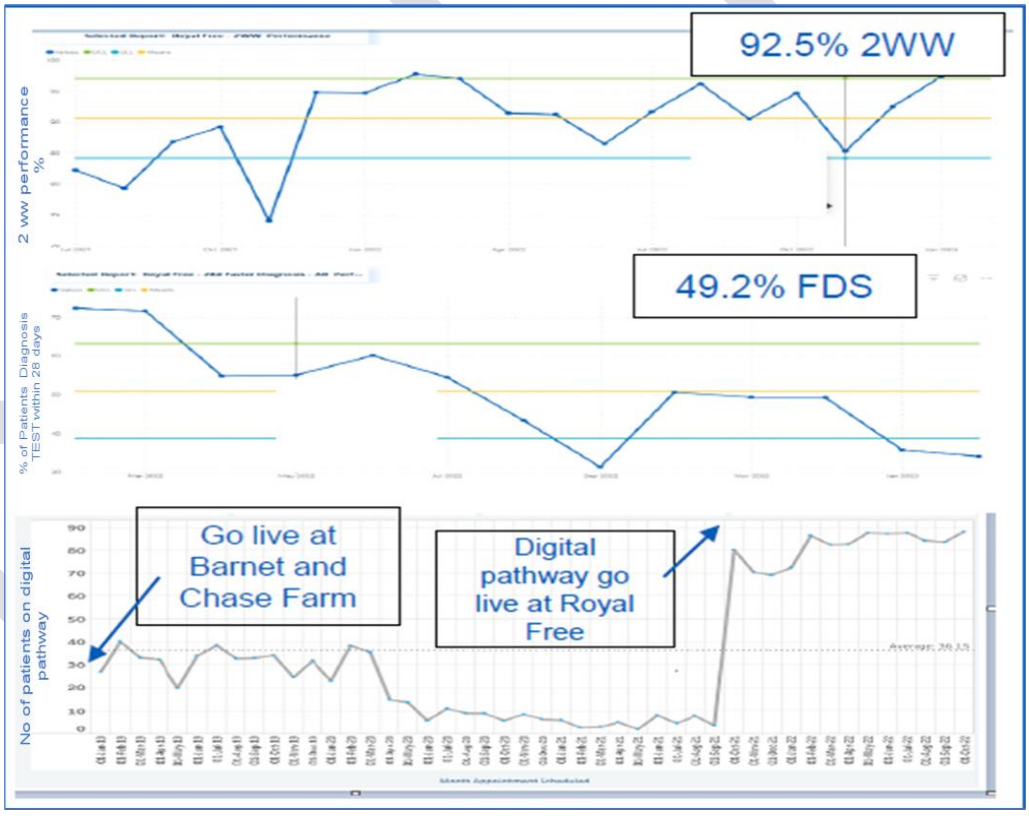
developed a model that optimises treatments in the community for patients who have heart failure and proactively screen for new potential diagnoses also.

Cancer CPG

The Cancer CPG is currently focusing on cancer recovery utilising CPG methodology.

The cancer CPG has informed capacity and demand modelling to improve cancer performance and work towards compliance with meeting the milestones outlined in the best practice timed pathways for high-volume tumour sites such as prostate and lower gastro-intestinal cancers.

The prostate CPG pathway is an example of a digitised cancer pathway, which has resulted in 92.5% of new cancer referrals being reviewed and the right test ordered electronically in Cerner EPR. The diagram below shows the prostate pathway 2 week-wait performance improving with the increased adoption of the CPG straight-to-test pathway. We also have real-time data on the delays helping the team understand the delays in meeting the faster diagnosis standard (FDS).

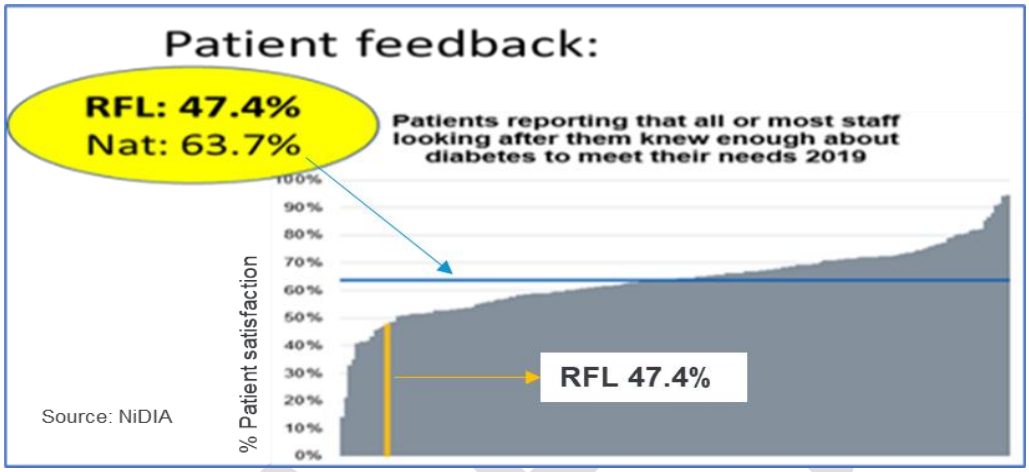


Areas of focus for pathway transformation and re-design include the roll-out of Faecal Immunochemical Testing (FIT) in the suspected lower gastro-intestinal pathway to risk stratify patients for diagnostic interventions and developing a breast pain pathway in conjunction with the North Central London Cancer Alliance.

Work from the Cancer CPG and the National Physical Laboratory was published in the Journal of Healthcare Analytics in 2022. To improve our data science capabilities, the Cancer CPG has partnered with the clinical operational research unit at University College London to use modelling to identify constraints within the breast cancer pathway.

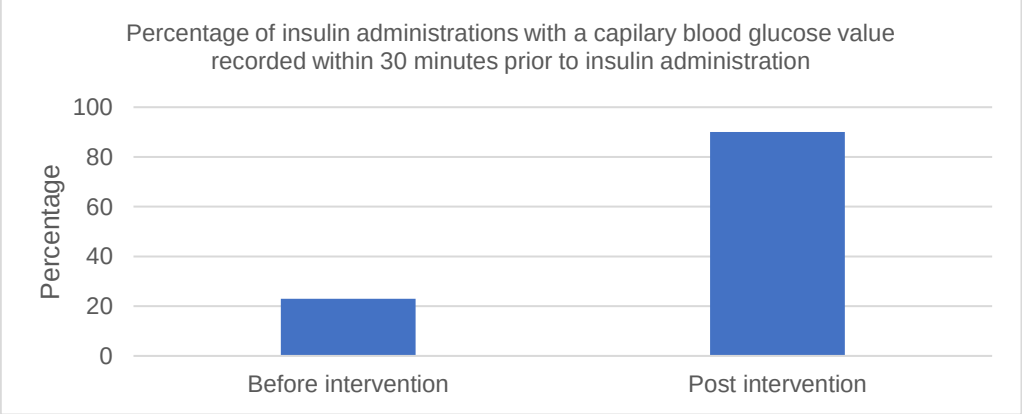
Inpatient Diabetes

Digital design has been piloted at the Barnet Hospital site and a roll out plan is being developed for all hospital sites to ensure all patients benefit from the inpatient diabetes pathway. This pathway is also pivotal to improving staff knowledge and patient confidence in caring for a patient with diabetes. A national audit on patient feedback demonstrated that 47.9% of patients staff looking after them knew enough about their diabetes to care for them; the national average was 63.7%, shown below:



The results from the pilot show an increased understanding of managing diabetes. The data from the digital pathway has demonstrated improvement in the number of patients getting blood glucose before administering insulin. Before the pilot, only 23% of patients had blood glucose before having insulin, post pilot, it is 90%.

Piloted on Quince and Maple Wards at Barnet Hospital since December 2022. 90% of patients had a capillary blood glucose (CBG) value recorded within 30 minutes before insulin administration (up from 23%).



Priority 2d:
Increase patient recruitment by a further 10% into National Institute for Health Research portfolio to build on achievements of 2021/22 and increase Royal Free London led research.

Why?

This is a new priority, developed for 2022/23, supports the delivery of our year five ambition to provide access to research for all our patients.

Our progress in 2022/23

By 2027, Royal Free London will be a top 10 research hospital through all staff and patients having excellent access, experience and outcomes by virtue of world-class clinical research.

Delivery of the vision will be through six strategic objectives:

The research and development department has created workstreams for each of the six strategic aims and significant progress has been made in each strategic aim area. The graphic below demonstrates some of the key highlights in each area during 2022/23.

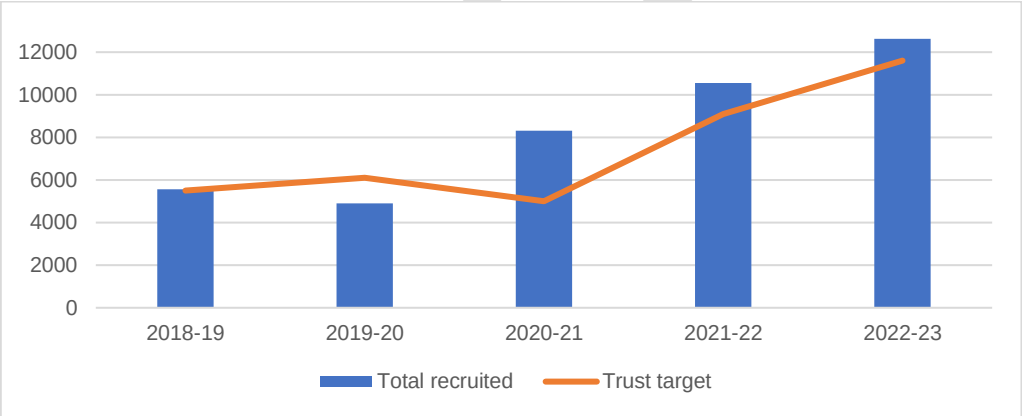
We will provide rapid, responsive, cost effective and transparent clinical research support.	• Created a comprehensive R&D 'how to' guide to cover all aspects of study set-up, costings, contracts and IG. • Set new internal KPIs for approval times.
We will improve clinical research infrastructure to enable the best possible clinical research opportunities and experience to staff/ patients.	• Increased R&D engagement with Group Clinical Services to enhance imaging and pathology capacity for clinical research. • Created time for collective development opportunities within the research leadership teams.
We will ensure all of our staff have the opportunity to be part of clinical research regardless of their role or site.	• Appointed Associate Director of Nursing Research role. • Identified leaders in disciplines/research champions.
We will ensure optimal and equitable access to excellent clinical research to all patient groups across our local populations.	• Incorporated a message about research in all patient correspondence. • Ensured that there is an equitable promotion and communication of clinical research opportunity across all RFL sites.
We will work with our partners to maximise the opportunities for clinical research for RFL patients and staff.	• Funding applications have clear evidence of PPIE where relevant. • Strengthened partnerships with NCL trusts by improving referral pathways, collaborating on research delivery and sharing of resources.
We will ensure that digitally enhanced and data driven clinical research is enabled throughout our clinical research endeavour.	• Creation of a Chief Information Officer for Research role with structural linkage to the Trust Informatics Department and digital developments. • Established a digital innovation and research working group within the governance of Trust Digital Board.

The Trust continues to perform well into National Institute for Health Research adopted studies. The Trust has finished 9th nationally as a Trust into National Institute for Health Research studies this year. The final figures are 12, 628 participants against a Trust target of 11,603. The monthly target was consistently meet during the first 9 months of the year, with January – March 2023 showing recruitment exceeding the target.

The Royal Free London is the fourth largest recruiting Trust into the National Institute for Health Research adopted studies in London, behind King's College NHS Foundation Trust, Guy's and St Thomas NHS Foundation Trust and Imperial College Healthcare NHS Trust respectively.

2022/23 is therefore, the Trust's best year in terms of recruitment, and continues the trend of year-on-year increased recruitment as shown by our 5 year recruitment figures

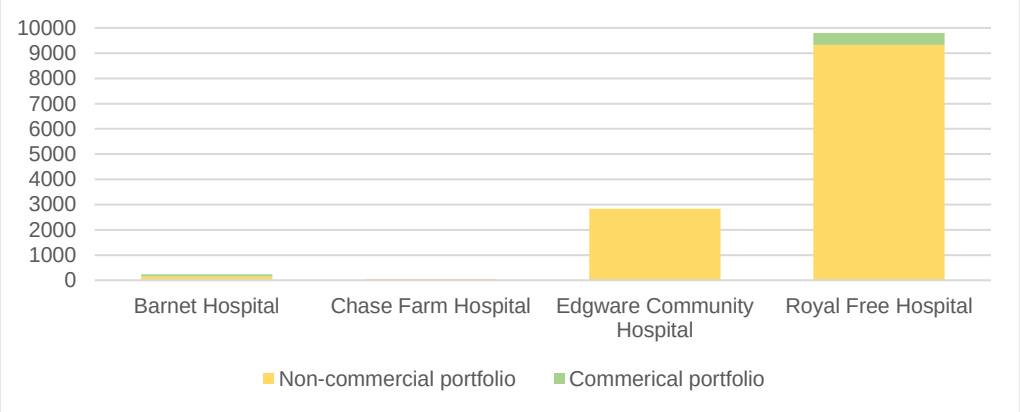
5-year recruitment figures



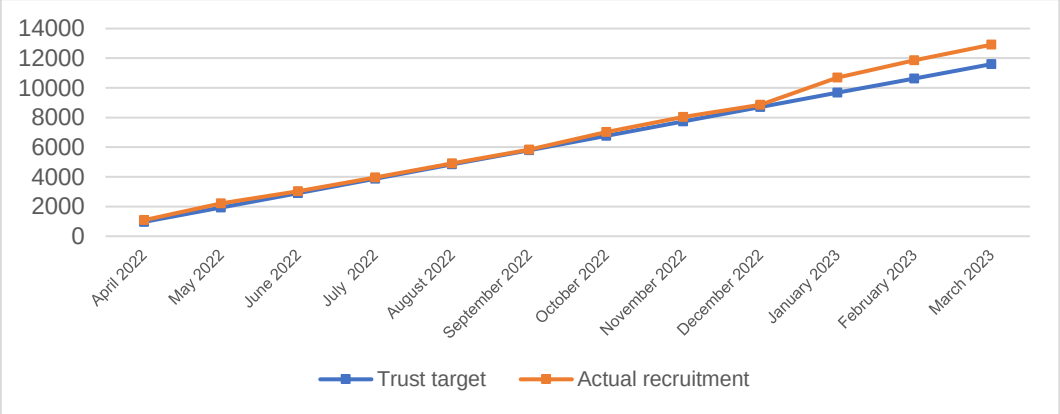
Royal Free London as a site is the ninth biggest recruiting site nationally as shown by our 2022/23 by trust site.

Edgware Community Hospital has shown strong recruitment this year, and work is being done to increase recruitment at Barnet Hospital and at Chase Farm Hospital.

2022/23 recruitment by trust site



2022/23 cumulative recruitment

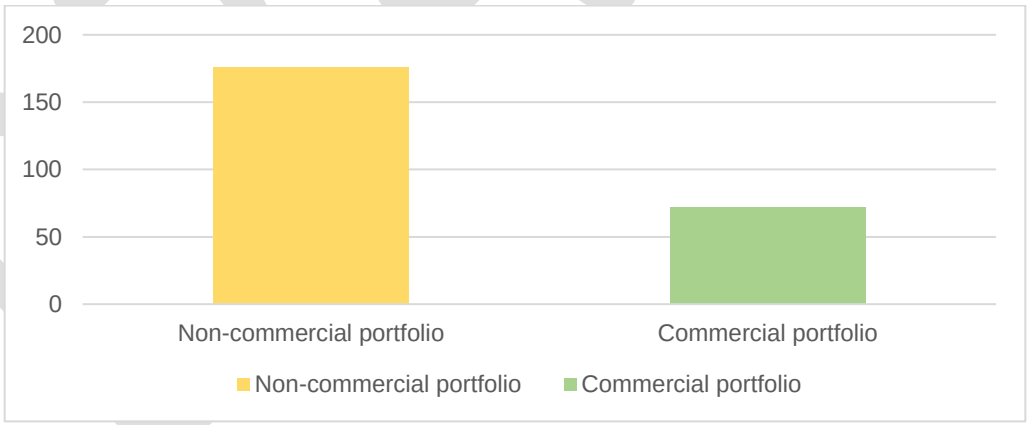


2022/23 number of recruiting studies

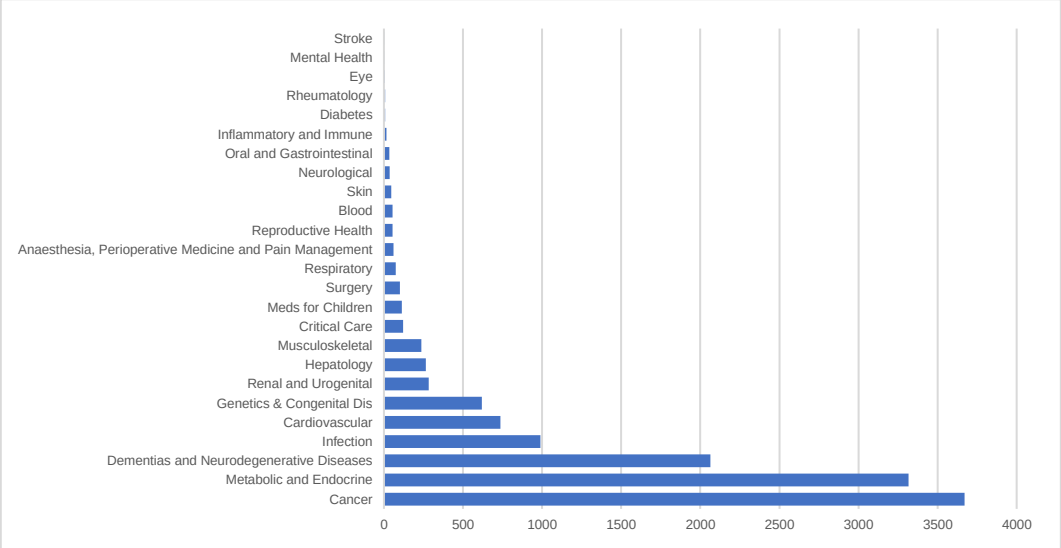
During 2022/23, we recruited to a large number of studies (248), which places Royal Free London in the top 20 NHS trusts nationally and demonstrates our commitment to ensuring a diverse portfolio of research for our patients to participate in.

Non-commercial portfolio sponsors made up the largest percentage of these studies (176 different studies, 71%) and the commercial portfolio sponsored studies 72 (29%).

Our commitment to ensuring a diverse portfolio is also indicated by the specialities recording research participation. Our three strongest areas are cancer, metabolic/endocrine and dementias/neurodegenerative disease.



Recruitment by speciality



Priority 3: Patient safety

Improving Patient Safety: delivering safe care

Priority 3a:
As part of the Royal Free London Safety Strategy 2020-2025 to make improvements and to keep patients and staff safe, we will aim to have zero never events this year and ensure that we learn from patient safety incidents.

Why?

This new priority developed for 2022/23 supports the delivery of our year one quality goal to improve health outcomes across the group.

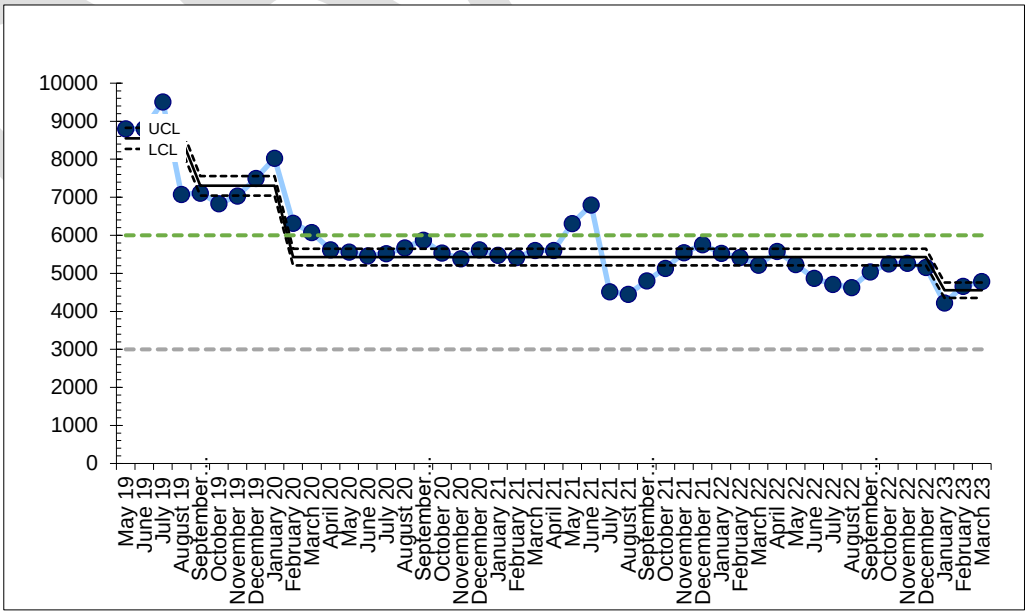
Our progress in 2022/23

Aim1: We will improve our completion rate of open incident investigations.

At Royal Free London, we are committed to providing safe and effective care that meets the needs of our population. Hundreds of patients use our services daily. We are committed to delivering harm-free care for every patient, every time, everywhere.

Most patients receive effective and safe treatment, get better and can return home or go to other care settings. However, healthcare carries some risks; while everyone in the NHS works hard every day to reduce this risk, harm can still occur. When this happens, we report this openly and transparently as an incident and, through undertaking an investigation, identify learning to improve our services. As we monitor how quickly we investigate our incidents, we have set ourselves the target to complete the investigation promptly and monitor how many open investigations we have any given time. Considering the size of the organisation, we have calculated that having 6,000 open incidents is a good performance and outstanding performance would be 3,000 open incidents. During 2022/23, we have met the 'good' target but have also seen a statistically significant improvement since January 2023, see the graph below.

Open Incidents Trust wide



Aim 2: We will embed a culture of learning from incidents through ensuring that 95% of Serious Incident actions are completed and evidenced by the deadline.

For this aim, we worked hard to deliver historic actions from serious incident investigations. Reporting on data from February – December 2022, we increased the completed actions proportion to 92%. Due to changes in our incident reporting system, we can no longer monitor this measure but ensure that the number of actions from serious incidents are monitored by each business unit, and through a quarterly action plan report at the clinical standards and innovation committee.

There are 134 open actions, including actions from 2022/23 serious incident reports, which continue to decrease.

Aim 3: We aim to have zero never events.

Sadly during 2022/23, 8 never-events were declared.

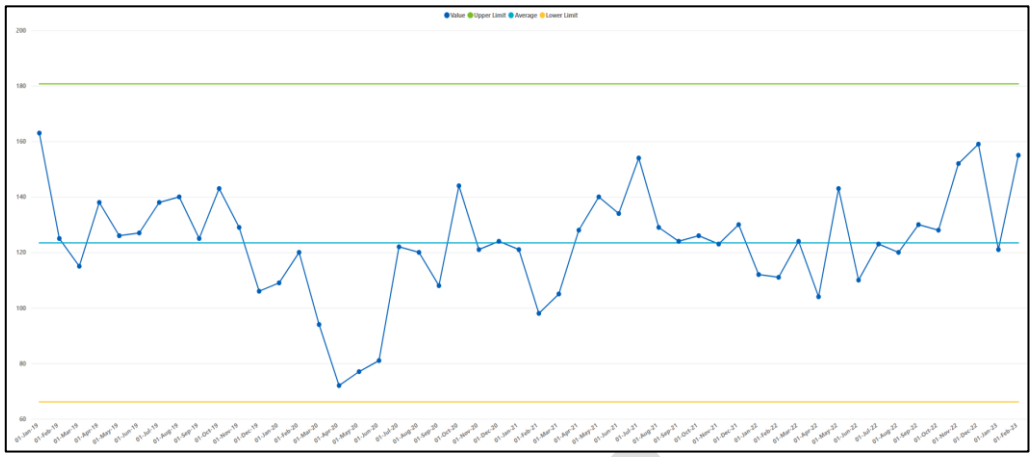
Never-events are extremely serious and largely preventable patient safety incidents that should not occur if the relevant preventative measures have been implemented. The trust takes never events seriously and a full investigation is always undertaken.

