

# Royal Free London NHS Foundation Trust

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

**Keeping people healthy**

DRAFT

**Quality Account 2022/23**

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## Part 1: Achievements in quality

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## 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

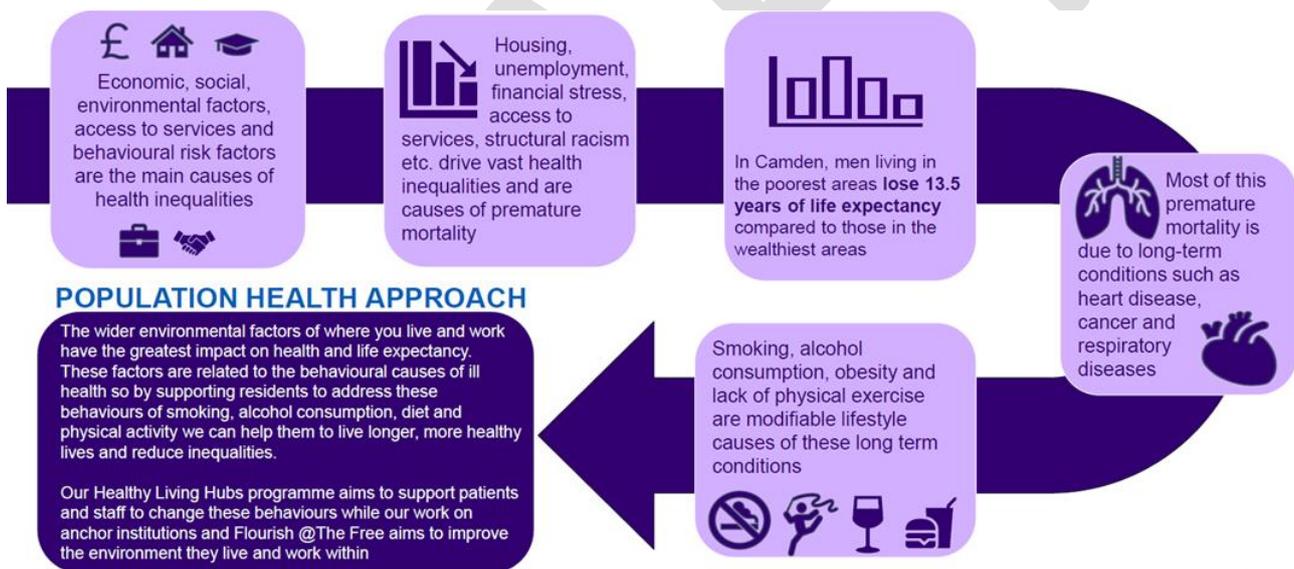
Further to the Chief Executive’s statement on quality in opening the 2022/23 quality account report, the examples below represent a selection of patient journeys and improvement work undertaken in the trust over the last year to demonstrate that we are both safe and effective in our delivery of ongoing 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

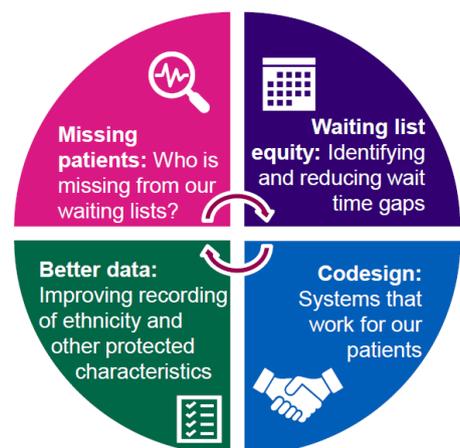
The intervention was well received by patients and staff.

We saw:

- DNA rates decreased in both specialities.
- Improved ethnicity recording in both specialities.

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.

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## Part 2

### Priorities for improvement and statements of assurance from the board

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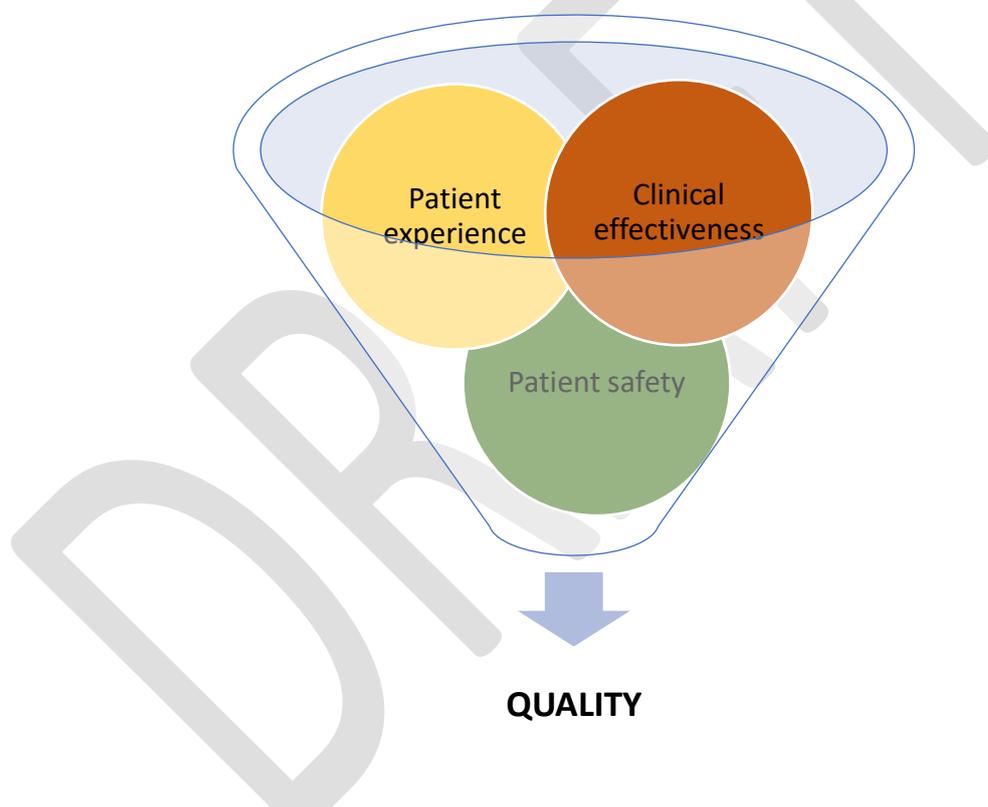
## 2.1 Priorities for improvement

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.



<b>Principles</b>	There is a shared understanding about involvement underpinned by shared values
<b>Purpose</b>	Everyone understands why they are involved and there is clarity and transparency on decision making and authority
<b>Presence</b>	A diverse range of patients and carers are involved at all levels in the organisation and are reflective of the local community
<b>Process</b>	Patients and carers are enabled to make the best contribution possible
<b>Impact</b>	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.

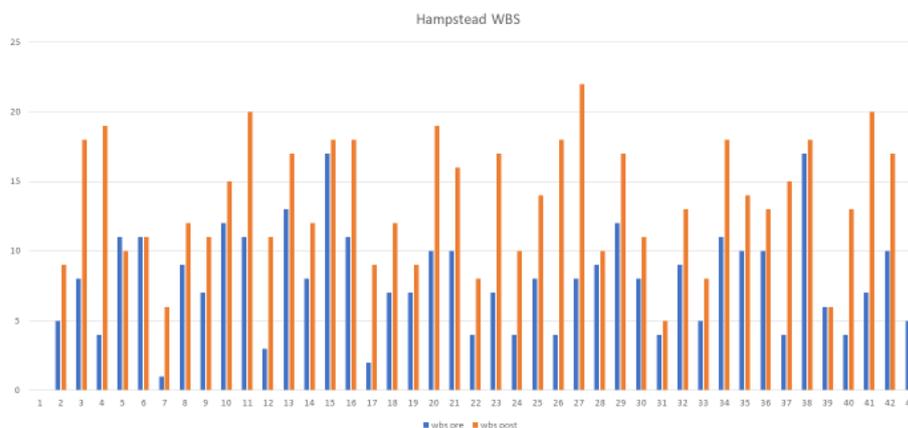
Inspired by the WHO 5, we developed the following Well-Being Index:

	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

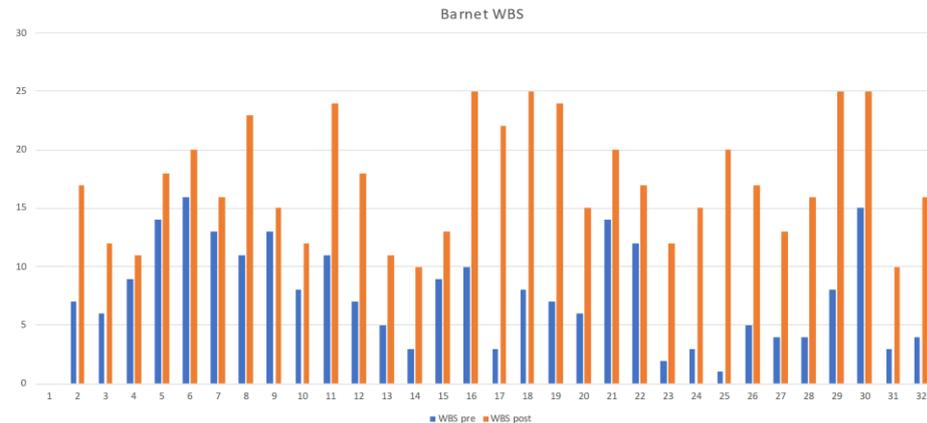
Total

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:

### Hampstead WBI Scores Jan – March 2023



## Barnet WBI Scores Jan – March 2023



world class expertise  local care

Royal Free London   
NHS Foundation Trust



### 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 Not 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

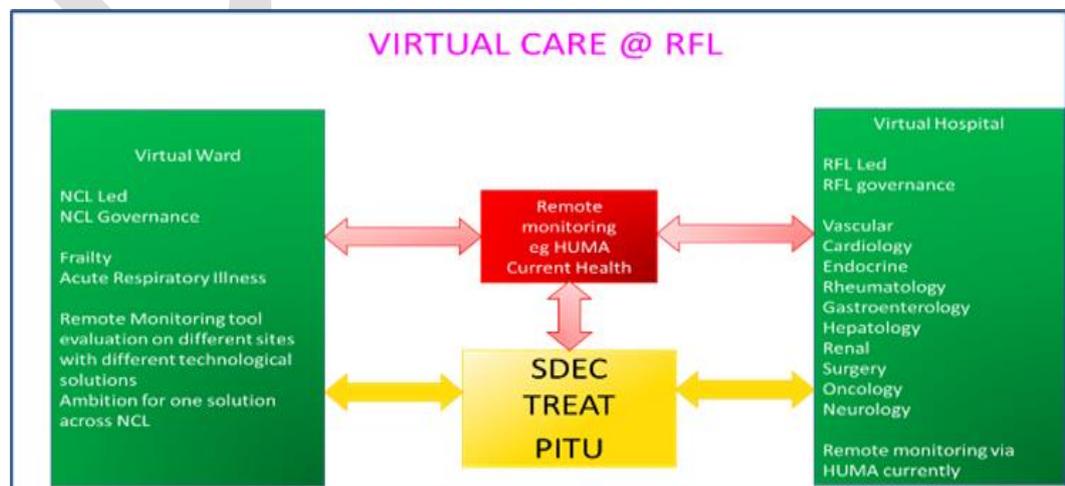
Of the 64 clinical pathways, 44 are digitised in the Royal Free London electronic patient record across all hospital sites. Digitisation has resulted in 71% of admitted activity related to a CPG; the pathways digitised are:

- |  |   |
|--|---|
| 1. Elective Hip Replacement              | 23. Hepato-biliary Cancer                         |
| 2. Elective Knee Replacement             | 24. Shoulder arthroscopy                          |
| 3. Non-complex Right Upper Quadrant Pain | 25. Gynaecology Cancer                            |
| 4. Haematuria Diagnostic                 | 26. Haematuria Treatment                          |
| 5. Early Pregnancy Unit (EPU)            | 27. Hyperemesis                                   |
| 6. Wheezy Child                          | 28. Skin Cancer                                   |
| 7. Chest Pain – Cath Lab                 | 29. Surgical Management of Miscarriage (SMM)      |
| 8. Upper Gastro-Intestinal Cancer        | 30. Kidney Stones                                 |
| 9. Community Acquired Pneumonia          | 31. Arthroscopy                                   |
| 10. Heart Failure                        | 32. Ambulatory DVT                                |
| 11. Hot Gallbladder                      | 33. Fracture of Femur (FOF)                       |
| 12. Pulmonary Embolism                   | 34. Rapid Diagnostic Centre (RDC)                 |
| 13. Virtual Fracture Clinic              | 35. Complex Perioperative MDT                     |
| 14. Pre-operative Assessment             | 36. Enhanced Recovery after Surgery (Nephrectomy) |
| 15. Teledermatology Part 1               | 37. Renal Transplant                              |
| 16. Keeping Mothers and Babies together  | 38. Diabetes                                      |
| 17. Anaemia                              | 39. Better Births                                 |
| 18. Prostate Cancer Diagnostic           | 40. Breast Cancer                                 |
| 19. Prostate Cancer Treatment            | 41. Emergency Laparotomy                          |
| 20. Induction of Labour                  | 42. Induced Primips                               |
| 21. Lower GI Cancer                      | 43. Teledermatology Part Two                      |
| 22. Lung Cancer                          | 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:

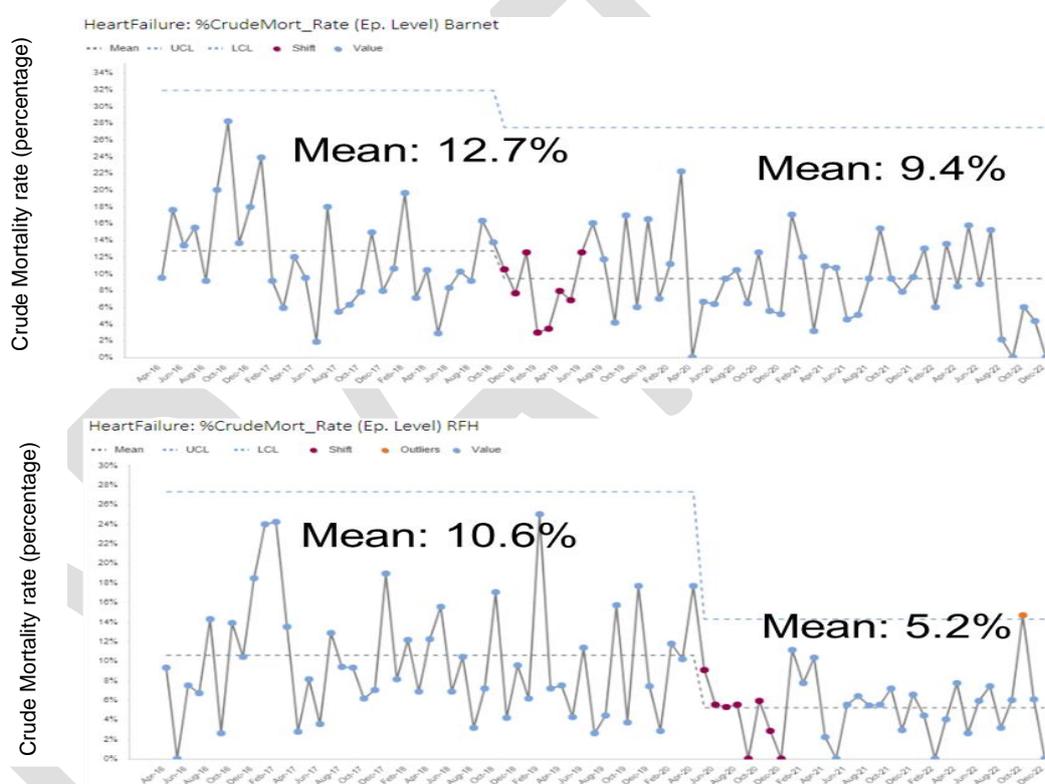


Firstly, for virtual care as an extension of care, whilst still under the supervision of the acute doctor, we have developed a virtual encounter in our electronic patient record and commissioned a third party to pilot remote monitoring of heart failure patients' vital signs at home. Secondly, we are 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

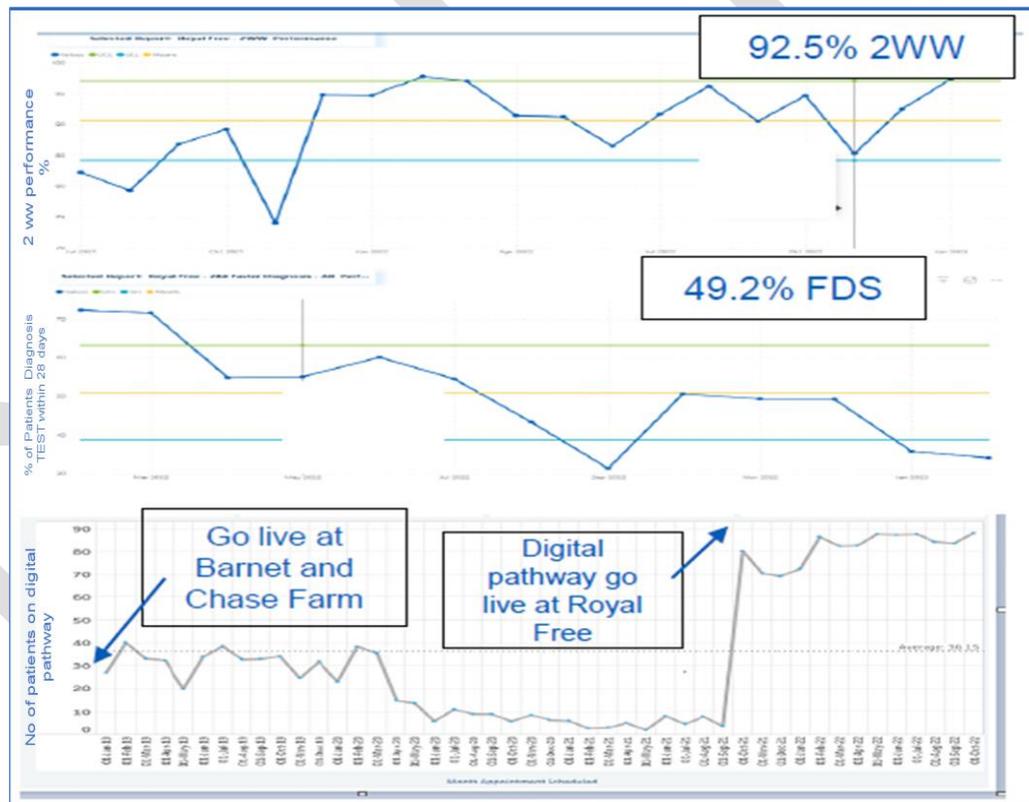
developed a model that optimises treatments in the community for patients who have heart failure and proactively screen for new potential diagnoses also.