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 to interactive methods such as learning in action meetings and simulation training.

We want to strengthen our processes for sharing and embedding learning across teams, divisions, and hospital business units. We are currently undertaking focused work to increase our methods for learning and spreading. In addition, we launched a never-event learning summit in December, attended by more than 109 people, plus theatre staff who participated in an audit day.

Priority 3b:
Improve medicines optimisation ensuring the right patient gets the right medicine at the right time.

Why?	This new priority, developed for 2022/23, supports the delivery of our year one quality goal to understand and improve the experience for our patients and carers.
Our progress in 2022/23	Monitoring the rates of medication incidents allows us to monitor medication safety. The number of patient safety incidents reported for medication safety during 2022/23 remained relatively stable across the trust. As such, we have not managed to reduce medication safety incidents this year; see the graph below. As we are embedding electronic medication scanning across the trust, this should result in further improvement.



Priority 3c:
Improve the way in which we manage violence and aggression from patients.

Why?

This new priority developed for 2022/23 supports the delivery of our year one quality goal to support staff members' mental health and well-being.

Our progress in 2022/23

Aim:

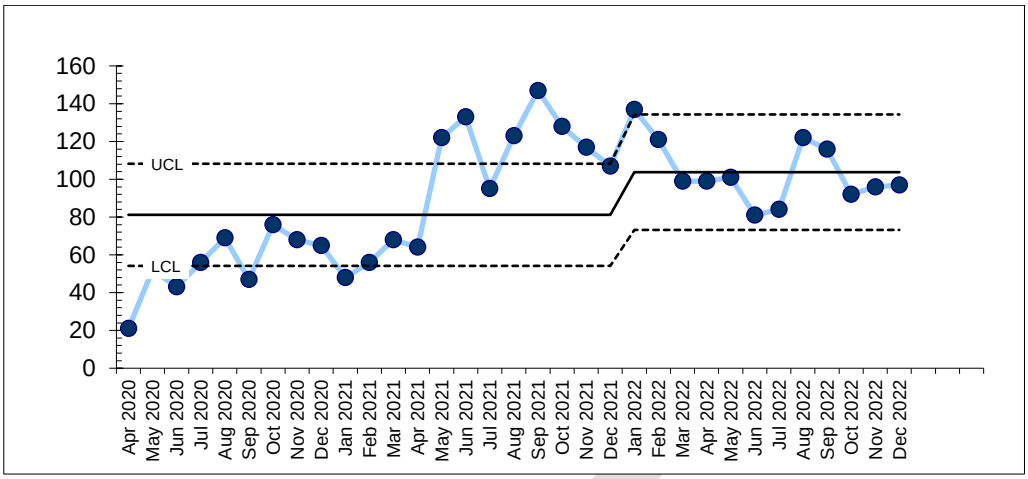
- Ensure staff in conflict-facing roles receive conflict resolution training and are offered appropriate support following any incidents of violence and aggression.
- Ensure all staff involved in patient restrain roles completely understand of safe restraint techniques, the legal frameworks and the legalisation that apply to its use.

We have a very active a violence prevention and reduction committee at the Royal Free London. This group looks at several workstreams aimed at reducing violence and aggression against staff and ensuring that staff can better prevent such incidents where possible. Recognising that violence and aggression can arise for a variety of reasons; we offer a range of training programmes ranging from full study days to 15-minute drop-in sessions to debriefing huddles, handovers and e-learning.

Mandatory training for conflict resolution is in place for all relevant staff and the performance of this was [Final data to be confirmed] at the end of March 2023.

Our security services are also undertaking specific training to equip staff working in high-incidence areas such as in the emergency department, safe restraining techniques and the context of the legal framework. To date, we have trained [Final data to be confirmed] staff.

Violence and aggression against staff incidents (April 2020 to date)



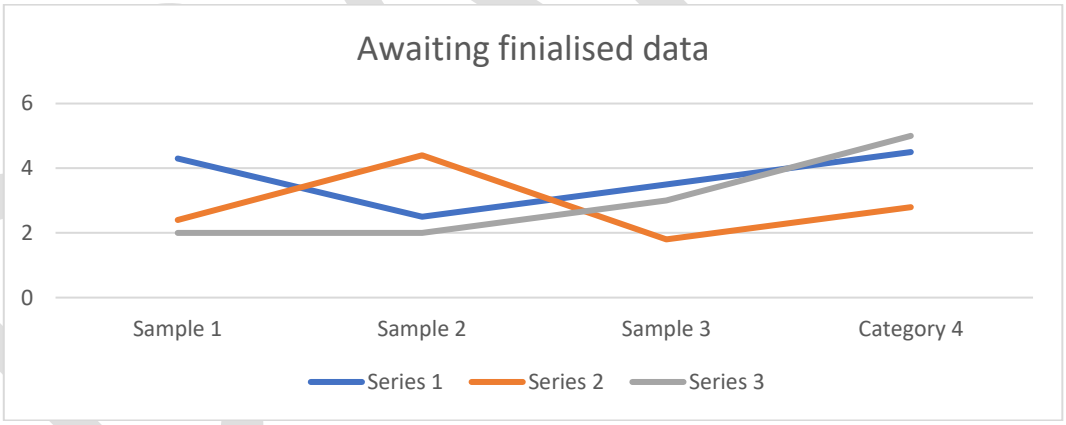
Priority 3d:
Achieve zero trust attributed Methicillin-resistant Staphylococcus aureus bacteraemia (MRSA) cases.

Why?

This is an existing priority for 2022/23 and supports the delivery of our year one quality goal to improve health outcomes and patient safety across the group.

Our progress in 2022/23

There have been Final data to be confirmed attributable cases of MRSA bacteraemias from April 2022 – March 2023 for the trust; one occurred in Barnet Hospital and five in Royal Free Hospital. This rate improved from the previous year when we reported eight attributable MRSA cases.



All MRSA bacteraemia infections have been subject to a post-infection review. Outcome, learning and action plans are shared at monthly infection control divisional leads meetings and have oversight at the quarterly Group Infection Prevention and Control Committee.

Priority 3e:
Achieve zero trust attributable Clostridium difficile (C. diff) infection cases with a lapse in care.

Why?

This is an existing priority for 2022/23 and supports the delivery of our year one quality goal to improve health outcomes and patient safety across the group.

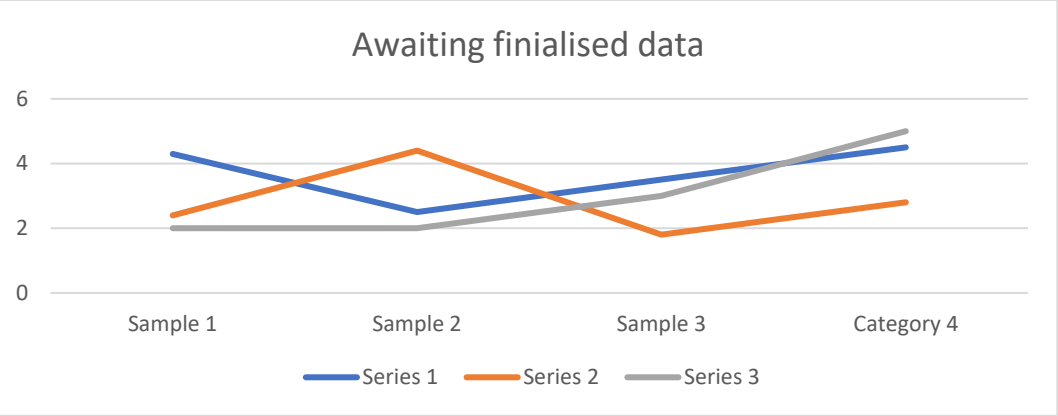
Our progress in 2022/23

Awaiting updated information and infographics from the team.

Text for this section will be ready for the final version of the quality accounts

The Trust reported Final data to be confirmed C. diff cases from April to March 2023. This rate is an Final data to be confirmed from 84 confirmed cases of C. diff infection reported in 2021/22.

Sadly, we reported Final data to be confirmed cases with lapses in care from April to March 2023. All cases have a Root Cause Analysis, with learning fed back through the monthly infection, prevention and control divisional leads group and oversight is at the quarterly group infection prevention and control committee.



What have we done to reduce C. diff infection?

- Audits on commodes, mattresses and pillows and started a commode replacement project mid-year.
- Audit C. diff knowledge and practice amongst staff.
- Revitalised the deep cleaning programme across all sites.
- Review all cleaning audit reports at site divisional lead meetings.
- Root cause analysis carried out to identify what changes would prevent reoccurrence.

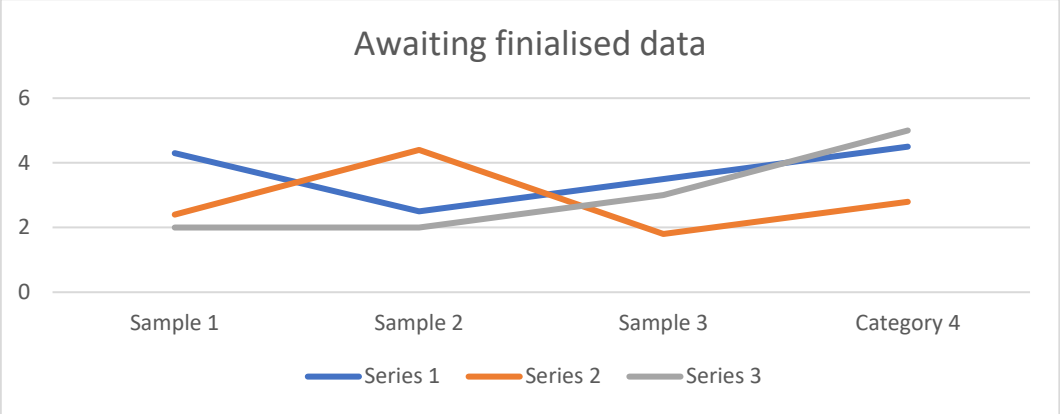
Robust and practical action plan with clinical team to reduce rates of C. diff infection.

	Priority 3f: **Reduce Gram negative bacteraemia in line with NHS Long Term Plan objective of 50% by 2024/25.**
Why?	This is an existing priority for 2022/23 and supports the delivery of our year one quality goal to improve health outcomes and patient safety across the group.
Our progress in 2022/23	**Awaiting updated information and infographics from the team.** **Text for this section will be ready for the final version of the quality accounts**

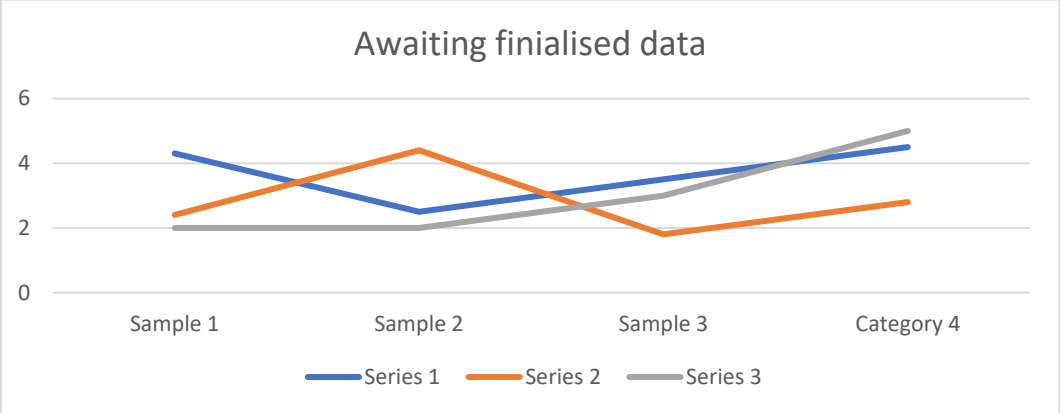
Gram negative blood stream infections due to E. coli, Klebsiella sp. and Pseudomonas aeruginosa are assigned to the trust when the specimen is taken on the third day of admission onwards and is classified as a hospital onset, healthcare-associated infection.

E. coli infection

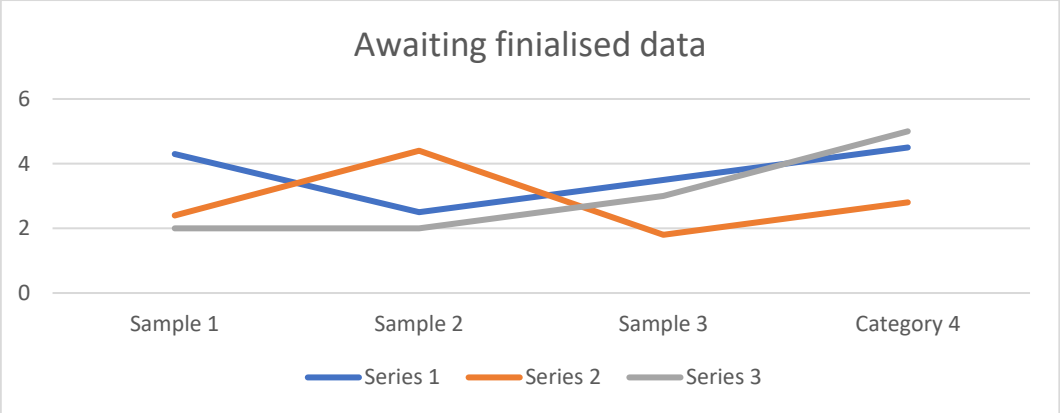
Royal Free London performance: E.coli. infections per 100,000 occupied bed days



Klebsiella sp.



Pseudomonas aeruginosa



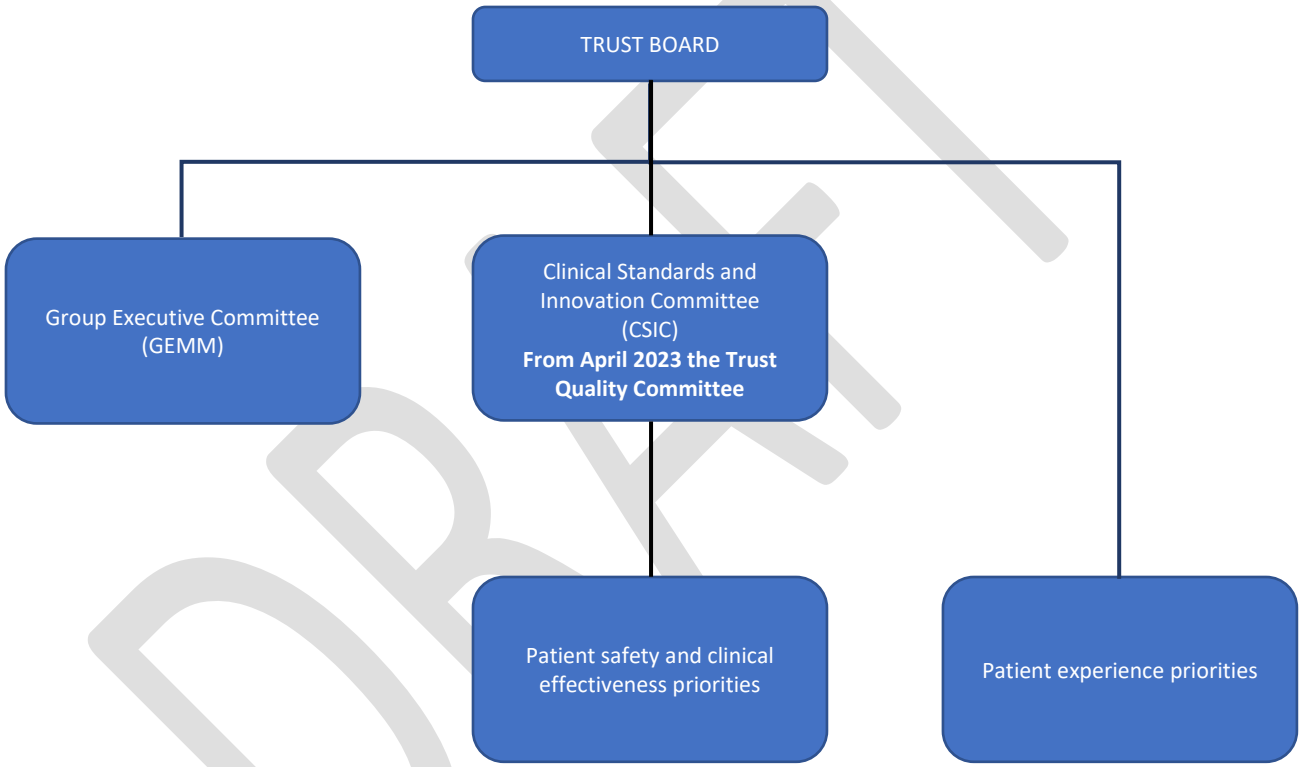
Our priorities for improvement for 2023/24

The quality priorities chosen for 2023/24 are drawn from the group leadership aims, local intelligence, previous CQC inspections and feedback following consultation with key stakeholders. This was done by hosting engagement events 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 towards achieving these priorities is monitored by our strategic committees and reported to the Trust Board, as illustrated in Figure 1.

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 Clinical Standards and Innovation Committee.



Some of the priorities from 2022/23 have been carried over as proposed priorities for the new financial year 2023/24 as they form part of an extended plan or 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 as described in Part 1 of this report to align our quality performance aims with the overall strategic ambitions of the trust.

Our patient experience priorities for 2023/04

Our quality priorities and why we chose them:

Priority 1a:	What success looks like:
This is a new priority for 2023/24 **Embed shared principles for involving patients and carers in our services to better monitor their experiences and make relevant improvements.**	• 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.

Priority 1b:	What success looks like:
This is a new priority for 2023/24 **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.**	• 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' (PLACE). • We will co design and publish a food and drinks strategy.

Priority 1c:	What success looks like:
This is a new priority for 2023/24 **We will improve how we communicate with patients regarding cancellation of clinic appointments and also on waiting times for outpatient clinics.**	• 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.

Our clinical effectiveness priorities for 2023/24

Our quality priorities and why we chose them:

Priority 2a:	What success looks like:
This is a new priority for 2023/24 **To embed learning from our morbidity and mortality reviews we will develop a coordinated approach to ensure that learning is shared across the group.**	• 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.

Priority 2b:	What success looks like:
This is an updated priority from 2022/23 **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.**	• 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. • Develop a virtual hospital so that patients can be cared for at home whilst under the care of hospital doctors and teams. • Improve the children and young person's experience through the emergency flow with particular focus on child and adolescent mental health services (CAMHS). • 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.

Our patient safety priorities for 2023/24:

Our patient safety priorities and why we chose them:

Priority 3a:	What success looks like:
This is an existing priority from 2021/22. **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.**	• 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.

Priority 3b:	What success looks like:
This is an existing priority from 2021/22 **Achieve zero trust attributable Clostridium difficile (C. diff) infection cases with a lapse in care.**	• 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:	What success looks like:
This is a new priority for 2023/24 **Learning from incidents in the context of Patient Safety Incident Review Framework (PSIRF) and achieving zero never events.**	• 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.

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.

A. Review of services

During 2022/23, 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 2022/23 represents 100% of the total income generated from the provision of relevant health services by the Royal Free London NHS Foundation Trust for 2022/23.

The actual income from relevant health services is below plan due to the COVID pandemic, with fixed payments to ensure the Trust meets COVID patient demands and business as usual for the relevant services.

B. 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 2022/23, 56 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 93% 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 2022/23 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 2022/23 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 2022/23, 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 48 national clinical audits were reviewed by the provider in 2022/23 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 98 local clinical audits were reviewed by the provider in 2022/23 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 2022/23 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 2021/22	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
National Gastro-Intestinal Cancer Audit Programme (GICAP): National Bowel Cancer Audit (NBOCA)	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2020/21:** Royal Free London: <10 patients * see table below
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	**2020/21:** Royal Free London: n = 77 (91%)
National Lung Cancer Audit (NLCA)	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022:** Royal Free London: n = 354
National Prostate Cancer Audit (NPCA)	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	Not applicable	**2020/21:** Royal Free London: n = 449
National Asthma and COPD Audit Programme (NACAP): COPD Secondary Care	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021/22:** Barnet Hospital: n = 357 **03/2022 to 03/2023:** Royal Free Hospital: n = 6 * see table below
National Asthma and COPD Audit Programme (NACAP): Adult Asthma Secondary Care	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021/22:** Barnet Hospital: n = 124 **03/2022 to 03/2023:** Royal Free Hospital: n = 38
National Asthma and COPD Audit Programme (NACAP): Paediatric Asthma Secondary Care	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021/22:** Barnet Hospital: n = 32 Royal Free Hospital: n = 80
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: No data submitted. * see table below Royal Free Hospital: n = 130

National Clinical Audit	Data collection completed in 2021/22	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 Diabetes Inpatient Safety Audit (NDISA)	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2022/23 (up to 06/03/2023):** Royal Free London: n = 3 (nb low case ascertainment is positive)
National Adult Diabetes Audit (NDA): National Pregnancy in Diabetes audit (NPID)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Three-yearly report to be published in 2024
National Adult Diabetes Audit (NDA): National Diabetes Core Audit	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2020/21:** Royal Free Hospital (Type I): n = 1500 Royal Free Hospital (Type II): n = 1105
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2021/22:** Barnet Hospital: n = 113 Chase Farm Hospital: n = 64 Royal Free Hospital: n = 64
Muscle Invasive Bladder Cancer at Transurethral Resection of Bladder Audit (MITRE)	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2022:** **Data collected 1 Jan 2019 - 31 Mar 2019:** Royal Free Hospital: n = 11
Elective Surgery – National PROMs Programme	**No**	Yes	N/A	Barnet Hospital Chase Farm Hospital Royal Free Hospital	Not applicable	[During 2022, 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	**2021:** Barnet Hospital: n = 775
Falls and Fragility Fractures Audit Programme (FFFAP): Inpatient Falls	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23 (up to 16/03/2023):** Barnet Hospital: n = 4 Royal Free Hospital: n = 3 (nb low case ascertainment is positive)

National Clinical Audit	Data collection completed in 2021/22	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
Falls and Fragility Fractures Audit Programme (FFFAP): Fracture Database (NHFD)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021:** Barnet Hospital: 91.4% Royal Free Hospital: 78.3%
National Cardiac Audit Programme (NCAP): Cardiac Rhythm Management (CRM)	Yes	Yes	Site level	Barnet Hospital	Chase Farm Hospital Royal Free Hospital	**2020/21:** Barnet Hospital: n = 168
National Cardiac Audit Programme (NCAP): Myocardial Infarction National Audit Project (MINAP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2020/21:** Barnet Hospital: n = 162 (162/164 = 98.78%) Royal Free Hospital: n = 715 (715/699 = 102.29%)
National Cardiac Audit Programme (NCAP): National audit of percutaneous coronary interventions	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2020/21:** Royal Free Hospital: n = 905 *(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	**2020/21:** Barnet Hospital: n = 538 Royal Free Hospital: n = 324 *(Overall Royal Free London ascertainment = 85.2%)*
National Audit of Cardiac Rehabilitation (NACR)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021** Barnet Hospital: 4/7 KPIs submitted Royal Free Hospital: 1/7 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	**2021/22** Barnet Hospital: n = 652 Royal Free Hospital: n = 2073
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	**2021/22** Barnet Hospital: n = 51 Royal Free Hospital: n = 142