### 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).

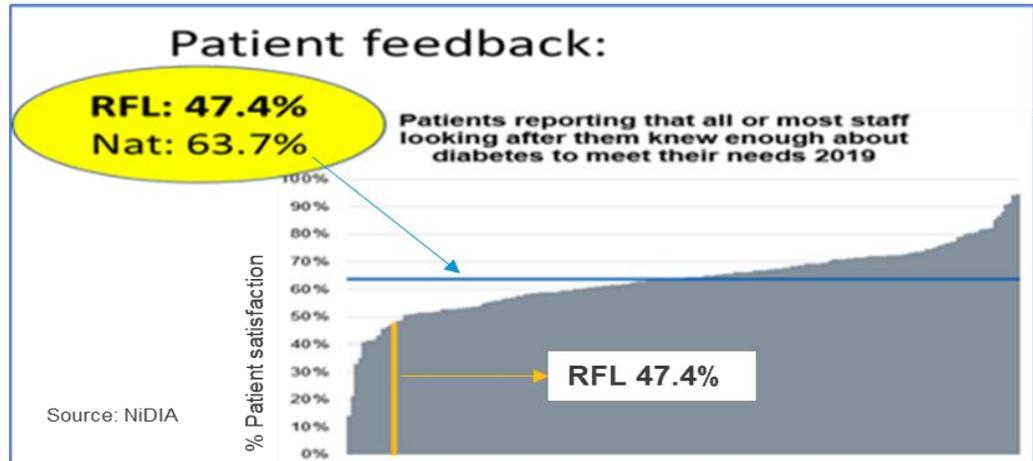


Areas of focus for pathway transformation and re-design include the roll-out of Faecal Immunochemical Testing (FIT) in the suspected lower gastro-intestinal pathway to risk stratify patients for diagnostic interventions and developing a breast pain pathway in conjunction with the North Central London 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.

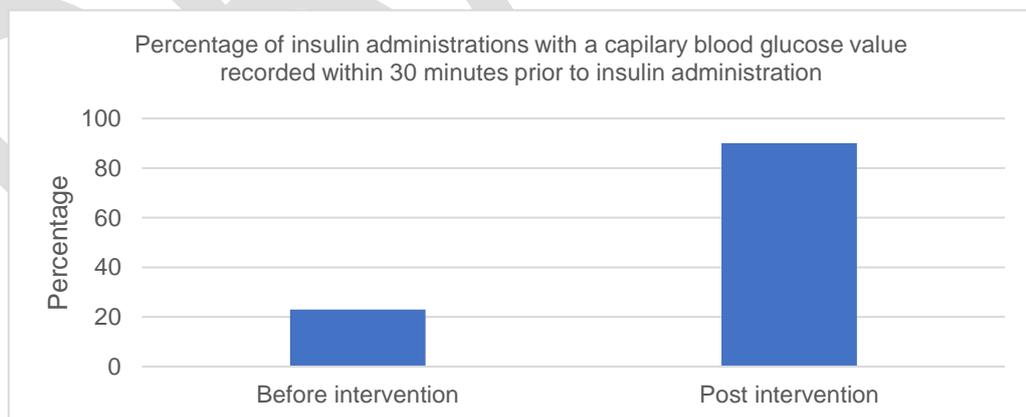
## Inpatient Diabetes

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.

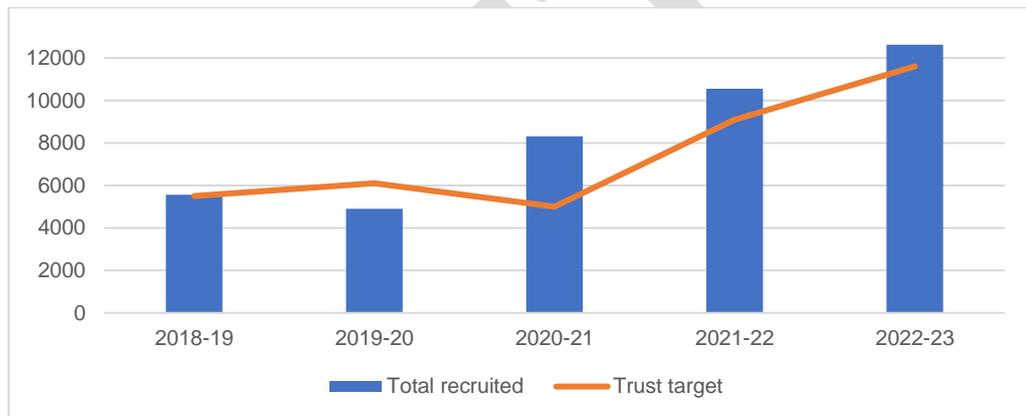


The Trust continues to perform well into National Institute for Health Research adopted studies. The Trust has finished 9th nationally as a Trust into National Institute for Health Research studies this year. The final figures are 12, 628 participants against a Trust target of 11,603. The monthly target was consistently met 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

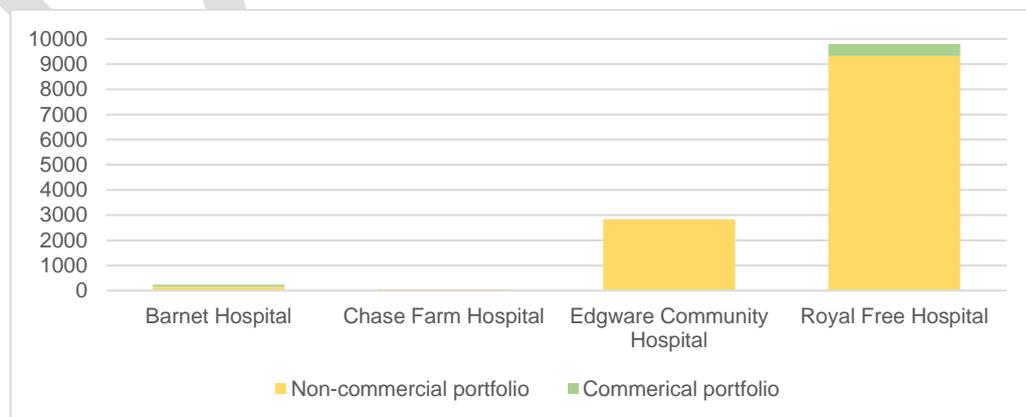
**5-year recruitment figures**



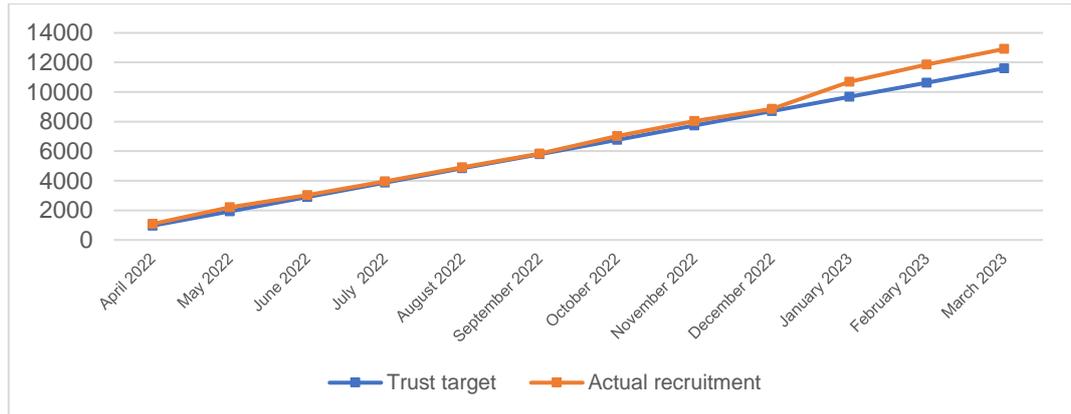
Royal Free London as a site is the ninth biggest recruiting site nationally as shown by our 2022/23 by trust site.

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

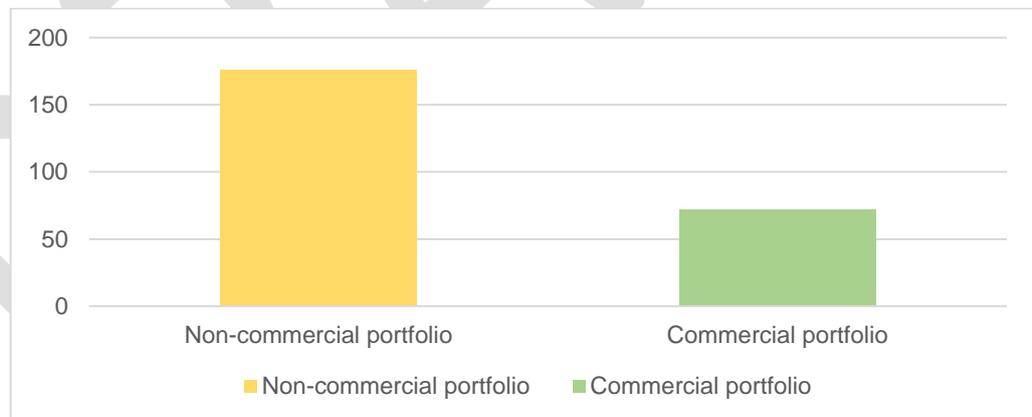


### 2022/23 number of recruiting studies

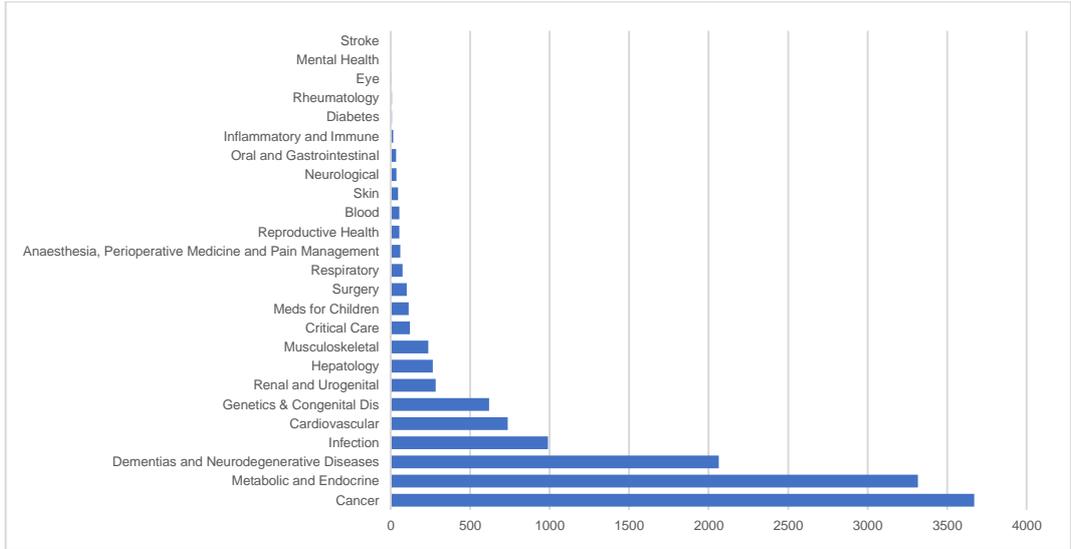
During 2022/23, we recruited to a large number of studies (248), which places Royal Free London in the top 20 NHS trusts nationally and demonstrates our commitment to ensuring a diverse portfolio of research for our patients to participate in.

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



DRAFT

## 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.

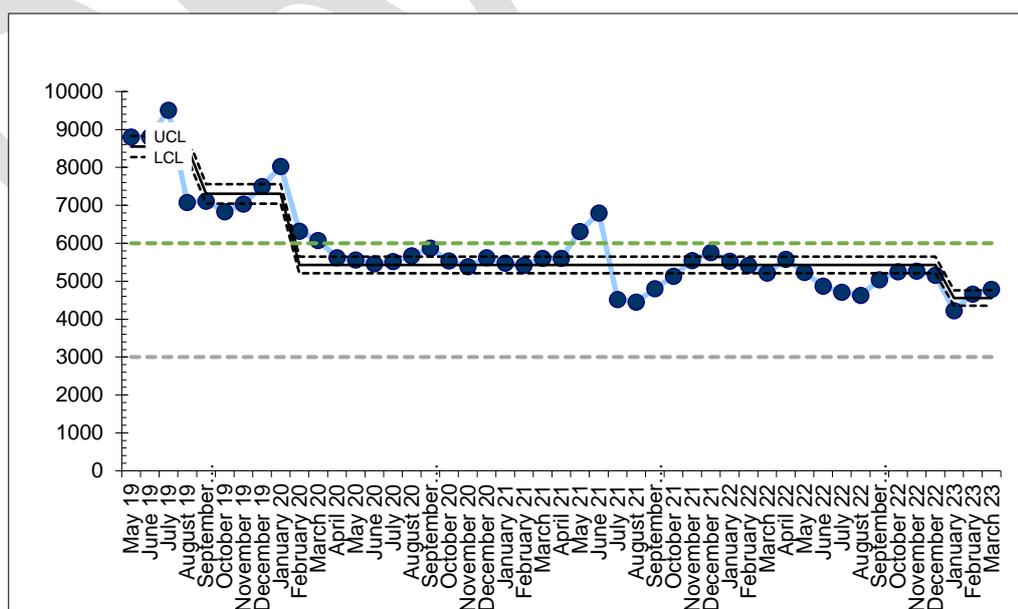
Our progress in 2022/23

#### 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.



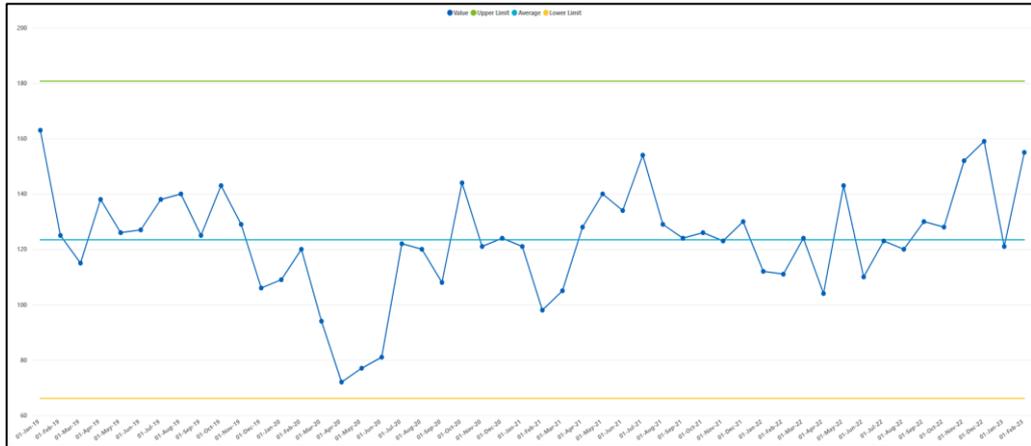
**Priority 3b:  
Improve medicines optimisation ensuring the right patient gets the right medicine at the right time.**

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:

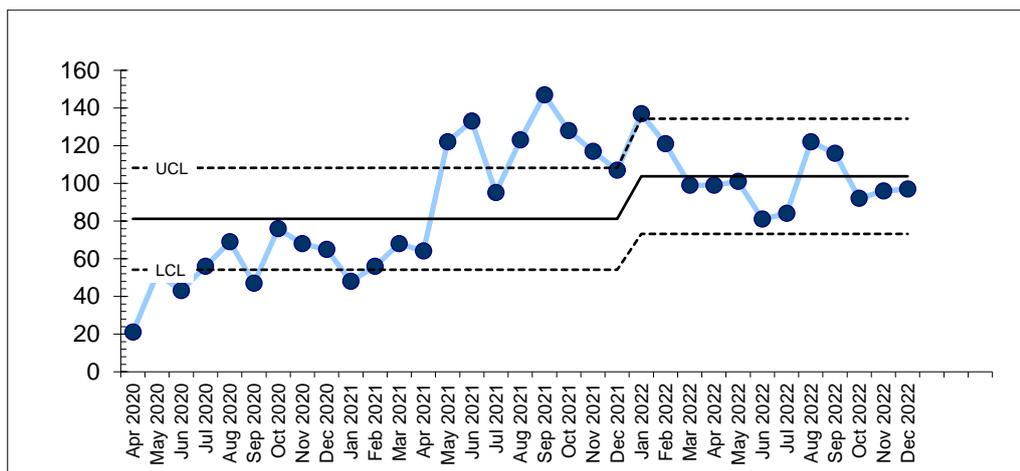
- Ensure staff in conflict-facing roles receive conflict resolution training and are offered appropriate support following any incidents of violence and aggression.
- Ensure all staff involved in patient restraint roles completely understand of safe restraint techniques, the legal frameworks and the legislation 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)**



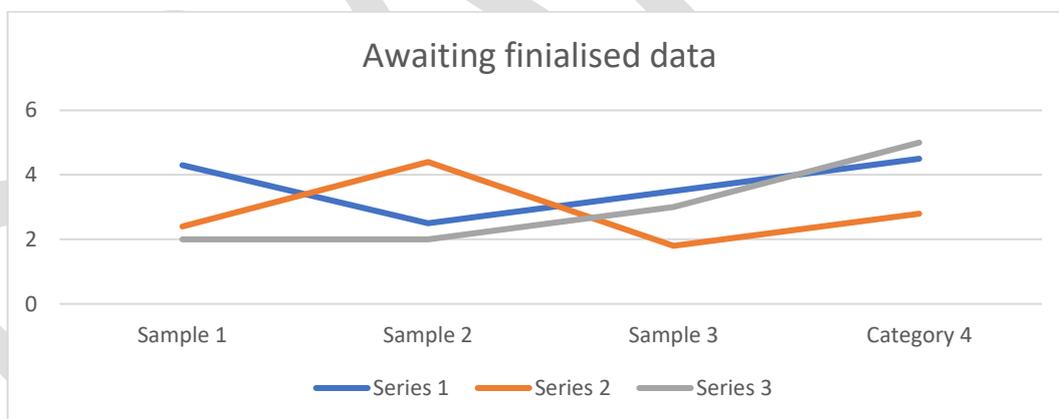
**Priority 3d:**  
**Achieve zero trust attributed Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia (MRSA) cases.**

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.