National Clinical Audit	Data collection completed in 2021/22	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
Inflammatory Bowel Disease (IBD) registry: Biological Therapies 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 Breast Cancer in Older People (NABCOP)	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022:** Royal Free London: 50-69 years: n = 885 70+ years n = 294
National Audit of Dementia	**No**	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	*[*Royal Free London *did not submit to audit due to resource issues and changes to methodology.]*
National Audit of Pulmonary Hypertension Audit (NAPH)	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2021/22:** Royal Free Hospital: n = 836 (Minimum required is 300)
Epilepsy12 **National Clinical Audit of Seizures and Epilepsies for Children and Young People**	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021:** Royal Free London: n = 27 (27/28 = 96%)
National Clinical Audit of Care at the End of Life (NACEL)	**No**	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	*[*Royal Free London *did not participate in the 2022 round of this audit to concentrate on improvement work following previous round of audit.]*
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**04/2022 to 12/2022:** Barnet Hospital: n = <11 Chase Farm Hospital: n = 121 Royal Free Hospital: n = 4
National Emergency Laparotomy Audit (NELA)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**12/2020 to 11/2021:** Barnet Hospital: n = 92 Royal Free Hospital: n = 70
National Joint Registry (NJR)	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2021:** Completed operations Barnet Hospital: n = 78 (NJR consent rate= 45%)

National Clinical Audit	Data collection completed in 2021/22	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
						Chase Farm Hospital: n = 622 (NJR consent rate=84%) Royal Free Hospital; n = 77 (NJR consent rate= 73%
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2018/19:** Royal Free London: 89%
National Neonatal Audit Programme (NNAP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021:** Barnet Hospital: n = 84 (100%) Royal Free Hospital: n = 11 (100%)
National Vascular Registry (NVR)	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2019/21:** Royal Free Hospital: Abdominal aortic aneurysm: n = 32 Carotid endarterectomy: n= 23 Lower limb angioplasty/stent: n = <10 Lower limb bypass: n = <10 Lower limb amputation: n = 8
Emergency Medicine National Quality Improvement Program Mental health self-harm	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	The data collection period is October 2022 to October 2024
Emergency Medicine National Quality Improvement Program Infection Prevention and Control	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	The data collection period is October 2022 to October 2023
Outpatient Management of Pulmonary Embolism	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**2021:** Royal Free Hospital: n = 16

National Clinical Audit	Data collection completed in 2021/22	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
Sentinel stroke national audit programme (SSNAP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021/22:** Barnet Hospital clinical audit: 90%+ (Level A) Royal Free Hospital clinical audit: 90%+ (Level A)
Trauma audit research network (TARN) – Major trauma audit	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**10/2021 to 09/2022:** Barnet Hospital: TBC Royal Free Hospital: 35% (average)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2021:** Royal Free London: n = 38
NCA of Blood Transfusion programme: 2021 Audit of Blood Transfusion against NICE Guidelines QS138	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2021:** Barnet Hospital: n = 10 Royal Free Hospital: n = 34
Society for Acute Medicine Benchmarking Audit (SAMBA) study	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022:** Barnet Hospital: n = 53 **Up to June 2022:** Royal Free Hospital: n = 33
Chronic Kidney Disease registry	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2020:** Royal Free London: n = 231 (98.1% completeness) KRT patients
LeDeR: Learning disability and autism programme	N/A	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	**2022/23:** No cases allocated for the trust to review
MBRRACE-UK: Perinatal mortality and morbidity confidential enquiries	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23:** Reports are published every 3 years. The next report is due in October 2023.
MBRRACE-UK: Perinatal mortality surveillance	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23:** Barnet Hospital: 100% Royal Free Hospital: 100%

National Clinical Audit	Data collection completed in 2021/22	Trust eligibility to participate	Data reported at:	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
MBRRACE-UK: Maternal mortality surveillance and mortality confidential enquiries	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23** Barnet Hospital: 100% Royal Free Hospital: 100%
Perinatal Mortality Review Tool (PMRT)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23:** Barnet Hospital: 100% Royal Free Hospital: 100%
National Child Mortality Database (NCMD)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**2022/23:** 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	**2020/21:** Royal Free London: 94% of applicable cases submitted
Breast and Cosmetic Implant Registry	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	*Report due: April 2023 (estimated)*
Perioperative Quality Improvement Programme (PQIP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	*Data was submitted form 2019, but from 2020 due to COVID it was suspended. Patient recruitment was started again in August 2022.*
Adult Respiratory Support Audit	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	**12/2021 to 01/2022:** Royal Free Hospital: n = 15
UK Parkinson's Audit	Barnet Hospital: No Royal Free Hospital:Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	**05/2022 to 09/2022:** Barnet Hospital: did not participate Royal Free Hospital: Elderly care: n = 20 Neurology: n = 23 Physiotherapy (Edgware): n = 10

Table 2: National Confidential Enquires; participation and case ascertainment

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Data collection completed in 2021/22	Trust eligibility to participate	Data collection applicable for:	Data collection NOT applicable for:	Reporting period & case ascertainment
Transition from child to adult health services	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 9/9 Case notes: 7/7 Organisational questionnaire: 1/1
Epilepsy	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 4/10 Case notes: 10/10 Organisational questionnaire: 2/2
Crohn's disease	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 6/12 Case notes: 12/12 Organisational questionnaire: 2/2
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: 2/2 Case notes: 2/2 Organisational questionnaire:2/2
Endometriosis	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Enquiry in progress

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**	• Liaise with allied health professional (AHP) team – scope for direct access from rheumatology. • Appointment of locum consultant to review new referral waiting list patients and facilitate prompt review of early inflammatory arthritis (EIA) referrals. • Re-open electronic GP referral system allowing direct booking into EIA slots – currently 6 new slots with dedicated 3 month and 1 year follow up slots allocated in nursing clinics. • Develop patient pathway for new EIA diagnoses – requires documentation of treatment target (low disease activity or remission) and significant nursing support.
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	• Complete EPMA build for Blood prescription for Royal Free Hospital to go live (Barnet Hospital and Chase Farm Hospital are already live). • Create EPR forms for blood transfusion risk assessment pre-prescription. • Approval and funding obtained for the vein-to-vein business case. The proposal delivers electronic bedside safety checks for administration to prevent NHSE never events, on demand sample labelling (instead of handwritten), and paperless for traceability.
National Adult Diabetes Audit (NDA) **National Diabetes Audit Foot Care Audit (NFCA)** **Royal Free Hospital**	• Information technology to link EPR to the national diabetes foot care audit register to stop the need to duplication of information. Currently hand-written forms are input manually to national diabetes foot care audit platform. • Working with North Central London Integrated Care Board 'diabetes and weight management group' to improve pathways of care with our external partners across North Central London. • Ensuring community and secondary care registered and submitting to the national diabetes foot care audit. • Increasing virtual review with external partners. • Work with North Central London Integrated Care Board and Royal Free Hospital commissioners to ensure increased staffing (back to 2019 levels) and that finance for service provision is robust. • Also working with North Central London Integrated Care Board 'diabetes and weight management group' to address funding, community input issues and pathways.

National clinical audit	Actions to improve quality
National Audit of Cardiac Rehabilitation (NACR)	**Royal Free Hospital:** • Issue regarding psychology service is escalated to the operational team and to head of nursing, who are working on it now. • Staff shortage is addressed by opening bank shifts when required. **Barnet Hospital:** • Develop team strategies that enable us to improve on timely data submission. • Resume a face-to-face session where 'assessment 2' questionnaires are completed. • Re-engaging dietician and physiotherapy support. • Planning towards the resumption of our face to face 'gently active' programme.
National Cardiac Audit Programme (NCAP) **National Heart Failure Audit (NHFA)**	**Royal Free Hospital:** • EPR Launched on the Royal Free site in October 2021 with an automated referral for raised N T pro BNP and pathway aimed to increase diagnosis and specialist input. • The development of the cardiac rehabilitation team on the Royal Free site will allow for more cardiac rehabilitation input and this is detectable with EPR. • Future audits will detect patients on ANRI and SGLT2I. • Additional band 7 post to increase heart failure nurse workforce. • Development of a business case for funding of a consultant, heart failure clinical nurse specialist, pharmacist and physiologists to support the service. **Barnet Hospital:** • Additional band 7 post to increase heart failure nurse workforce. • Development of a business case for funding of a consultant, heart failure clinical nurse specialist, pharmacist, and physiologists to support the service. • Development of a virtual ward for heart failure patients.

National clinical audit	Actions to improve quality
Intensive Care National Audit and Research Centre (INCARC) **National Cardiac Arrest Audit (NCAA)** **Royal Free Hospital**	• Data fed back to cardiology and ICU teams. • Proposed 2nd opinion for challenging resuscitation decisions pilot; PARRT and ICU. • Discussed at trust ethics committee; chairs action to feed back to trust board. • Potential for more 'front door' information for patients and families re NHS England DNA CPR guidance and advance care planning to help manage expectations and start conversations earlier.
National Asthma and COPD Audit Programme (NACAP) **Adult Asthma Secondary Care and COPD Secondary Care organisational reports**	• We are exploring mechanisms of data capture from EPR to support the asthma and chronic obstructive pulmonary disease audits. • We are planning to set up a formal transition process with the paediatric team to ensure effective handover of patients from child and adolescent services.
Sentinel Stroke National Audit Programme (SSNAP) – Clinical Audit	• Efforts are under way to reduce our average lengths of stay, which have increased from the previous year. • An increased focus on more timely referrals and tighter discharge planning should help to address this. • Higher staffing levels should enable us to be able to achieve this, by formulating and implementing treatment plans in a timelier fashion. • We aim to further strengthen our relationships with our partner inpatient and community teams onto whom we transfer our patients, to be able make more prompt referrals, and thereby reduce the lengths of time waiting for transfers once patients are no longer requiring an acute stroke bed.

Falls and Fragility Fractures Audit programme (FFFAP): Inpatient falls	• App for provision of data is under development.
	• QI projects for
	  ○ i) recording all hip fracture as severe harm
	  ○ ii) administration of analgesia
	  ○ iii) lying and standing
	• BP/visual at Royal Free Hospital and variety of projects at Barnet Hospital.
	• Appointing a full-time dedicated falls lead for the trust (current lead has 2 hours/week).
	• Introduction of written material regarding expectations for falls management into induction material for clinical staff.

National clinical audit	Actions to improve quality
	• Discussion regarding barriers for providing written information to patients and relatives. • Audit for assessing and improving provision of walking aids to inpatients 7 days per week.
National Audit of Breast Cancer in Older People (NABCOP)	• Liaise with medical oncology lead to determine risk factors, which may be impacting upon data and potential modifications to local practice. • Identification of risk factors for women 70-79 (outside screening age) for higher re-excision - local data assessment.
National Gastrointestinal Cancer Programme: National Bowel Cancer Audit (NBoCA)	• To combine the two trust's colorectal services into one centralised service. • Review of data collection to improve audit and service improvement capabilities. • To recruit additional staff.
Case Mix Programme (ICNARC) CMP **Royal Free Hospital**	• There is an ongoing internal unit review, to try and understand the causes for readmission to the ICU within 48 hours to reduce them further.
BTS Outpatient Management of Pulmonary Embolism Report	• PESI risk stratification tool has been incorporated in EPR. • Education awareness sessions to encourage use of sPESI have been delivered in specialist registrar, Foundation Year 2 trainees and allied health professional teaching, and further sessions are planned to deliver in future. • To review the progress on sPESI use.
2021 Audit of Blood Transfusion against NICE Guidelines QS138	• Results reviewed at joint Royal Free Hospital transfusion committee. • Introduction of EPR has improved access and visibility of documentation and completion of tasks. • CQUIN targets reviewed at Anaemia CPG (ref. CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery). • Move from paper to EPR for blood transfusion assessments and pathways by completing the EPR build. • Increase frequency of PBM as a topic on existing educational frameworks for medical teams.

National clinical audit	Actions to improve quality
Management of muscle Invasive bladder cancer at transurethral resection of the bladder (MITRE)	• Aim to improve our MDT documentation and continue with the efficient time between referral to transurethral resection of bladder tumour (TURBT).
Adult Respiratory Support Pilot Audit	• Ongoing CPG and EPR work to facilitate flow. • Non-invasive ventilation training modules now live - more work to be done with the emergency department.
National joint registry (NJR)	• Below expected rate regarding consent for inclusion in the audit programme. on-going work with the preadmission team to capture this element of the audit.
National hip fracture database (NHFD)	• KPI 1 admission to specialist unit – consider re-introduction of direct admission to ward for fractured neck of femur patients. • KPI 7 bone protection prescribing – to determine if able to provide 120-day telephone follow up for this KPI. Bone medication aligned with NICE guidance. • KPI 2 prompt surgery – prioritise femur fracture as 'golden patient', request additional theatre time, utilise second theatre list on Tuesday afternoon, explore alternative venues for lengthy semi-elective cases. booked process changed to ensure planned procedure is listed rather than use of 'emergency surgery' term.
National neonatal audit programme (NNAP)	• On-going training for band 5 to qualified in specialty (QIS) level. This is on target to improve nurse staffing figure for Barnet Hospital site. • Continue to do work on temperature control and introduce deferred cord clamping in preterm babies. • Work with maternity team to improve rates of antenatal steroids and magnesium suphate.
National smoking cessation audit (BTS)	• Documentation of smoking status on EPR. • Junior doctor/allied health professional training on very brief advice (VBA) intervention. • Healthy living health advisor clinics. • Smokers to be offered nicotine patches. an audit of the supply on all wards is being completed with the assistance of the pharmacy department.

National clinical audit	Actions to improve quality
National paediatric diabetes audit (NPDA)	• Plans to increase nursing staff at the Royal Free Hospital site to further reduce HbA1c figures. Increased staffing will enable young people with diabetes to be seen more regularly by the nursing team and have more support and education so young people who are struggling can bring their HbA1c into range. More diabetes specialist nurses will allow more families to have access to diabetes technology, including closed loop pumps, which again will help them bring their HbA1c into range. • Training in place for staff regarding inputting data into TWINKLE system to reduce human errors.
Epilepsy12 **National Clinical Audit of Seizures and Epilepsies for Children and Young People**	• Recommendation 1: Rescue medication usage variation – Conduct a local audit to look specifically at rescue medication prescription, including monitoring correct dosage and correct indication. • Recommendation 4: Waiting times – recruit to 2 vacant posts. • Work with EEG team to obtain waiting time data.

Table 4: Local Clinical Audit; actions for improvement.

Local clinical audit	Actions to improve quality
An Audit of Bone Marrow Biopsies: indications and diagnosis	• Compliance to ICSH standards clearly excellent and to continue this level of achievement requires ongoing review/re-audit. • Discuss indications of marrows with team (induction, board rounds) as an educational opportunity. • Further review the third of patients where the marrow did not yield a diagnosis to see if the marrow enhanced patient care.
Evaluating the documentation of intubations carried out on the intensive care unit	• Documentation of intubations variably as a free text entry note or on the assessments/fluid balance section on EPR.

Local clinical audit	Actions to improve quality
	• Optimisation of assessments/fluid balance and raising awareness amongst clinicians that intubate.
Sentinel Lymph Node Biopsy for Malignant Melanoma – 3rd Audit	• Referring sites to use standard referral letters. • Referring sites to include full histology reports in referral. • Operations. • Reminder of importance of accurate coding for audit/ research purposes. • Document all operations on e-trauma now for audit/ research purposes • Use the e-trauma template for wide local excision + sentinel lymph node biopsy.
Audit of Genetics of Haemophilia Carriers	• The diagnosis, coagulation factor level and mutation within the family should be definitively confirmed, if possible, and the family tree updated to ensure that carrier assignment is accurate. • Registered carriers must have their second genetics done as it is a good practice to perform secondary confirmation test. • The counselling of potential carriers should take place at an appropriate time and preferably before pregnancy • The management of early pregnancy requires close collaboration between haemophilia physician and obstetrician and in the case of antenatal diagnosis may involve a clinical geneticist
Audit of Palliative care for adults: strong opioids for pain relief	• Discuss with the practice education team the potential use of iView by nurses to record patient's pain and link to analgesic administration. • Palliative care team to utilise iView to record pain assessment (more detailed assessment to go into progress notes). • When teaching about prescribing opiates, prompt clinicians to document their conversations with patients and the clinical reasoning behind laxative and antiemetic use. • Promote the prescription of laxatives when prescribing opiates and teach on consistent use of laxatives in line with guidance. • Encourage the use and documentation of how we are providing patients with written information. • Ensure leaflets on opioids are given to patients and documented in notes.

Local clinical audit	Actions to improve quality
	• Ensure opioid leaflets are uploaded to the palliative care website.
Evaluation of clinical outcomes of camptodactyly surgery	• Standardise inclusion criteria for operating on Camptodactyly ie degree of FFD, age, passive extension • Create a hand therapy protocol for splinting before surgery. • Create a hand therapy protocol for splinting after surgery. • Reduce the number of revision procedures by looking at patient selection. • Develop a consensus on operative procedure which seems to provide the most favourable outcomes. • Ensure degree pre- post op flexion and complications are carefully documented. • Patient counselling and education.
Audit of Ambulatory VTE Assessments at Royal Free Hospital KDHC	• Discussion with IT team regarding creation of venous thromboembolism (VTE) assessment form on EPR. • Discussion with IT team about creating VTE assessment auto-text. • Word document for VTE assessment made available on Haemophilia shared drive. • Discussions of VTE assessment standard with team during educational sessions (board rounds, weekly meetings).
Sepsis - Audit after introduction of EPR	• To promote filling of Sepsis Screening Flag on EPR. • Ad hoc form on EPR to avoid issue regarding documentation. • To put Sepsis Champions especially nursing staffs who are relatively stable staff in the department to educate the staffs. • To encourage staff to challenge each other as if the patient has sepsis.
Vascular Ward with High Volume of Diabetes Should Have the Ketone Machine	• Providing Vascular ward with ketone machine to ease the challenges the nurses face when it comes to DKA patient. • Enhancing proper training for the staff to appropriately handle the machine to facilitate a smooth transaction in operating the machine. • Giving assess code to all staff who use the machine on a daily basis • Discussing the benefit of ketone machine present in the ward help. • Reduce the nursing burden to have to send blood to lab.

Local clinical audit	Actions to improve quality
	• Ensure early identification of DKA and reduce the patient becoming very unwell and therefore decreases HDU or ICU transfer. • Reduce workload cost of lab testing.
CT in Trauma	• Priorities trauma assessment - senior clinician to assess the patient immediately after triage in view of deciding imaging modality. • Educate Junior staff on indications for CT and display guideline in the department. • To reduce delays related to portering, highlight Trauma patients in the Porter book. • Encourage clinicians to directly communicate with the porters and nurse in charge to prevent delays. • Strategy to prioritize trauma CTs in CT room. • Strategy to prioritize trauma CT reporting. • Encourage smart working
Departmental excision rates for BCCs and SCCs. Re-Audit	• Encourage trainees to self-audit excision rates -> improve rates overall. • Agree department PathPoint templates.
Identify the Trust position in relation to the updated NICE guidelines NG81 (2022)	• Implementation of competency framework for upskilling non-medical clinicians to perform speech and language therapy. • To update clinicians in glaucoma clinics in relation to the NICE guidelines 2022 • Advertisement of glaucoma laser clinics to glaucoma clinics including EPR code and ensuring appropriately booking speech and language therapy into clinics • A more in-depth questionnaire/discussion to get an understanding as to why staff feel unable to follow NICE guidelines to further learn about limitations that may be in place
To quantitatively measure the number of avoidable ENT surgery cancellations in 2022	• Information/leaflet link added automatically to every consultant's signature on patient letters in an effort to better inform patient of their health condition requiring surgery as well as information about the surgery.
Are the PR bleeding guidelines being followed?	• Design a local per-rectal bleeding pathway according to the guidelines • Include risk stratification in early assessment. • Poster/ displays of the pathway • Scoring display in accident and emergency, assessment unit and wards

Local clinical audit	Actions to improve quality
Royal Free Hospital Audit on Orthodontic Miniscrews	• When gaining patients consent for placement of mini-screws ensure all patients are given an information leaflet. • When designing the trans-palatal arch to reduce anterior open bite, ensure enough clearance from palatal mucosa to prevent it from embedding.
Are post op instructions according to Guidelines?	• Develop a structure in pre-existing standardised pathway for all abscesses undergoing incision and drainage at Barnet Hospital and Royal Free Hospital. This will include a pre-operative leaflet, information for recovery/ward staff for advice and a post operative care leaflet provided on discharge.
Are we coding patient correctly?	• Ensure that the surgical teams and junior/new doctors are correctly coding admitted patients and are aware of the coding system. • To provide junior doctor education regarding the importance of coding process. • Feedback provided on all coding errors so that they can be improved. • Implement the process and re-audit after 3 months.
Workload and Turnaround Time in Lung Service	• All lung biopsies to be flagged as urgent in initial triage. • Allocate a specific time to courier tissue sections to Marsden Hospital.
Audit on the adequacy of clinical information provided with inflammatory skin biopsies	• Create paper or electronic proforma to be completed at time of biopsy. • Encourage clinicians to staple photos or clinical information to request forms if available. • Use electronic request forms.
Language needs of patients seen within Royal Free Trust Pain Management Service	• Preparation of website for pain service, offering written information on all aspects of service, to include translate option for a minimum of most popular languages identified during the audit. • Preparation of short videos offering 1) brief introduction into what a pain management service offers, 2) brief introduction into what is chronic pain, and how differs from acute pain and 3) brief introduction into pain management programmes. Videos to be available in English, and also most popular alternative languages identified during audit. • Consider use of QI methodology to make improvements.

C. Participating in clinical research

The number of patients receiving NHS services provided or sub-contracted by Royal Free London NHS Foundation Trust in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was **12,913**.

D. CQUIN payment framework

A proportion of Royal Free London NHS Foundation Trust income in 2022/23 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 2022/23, 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 2022/23	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.
Appropriate antibiotic prescribing for UTI in adults aged 16+	NICE guidance sets out steps to follow around correctly prescribing antibiotics for urinary tract infections. These steps require no complex changes or additional investment to improve diagnosis and management, reduce treatment failure, and reduce the risk of bacteraemia and associated length of stay.
Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	The NEWS2 protocol is the Royal College of Physicians and NHS-endorsed best practice for spotting the signs of deterioration, the importance of which has been emphasised during the pandemic. This measure would incentivise adherence to evidence-based steps in the identification and recording of deterioration, enabling a swifter response, which will reduce the rate of cardiac arrest and the rate of preventable deaths in England.
Compliance with timed diagnostic pathways for cancer services	Faster diagnosis improves clinical outcomes: patients are more likely to receive successful treatment when diagnosed earlier. This CQUIN sets out key elements of the timed pathways for colorectal, lung, oesophago-gastric and prostate cancers, which a

	clinical expert group has identified as crucial to achieving faster diagnosis.
Treatment of community acquired pneumonia in line with BTS care bundle	The British Thoracic Society care bundle sets out the discrete steps providers need to follow to improve care for patients with community-acquired pneumonia. It requires no additional training or investment to implement, will reduce 30-day mortality and length of stay (potentially by as much as one day), and will improve the patient experience. It also aligns with NICE guidance on anti-microbial prescribing for community-acquired pneumonia (NG138).
Anaemia screening and treatment for all patients undergoing major elective surgery	Detailed NICE guidance sets out the requirements to offer iron before surgery to patients with iron-deficiency anaemia. This CQUIN draws attention to the importance of screening and treatment in line with that guidance and drives more consistent delivery of standard clinical practice.
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. The act of reconciling medicines should happen within one week of the patient's discharge.
Supporting patients to drink, eat and mobilise after surgery	Ensuring that patients 'Drink, Eat, and Mobilise' ('DrEaMing') as soon as possible after surgery is a vital 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.
Cirrhosis and fibrosis tests for alcohol dependent patients	NICE guidance recommends that people who are alcohol dependent should receive a test for fibrosis and cirrhosis. This proposal aims to support the consistent delivery of that care pathway, and it can be delivered without additional investment or training and within existing care pathways.
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 the length of stay, in-hospital mortality rates, readmissions and amputation rates.
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 implications of the current pandemic.
Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres	In support of the NHS England and NHS Improvement 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.
Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	This CQUIN aims to reduce the risks of harm to patients from a combination of: not being categorised and then, should they have been categorised as priority 2 or 3, waiting longer than the clinically advised thresholds of four weeks and twelve weeks, respectively.