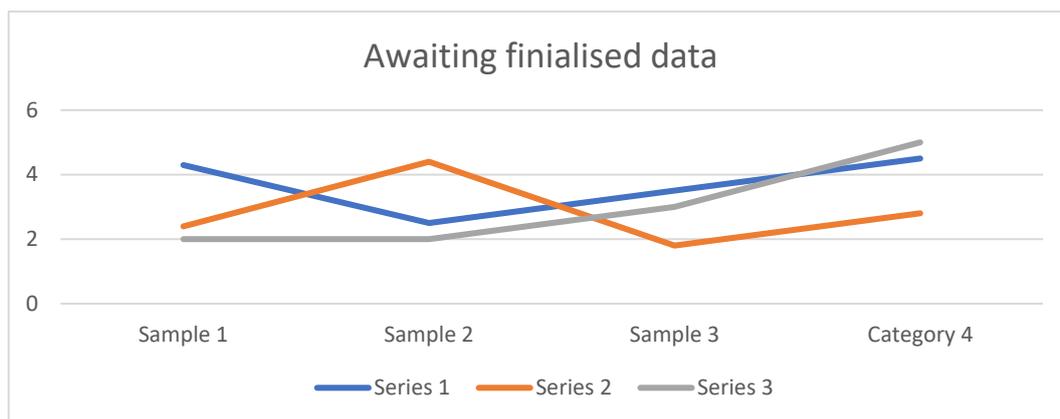
Our progress in 2022/23

**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.

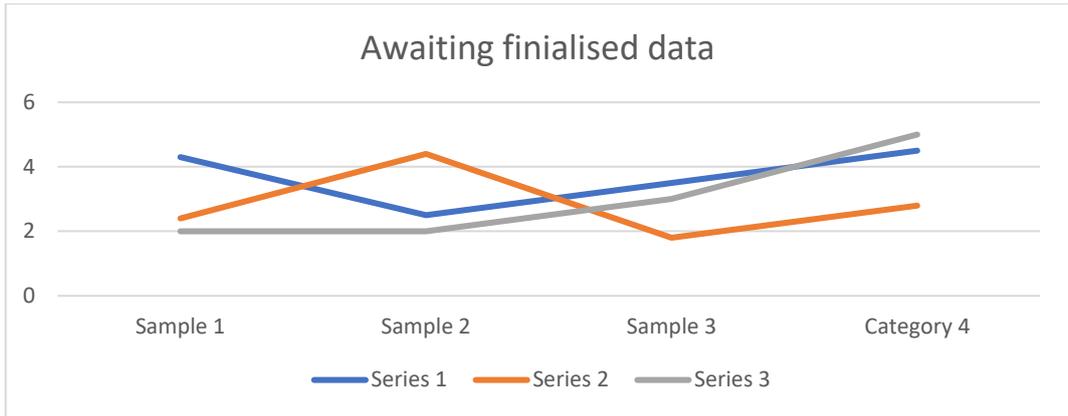
Our progress in 2022/23

**Awaiting updated information and infographics from the team.**  
**Text for this section will be ready for the final version of the quality accounts**

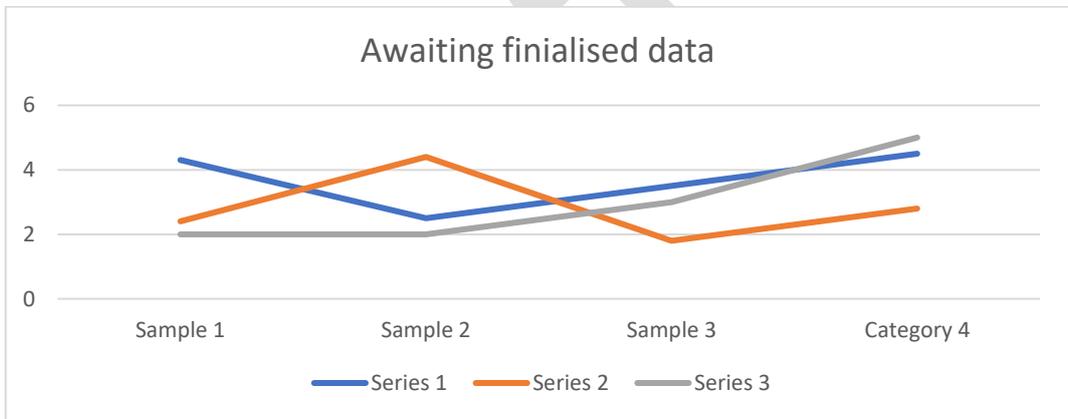
Gram negative blood stream infections due to E. coli, Klebsiella sp. and Pseudomonas aeruginosa are assigned to the trust when the specimen is taken on the third day of admission onwards and is classified as a hospital onset, healthcare-associated infection.

**E. coli infection**

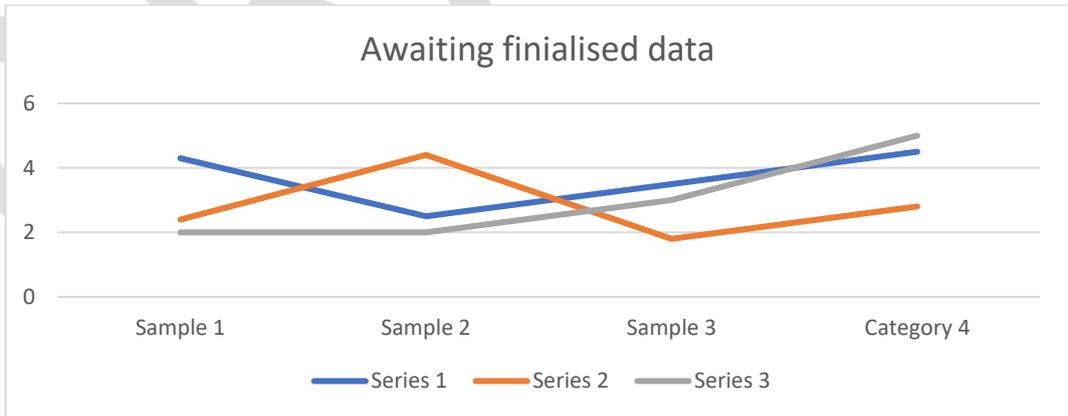
Royal Free London performance: E.coli. infections per 100,000 occupied bed days



**Klebsiella sp.**



**Pseudomonas aeruginosa**



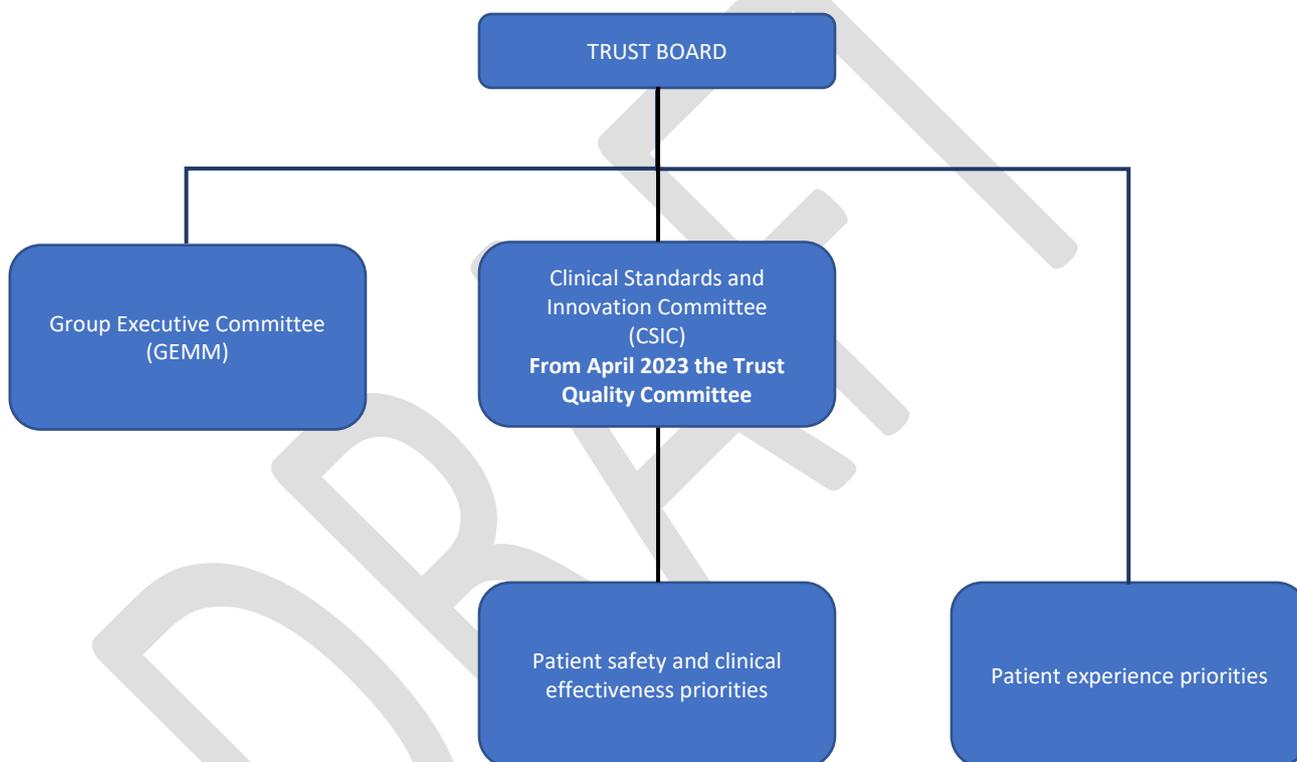
## Our priorities for improvement for 2023/24

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:

**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.**

### What success looks like:

- We will build on the patient involvement framework to facilitate and embed high quality, diverse involvement work across the trust.
- We will work collaboratively with patients to identify and act on areas for improvement and better understand health inequalities through changes in service utilisation.
- We will develop clear processes to better understand the experience of patients with learning disabilities and work with patients and carers in the co-production and design of our services.
- We will make every contact count by supporting the prevention of poor health across the North Central London patch.

### Priority 1b:

**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.**

### What success looks like:

- We will ensure the red tray is used on the wards to help staff identify which patients need extra attention when eating or need foods that have a modified texture (such as mashed or pureed foods).
- We will undertake a nutrition screening tool audit to establish a baseline.
- We will establish a group-wide nutrition group; to include patients, speech and language therapist, dieticians and estates and facilities.
- We will publish our 'patient led assessment care environment' (PLACE).
- We will co design and publish a food and drinks strategy.

### Priority 1c:

**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.**

### What success looks like:

- We will identify the best practice methods to keep patients informed and updated of any cancellations and delays and roll these out across the group.
- We will monitor our progress using patient experience to collect patient and carer feedback.

## Our clinical effectiveness priorities for 2023/24

Our quality priorities and why we chose them:

### Priority 2a:

**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.

### What success looks like:

- Standardising the process to conduct morbidity and mortality reviews that is aligned with the learning from deaths process.
- Developing improvement plans from the learning and ensure the improvement actions are delivered.
- Share the learning identified across teams, divisions, hospital business units and trust wide.

### Priority 2b:

**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.

### What success looks like:

- 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:

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.

### What success looks like:

- Implementing an education and training plan to improve (intravenous) line care practice.
- Undertake post Infection Reviews carried out to identify and act on key areas of improvement.

### Priority 3b:

This is an existing priority from 2021/22

Achieve zero trust attributable *Clostridium difficile* (C. diff) infection cases with a lapse in care.

### What success looks like:

- C. diff knowledge and practice audit amongst staff.
- Audits of commodes, mattress and pillows.
- Develop a robust and practical action plan with clinical team to reduce rates of C. diff infection.
- Review of all cleaning audit reports at site divisional lead meetings.
- Root cause analysis will be carried out in order to identify what changes would prevent reoccurrence.
- Revitalise the deep cleaning programme across all sites.

### Priority 3c:

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.

### What success looks like:

- A standard operating process in place on how to disseminate learning from safety incidents.
- The introduction of a new learning methods as part of a patient safety event response that includes; multi-disciplinary (MDT) review, after action review, swarm huddle, hot debriefs, learning in action meetings.
- Produce a criteria for specific learning methods to be recommended for types of safety learning events.
- Use of our QI methodology to test learning, to evaluate the effectiveness of the learning methods and dissemination.

## 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
<b>National Gastro-Intestinal Cancer Audit Programme (GICAP):</b> National Bowel Cancer Audit (NBOCA)	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2020/21:</b> Royal Free London: <10 patients * see table below
<b>National Gastro-Intestinal Cancer Audit Programme (GICAP):</b> National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2020/21:</b> Royal Free London: n = 77 (91%)
<b>National Lung Cancer Audit (NLCA)</b>	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022:</b> Royal Free London: n = 354
<b>National Prostate Cancer Audit (NPCA)</b>	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	Not applicable	<b>2020/21:</b> Royal Free London: n = 449
<b>National Asthma and COPD Audit Programme (NACAP):</b> COPD Secondary Care	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021/22:</b> Barnet Hospital: n = 357 <b>03/2022 to 03/2023:</b> Royal Free Hospital: n = 6 * see table below
<b>National Asthma and COPD Audit Programme (NACAP):</b> Adult Asthma Secondary Care	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021/22:</b> Barnet Hospital: n = 124 <b>03/2022 to 03/2023:</b> Royal Free Hospital: n = 38
<b>National Asthma and COPD Audit Programme (NACAP):</b> Paediatric Asthma Secondary Care	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021/22:</b> Barnet Hospital: n = 32 Royal Free Hospital: n = 80
<b>National Adult Diabetes Audit (NDA):</b> National Foot Care in Diabetes Audit (NFCA)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022/23:</b> 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
<b>National Adult Diabetes Audit (NDA):</b> National Diabetes Inpatient Safety Audit (NDISA)	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	<b>2022/23 (up to 06/03/2023):</b> Royal Free London: n = 3 (nb low case ascertainment is positive)
<b>National Adult Diabetes Audit (NDA):</b> 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
<b>National Adult Diabetes Audit (NDA):</b> National Diabetes Core Audit	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	<b>2020/21:</b> Royal Free Hospital (Type I): n = 1500 Royal Free Hospital (Type II): n = 1105
<b>National Paediatric Diabetes Audit (NPDA)</b>	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	<b>2021/22:</b> Barnet Hospital: n = 113 Chase Farm Hospital: n = 64 Royal Free Hospital: n = 64
<b>Muscle Invasive Bladder Cancer at Transurethral Resection of Bladder Audit (MITRE)</b>	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	<b>2022:</b> <b>Data collected 1 Jan 2019 - 31 Mar 2019:</b> Royal Free Hospital: n = 11
<b>Elective Surgery – National PROMs Programme</b>	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.]
<b>Falls and Fragility Fractures Audit Programme (FFFAP):</b> Fracture Liaison Service Database (FL-SD)	Yes	Yes	Site level	Barnet Hospital	Chase Farm Hospital Royal Free Hospital	<b>2021:</b> Barnet Hospital: n = 775
<b>Falls and Fragility Fractures Audit Programme (FFFAP):</b> Inpatient Falls	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022/23 (up to 16/03/2023):</b> 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
<b>Falls and Fragility Fractures Audit Programme (FFFAP):</b> Fracture Database (NHFD)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021:</b> Barnet Hospital: 91.4% Royal Free Hospital: 78.3%
<b>National Cardiac Audit Programme (NCAP):</b> Cardiac Rhythm Management (CRM)	Yes	Yes	Site level	Barnet Hospital	Chase Farm Hospital Royal Free Hospital	<b>2020/21:</b> Barnet Hospital: n = 168
<b>National Cardiac Audit Programme (NCAP):</b> Myocardial Infarction National Audit Project (MINAP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2020/21:</b> Barnet Hospital: n = 162 (162/164 = 98.78%) Royal Free Hospital: n = 715 (715/699 = 102.29%)
<b>National Cardiac Audit Programme (NCAP):</b> National audit of percutaneous coronary interventions	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	<b>2020/21:</b> Royal Free Hospital: n = 905 ( <i>Minimum required is 400</i> )
<b>National Cardiac Audit Programme (NCAP):</b> National Heart Failure Audit (NHFA)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2020/21:</b> Barnet Hospital: n = 538 Royal Free Hospital: n = 324 ( <i>Overall Royal Free London ascertainment = 85.2%</i> )
<b>National Audit of Cardiac Rehabilitation (NACR)</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021</b> Barnet Hospital: 4/7 KPIs submitted Royal Free Hospital: 1/7 KPIs submitted
<b>Intensive Care National Audit and Research Centre (ICNARC):</b> Case Mix Programme (CMP)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021/22</b> Barnet Hospital: n = 652 Royal Free Hospital: n = 2073
<b>Intensive Care National Audit and Research Centre (ICNARC):</b> National Cardiac Arrest Audit (NCAA)	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021/22</b> 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
<b>Inflammatory Bowel Disease (IBD) registry:</b> Biological Therapies Audit	No	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<i>[No data has been submitted since 2021 due to Infoflex issues.]</i>
<b>National Audit of Breast Cancer in Older People (NABCOP)</b>	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022:</b> Royal Free London: 50-69 years: n = 885 70+ years n = 294
<b>National Audit of Dementia</b>	No	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<i>[Royal Free London did not submit to audit due to resource issues and changes to methodology.]</i>
<b>National Audit of Pulmonary Hypertension Audit (NAPH)</b>	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	<b>2021/22:</b> Royal Free Hospital: n = 836 (Minimum required is 300)
<b>Epilepsy12 National Clinical Audit of Seizures and Epilepsies for Children and Young People</b>	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021:</b> Royal Free London: n = 27 (27/28 = 96%)
<b>National Clinical Audit of Care at the End of Life (NACEL)</b>	No	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<i>[Royal Free London did not participate in the 2022 round of this audit to concentrate on improvement work following previous round of audit.]</i>
<b>National Early Inflammatory Arthritis Audit (NEIAA)</b>	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	<b>04/2022 to 12/2022:</b> Barnet Hospital: n = <11 Chase Farm Hospital: n = 121 Royal Free Hospital: n = 4
<b>National Emergency Laparotomy Audit (NELA)</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>12/2020 to 11/2021:</b> Barnet Hospital: n = 92 Royal Free Hospital: n = 70
<b>National Joint Registry (NJR)</b>	Yes	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	<b>2021:</b> 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%)
<b>National Maternity and Perinatal Audit (NMPA)</b>	Yes	Yes	Trust level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2018/19:</b> Royal Free London: 89%
<b>National Neonatal Audit Programme (NNAP)</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021:</b> Barnet Hospital: n = 84 (100%) Royal Free Hospital: n = 11 (100%)
<b>National Vascular Registry (NVR)</b>	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	<b>2019/21:</b> 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
<b>Emergency Medicine National Quality Improvement Program</b> 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
<b>Emergency Medicine National Quality Improvement Program</b> 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
<b>Outpatient Management of Pulmonary Embolism</b>	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	<b>2021:</b> 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
<b>Sentinel stroke national audit programme (SSNAP)</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021/22:</b> Barnet Hospital clinical audit: 90%+ (Level A) Royal Free Hospital clinical audit: 90%+ (Level A)
<b>Trauma audit research network (TARN) – Major trauma audit</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>10/2021 to 09/2022:</b> Barnet Hospital: TBC Royal Free Hospital: 35% (average)
<b>Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme</b>	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	<b>2021:</b> Royal Free London: n = 38
<b>NCA of Blood Transfusion programme: 2021 Audit of Blood Transfusion against NICE Guidelines QS138</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2021:</b> Barnet Hospital: n = 10 Royal Free Hospital: n = 34
<b>Society for Acute Medicine Benchmarking Audit (SAMBA) study</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022:</b> Barnet Hospital: n = 53  <b>Up to June 2022:</b> Royal Free Hospital: n = 33
<b>Chronic Kidney Disease registry</b>	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	<b>2020:</b> Royal Free London: n = 231 (98.1% completeness) KRT patients
<b>LeDeR: Learning disability and autism programme</b>	N/A	Yes	Site level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	<b>2022/23:</b> No cases allocated for the trust to review
<b>MBRRACE-UK:</b> Perinatal mortality and morbidity confidential enquiries	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022/23:</b> Reports are published every 3 years. The next report is due in October 2023.
<b>MBRRACE-UK:</b> Perinatal mortality surveillance	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022/23:</b> 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
<b>MBRRACE-UK:</b> Maternal mortality surveillance and mortality confidential enquiries	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022/23</b> Barnet Hospital: 100% Royal Free Hospital: 100%
<b>Perinatal Mortality Review Tool (PMRT)</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022/23:</b> Barnet Hospital: 100% Royal Free Hospital: 100%
<b>National Child Mortality Database (NCMD)</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>2022/23:</b> Barnet Hospital: 100% Royal Free Hospital: 100%
<b>National Ophthalmology Database (NOD)</b> Adult Cataract Surgery	Yes	Yes	Trust level	Barnet Hospital Chase Farm Hospital Royal Free Hospital	N/A	<b>2020/21:</b> Royal Free London: 94% of applicable cases submitted
<b>Breast and Cosmetic Implant Registry</b>	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	<i>Report due: April 2023 (estimated)</i>
<b>Perioperative Quality Improvement Programme (PQIP)</b>	Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<i>Data was submitted form 2019, but from 2020 due to COVID it was suspended. Patient recruitment was started again in August 2022.</i>
<b>Adult Respiratory Support Audit</b>	Yes	Yes	Site level	Royal Free Hospital	Barnet Hospital Chase Farm Hospital	<b>12/2021 to 01/2022:</b> Royal Free Hospital: n = 15
<b>UK Parkinson's Audit</b>	Barnet Hospital: No Royal Free Hospital: Yes	Yes	Site level	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	<b>05/2022 to 09/2022:</b> 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
<b>Transition from child to adult health services</b>	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 9/9 Case notes: 7/7 Organisational questionnaire: 1/1
<b>Epilepsy</b>	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 4/10 Case notes: 10/10 Organisational questionnaire: 2/2
<b>Crohn's disease</b>	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 6/12 Case notes: 12/12 Organisational questionnaire: 2/2
<b>Community Acquired Pneumonia</b>	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 6/6 Case notes: 6/6 Organisational questionnaire: 2/2
<b>Testicular Torsion</b>	Yes	Yes	Barnet Hospital Royal Free Hospital	Chase Farm Hospital	Clinical questionnaire: 2/2 Case notes: 2/2 Organisational questionnaire: 2/2
<b>Endometriosis</b>	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
<p><b>National Early Inflammatory Arthritis (NEIAA)</b> Royal Free Hospital</p>	<ul style="list-style-type: none"> <li>• Liaise with allied health professional (AHP) team – scope for direct access from rheumatology.</li> <li>• Appointment of locum consultant to review new referral waiting list patients and facilitate prompt review of early inflammatory arthritis (EIA) referrals.</li> <li>• 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.</li> <li>• Develop patient pathway for new EIA diagnoses – requires documentation of treatment target (low disease activity or remission) and significant nursing support.</li> </ul>
<p><b>Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme</b></p>	<ul style="list-style-type: none"> <li>• Complete EPMA build for Blood prescription for Royal Free Hospital to go live (Barnet Hospital and Chase Farm Hospital are already live).</li> <li>• Create EPR forms for blood transfusion risk assessment pre-prescription.</li> <li>• 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.</li> </ul>
<p><b>National Adult Diabetes Audit (NDA)</b> <b>National Diabetes Audit Foot Care Audit (NFCA)</b> Royal Free Hospital</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Ensuring community and secondary care registered and submitting to the national diabetes foot care audit.</li> <li>• Increasing virtual review with external partners.</li> <li>• 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.</li> <li>• Also working with North Central London Integrated Care Board ‘diabetes and weight management group’ to address funding, community input issues and pathways.</li> </ul>