E. 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 2022/23 reporting period.

The Royal Free London NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2022/23.

CQC inspection:

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.

The CQC only inspected the Royal Free Hospital because most of the never-events happened at this site. The inspection focused on the safe and well-led key questions, which enabled the inspection team to assess the safety, quality and culture of the service.

The trust is awaiting the final inspection report.

Comment:
Never-events are defined as Serious 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. Strong systemic protective barriers are defined as barriers that must be successful, reliable and comprehensive safeguards or remedies – for example, a uniquely designed connector that stops a medicine from being given by the wrong route.

F. Information on the quality of data

The Royal Free London NHS Foundation Trust submitted records during 2022/23 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 2022/23:

Which included the patient's valid NHS number was:

The percentage of records in the published data which included patient's NHS for 2022/23 is as follows:

NHS Number	2022/23
For admitted patient care	98.8%
For outpatient care	99.6%
For accident and emergency care	97.8%

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 2022/23 was:

General Medical Practice Code	2022/23
For admitted patient care	100.0%
For outpatient care	100.0%
For accident and emergency care	100.0%

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 Royal Free London NHS Foundation Trust has a detailed assurance programme in place and is working towards the 2022/23 DSPT submission deadline of June 2022. The trust is expected to reach a status of 'standards met'.

G. Payment by results

The Royal Free London NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

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 work with underperforming teams to ensure agreed KPIs are being met. Action plans will be put in place to resolve issues and any issues will be escalated to divisional management if required.
2	The data quality dashboard will continue to be monitored and new KPIs will be added to ensure that we detect early any issues with our internal and external submissions.
3	Audits will take place to ensure data is being captured correctly and workflows will be provided to staff to help them get it right first time.

H. Learning from deaths – update during mid-May

During 2022/23, [number] 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: [number] in the first quarter; [number] in the second quarter; [number] in the third quarter; [number] in the fourth quarter.

By 31/03/2023, [number] case record reviews and [number] investigations have been carried out in relation to [number] of the deaths included above.

In [number] 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: [number] in the first quarter; [number] in the second quarter; [number] in the third quarter; [number] in the fourth quarter.

[Number] representing [number as percentage of number % 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: [Number] representing [number as percentage of the number of deaths which occurred in the quarter given in item 27.1]% for the first quarter; [Number] representing [number as percentage of the number of deaths which occurred in the quarter given in item 27.1]% for the second quarter; [Number] representing [number as percentage of the number of deaths which occurred in the quarter given in item 27.1]% for the third quarter; [Number] representing [number as percentage of the number of deaths which occurred in the quarter given in item 27.1]% for the fourth quarter.

These numbers have been estimated using the [name, and brief explanation of the methods used in the case record review or investigation].

The Royal Free 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.

During 2022/23, [Final data to be confirmed] of the Royal Free London NHS Foundation Trust patients died in the hospital setting. The following deaths occurred in each quarter of that reporting period: 511 in the first quarter, 494 in the second quarter, 578 in the third quarter, and [Final data to be confirmed] in the fourth quarter.

Table 5: Summary of learning from death reviews [Final data to be confirmed]

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 2022 to June 2022	511	29	5	4	0.78%
Q2	July 2022 to September 2022	494	22	2	1	0.20%
Total		**1005**	**51**	**7**	**5**	**0.49%**
Q3	October 2022 to December 2022	578	6	3	0	0%
Q4	January 2023 to March 2023	Awaiting data	Awaiting data	Awaiting data	Awaiting data	Awaiting data
Total		Awaiting data	Awaiting data	Awaiting data	Awaiting data	Awaiting data

Reporting period 2022/23:

By 31/12/22, the trust undertook [Final data to be confirmed] case record reviews and [Final data to be confirmed] serious incident investigations concerning [Final data to be confirmed] of the deaths included in the information presented in the table.

In ten deaths, the trust completed a case record review and an investigation. The number of deaths recorded in each quarter where the trust carried out a case record review or an investigation, is shown in the table.

[Final data to be confirmed], representing [Final data to be confirmed] % of patient deaths during the reporting period are judged to be more likely than not due to problems in the care provided to the patient.

These numbers have been estimated using the Likert avoidability scales in line with the learning from deaths (LfD) and incident management policies. Scores of 1-3 indicate those deaths considered likely (ie, over 50%) to be avoidable. The Likert avoidability scores are determined by the safety incident review panel (SIRP).

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)**

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
• There has been a reduction in the backlog of learning from deaths to review. • Advanced care planning and discussions with patients and their families about DNA CPR is fully documented. • Clear documentation, including care plans, and addressing patients' nutrition and hydration needs. • Communication, including appropriate discussions with and involvement of patients and their families in decision-making.	• Earlier recognition of dying in some cases – impacting on care planning and management and communication with patients and their families. • Documentation, including outcomes from Morbidity and Mortality (M&M) meetings. • There is variation in the M&M process, with duplication noted. A streamlined and consistent approach is required. • A review of the LeDeR (Learning Disabilities Mortality Review) process is needed so that learning is captured and shared Trust-wide.

The 10 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
2022/10104	2022/23	Q1	3 Probably avoidable, more than 50/50
2022/14879	2022/23	Q1	6 Definitely not avoidable ie, unavoidable
2022/7046	2022/23	Q1	3 Probably avoidable, more than 50/50
2022/9068	2022/23	Q1	3 Probably avoidable, more than 50/50
2022/10679	2022/23	Q1	6 Definitely not avoidable ie, unavoidable
2022/18011	2022/23	Q2	3 Probably avoidable, more than 50/50
2022/15632	2022/23	Q2	3 Probably avoidable, more than 50/50
2022/23064	2022/23	Q3	4 Possibly avoidable but not very likely, less than 50/50
2022/26259	2022/23	Q3	3 Probably avoidable, more than 50:50
2022/27619	2022/23	Q3	6 Definitely not avoidable ie, unavoidable

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 Our hospital's clinical performance and patient safety committees and clinical standards and innovations committee monitor them 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.

From 209/20, NHS trusts were asked to provide additional statements outlining the progress in implementing the priority clinical standards for seven-day hospital standards and a speaking up (including whistle-blowers) declaration.

I. 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: gaps in meeting the 90% standard at weekends.

Standard 5 – access to diagnostic services: compliant, except for out of hours < 1 hour MRI imaging for indeterminate probability for cerebro-vascular accident.

Standard 6 – Access to consultant-led interventions: compliant

Standard 8 – Ongoing review by consultant daily for all patients admitted as an emergency: compliant

During 2023/24 the trust intends to undertake the following actions for improvement:

J. 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. 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 intranet page which provides further detail regarding the pathways, avenues of support and our speaking-up champions network, overseen by the trust's 'Freedom to Speak Up Guardian'. Our well-established speaking up pathway is promoted at corporate induction, which was re-introduced as a face-to-face event on a weekly basis in February 2023. 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. The Freedom to Speak Up Guardian and Executive lead compile an annual 'Freedom to Speak Up' report. The trust's audit committee approved the fourth consecutive annual report on 10 March 2023; it highlights an overview of internal and benchmarked

case activity and key system and/or process improvements made in the reporting period. The annual report also includes an outline action plan for the coming 24 months.

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 28 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)

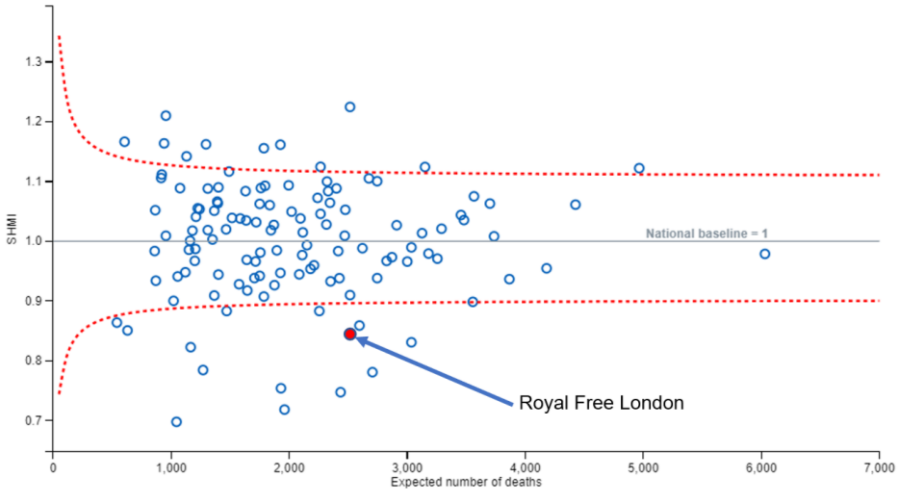
The value and banding of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period.

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 October 2021 to September 2022. During this period, the Royal Free London had a mortality risk score of 0.8367, 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 7th out of 124 non-specialist acute trusts, an improvement of three places compared to last year.



Royal Free London Performance					National		
2017/18	2018/19	2019/20	2020/21	2021/22	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
0.8270	0.8207	0.8501	0.8192	0.8367	0.9995	0.6454	1.2340
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 October to September.
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 and compared to internal trust data.

The Royal Free carefully monitors the rate of emergency readmissions to measure the quality of care and the appropriateness of discharge. A low or reduced, readmission rate is considered evidence of good quality care. The table above demonstrates that the 28-day readmission rate at Royal Free London NHS Foundation Trust continues to perform strongly. The readmission rate has fallen from previous years for paediatric cohorts and adult patients in 2021/22.

We also undertake detailed enquiries into patients classified as readmissions with our public health doctors, working with GPs and identifying the underlying causes of readmissions.

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		
2017/18	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**Average Performance**	**Highest Performing NHS Trust Performance**	**Lowest Performing NHS Trust Performance**
40.8%	35%	37%	40%	37%	40%	12%	65%

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

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 procedures outcome, as perceived 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, the trust did not submit PROMS data due to the change of survey supplier. In 2022, the trust undertook procurement to align our PROMS supplier with that of the North Middlesex Hospital. The trust anticipates implementation and data collection will take place in 2023.

C) Emergency readmission within 28 days

The percentage of patients readmitted to a hospital forms part of the trust within 28 days of being discharged from a hospital and forms part of the trust during the reporting period.

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

Royal Free London Performance					National		
2017/18	2018/19	2019/20	2020/21	2021/22	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
Patients aged 0 to 15 years old							
10.5%	9.4%	9.1%	9.2%	8.7%	12.3%	3.3%	46.9%
Patients aged 16 years old or over							
12%	13.2%	13.9%	13.3%	11.0%	12.8%	2.4%	18.8%

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.

Royal Free London Performance					National		
2017/18	2018/19	2019/20	2020/21	2021/22	Average Performance (2019/20)	Highest Performing NHS Trust Performance (2019/20)	Lowest Performing NHS Trust Performance (2019/20)
67.1	64.0	66.7	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		
2018	2019	2020	2021	2022	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
73%	71%	77%	71%	66.1%	61.2%	86.4%	39.2%

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 performed worse than in previous years; however, is above the national average compared to 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		
2018	2019	2020	2021	2022	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
96.5%	96.9%	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 was better than the national average during 2021/22 and showed a slight improvement on 2020/21 rates.

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

Royal Free London Performance					National		
2017/18	2018/19	2019/20	2020/21	2021/22	Average Performance	Highest Performing NHS Trust Performance	Lowest Performing NHS Trust Performance
24.7	16	14.6	16.1	16.0	16.5	8.4	52.2

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

Every 12 months, NHS Improvement publishes official statistics on the incidents reported to the National Reporting and Learning System (NRLS). The reports were published in September, with the most recent data being 2021/22.

These reports give NHS providers an easy-to-use summary of their current position on patient safety incidents reported to NRLS regarding patient safety incident reporting and the characteristics of their incidents. The trust uses information in these reports alongside other local patient safety intelligence and expertise to support the NHS in improving patient safety.

NHS Improvement regards identifying and reporting incidents as a sign of good governance with organisations reporting more incidents potentially having a better and more effective safety culture. The trust reported a similar volume of incidents per 1,000 bed days between April 2020 and March 2021 (47.6) as other organisations, improving our reporting from 37.6 in the previous year's data.

The number and rate of patient safety incidents that occurred within the trust during the reporting period	Royal Free London	National	
		Average (NHS Acute Hospitals performance)	Range across NHS Acute Hospitals
Number	Awaiting data	Awaiting data	Awaiting data
Rate	Awaiting data	Awaiting data	Awaiting data

The number and percentage of such patient safety incidents that resulted in severe harm or death.	Royal Free London	National	
		Average (NHS Acute Hospitals performance)	Range across NHS Acute Hospitals
Number	Awaiting data	Awaiting data	Awaiting data
Percentage	Awaiting data	Awaiting data	Awaiting data

Note:
There is a delay on the NHS digital website which says Update 2, March 2023: Following the merger of NHS Digital and NHS England on 1st February 2023, we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication, due to be released in March 2023 has been delayed. NHS digital will make further announcements about this dataset will be made on this page in due course.

The trust has taken the following actions to improve this percentage, and so the quality of its services, by launching our Safety Strategy (2020-2025) with six key drivers that align with the 'National Patient Safety Strategy' published in July 2019.

We have robust processes in place to capture incidents and increase our reporting by an average of year on year. However, there are risks at every trust relating to the completeness of data collected for all incidents (regardless of their severity) as it relies on every incident being reported. Whilst we have provided training to staff and policies in place relating to incident reporting, this does not provide full assurance that all incidents are reported. We believe this is in line with all other trusts and the national patient safety strategy aims to improve this by raising awareness with all staff.

All incidents resulting in severe harm or death undergo additional scrutiny at our weekly, site-based safety incident review panels. These multi-disciplinary panels are led by each hospital's medical director and they review all moderate harm, or above, incidents to determine level of harm, level of avoidability and level of investigation required. They also provide scrutiny of the final reports to ensure that the actions address the root causes identified in the investigations.

PART THREE: OVERVIEW OF THE QUALITY OF CARE IN 2022/23

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 2022/23 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.

NB, the below performance indicators will be further updated and included in the final account as a number of these are being finalised by NHS Digital for reporting in May 2023.

Section 1 PATIENT SAFETY

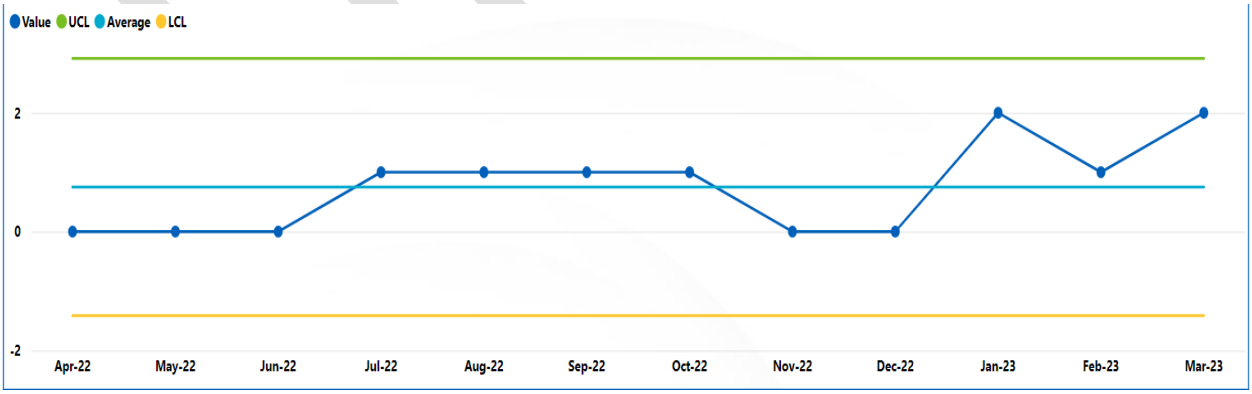
Methicillin-resistant staphylococcus aureus (MRSA)

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.

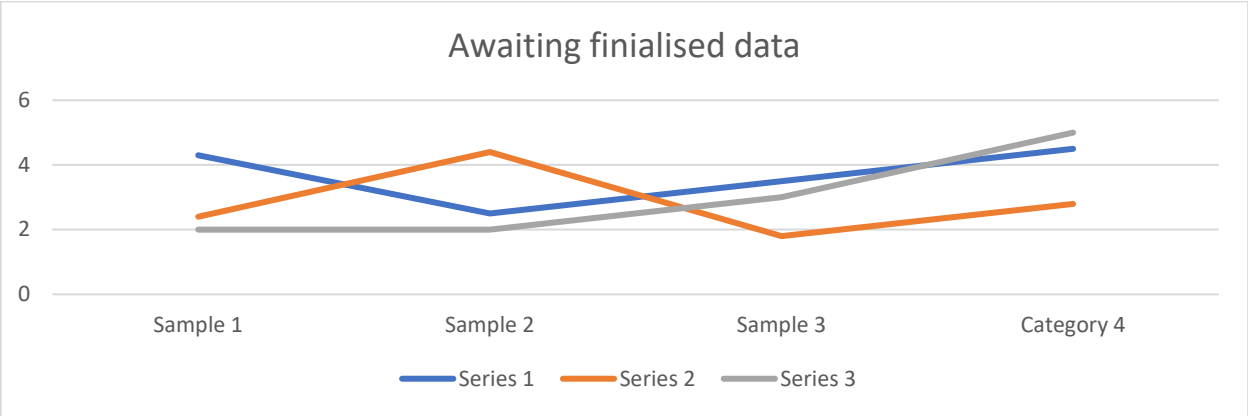
During 2022/23 The Trust recorded nine MRSA trust attributable infections, which is up from eight recorded in 2021/22.

MRSA infections: trust attributable



Source:
Royal Free London W2B PBI 2022/23

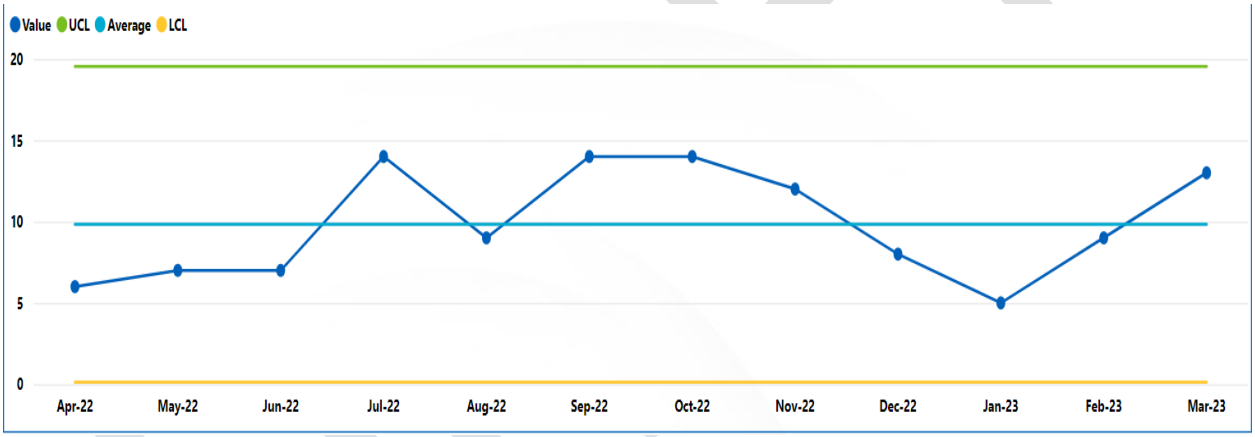
Benchmarking Chart: total volume of MRSA bacteraemia, April 2022 - January 2023



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

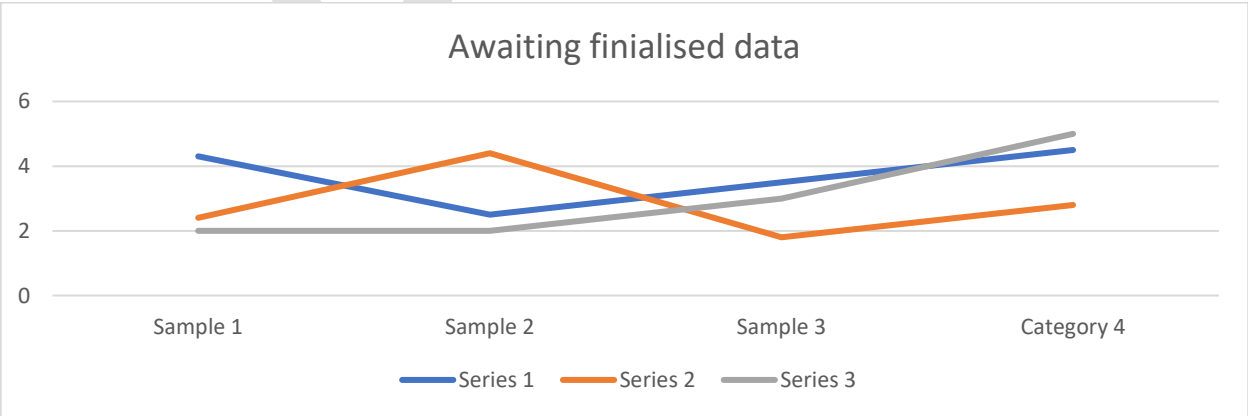
C. difficile Infections

In relation to C. diff the trust saw a rise throughout 2022/23. Over this period, the Royal Free London reported 118 infections compared to 84 in 2021/22



Source:
Royal Free London W2B PBI 2022/23

Benchmarking Chart: Total volume of C. diff infections, April 2022 – January 2023



Source:
https://www.gov.uk/government/statistics/c-difficile-infection-monthly-data-by-prior-trust-exposure

However, of the C. diff volumes that can be attributed to lapses in care by the trust, the numbers are significantly lower. Against this measure of performance, the trust has seen 2 incidents in the 12 months prior to March 2023.

Section 2 CLINICAL EFFECTIVENESS

Referral to treatment (RTT)

18-week waiting times

NHS Digital is due to publish the data for this item on 9th May.
The text below will be updated to reflect the position at that point.

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 [Final data to be confirmed] largest waiting list in London and [Final data to be confirmed] largest nationally.

The trust returned to national referral to treatment reporting in 2021/22 following a two-year absence due to concerns over the quality of data on the trust's patient tracking list. At the point of returning to national reporting in March 2021, the trust had [Final data to be confirmed] of patients waiting over 52 and [Final data to be confirmed] of patients waiting longer than 104 weeks nationally.