National clinical audit	Actions to improve quality
<p><b>National Audit of Cardiac Rehabilitation (NACR)</b></p>	<p><b>Royal Free Hospital:</b></p> <ul style="list-style-type: none"> <li>• Issue regarding psychology service is escalated to the operational team and to head of nursing, who are working on it now.</li> <li>• Staff shortage is addressed by opening bank shifts when required.</li> </ul> <p><b>Barnet Hospital:</b></p> <ul style="list-style-type: none"> <li>• Develop team strategies that enable us to improve on timely data submission.</li> <li>• Resume a face-to-face session where 'assessment 2' questionnaires are completed.</li> <li>• Re-engaging dietician and physiotherapy support.</li> <li>• Planning towards the resumption of our face to face 'gently active' programme.</li> </ul>
<p><b>National Cardiac Audit Programme (NCAP)</b></p> <p><b>National Heart Failure Audit (NHFA)</b></p>	<p><b>Royal Free Hospital:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Future audits will detect patients on ANRI and SGLT2I.</li> <li>• Additional band 7 post to increase heart failure nurse workforce.</li> <li>• Development of a business case for funding of a consultant, heart failure clinical nurse specialist, pharmacist and physiologists to support the service.</li> </ul> <p><b>Barnet Hospital:</b></p> <ul style="list-style-type: none"> <li>• Additional band 7 post to increase heart failure nurse workforce.</li> <li>• Development of a business case for funding of a consultant, heart failure clinical nurse specialist, pharmacist, and physiologists to support the service.</li> <li>• Development of a virtual ward for heart failure patients.</li> </ul>

National clinical audit	Actions to improve quality
<p><b>Intensive Care National Audit and Research Centre (INCARC)</b></p> <p><b>National Cardiac Arrest Audit (NCAA)</b></p> <p>Royal Free Hospital</p>	<ul style="list-style-type: none"> <li>• Data fed back to cardiology and ICU teams.</li> <li>• Proposed 2nd opinion for challenging resuscitation decisions pilot; PARRT and ICU.</li> <li>• Discussed at trust ethics committee; chairs action to feed back to trust board.</li> <li>• 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.</li> </ul>
<p><b>National Asthma and COPD Audit Programme (NACAP)</b></p> <p><b>Adult Asthma Secondary Care and COPD Secondary Care organisational reports</b></p>	<ul style="list-style-type: none"> <li>• We are exploring mechanisms of data capture from EPR to support the asthma and chronic obstructive pulmonary disease audits.</li> <li>• 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.</li> </ul>
<p><b>Sentinel Stroke National Audit Programme (SSNAP) – Clinical Audit</b></p>	<ul style="list-style-type: none"> <li>• Efforts are under way to reduce our average lengths of stay, which have increased from the previous year.</li> <li>• An increased focus on more timely referrals and tighter discharge planning should help to address this.</li> <li>• Higher staffing levels should enable us to be able to achieve this, by formulating and implementing treatment plans in a timelier fashion.</li> <li>• 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.</li> </ul>
<p><b>Falls and Fragility Fractures Audit programme (FFFAP): Inpatient falls</b></p>	<ul style="list-style-type: none"> <li>• App for provision of data is under development.</li> <li>• QI projects for <ul style="list-style-type: none"> <li>○ i) recording all hip fracture as severe harm</li> <li>○ ii) administration of analgesia</li> <li>○ iii) lying and standing</li> </ul> </li> <li>• BP/visual at Royal Free Hospital and variety of projects at Barnet Hospital.</li> <li>• Appointing a full-time dedicated falls lead for the trust (current lead has 2 hours/week).</li> <li>• Introduction of written material regarding expectations for falls management into induction material for clinical staff.</li> </ul>