Throughout 2022/23, this position has improved significantly, and the volume of patients facing long waits has reduced at pace whilst balancing the need to treat patients with the highest clinical priority and reducing patients waiting for the longest for routine care. The trust no longer has any patients waiting longer than 104 weeks and has seen an in-year reduction of [Final data to be confirmed] of patients waiting longer than 52 weeks against a backdrop nationally showing growth in the volume of patients waiting longer than 52 weeks.

Key improvements made include:

- When the trust returned to national reporting in March 2021 it had the highest volume of patients in the NHS waiting longer than 104 weeks to start their first definitive treatment (438). The trust had double the volume of patients waiting over 104 weeks than any other provider nationally. During April 2022, the trust had 67 patients waiting longer than 104 weeks. This was the highest volume in North Central London, 3rd highest in London and 37th highest nationally. In November 2022 the trust submitted zero patients waiting longer than 104 weeks for the first time since returning to national reporting and has maintained this position for three consecutive months. The latest available data (March 2023) shows [Final data to be confirmed] North Central London providers, [Final data to be confirmed] London providers and [Final data to be confirmed] providers nationally reporting 104 week wait breaches.

- The trust has seen consistent progress in the reduction in the volume of patients waiting 78 weeks to start their first definitive treatment. In April 2022, the trust had 909 patients waiting longer than 78 weeks. This was the highest volume in North Central London, 2nd highest in London and 20th highest nationally. As of March 2023, the trust had seen a
- [Final data to be confirmed] in the total volume of patients waiting 78 weeks to [Final data to be confirmed], a reduction of [Final data to be confirmed]. On January 2023 month end, the trust continued to have the highest volume of 78 week waits in North Central London; however, now had the [Final data to be confirmed] highest volume of all London

providers and [Final data to be confirmed] highest nationally. The trust expects the total volume of 78-week waits to continue to reduce throughout 2023/24

In relation to patients having waited 52 weeks, again at the latest submitted position (March 2023), the trust had [Final data to be confirmed] patients in this cohort. When Royal Free London returned to national reporting, the trust had 14,962 52-week breaches (3rd highest volume nationally); this represents a reduction since returning to national reporting of 11,767 or 78.6%. By March 2023 month end, Royal Free London had moved from [Final data to be confirmed] highest to [Final data to be confirmed] highest. 2022/23 has continued to see positive reductions in the 52 weeks wait backlog from [Final data to be confirmed] in April 2022 to [Final data to be confirmed] in March 2023 an in-year reduction of 2,928 or 47.7%; further reductions are expected throughout February and March 2023. Royal Free London is ahead of trajectory for the volume of 52 week waits. The reductions being delivered of the 52-week cohort at Royal Free London is adverse to the nationally reported position, which is showing continuous growth.

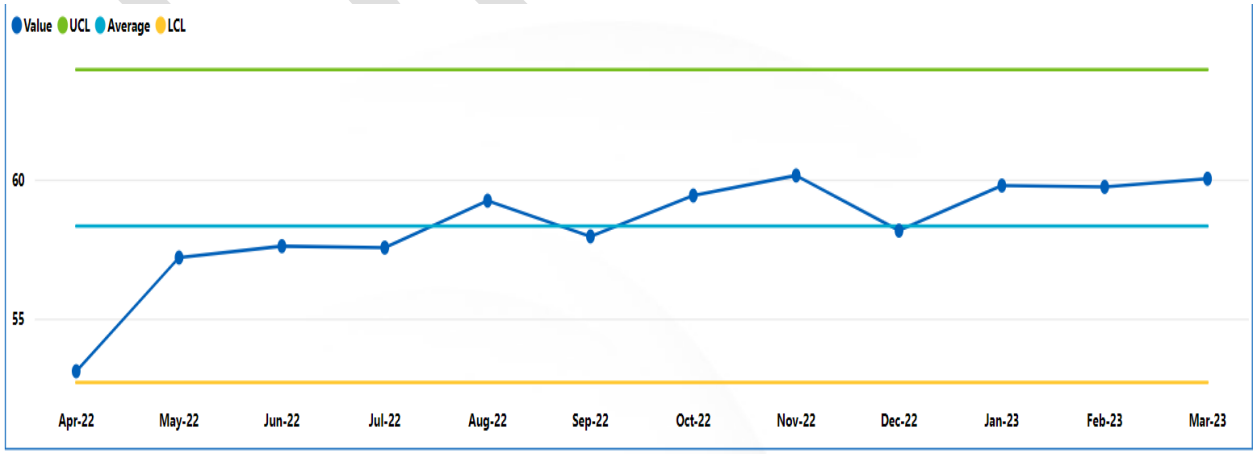
Looking ahead:

The trust focus for 2023/24 is to ensure that the trust can continue to deliver progress seen throughout 2022/23 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 recovery 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 elective recovery.

Our key access priorities are to ensure we:

- Have no patient waiting more than 65+ weeks for treatment by the end of the year.
- 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 2022/23.

RTT incomplete performance (percentage patients waiting <18 weeks)



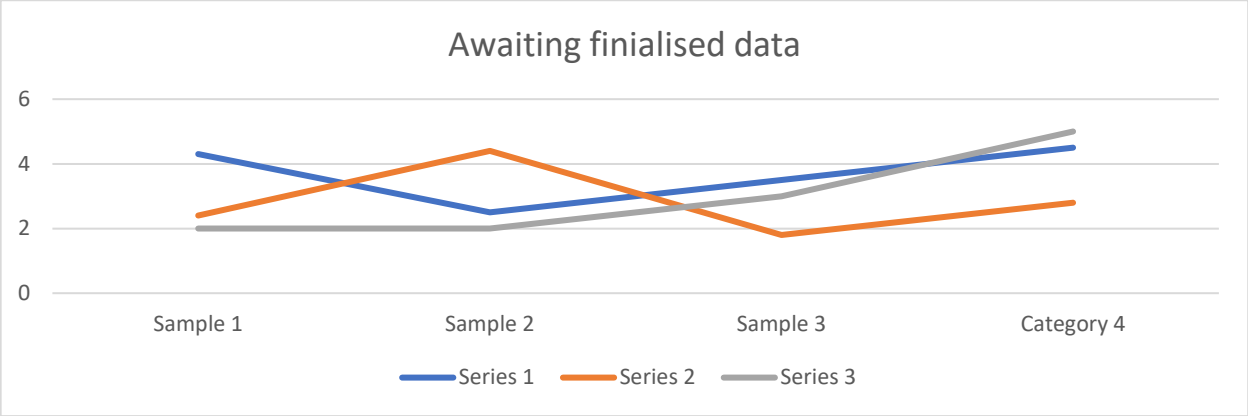
Source:
Royal Free London W2B PBI 2022/23

The chart below shows the Royal Free London performance for Dec 2022 benchmarked against all national acute Trusts and peer providers for 18 weeks performance.

The Royal Free London [Final data to be confirmed] with [Final data to be confirmed] of patients waiting within 18 weeks of referral.

The Royal Free London is ranked [Final data to be confirmed] highest from 123 Trusts and [Final data to be confirmed] highest from 19 peer trusts.

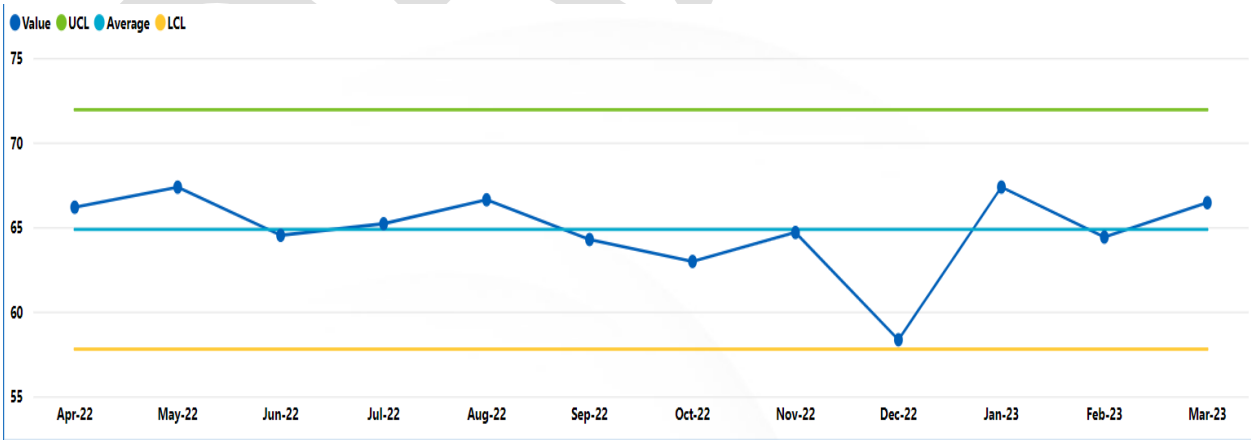
Benchmarking chart: percentage of patients waiting within 18 weeks of referral



Accident and Emergency performance

The accident and emergency department is 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 2022 to March 2023, the Royal Free London NHS Foundation Trust achieved an average monthly performance of 64.9%, lower than 2021/22 which averaged at 74.5%.



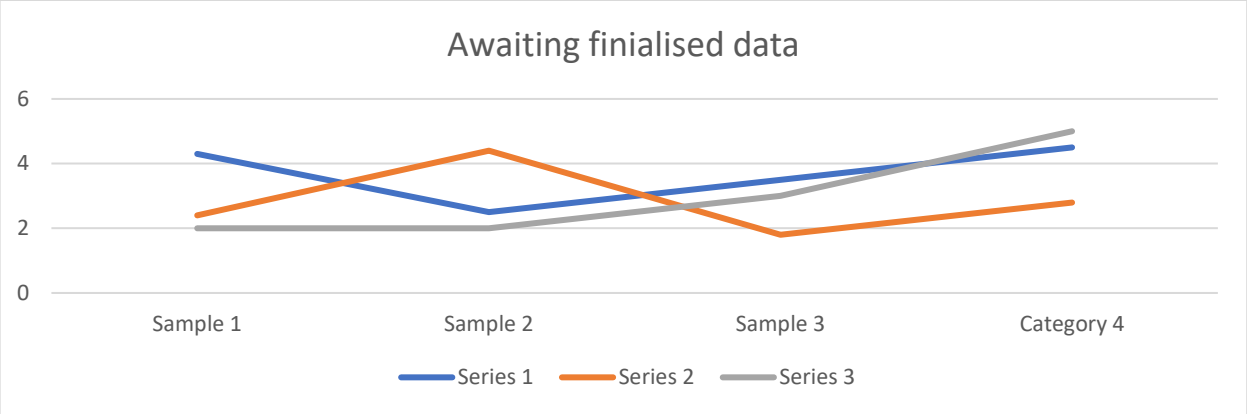
Source:
Royal Free London W2B PBI 2022/23

The chart below shows the Royal Free London performance for March 2023 benchmarked against all national acute trusts and peer providers for 18 weeks performance.

The Royal Free London [Final data to be confirmed] with [Final data to be confirmed] of patients waiting within 18 weeks of referral.

Royal Free London was ranked [Final data to be confirmed] highest from 123 trusts and [Final data to be confirmed] highest from 19 peer trusts.

Benchmarking chart: percentage of patients treated within 4 hours



Source:
NHS Digital, 2022/23

Cancer waiting times

Cancer waits

This year, our focus has been to ensure the continuity of cancer services and that cancer treatment activity is fully recovered following the pandemic. 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:

- Restoring 31-day first cancer treatment numbers to pre-pandemic volumes.
- 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 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 implementing tumour site-specific digital pathways and has worked with clinical teams to improve the uptake of the use of these pathways to diagnose and communicate the diagnosis to patients much earlier in their pathway. The other area of focus has been 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 with patients who are hesitant to attend appointments and working with other North Central London providers and primary care on demand smoothing and increasing capacity.

In 2022/23 the trust received [Final data to be confirmed] more suspected cancer referrals than in 2019/20, approximately [Final data to be confirmed] more cancer referrals than the trust received before the COVID-19 pandemic.

The trust restored 31-day treatment volumes to pre-pandemic levels and approximately [Final data to be confirmed] treatments more than in 2019/20. Delivering this target has been challenging due to the complex capacity challenges faced when reducing an RTT backlog.

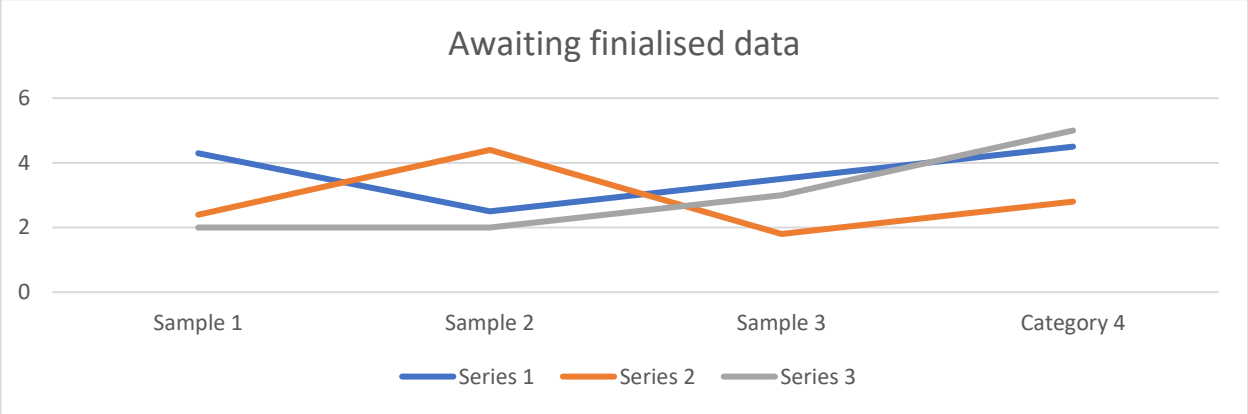
The new 28-day faster diagnosis standard (75%) that was introduced in 2021/22 has been a challenging standard to deliver, particularly given the large volume of suspected cancer referrals and the specialist nature of some of the tumour site services delivered at the trust. The trust has consistently performed at higher than 70% each month and a focus for 2023/24 is to improve access and turnaround times for diagnostic tests, particularly tests required for staging.

All cancer 2 week waits

Clinical evidence demonstrates that the sooner patients urgently referred with cancer symptoms are assessed, diagnosed and treated the better the clinical outcomes and survival rates. National targets require 93% of patients urgently referred by their GP to be seen for an outpatient or diagnostic appointment within two weeks, [Final data to be confirmed] of patients to have begun their first definitive treatment within 31 days of the decision to treat and [Final data to be confirmed] of patients to have begun first definitive treatment within 62 days of referral.

For 2022/23, the trust has failed to meet the standard to see at least 93% of patients within two weeks from GP referral, achieving an average performance of [Final data to be confirmed].

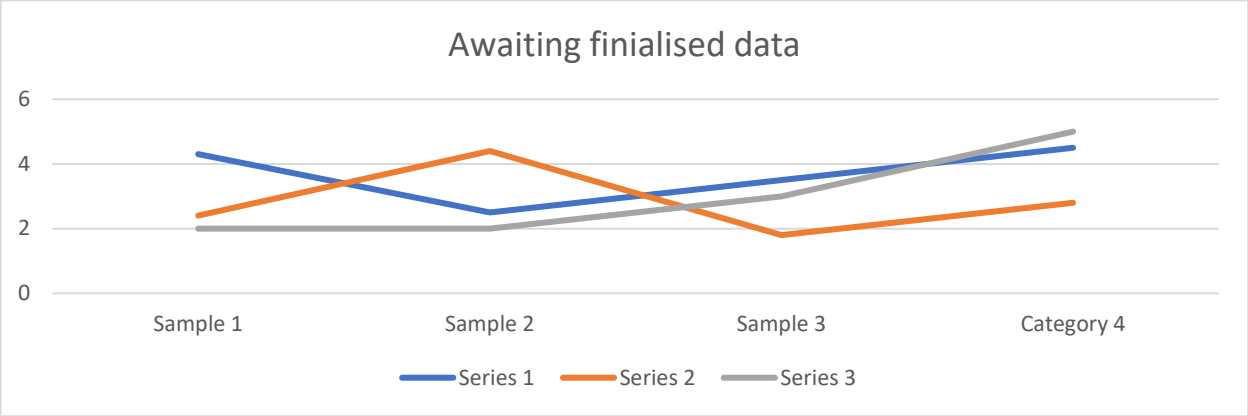
Two week wait performance (all)



Source:
Royal Free London W2B PBI 2022/23

Breast urgent referral 2 week waits

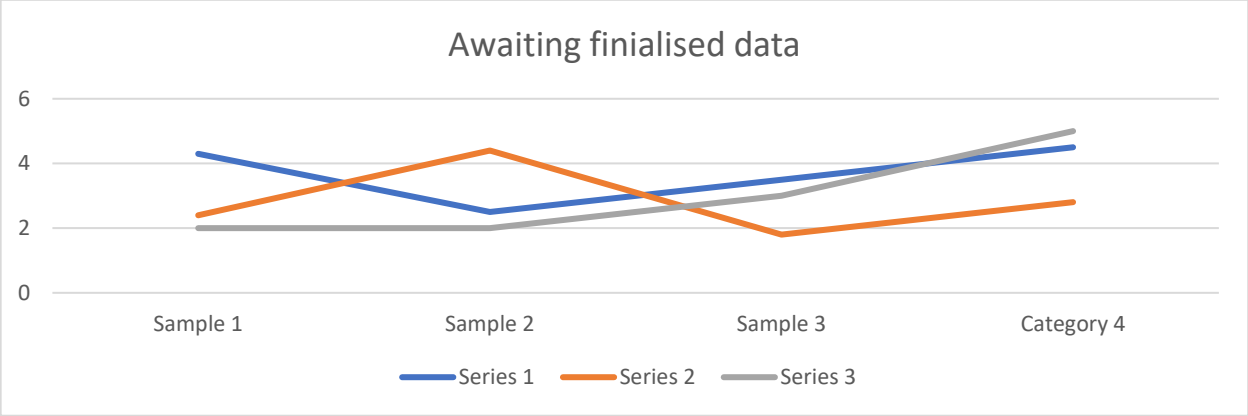
In 2022/23 the trust saw [Final data to be confirmed] of patients on an urgent (symptomatic) breast referral pathway within 2 weeks, below the national standard.



First definitive treatment within 31 days

Awaiting updated information and infographics.
Text for this section will be ready for the final version of the quality accounts

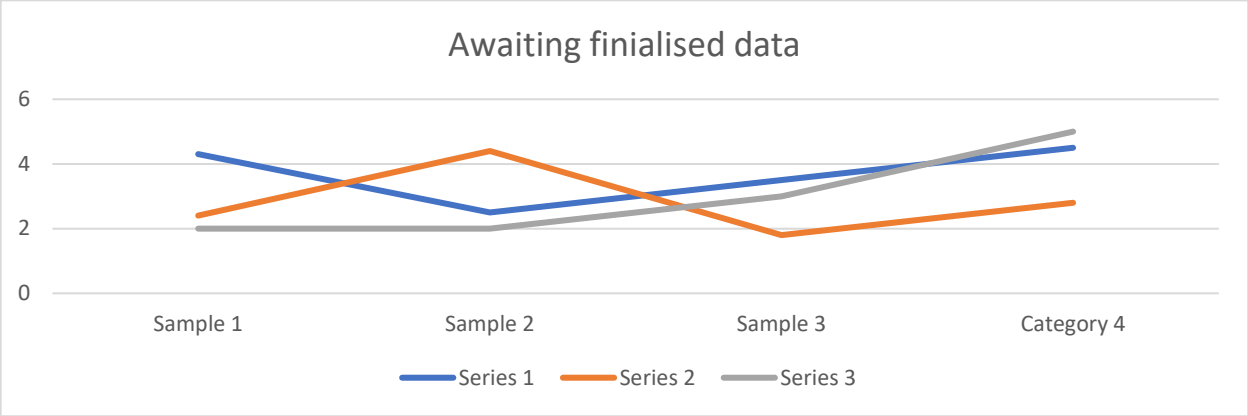
In 2022/23, the trust was [Final data to be confirmed] the standard to see 96% of patients within 31 days for their first definitive treatment for cancer, with an average of [Final data to be confirmed] %.



First definitive treatment within 62 days of an urgent GP referral

The trust [Final data to be confirmed] meet the 62-day standard in 2021/22, with an average of [Final data to be confirmed] % patients receiving first treatment within 62 days of a GP referral. 62-day performance has been challenged due to the trusts focus on working through the significant backlog of patients waiting longer than 62 days.

The backlog is reviewed weekly, and patients are being booked on clinical priority and highest risk basis. Areas of focus have been at the front end of the pathways, the reductions in waits at the beginning of pathways can be seen in the increase in 28-day FDS performance and has aided the small improvement in 62-days.



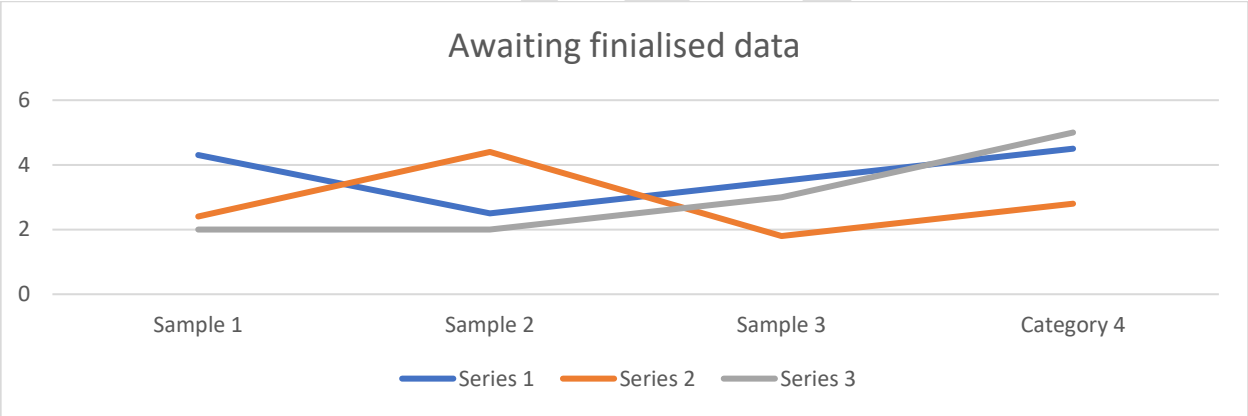
Source:
Royal Free London W2B PBI 2022/23

The chart below shows the Royal Free London performance for March 2023 benchmarked against all national acute Trusts and peer providers for 62 day waits for treatment.

The Royal Free London dropped into Quartile 4 ([Final data to be confirmed] of cancer patients treated within 62 days of referral).

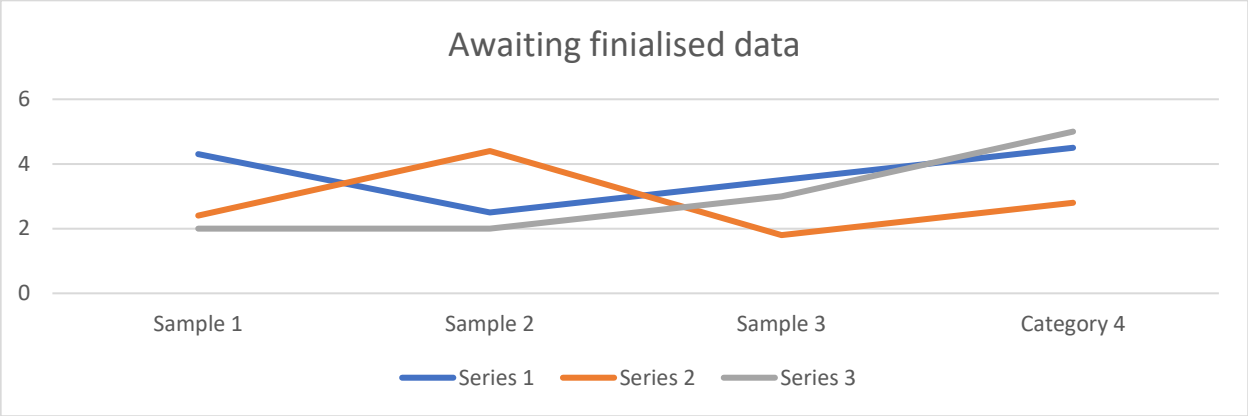
The Royal Free London is ranked [Final data to be confirmed] highest from 125 Trusts and ranked [Final data to be confirmed] highest from 19 peer Trusts.) with 48.

Percentage of patients treated within 62 days of cancer referral



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

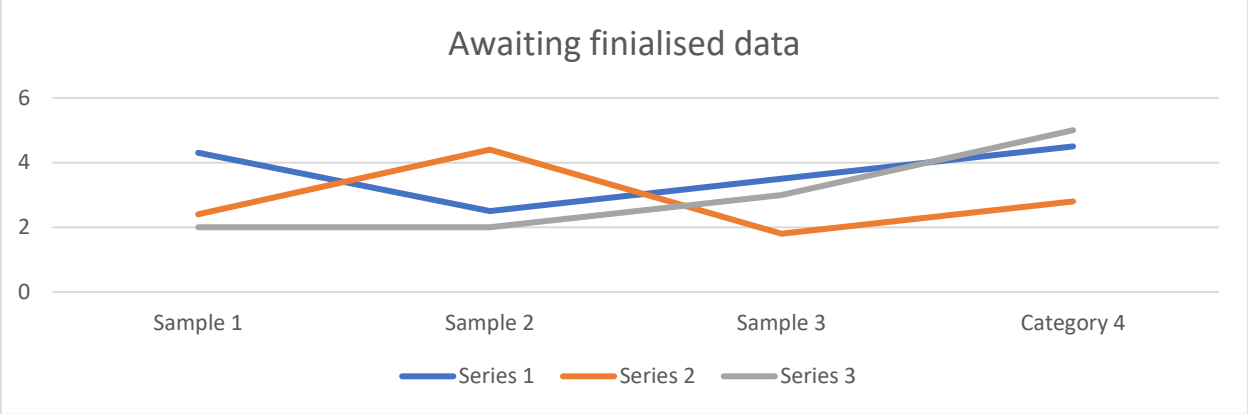
The trust average inpatient length of stay for patients admitted as non-elective from April 2022 to March 2023 shows that the trust average length of stay was [Final data to be confirmed] days per month. Variation has been much less than previous years where the previous case-mix of COVID-19 patients mixed with the usual emergency cases has decreased substantially.



Emergency readmissions

The chart below shows the proportion of patients re-admitted as an emergency following an elective admission in the previous 30 days between April 2017 and March 2023.

There is no benchmarking data available for this metric.



Section 3 PATIENT EXPERIENCE

In 2022/23, the results of two national surveys were published:

- In-patient 2021– September 2022
- Maternity 2022 – January 2023

The results of these national surveys are standardised by the 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 the benchmarked reports from the CQC website (www.cqc.org.uk).

Urgent and emergency care survey

This survey did not occur in 2022/23.

Adult in-patient survey

Following the significant changes made to the 2020 survey, this year's report reintroduces historical comparisons.

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

In total, 398 patients completed the in-patient survey, giving a response rate of 33% (down from 45% in 2020), compared to the national response rate of 39%.

The trust scored 'about the same' as most other trust for all 10 sections of the survey – the same as it has for each in-patient survey since 2014.

The trust did not score better than most other trusts in any question, but scored 'somewhat worse' than expected compared to other trusts in three:

How long do you feel you had to wait to get a bed on a ward after you arrived at the hospital?

	All trusts in England			
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
374	5.9	6.8	5.3	9.2

Did you feel able to talk to members of hospital staff about your worries and fears?

	All trusts in England			
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
315	7.0	7.6	6.4	9.2

Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

	All trusts in England			
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
353	6.7	7.6	6.2	9.7

Where comparable data is available, statistical significance testing has been carried out against the 2020 survey results for each question. Where a change in results is shown as 'significant', this is not due to random chance but likely due to a particular factor at the trust level.

The trust scored significantly higher in one question in 2021:

		2021 score	2020 score
39	Before you left hospital. were you given any information about what you should or should not do after leaving hospital?	8.0	7.3

The trust scored significantly lower in 10 questions. All of the questions where the trust scores 'somewhat worse' have also seen a statistically significant decrease.

		2021 score	2020 score
3	How long do you feel you had to wait to get a bed on a ward after you arrived at the hospital?	5.9	7.1
10	If you brought medication with you to the hospital, were you able to take it when you needed to?	7.7	8.5
18	When doctors spoke about your care in front of you, were you included in the conversation?	8.2	8.7
22	In your opinion, were there enough nurses on duty to care for you in hospital?	7.1	7.8
25	How much information about your condition or treatment was given to you?	8.6	9.0
26	Did you feel able to talk to members of staff about your worries and fears?	7.0	7.7
43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	6.7	7.5
46	After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	5.7	6.5
47	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	8.9	9.2
48	Overall, how was your experience while you were in the hospital?	7.9	8.3

Children and young people's patient experience survey

This survey did not occur in 2022/23.

Maternity survey

A total of 42% of women completed the 2022 maternity survey (down from 54% in 2021), compared to an average response rate of 47%.

Of the eight sections in the maternity survey, the trust scored worse than expected in two (feeding and care at home after the birth).

12 questions were scored worse than expected and the results can be seen in the table below:

	Question	RFL Score	Average score	Range of scores
Somewhat worse than expected:				
B12	Were you given enough support for your mental health during your pregnancy?	7.6	8.6	7.0 – 9.6
C14	Did the staff treating and examining you introduce themselves?	8.6	9.0	8.1 – 9.6
D6	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	7.7	8.3	7.2 – 9.3
F1	Thinking about your postnatal care, were you involved in decisions about your care?	7.6	8.2	4.8 – 9.1
F11	Did a midwife or health visitor ask you about your mental health?	9.2	9.6	8.6 – 10
F13	Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	7.3	8.1	6.0 – 9.6
Worse than expected:				
B11	During your antenatal check-ups, did your midwives ask you about your mental health?	7.0	8.3	6.5 – 9.4
E3	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	6.6	7.6	6.3 – 8.7
F2	If you contacted a midwifery or health visiting team, were you given the help you needed?	7.4	8.3	7.1 – 9.4
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?	6.2	7.2	5.2 – 8.7
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?	7.0	7.8	6.4 – 8.8
Much worse than expected:				
F16	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	3.6	5.8	6.5 – 8.2

National cancer patient experience survey

Although not part of the official national survey programme, the 2021 national cancer patient experience survey results were published in July 2022. The trust response rate was 47% compared to the national response rate of 55%.

Following a redesign of the survey for 2021, the results are different from previous years.

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.	57%	64%
Diagnostic tests Q.9 Enough privacy was always given to the patient when receiving diagnostic test results.	93%	94%
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.	67%	71%
Support from a main contact person Q.17 Patient had a main point of contact within the care team.	90%	92%
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	66%	72%
Support from hospital staff Q.27 Staff provided the patient with relevant information about available support or self-help groups, events, and resources	86%	90%
Hospital care Q.31 Patient had confidence and trust in all of the team looking after them during their inpatient stay.	77%	81%
Treatment Q.43 Patient felt the length of waiting time at clinic and at the day unit for cancer treatment was about right.	78%	79%
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	51%	60%
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.	47%	55%
Care from your GP practice Q.51 Patient definitely received the right amount of support from their GP practice during treatment	32%	44%
Living with and beyond cancer Q.55 Patient was given enough information about the possibility and signs of cancer coming back or spreading.	53%	63%
Cancer research and clinical trials	46%	44%

Q.58 Cancer research opportunities were discussed with patient

Friends and family test (FFT)

The FFT now asks patients to rate their overall experience from 'very good' to 'very poor'; instead of asking how likely they are to recommend the service.

The tables below show the results for the trust for 2022/23.

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 survey	Percentage patients reporting a good/very good experience	Number of responses
April 2022	82%	458
May 2022	86%	730
June 2022	87%	753
July 2022	86%	858
August 2022	88%	1035
September 2022	87%	959
October 2022	86%	811
November 2022	86%	1085
December 2022	83%	775
January 2023	87%	735
February 2023	89%	776
March 2023	89%	827

Outpatient survey	Percentage patients reporting a good/very good experience	Number of responses
April 2022	85%	693
May 2022	84%	705
June 2022	89%	1061
July 2022	88%	931
August 2022	89%	1063
September 2022	90%	1236
October 2022	90%	1226
November 2022	89%	1343
December 2022	85%	829
January 2023	86%	1095
February 2023	86%	1086

March 2023	90%	1357

Maternity survey	Q1 – antenatal care		Q2 – labour and birth		Q3 – postnatal 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 2022	48%	21	90%	125	86%	96	80%	5
May 2022	45%	31	93%	141	93%	110	67%	6
June 2022	43%	37	93%	138	96%	115	80%	5
July 2022	39%	46	93%	139	90%	105	83%	6
August 2022	43%	42	89%	108	88%	85	88%	8
September 2022	58%	33	91%	97	89%	74	89%	9
October 2022	57%	7	94%	217	95%	182	57%	7
November 2022	66%	44	94%	278	96%	252	50%	4
December 2022	54%	46	94%	154	92%	129	100%	3
January 2023	53%	47	96%	189	95%	159	100%	3
February 2023	58%	53	95%	134	92%	131	0%	2
March 2023	53%	53	97%	200	95%	176	0%	2

Emergency Department survey	Percentage patients reporting a good/very good experience	Number of responses
April 2022	77%	3017
May 2022	74%	647
June 2022	75%	1035
July 2022	74%	3004
August 2022	79%	2871
September 2022	77%	2591
October 2022	75%	2355
November 2022	77%	2998
December 2022	77%	2550
January 2023	84%	1984
February 2023	78%	2751
March 2023	80%	2986

Learning disability improvement standards survey

The trust continues to participate in NHSI Learning Disability Improvement Standards benchmarking exercise. Over 100 patient surveys have been sent out to patients and 130 staff surveys were completed. The feedback from these surveys is fed into the trust integrated safeguarding committee. The trust is committed to implementing mandatory learning disability and autism training. Consultation on the rollout and code of practice for this training is currently ongoing.

The most recent benchmarking report, published in November 2022, shows Royal Free London is performing well in the following areas of the improvement standards:

1. The Trust has produced easy-read complaints leaflets that someone with a learning disability and or autism can use to make the process of lodging a complaint easier.
2. The Trust actively works with 'Project Choice' to give job opportunities to people with learning disability and or autism.
3. 76% of the staff who completed the survey were confident in identifying appropriate reasonable adjustments for people with a learning disability and or autism.

The trust has identified the following improvement measures for 2023/24:

- Ensure that patient experience groups include representatives of patients with learning disabilities and autism.
- We are monitoring waiting lists of people with learning disabilities and or autism and reporting concerning findings to the board.
- Ensuring there are accessible appointment letters.

3.2 Performance against key national indicator summary

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

Operational performance

Values highlighted green are better than planned and values highlighted red are worse than planned

	Royal Free London	04/22	05/22	06/22	07/22	08/22	09/22	10/22	11/22	12/22	01/23	02/23	03/23
Urgent and emergency care	4-hour performance - plan	65%	67%	68%	69%	70%	72%	74%	77%	76%	76%	77%	78%
	4-hour performance - actual	66.2%	67.4%	64.5%	65.2%	66.6%	64.3%	63.0%	64.7%	58.3%	67.4%	64.4%	66.6%
	>21 days long length of stay – plan	126	122	128	136	128	147	138	145	147	152	125	137
	>21 days long length of stay – actual	222	232	223	208	215	243	249	213	178	242	230	217
	Medically optimised patients – plan	150	150	140	135	115	110	118	114	115	110	105	100
	Medically optimised patients – actual	185	187	177	176	192	230	210	206	203	197	197	209
	30 min ambulance handover – plan	65%	65%	70%	70%	71%	73%	75%	76%	77%	77%	78%	82%
	30 min ambulance handover – actual	67%	71%	63%	62%	54%	56%	66%	65%	52%	65.2%	67.5%	64.6%

	Royal Free London	04/22	05/22	06/22	07/22	08/22	09/22	10/22	11/22	12/22	01/23	02/23	03/23
Cancer	28-day faster diagnosis – plan	69.6%	69.6%	70.7%	72.6%	74.6%	75.3%	75.6%	75.0%	75.2%	75.1%	75.1%	76.3%
	28-day faster diagnosis – actual	73.2%	73.4%	70.9%	71.6%	71.6%	72.4%	71.5%	72.2%	70.5%	70.7%	74.0%	**TBC**
	>62-day wait for treatment – plan	180	160	140	135	130	363	326	295	263	231	205	179
	>62-day wait for treatment – actual	263	315	300	286	338	363	383	286	331	349	298	**TBC**
	>104-day wait for treatment – plan	125	115	110	100	95	90	90	80	70	80	70	70
	>104-day wait for treatment – actual	112	131	146	137	156	159	144	116	141	152	143	**TBC**

	Royal Free London	04/22	05/22	06/22	07/22	08/22	09/22	10/22	11/22	12/22	01/23	02/23	03/23
Referral to treatment	RTT >104 week breaches – plan	70	0	0	0	0	0	0	0	0	0	0	0
	RTT >104 week breaches – actual	67	36	10	5	2	4	3	0	0	0	0	0
	RTT >78 week breaches – plan	1,000	700	500	300	100	50	0	0	0	0	0	0
	RTT >78 week breaches – actual	918	861	820	714	573	452	369	317	319	253	177	109
	RTT >52 week breaches – plan	6,040	4,991	4,858	4,878	3,664	3,429	3,516	4,843	4,591	5,460	5,762	5,410
	RTT >52 week breaches – actual	6,122	5,745	5,671	5,469	5,017	4,543	4,194	3,975	3,579	3,198	2,970	2,941

Patient safety performance

	Royal Free London	Target	04/22	05/22	06/22	07/22	08/22	09/22	10/22	11/22	12/22	01/23	02/23	03/23
Infection control	MRSA infections (Trust attributable)	-	0	0	0	0	1	1	1	0	0	2	1	2
	C. diff infections (Trust attributable)	-	6	7	5	14	9	14	14	12	9	5	9	13
	C. diff infections (Due to lapses in care)	0	0	0	0	2	0	1	0	0	0	0	0	0
	MRSA infections (Trust attributable)	-	5	10	4	4	5	6	9	7	2	9	4	3
	E. coli infections (Trust attributable)	-	15	13	10	11	9	13	9	13	10	12	7	16

3.3 Actioning our plans for improvement

3.3.1 The Care Quality Commission

To date, the trust has undertaken significant improvement work towards completing the improvement actions arising from previous CQC inspections in December 2018, October 2020 and May 2021.

In summary, Chase Farm Hospital and Royal Free Hospital have completed the should and must-do improvement actions from the December 2018 inspection. Barnet Hospital has completed all the must-do actions. There are two remaining actions to ensure all staff complete mandatory training in Medical Care and Surgery. Following the Barnet Hospital and Royal Free Hospital maternity core-service inspections in October 2020 and May 2021, 44 actions are complete. There is one long-term action relating to an improved maternity dashboard which is on-track to complete in 2023.

Royal Free London CQC maternity action plan

Update for the unannounced CQC maternity core-service inspection at Barnet Hospital in May 2021 and Royal Free Hospital during October 2020.

The on-going monitoring of the improvement plans by the maternity service senior management team report progress to Barnet Hospital Local Executive Committee. The Clinical Standards and Innovation 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 Barnet Hospital executive team.

During the reporting period 2022/23 and to date a significant amount of improvement work has been undertaken across those areas identified by the CQC and this will continue

The CQC said:	**Trust update 2022/23**
Barnet Hospital: The trust should ensure that managers make sure they monitor cleaning of all areas and the birthing pools all the time and complete weekly audits to ensure that women and babies are protected from infection.	We have: ✓ Written a standard operating procedure. ✓ Undertaken audits to demonstrate the pools are cleaned correctly in accordance with the standard operating procedure.
Barnet Hospital: The trust should ensure that it routinely monitors wait times in the maternity day care unit (MDAU) and reviews the results and adjusts staffing levels to ensure women are seen in a timely way.	We have: ✓ Established a working group to review the maternity day care unit pathway, medical staff cover and environment. ✓ Implemented regular waiting time audits. ✓ Reviewed the triage pathway do to interlinks between triage and maternity day care unit as identified they the NHS Improvement, maternity improvement advisor.

The CQC said:	Trust update 2022/23
Barnet Hospital: **The trust should ensure that delivery suite consultants and midwifery shift co-ordinators should always attend daily cross-site safety huddles.**	We have: ✓ Monitored attendance at cross site huddles and explore the reasons for consultants and coordinators not attending. ✓ Communicated to multidisciplinary team members of stakeholder attendance requirements.
Barnet Hospital and Royal Free Hospital: **The trust should consider their population's profile, health deprivation, disability and the broader needs of their culturally diverse communities when planning the service.**	We have: ✓ Established maternity equality and inclusion working group which includes staff, MVP and women from diverse backgrounds to develop a programme on wider equality, diversity and inclusion agenda. ✓ Worked through the equality, diversity and inclusion in maternity working group in partnership with the MVP Conduct engagement activities with targeted groups of women representing different population groups. ✓ Population profile sourced from EPR and benchmarked using 'Health Intent Review' of referrals to vulnerable teams. ✓ Explored the equity of access for women from the nine protected characteristics.
Barnet Hospital and Royal Free Hospital: **The trust should ensure there is an active non-executive board-level maternity safety champion.**	We have: ✓ A non-executive director in place. ✓ System in place to provide cover the non-executive director if any long absences occur.
Barnet Hospital and Royal Free Hospital: **The trust should make sure they initiate changes to services based on feedback received from women and implement the changes with the support of the MVP.**	We have: ✓ Implemented service development through coproduction with the MVP, diverse groups and individuals. ✓ Implemented suggestions raised by women as part of FFT, surveys and engagement activities. ✓ Ensured feedback is used to make informed decisions on service improvement or re-design.

The CQC said:	Trust update 2022/23
Royal Free Hospital: **The service should ensure that midwifery staff have protected time to attend multidisciplinary training.**	We have: ✓ ACNST standard 8 paper was presented to board in July 2021 demonstrating that staff attended multidisciplinary training ✓ Staff attendance at training is being audited quarterly and presented to quarterly cross site maternity risk meeting and LMNS Board.
Royal Free Hospital: **The trust should consider strategically embedding staff and women engagement into the service development and improvement plans. The service should consider carrying our regular staff satisfaction and wellbeing surveys in order to regular measure changes in engagement and satisfaction levels and be able to address any issues or concerns in a timely manner.**	We have: ✓ Reviewed cultural issues raised in maternity in May 2021, a maternity transformation group was established and the following work streams have been agreed: ○ fair and transparent leadership ○ continuity of carer model ○ culture and behaviours ○ staff wellbeing. ✓ Introduced protected time for staff to attend CPG meetings. Invitation for women and MVP to attend CPG meetings ✓ Agreed a MVP work plan for 2021/22 which includes staff representation.
Royal Free Hospital: **The trust should develop a standard operating procedure that identifies how women are referred into tertiary level maternal medicine centres. All policies and guidance need to be in line with the national guidance and evidence-based practice.**	We have: ✓ Introduced the North Central London standard operating procedure into the department. ✓ A seamless maternal medicine referral process. ✓ LMNS planning and implementation.
Royal Free Hospital: **The service should consider improving the maternity dashboard and regularly review it against local and national standard to improve the outcomes. The service should carry out a regular and comprehensive audit related to pain relief.**	We have: ✓ Added to the risk register including issues relating to inadequate data quality which are on-going and the risk level is reported as high. ✓ Worked with Cerner to address missing data quality, continue to generate dashboard manually until this can be achieved. Cerner EPR v2 deployed 29 Sept 2021 to improve missing data. ✓ Developed a business case for dedicated IT midwives to make data quality corrections in Cerner. ✓ Merged IT domains following the Royal Free Hospital's adoption of EPR ✓ Appointed two midwifery information officers to support the adoption and development of the EPR; and on-going training of maternity staff.

The CQC said:	Trust update 2022/23
	✓ Continued training by IT midwives to reduce manual data corrections. ✓ Met with IM&T to resolve data entry errors or omissions. ✓ Pain relief audit to be added to the bi-monthly comprehensive audit.
Royal Free Hospital: **The service should improve midwifery staff involvement in Quality Improvement projects. The service should ensure the ward coordinators are always supernumerary.**	We have: ✓ Ward staff have been given time to attend QI training and CPG meetings. Example; postnatal pathway and breastfeeding support at night and in the community QI project in collaboration with MVP. ✓ Explored targeted QI support for midwifery staff. ✓ Design targeted QI support for midwifery staff in consultation with the staff group. This may involve bespoke training and support or signposting to existing resources. ✓ The antenatal/postnatal ward coordinator is to be supernumerary.

3.3.2 Quality Improvement actions

Across the Royal Free London NHS Foundation Trust, at team, service, site and group level, significant improvement work being undertaken.

In a report of this nature, covering every piece of improvement work is impossible. This section highlights some key projects for each of our main sites and across the group.

The Quality Improvement (QI) team continues working towards the vision of 'a Royal Free London where what matters most to our staff 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.

There are four 'buckets' of activities that the QI team undertake to achieve and deliver that mission:

- Engage and inspire staff, patients and our population.
- Build capability for improvement.
- Support improvement activities.
- Lead larger-scale or high-priority improvement work.

In 2022/23, the team led many exciting pieces of improvement work that have led to better patient experience, better staff experience, improved patient outcomes and more efficient services. Some of the highlights from the year are listed below:

Engage and Inspire Staff, Patients and Population

Patient Voices – Ensuring Our Population Contribute to the Design of Services

The quality improvement team have been leading on patient involvement alongside colleagues from the therapy team at the Royal Free Hospital business unit. The patient voices group there is now in its fifth year.

They have a monthly virtual meeting where patients and carers give invaluable feedback on projects and programmes happening across Royal Free London. They act as the 'patient voice' for two projects per month (approximately 20 projects per year) and every team attending the monthly patient voices group report that they will make changes due to input from lived experience experts.

This work has now been scaled and there are patient voices groups in each business unit.

Feedback from patients involved in the group is shown below:

"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."

"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."

QI Lunch Club – Sharing Learning Between Improvement Teams

QI lunch club is a monthly event where project teams present the work that they have been doing. The teams describe the problem they seek to address, what they aim to achieve, how successful their efforts have been and what they are doing to create an improvement.

Learners have an opportunity to hear what has gone well and the barriers that teams have overcome and can apply this learning to their quality improvement work. Hearing from fellow improvers shows that while improvement work isn't always straightforward or easy, with determination, success is possible and there is a network of colleagues across the trust who are always willing to help.

Medical workforce engagement – supporting doctors in quality improvement

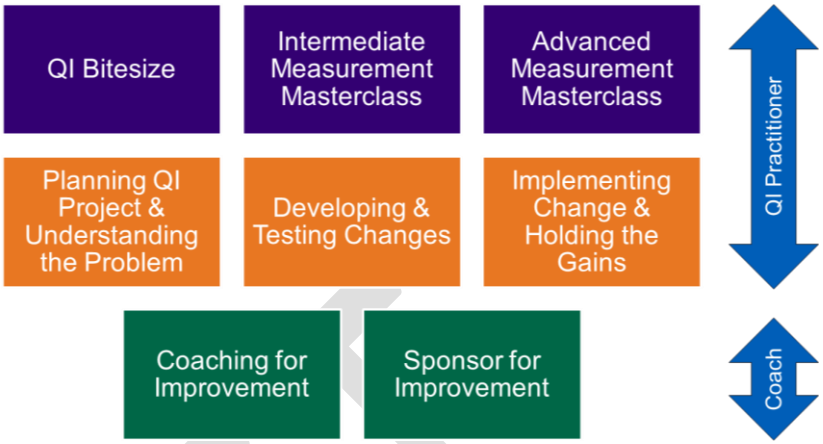
The quality improvement team have been lucky enough to be supported by one of the trust's surgery and associated services' anaesthetic doctors for half a day per week. This doctor has worked with colleagues to understand the unique needs of doctors when taking part in quality improvement and how the trust can support this.

As a result, more doctors have commenced quality improvement work and are supported by the QI team; we have delivered bespoke training for our doctors in 'foundation training', and collated a valuable set of insights that will shape the way we support doctors in future.

Upcoming work based on these findings includes supporting rapid improvement work for doctors transitioning between new roles in training, ensuring doctors have the time and support to participate in QI, and supporting QI activities as part of the revalidation process.

Building capability for improvement

We know that change is hard, and teams stand the best chance of success if they are supported using a structured approach. As such, it is essential to have individuals across the organisation who are skilled in change methods. Previously the trust has relied on external organisations to provide this training at a cost. The QI team have now designed and are delivering an in-house curriculum that creates significant savings for the trust.



QI Practitioners – Growing Our Own Quality Improvement Leaders

The QI team has recognised a gap in our training curriculum for individuals who would lead strategically important QI projects in their own work area. This recognition has led to the development of the QI practitioner training programme. Delivered as part of our QI expedition this year, the team have trained 58 QI practitioners from all parts of the organisation. These individuals have led many successful projects within the expedition.

Essentials of Leadership Conference – World Renowned Speakers for our Leaders

At the request of medical colleagues in the trust, the quality improvement team delivered a QI and leadership development conference on 5th May 2022. This day they brought together world-class speakers, including senior pilots and human factors experts, corporate strategy development consultants, QI experts and the Deputy London Mayor for Business. Participants said the day was engaging and interesting and helped to bring theory into practice.

Supporting improvement activities

The QI team are an essential source of coaching and advice for colleagues undertaking organisational improvement activities. Staff can access support by booking a ‘Quality Time’ session with an improvement adviser. There are 112 active quality improvement projects across the trust, many of which are already delivering improvements and the remainder are working towards this.

Lead Improvement Activities of Strategic Importance

QI Expedition – Guiding Our Teams Through the QI Journey

In April 2022, project teams across the trust started their quality improvement expedition. This structured programme gives teams tailored quality improvement support to work on projects that matter to colleagues, the Trust, patients and their loved ones. The programme combines training, shared learning events, coaching, sponsorship from a senior leader and celebration events.

- 4 project teams from group and corporate services completed the programme
- 8 project teams from Chase Farm Hospital business unit completed the programme
- 4 project teams from Barnet Hospital business unit completed the programme
- 7 project teams from Royal Free Hospital business unit completed the programme.

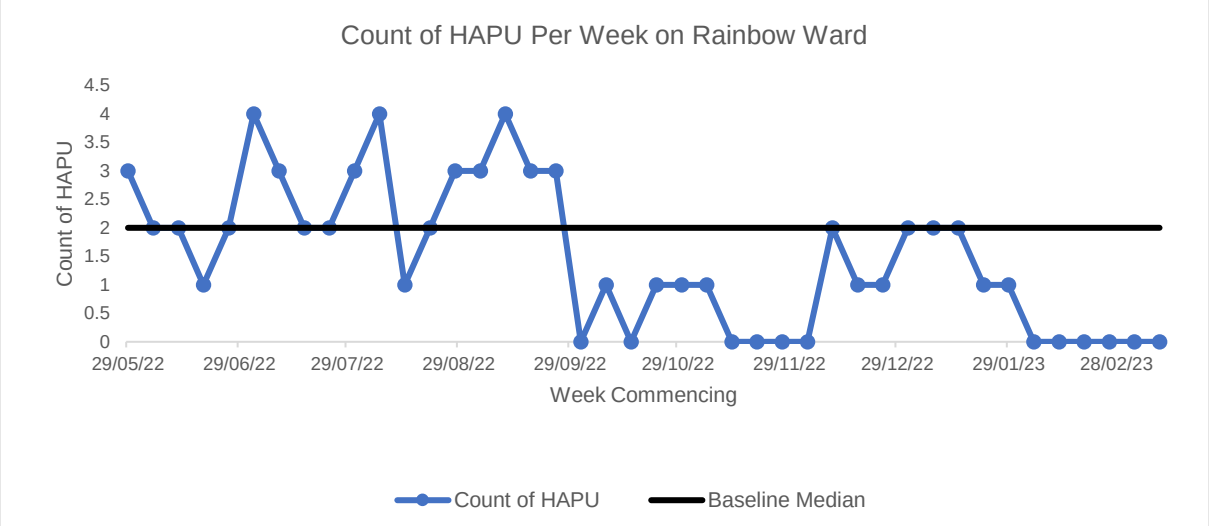
Barnet Hospital

Barnet Hospital: Rainbow ward - Happy Skin

Rainbow Ward at Barnet Hospital noticed around four patients a month were developing pressure ulcers or skin damage on the ward. They started a quality improvement project to address this in August 2022, utilising the learning from a previous project on Mulberry Ward, and with the help of the tissue viability team.

They aimed to reduce the number of hospital-acquired pressure ulcers, on Rainbow Ward, from a median of four per month to one or less per month, by April 2023.

They have tested four of their change ideas using a plan-do-study-act cycle. The team have seen an overall decrease in the total number of incidences on the ward.



The PDSA's tested so far can be seen below, in the order they appear on the run chart, followed by their outcomes.

Change idea	Number of test cycles	Final outcome
Bay huddles **(NIC, RN's and HCA's to meet collectively to flag all patients with waterlow above 10).**	2	Adapted once and then abandoned due to capacity and inability to maintain
Skin care checklists **(For a skin care checklist tick box to be at the bedside, for NIC to easily identify who has an outstanding assessment and all checklists to be completed within 6 hours of admission)**	6 test cycles + 2 implementation cycles = total 8	Adapted 6 times and then 2 test cycles to implement due to positive data
Bed side turn charts **(Waterlow score, time, date and repositioning documented at bed side)**		Adapted 3 times and then abandoned - no positive or negative impact on the data
Skin checks at period times of day **(Between 2pm and 4pm, all staff to check patient pressure areas regardless of risk)**		Currently testing, with one adaptation - improvement seen during test weeks

Alongside this, there have also been additional training sessions provided by the tissue viability nurses (TVNs) regarding preventable measures and grading pressure ulcers on admission. The TVN team targeted all staff, both registered and unregistered, on the ward, and are now looking at an ongoing training cycle for colleagues and an induction offer for new starters.

The team have seen an overall decrease in the total number of hospital acquired pressure ulcers on the ward, but recognises they had some spikes in their data in January due to high acuity patients, a number of patients requiring 1:1 and lower staffing levels. Additional work must be undertaken to decrease the number of incidences further and move towards sustainability and scale up and spread.

Barnet Hospital: Mouthcare Matters

Following clinical incidents related to poor mouth health, a multi-disciplinary project team was assembled to improve mouth health in two of Barnet Hospital's elderly care wards. They aimed to improve the percentage of patients with a healthy mouth from a baseline of 60% to a target of 90%.

This team achieved their aim by testing new change ideas through the plan-do-study-act cycle. The change that had a statistically significant impact was the introduction of a red/amber/green system which signalled what level of support patients needed and provided additional mouth care products for red and amber patients.

This project team shared their success and learning at the Trust's Nursing and Midwifery Committee. Following this, the RAG system and additional products have now been implemented in all wards across the Royal Free London group, giving staff access to comprehensive oral care for patients.

This project team shared their success and learning at the Trust's Nursing and Midwifery Committee. Following this, the RAG system alongside, additional products, has been implemented in all wards across the group, giving staff access to comprehensive oral care for patients.

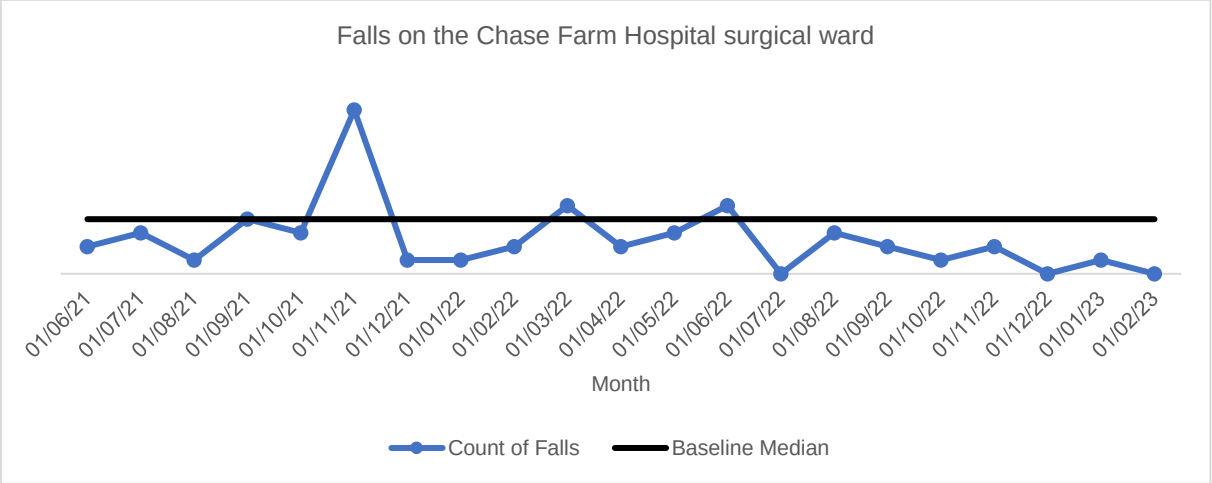
This project was recognised with the best quality improvement project award for Barnet Hospital at our group-wide poster celebration day in November 2022.

Chase Farm Hospital

An example of a successful project is below, 'Falls Busters' aimed to reduce falls on the surgical ward at Chase Farm Hospital. The project began in December 2021 after a spike in falls. Changes tested include:

- Earlier identification of patients at high risk of falls through their pre-operative assessment
- Education for patients on the importance of using call bells
- Display of live data on which patients have had a falls assessment on the ward.

There has been a reduction in the frequency and variation of falls as a result of this work, as shown in the chart below:



Embedding Chase Farm Hospital business unit 'Quality Blueprint'

The Chase Farm Hospital business unit blueprint articulates the overall quality ambition of the business unit. It describes the role of Chase Farm Hospital business unit in the context of the Royal Free London group strategy and governing objectives. It also outlines the key programmes of work underpinning this, including:

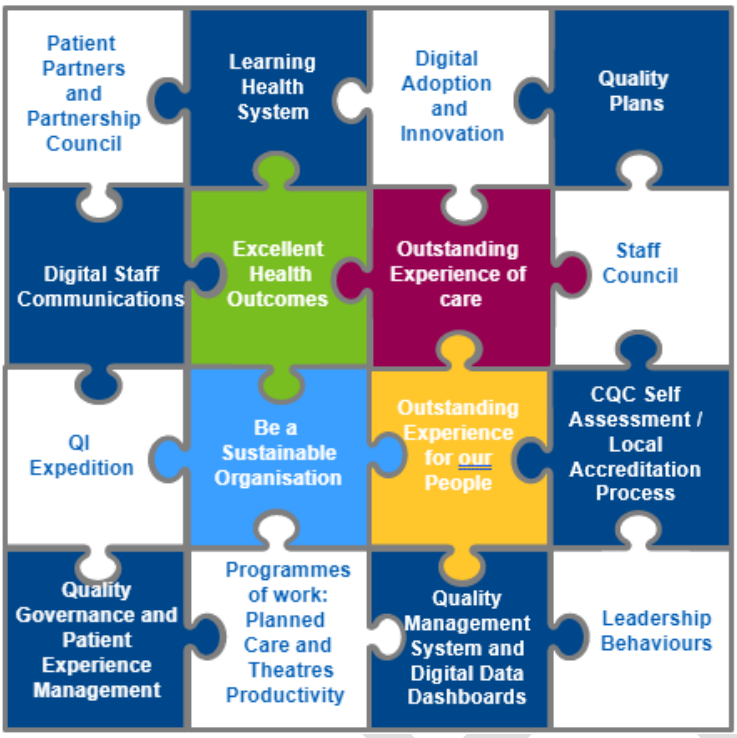
- Learning Health System
- Digital adoption and innovation
- Local Quality Planning
- Patient Partners and Partnership Council
- Staff Council
- Local self-assessment against CQC standards
- Quality governance
- Patient experience.

Efforts this year have focussed on clearer alignment and prioritisation of workstreams. There has also been more focus on measuring the success of initiatives. For example, an externally led review found that two years after implementing the 'Learning Health System', 70% of staff felt more able to influence improvements that matter to them and their patients, 85% of staff find it has a positive impact on patient experience, 81% on staff experience, and 85% on safety.

Staff have said:

> "Instead of issues being raised and not acted on immediately as may have happened in the past, now there is prompt and real-time action and solutions", and it 'gives a voice to staff and patients'.

A snapshot of the Blueprint is shown below:


Patient Partners and Partnership Council
Learning Health System
Digital Adoption and Innovation
Quality Plans
Digital Staff Communications
Excellent Health Outcomes
Outstanding Experience of care
Staff Council
QI Expedition
Be a Sustainable Organisation
Outstanding Experience for our People
CQC Self Assessment / Local Accreditation Process
Quality Governance and Patient Experience Management
Programmes of work: Planned Care and Theatres Productivity
Quality Management System and Digital Data Dashboards
Leadership Behaviours

Getting people seen quickly in Chase Farm Hospital urgent treatment centre

The QI project to reduce time to triage in the urgent treatment centre won the Health Service Journal patient safety congress award for the best use of QI methods in 2022, and the work done at Chase Farm Hospital to increase day case total hip and knee replacements have been widely shared and commended.

Encouraging patients to get moving sooner

A patient who went home within hours of having a knee replacement has praised the 'fantastic' team that have pioneered a new approached to orthopaedic surgery at Chase Farm Hospital.

Encouraging patients to get moving sooner surgeon, Paddy Subramanian, consultant orthopaedic surgeon, praised the multidisciplinary team for being able to offer this new approach for individual patients. He said: "This is a team effort across the board from pharmacy, the nursing team, therapists, surgeons and anaesthetists. Staff have embraced this new way of working."

Instead of a general anaesthetic, most of the patients prefer spinal anaesthetic, sedation if they wish and regional anaesthesia (blocking selective nerves that can cause pain) to aid in early mobilisation. Mr Subramanian said: "Patients love it. A lady told us she was in her garden and the hairdressers the following day. It's a change in mindset for patients and staff that these are not sick nor unwell patients and they are coming in for a joint replacement procedure analogous to a tyre change rather than a completely new engine."

This is a lived experience for a growing number of patients at Chase Farm Hospital who are going home the same day as their hip and knee replacement surgeries. Cheng Ong following her successful treatment reported "I was initially shocked with idea of home on the same day, but I really liked the idea." Cheng is now planning a trip to Singapore to see family.

Royal Free Hospital

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

The Royal Free Hospital business unit has designed and led a new programme to improve workforce wellbeing using the 'what matters to you' (WMTY) concept. It was trialled in January 2022 with one team and it has now spread to over 60 teams across the Royal Free Hospital business unit. Barnet Hospital and Chase Farm Hospital business units have started planning to use the cycle in their teams. The cycle developed by the Royal Free Hospital business unit is demonstrated below.

Here is an example of Royal Free Hospital business unit theatres which demonstrate the impact of the programme:

In early 2022, the team gathered feedback from theatre staff on how safe, included and supported they felt at work. These responses were fed back to the whole theatre department. The leadership team used the tremendous amount of staff feedback that had been collected to generate ideas for positive change in the department.

Six months later, the survey was repeated, and responses showed an increase of almost 20% in positive results and 80% of staff reported noticing positive changes since the first survey earlier in the year.

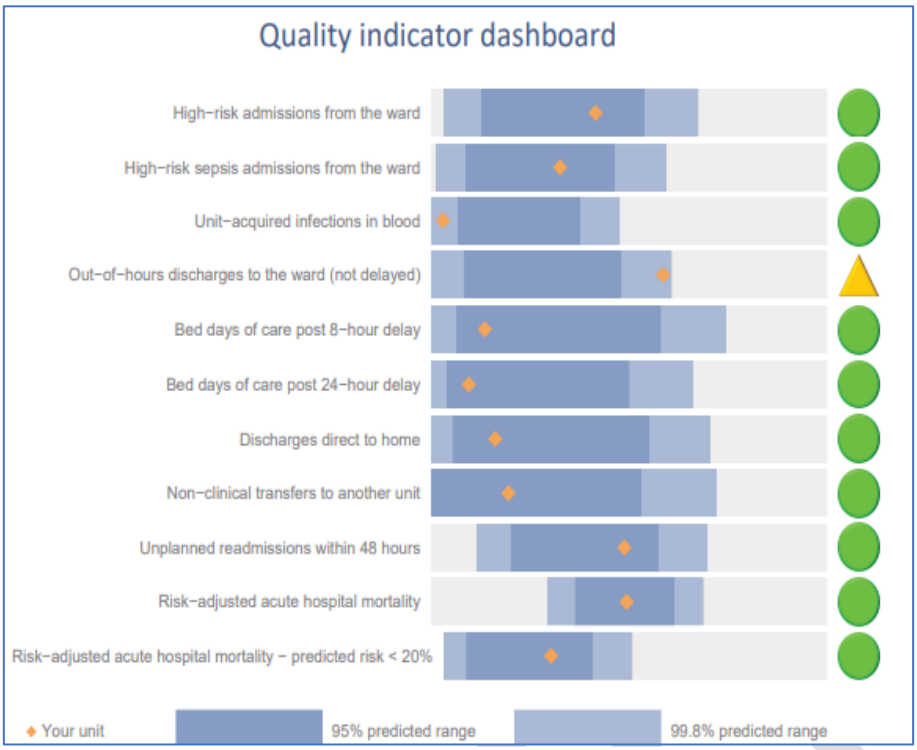
Alongside the improved survey results, there has been a significant use of staff from expensive agencies, increased appraisal rates, increased completion of mandatory and statutory training, reduced turnover and reduced sickness absence.

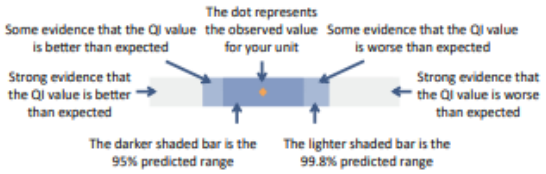
Royal Free Hospital: Case Mix Programme

The Case Mix Programme (CMP) is a national clinical audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales and Northern Ireland.

Critical care units collect data on all the patients they admit. The unit then receives quarterly quality reports, which show how the unit compares to other units identified as receiving similar types of admissions and all units in the CMP.

The reports focus on key potential quality indicators and identify trends over time, helping the unit to understand more about the care they deliver. The aim is to assist the unit in decision-making, resource allocation and local quality improvement.





Quality indicator dashboard page

The quality indicator dashboard summarises all your unit's QI results on one page, taking each result and displaying these all together, each accompanied by a traffic light rating:

- The observed value is within or below the 95% predicted range — there is no evidence that the QI value is worse than expected
- The observed value is above the 95% predicted range but within the 99.8% predicted range — there is some evidence that the QI value is worse than expected
- The observed value is above the 99.8% predicted range — there is strong evidence that the QI value is worse than expected

Key achievements

- The unit has scored well across most key performance indicators and has managed to maintain this compared to the previous year despite the ongoing pressures on the unit. The improvement seen in a reduction in the number of high-risk admissions to the ICU has been sustained, indicating that patients are being admitted to the ICU at the appropriate time and not allowed to deteriorate on the ward.
- There has also been an improvement in readmissions to ICU within 48 hours which is significant.

Improvement actions

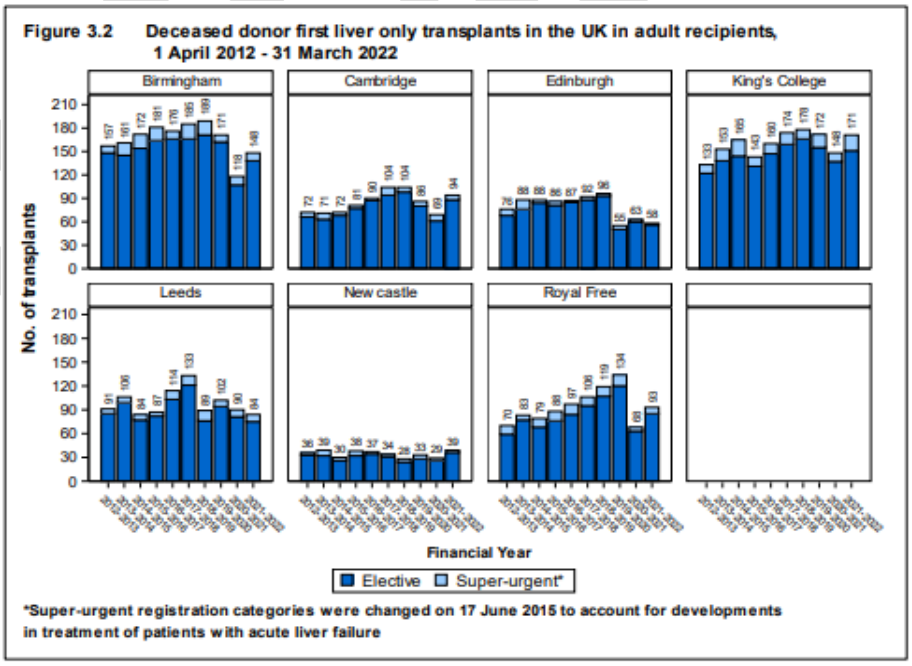
- The ICNARC audit itself does not capture why the unit is an outlier in the number of out-of-hours discharges. The reasons are likely to be multifactorial and reflect the ongoing challenges of improving flow through the hospital.
- There is an ongoing internal unit review to try and understand the causes for readmission to the ICU within 48 hours with the hope of trying to reduce them further.

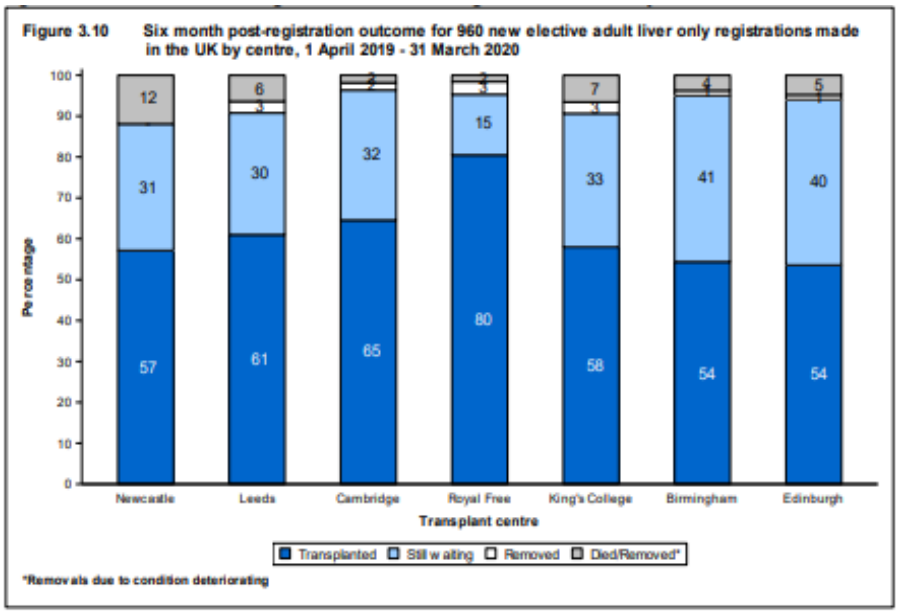
Royal Free Hospital: Liver transplantation

The NHS Blood and Transplant Liver Transplantation audit presents key figures about liver transplantation in the UK.

The audit and reports present information of patients on the transplant list, the number of transplants, demographic characteristics of donors and transplant recipients, and survival post-registration and post-first liver transplant.

Adult Liver Transplantation: elective transplants

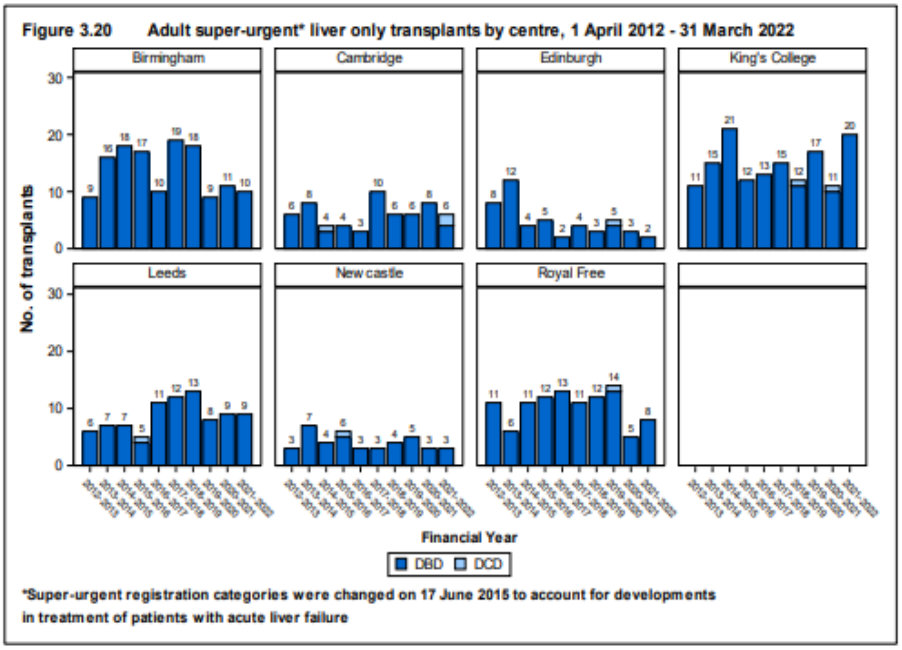




Median waiting time to liver only transplant in the UK, for adult elective patients registered 1 April 2018 to 31 March 2021

		Waiting times (days)	
Transplant centre	**Number of patients registered**	**Median**	**95% confidence interval**
Royal Free	370	54	43 – 65
Edinburgh	253	56	28 – 84
Cambridge	325	59	43 – 75
Leeds	358	74	55 – 93
Kings College	624	83	69 – 97
Newcastle	126	95	60 – 130
Birmingham	706	113	87 – 139
UK	2762	78	71 – 85

Adult Liver Transplantation: Super urgent



Median waiting time to liver only transplant in the UK, for adult super-urgent patients registered 1 April 2018 to 31 March 2021

		Waiting times (days)	
Transplant centre	Number of patients registered	Median	95% confidence interval
Newcastle	16	2	2 – 2
Leeds	57	2	2 – 2
Royal Free	47	2	1 – 3
Kings College	57	2	2 – 2
Birmingham	62	2	2 – 2
Edinburgh	31	2	1 – 3
Cambridge	41	3	2 – 4
UK	311	2	2 – 2

Key Achievements

- Ongoing recovery of transplant activity through COVID despite the reduced numbers of donors nationally.
- Outcomes across all categories of transplants within the 95% confidence interval of UK transplant.
- Further developments within service to develop cold machine perfusion and normothermic regional perfusion.

Improvement actions

- Contributing to the national development of Living Donor Liver Transplant (LDLT)
- Continuing to develop Normothermic Regional Perfusion (NRP) and perfusion technologies.
- Engagement with national pilot programmes for transplant of patients with new cancer indications.

Transplants transforming lives: Liver joy for bride-to-be

Clare Dickins has had a year like no other.

A few months before she was put on the liver transplant list, Clare met Ben.

She has also just started a new job in events but this time last year it was a very different story.

Clare explains: “I was diagnosed with primary sclerosing cholangitis (PSC) when I was 17. It’s a rare liver disease where the bile ducts inside and outside your liver are attacked by your own immune system.”

The condition meant Clare was often in and out of hospital as time went on and her condition worsened. Clare said: “From being someone who enjoyed exercising and playing football, I had to drop everything.”

The 29-year-old, who lives in Tooting, south London, received a long-awaited liver transplant in December. She married 11 weeks later and even succeeded in attending the final of the Euro 22 Championships to witness the Lionesses lift the trophy.

“It was the best Christmas present ever being able to spend Christmas with my family.”

“It felt like a whole new start.”

Seeing the Lionesses win the Euros was the icing on the cake.

Clare said: “There’s no way I’d have had the energy to do that before. When I was in the stadium, I said a little thank you to my donor. Every time I do something new and exciting, I say thank you to them as it’s because of them I’m having these experiences. I’m so grateful to them and their family for being so generous in what is the most awful situation.”

Clare also paid tribute to everyone who cared for her. She said: “I can’t say enough good things about the staff. Everyone I met was so good at their jobs and so kind, particularly the liver co-ordinator nurses who kept me going when I despaired the wait would never be over. Also, the unbelievable surgeons, I’m in complete awe of them and the nursing staff who made sure I could keep in touch with loved ones despite the visiting restrictions. Everyone was amazing.”

Clare has started playing netball and running and, as she continues to recover, she hopes one day to resume playing football.

Royal Free Hospital: Respiratory Support Audit

The British Thoracic Society national respiratory support audit captures data on patients outside critical care that have required respiratory monitoring or intervention to better understand variations in clinical practice and outcomes.

Results summary	Royal Free Hospital	National results

Outcome of NIV	Success (pH >7.35)	66.7%	82.9%
	Success (No BG)	16.7%	3.2%
	Failure	16.7%	13.3%
	Unknown	0%	0.6%
Covid Cohort			
Average oxygen requirement before starting respiratory support	Median (IQR)	32 (22 – 70)	60 (60 – 85)
What was the primary mode of respiratory support	CPAP	50%	61.2%
	HFNO	0%	22.4%
	NIV	50%	12.2%
Outcome	Success	100%	56.1%
	Failure, intubation	0%	14.2%
	Failure, no intubation	0%	29.7%

Key achievements

- Excellent outcomes with the COVID cohort.
- Lower mortality rate compared to national outcomes, despite a frailer cohort.
- All appropriate patients with hypercapnic respiratory failure were given follow-up.

Improvement actions

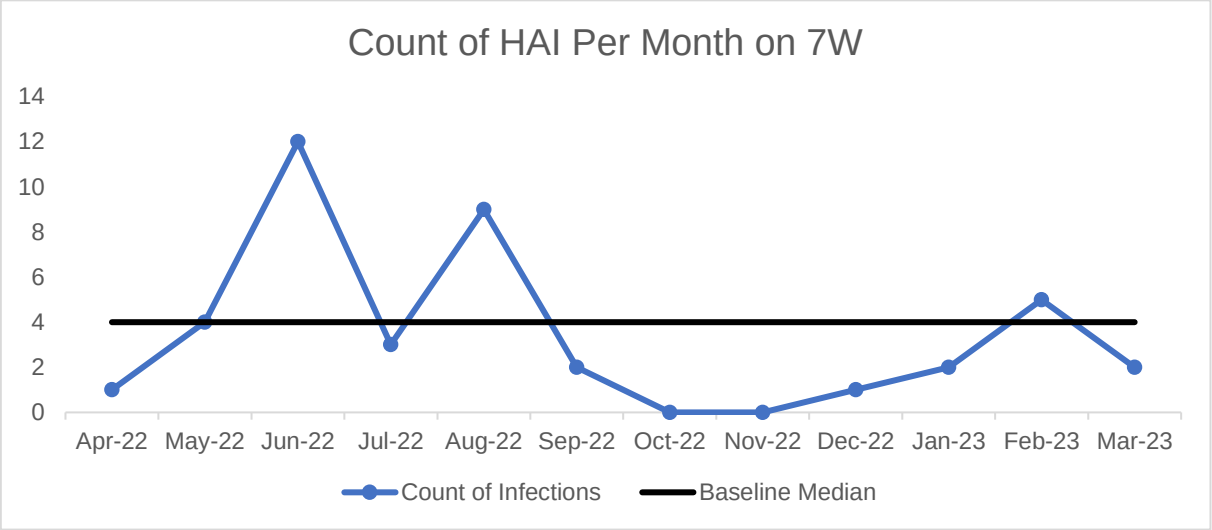
- Ongoing CPG and EPR work that may facilitate flow of patients.
- Non-invasive ventilation training modules now live, work with the emergency department continues.

Hospital-Acquired Infections (HAI) – keeping patients safe on 7 West Ward

7 West Ward cares for a patient population with complex medical needs and comorbidities. The ward had had several reports of hospital-acquired symptoms infections, primarily CPO, C. diff, and MRSA.

This project team comprised representatives from the infection prevention and control team, domestics, estates, nursing, medical and therapies teams. They tested and implemented several change ideas, including updating domestics procedures and work schedules, replacing damaged furniture and equipment, providing hand hygiene and infection control education for clinical teams, and implementation of a daily cleaning checklist.

The ward achieved 92 days without a hospital-acquired infection (CPO, MRSA, C. diff) which is a tremendous success. Improvements made in reducing these infections is demonstrated below:



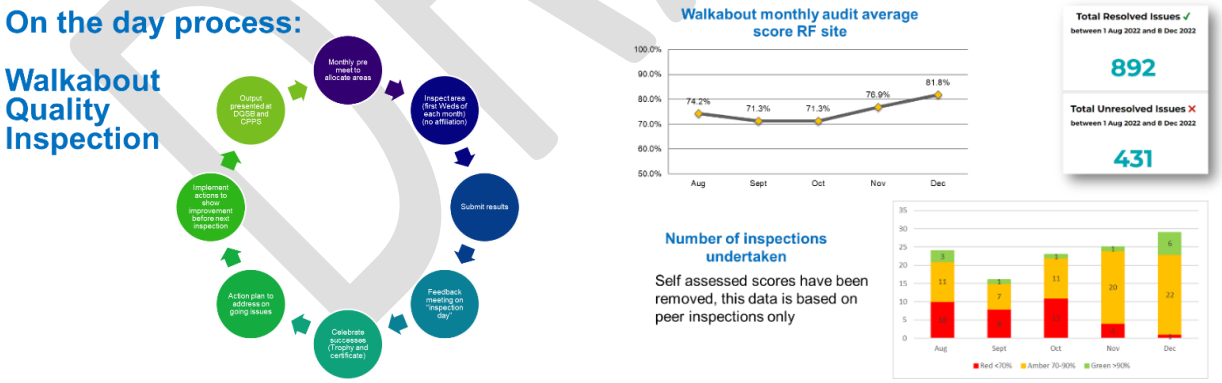
Royal Free Hospital: innovating and sustaining quality

The Royal Free London undertook an internal CQC peer review in April 2022. The peer review identified positive findings and areas for improvement. Each of the Royal Free Hospital business unit divisions formulated actions to address areas for improvement.

The top 3 themes identified were:

1. Medicines management
2. MAST/Appraisal/Training
3. Infection prevention and control/cleaning

To ensure the actions identified were implemented, the site executive team decided to put in place quality walkarounds and a QI project using the Tendable platform to monitor and measure quality with the aim that 90% of wards at Royal Free Hospital achieve a 'green' score on Tendable as a measurement of quality and safety.



Improvements we have seen

- Early identification of issues
- Instant results reports and feedback (with pictures and comments)
- Questions can be modified between inspections
- Tracking of improvement in scores and issues
- Tracking at question, ward or site level
- All peer reviewed
- Supportive measures for areas showing least improvement
- Celebration of areas showing most improvement
- Spreading to out-patients and day care areas
- Learning for inspectors and those being inspected

Red, amber and green results action pathways

Least improved areas
- **Supportive measures**
- Meeting with DON with DDN, divisional triumvirate
- Share results with team
- Identify areas for improvement
- Implement action plan (based on own results)
- Buddy up to share learning from a most improved area

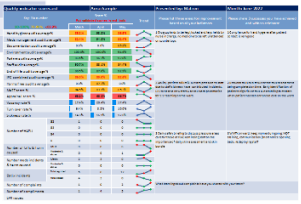
All areas
- Share results with team
- Identify any areas for improvement
- Discuss with matron/HON
- Implement local action plan (based on site top 10 issues)

Most improved areas
- Trophy from DON (top area)
- Share results with team
- Implement local action plan to address issues (based on site top 10 issues)
- Buddy with area needing improvement to share learning

Other quality initiatives supporting quality strategy work

A monthly Teams meeting for matrons and ward managers where divisions present their quality indicators every quarter in line with DQSB (Divisional Quality and Safety Board), and CPPS (Clinical Performance and Patient Safety Committee), highlighting key areas for improvement and areas where success has been achieved.

Division	Month of report
Nephrology, renal and urology	Feb; May; Aug; Nov
Liver and digestive health	Feb; May; Aug; Nov
Network services	Feb; May; Aug; Nov
Infection, immunity and rare diseases	Mar; Jun; Sep; Dec
Anaesthetics, theatres and ICU	Mar; Jun; Sep; Dec
Private practice unit & support services	Mar; Jun; Sep; Dec
Cardiovascular	Jan; Apr; Jul; Oct
Acute medicine, ED & elderly care	Jan; Apr; Jul; Oct
Medical specialities	Jan; Apr; Jul; Oct



Other quality initiatives supporting quality strategy work

This dashboard provides live data in a league table, demonstrating risk assessment completion. Each ward also has a dashboard for all current patients. This is working towards comprehensive and accurate assessment to help reduce falls, pressure ulcers, medication incidents, and other potential harms.

Other quality initiatives supporting quality strategy work

A weekly Teams meeting 2-3pm every Thursday; all matrons, ward mangers and senior nursing staff are welcome to attend. Each week has a theme and standing items. Ward mangers and matrons are expected to share the content with their team and implement any actions raised.

Week 1 Harm Free Care
- Stop the pressure
- Falls free care
- Medicines management
- Hydration and nutrition
- Frailty

Week 2 Safe and Effective Practice
- Infection prevention and control
- Clinical practice updates
- NEWS2
- Discharge team updates
- Research updates
- What matters to patients/complaints
- EPR

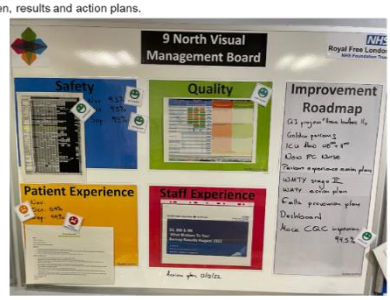
Week 3 Staffing and Workforce
- Recruitment and retention
- Education team update
- What matters to staff
- Safe staffing and safe care live

Week 4 Assurance and Compliance
- Tendable
- EPR
- Waste management compliance
- Food hygiene compliance
- CQC preparation updates

Week 5 Open Forum or theme based presentations

Other quality initiatives supporting quality strategy work

Development of staff virtual management boards in staff only areas, to communicate all themes from quality and improvement work; aim is to enable all members of the team to have a better understanding of what work is being undertaken, results and action plans.



Sustain Momentum and Next Steps

Royal Free Hospital: Increasing awareness of living kidney donations in ethnic minority communities

A team at the Royal Free Hospital aims to increase the awareness of living kidney donations among some ethnic minority communities as part of a drive to reduce health inequalities for those affected by renal failure.

People from Hindu, Jain, and Black community groups make up almost 20% of patients at the Royal Free Hospital receiving treatment for kidney failure including dialysis – but they often have to wait longer than white patients for a transplant.

Currently, a third of people waiting for a kidney transplant in the UK are from Black, Asian and minority ethnic communities. For a kidney donation to be successful, the donor and patient need to be matched by tissue and blood type, and often the patient's best chance of finding a match is from a donor of the same ethnicity. With only 7% of deceased donors currently from a Black or Asian background, living donation gives a vital extra lifeline to these patients.

Funded by the NHS Blood and Transplant (NHSBT), the one-year project aims to tackle this problem by supporting patients during their routine appointments, offering information about how living donations work, supporting patients find a donor, and giving them access to culturally specific resources.

The project is being delivered by organ donation facilitator Rekha Parekh, and scrub nurse Paris Turner. Rekha said she looks forward to working closely with patients and supporting them through this process.

She explained: "Transplantation and organ donation is a subject close to my heart, and I have dedicated a lot of time to this during my 37 years at the trust. I hope to help people have honest and open conversations so they understand the options and can make the right decision for them."

The initiative builds on the work of Kirit Modi, chair of the Jain and Hindu Organ Donation Steering Group (JHOD), and David Myers, chair of the trust's Organ Donation Committee. Both Kirit and David received kidney donations at the Royal Free Hospital.

Royal Free Hospital: first day case nephrectomy in London

A 25-year-old man became the first patient in London to be discharged home just hours after undergoing surgery to remove a kidney. Luke Tolchard's major surgery was performed as a day case at the Royal Free Hospital for the first time at the end of November.

The software product manager from Kentish Town says he was happy to be back in his own bed shortly after his operation. "I am feeling surprisingly well," said Luke.

Luke started feeling unwell about a year ago, noticing a pain in his back which gradually got worse.

"A few drinks, and it would be agony."

"I noticed it was whenever I had been drinking alcohol," he said. "A few drinks and it would be agony – and the pain would last a few days."

After being referred to the Royal Free Hospital, scans revealed that Luke's right kidney wasn't functioning at all.

"The scan revealed an obstruction which restricted the flow," said Luke. "When I drank alcohol, the fluid would get stuck and that's why it was painful."

Surgery to remove the kidney was the only option to ensure it wouldn't become dangerously infected.

Then that consultant surgeon Ravi Barod offered Luke the chance to be the first patient at the hospital to undergo surgery to remove a kidney, with the help of a surgical robot, as a day case patient.

"Only certain patients would be suitable for this," said Ravi. "They would have to be relatively fit and – one of the key factors – is whether the patient feels confident. There would have to be no complications from the surgery, and their pain would need to be well controlled.

"The patient also needs open access to emergency care – we have a special clinic here at the hospital that they can come to immediately if needed."

Following his surgery, Luke felt confident enough to go home.

He said: "After the operation, I was quite happy to leave and my journey home is only 15 minutes."

"The biggest challenge just after an operation is getting in and out of bed so I made a makeshift hospital bed with pillows to make it easier.

"You also have a doctor at the end of a phone line, and you have a follow-up the next day, so you feel like you are being looked after."

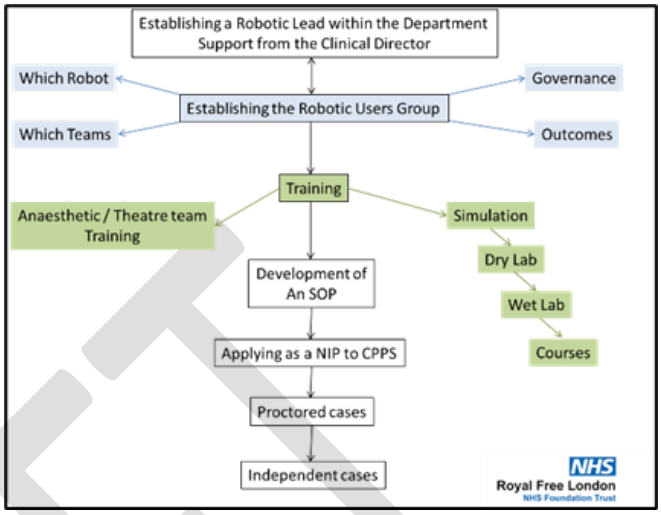
Thanks to improvements in care over the past seven years the length of time patients stay in hospital following the removal of a kidney has fallen dramatically.

Ravi said: "In 2015 patients would generally stay in hospital for about five days. In 2016 we got this down to two days for fit patients. Now we can do it as a day case. For patients who are suitable, it really benefits them and benefits the hospital."

Establishing a robotic colorectal surgery service

The Royal Free Hospital has been at the forefront of robotic surgery with our very successful renal cancer programme, which has the highest volume in Europe and has gained international recognition. We are looking to emulate their success with the robotic colorectal programme and are fortunate to have support from the renal team.

Robotic colorectal surgery has been adopted nationally and internationally with good patient outcomes. It is a minimally invasive surgery with multiple advantages such as reduced inpatient stay, faster return to normal activity, reduced pain and complications such as incisional hernia rates. It is precise surgery utilising a 3-D camera enabling surgeons to visualise confined areas in the body, such as the pelvis. The control of instruments lies with one operator and reduces the risk of camera difficulties, as seen with laparoscopic surgery.



Outcomes and cases undertaken since December 2022

Four proctored (evaluated by peer) – one to two cases per list

- Two low anterior resections
- One abdominoperineal resection
- One complete mesocolic excision right hemicolectomy
- All discharged day four
- No surgical morbidities to date
- Anaesthetic complications - pleural effusion, ulnar nerve palsy

Four independent cases – two cases on the list

- Discharged day three to five

Advantages of robotic surgery

- High quality tumour resection
- Improved ergonomics
- Superior visual depth and definition
- Expanded articulation
- Reduced blood loss
- Shorter learning curve than laparoscopic surgery
- Better oncological outcomes particularly for rectal cancer
- Surgeon longevity

Creating a greener Intensive Care Unit

Since announcing our green commitments in November 2021 during COP26, the world's largest climate change summit we have already made a lot of changes along the path to sustainability and will continue to play our part in helping the NHS reach net zero carbon emissions by 2040.

A team of intensive care nurses at the Royal Free Hospital are on a mission to help the NHS reach net zero carbon emissions.

Last year, the trust launched a 'green deed feed' comments forum on Freenet inviting staff to share ideas about creating a greener Royal Free London. This sparked a conversation amongst nurses in ICU to improve their waste management. Joy Davison, ICU nurse, said: "A few of us who are passionate about this could see that this could be better managed. We hope to drastically reduce the amount of unnecessary waste added to clinical waste and reduce the carbon footprint from intensive care."

Since starting their QI (quality improvement) project, the 'green team' have conducted waste audits, improved bin signage, and introduced recycling bins in all bed spaces.

Moving forward, they continue to embed a culture of waste consciousness into their department and recently recorded a short information video to share with colleagues.

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

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