National clinical audit	Actions to improve quality
	<ul style="list-style-type: none"> <li>• Discussion regarding barriers for providing written information to patients and relatives.</li> <li>• Audit for assessing and improving provision of walking aids to inpatients 7 days per week.</li> </ul>
<b>National Audit of Breast Cancer in Older People (NABCOP)</b>	<ul style="list-style-type: none"> <li>• Liaise with medical oncology lead to determine risk factors, which may be impacting upon data and potential modifications to local practice.</li> <li>• Identification of risk factors for women 70-79 (outside screening age) for higher re-excision - local data assessment.</li> </ul>
<b>National Gastrointestinal Cancer Programme: National Bowel Cancer Audit (NBoCA)</b>	<ul style="list-style-type: none"> <li>• To combine the two trust's colorectal services into one centralised service.</li> <li>• Review of data collection to improve audit and service improvement capabilities.</li> <li>• To recruit additional staff.</li> </ul>
<b>Case Mix Programme (ICNARC) CMP</b>  <b>Royal Free Hospital</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>BTS Outpatient Management of Pulmonary Embolism Report</b>	<ul style="list-style-type: none"> <li>• PESI risk stratification tool has been incorporated in EPR.</li> <li>• 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.</li> <li>• To review the progress on sPESI use.</li> </ul>
<b>2021 Audit of Blood Transfusion against NICE Guidelines QS138</b>	<ul style="list-style-type: none"> <li>• Results reviewed at joint Royal Free Hospital transfusion committee.</li> <li>• Introduction of EPR has improved access and visibility of documentation and completion of tasks.</li> <li>• CQUIN targets reviewed at Anaemia CPG (ref. CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery).</li> <li>• Move from paper to EPR for blood transfusion assessments and pathways by completing the EPR build.</li> <li>• Increase frequency of PBM as a topic on existing educational frameworks for medical teams.</li> </ul>

National clinical audit	Actions to improve quality
<b>Management of muscle Invasive bladder cancer at transurethral resection of the bladder (MITRE)</b>	<ul style="list-style-type: none"> <li>• Aim to improve our MDT documentation and continue with the efficient time between referral to transurethral resection of bladder tumour (TURBT).</li> </ul>
<b>Adult Respiratory Support Pilot Audit</b>	<ul style="list-style-type: none"> <li>• Ongoing CPG and EPR work to facilitate flow.</li> <li>• Non-invasive ventilation training modules now live - more work to be done with the emergency department.</li> </ul>
<b>National joint registry (NJR)</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>National hip fracture database (NHFD)</b>	<ul style="list-style-type: none"> <li>• KPI 1 admission to specialist unit – consider re-introduction of direct admission to ward for fractured neck of femur patients.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>National neonatal audit programme (NNAP)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Continue to do work on temperature control and introduce deferred cord clamping in preterm babies.</li> <li>• Work with maternity team to improve rates of antenatal steroids and magnesium sulphate.</li> </ul>
<b>National smoking cessation audit (BTS)</b>	<ul style="list-style-type: none"> <li>• Documentation of smoking status on EPR.</li> <li>• Junior doctor/allied health professional training on very brief advice (VBA) intervention.</li> <li>• Healthy living health advisor clinics.</li> <li>• Smokers to be offered nicotine patches. an audit of the supply on all wards is being completed with the assistance of the pharmacy department.</li> </ul>

National clinical audit	Actions to improve quality
National paediatric diabetes audit (NPDA)	<ul style="list-style-type: none"> <li>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.</li> <li>Training in place for staff regarding inputting data into TWINKLE system to reduce human errors.</li> </ul>
Epilepsy12 National Clinical Audit of Seizures and Epilepsies for Children and Young People	<ul style="list-style-type: none"> <li>Recommendation 1: Rescue medication usage variation – Conduct a local audit to look specifically at rescue medication prescription, including monitoring correct dosage and correct indication.</li> <li>Recommendation 4: Waiting times – recruit to 2 vacant posts.</li> <li>Work with EEG team to obtain waiting time data.</li> </ul>

Table 4: Local Clinical Audit; actions for improvement.

Local clinical audit	Actions to improve quality
An Audit of Bone Marrow Biopsies: indications and diagnosis	<ul style="list-style-type: none"> <li>Compliance to ICSH standards clearly excellent and to continue this level of achievement requires ongoing review/re-audit.</li> <li>Discuss indications of marrows with team (induction, board rounds) as an educational opportunity.</li> <li>Further review the third of patients where the marrow did not yield a diagnosis to see if the marrow enhanced patient care.</li> </ul>
Evaluating the documentation of intubations carried out on the intensive care unit	<ul style="list-style-type: none"> <li>Documentation of intubations variably as a free text entry note or on the assessments/fluid balance section on EPR.</li> </ul>

Local clinical audit	Actions to improve quality
	<ul style="list-style-type: none"> <li>• Optimisation of assessments/fluid balance and raising awareness amongst clinicians that intubate.</li> </ul>
<b>Sentinel Lymph Node Biopsy for Malignant Melanoma – 3rd Audit</b>	<ul style="list-style-type: none"> <li>• Referring sites to use standard referral letters.</li> <li>• Referring sites to include full histology reports in referral.</li> <li>• Operations.</li> <li>• Reminder of importance of accurate coding for audit/ research purposes.</li> <li>• Document all operations on e-trauma now for audit/ research purposes</li> <li>• Use the e-trauma template for wide local excision + sentinel lymph node biopsy.</li> </ul>
<b>Audit of Genetics of Haemophilia Carriers</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Registered carriers must have their second genetics done as it is a good practice to perform secondary confirmation test.</li> <li>• The counselling of potential carriers should take place at an appropriate time and preferably before pregnancy</li> <li>• 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</li> </ul>
<b>Audit of Palliative care for adults: strong opioids for pain relief</b>	<ul style="list-style-type: none"> <li>• Discuss with the practice education team the potential use of iView by nurses to record patient's pain and link to analgesic administration.</li> <li>• Palliative care team to utilise iView to record pain assessment (more detailed assessment to go into progress notes).</li> <li>• When teaching about prescribing opiates, prompt clinicians to document their conversations with patients and the clinical reasoning behind laxative and antiemetic use.</li> <li>• Promote the prescription of laxatives when prescribing opiates and teach on consistent use of laxatives in line with guidance.</li> <li>• Encourage the use and documentation of how we are providing patients with written information.</li> <li>• Ensure leaflets on opioids are given to patients and documented in notes.</li> </ul>

Local clinical audit	Actions to improve quality
	<ul style="list-style-type: none"> <li>• Ensure opioid leaflets are uploaded to the palliative care website.</li> </ul>
<b>Evaluation of clinical outcomes of camptodactyly surgery</b>	<ul style="list-style-type: none"> <li>• Standardise inclusion criteria for operating on Camptodactyly ie degree of FFD, age, passive extension</li> <li>• Create a hand therapy protocol for splinting before surgery.</li> <li>• Create a hand therapy protocol for splinting after surgery.</li> <li>• Reduce the number of revision procedures by looking at patient selection.</li> <li>• Develop a consensus on operative procedure which seems to provide the most favourable outcomes.</li> <li>• Ensure degree pre- post op flexion and complications are carefully documented.</li> <li>• Patient counselling and education.</li> </ul>
<b>Audit of Ambulatory VTE Assessments at Royal Free Hospital KDHC</b>	<ul style="list-style-type: none"> <li>• Discussion with IT team regarding creation of venous thromboembolism (VTE) assessment form on EPR.</li> <li>• Discussion with IT team about creating VTE assessment auto-text.</li> <li>• Word document for VTE assessment made available on Haemophilia shared drive.</li> <li>• Discussions of VTE assessment standard with team during educational sessions (board rounds, weekly meetings).</li> </ul>
<b>Sepsis - Audit after introduction of EPR</b>	<ul style="list-style-type: none"> <li>• To promote filling of Sepsis Screening Flag on EPR.</li> <li>• Ad hoc form on EPR to avoid issue regarding documentation.</li> <li>• To put Sepsis Champions especially nursing staffs who are relatively stable staff in the department to educate the staffs.</li> <li>• To encourage staff to challenge each other as if the patient has sepsis.</li> </ul>
<b>Vascular Ward with High Volume of Diabetes Should Have the Ketone Machine</b>	<ul style="list-style-type: none"> <li>• Providing Vascular ward with ketone machine to ease the challenges the nurses face when it comes to DKA patient.</li> <li>• Enhancing proper training for the staff to appropriately handle the machine to facilitate a smooth transaction in operating the machine.</li> <li>• Giving assess code to all staff who use the machine on a daily basis</li> <li>• Discussing the benefit of ketone machine present in the ward help.</li> <li>• Reduce the nursing burden to have to send blood to lab.</li> </ul>

Local clinical audit	Actions to improve quality
	<ul style="list-style-type: none"> <li>• Ensure early identification of DKA and reduce the patient becoming very unwell and therefore decreases HDU or ICU transfer.</li> <li>• Reduce workload cost of lab testing.</li> </ul>
CT in Trauma	<ul style="list-style-type: none"> <li>• Priorities trauma assessment - senior clinician to assess the patient immediately after triage in view of deciding imaging modality.</li> <li>• Educate Junior staff on indications for CT and display guideline in the department.</li> <li>• To reduce delays related to portering, highlight Trauma patients in the Porter book.</li> <li>• Encourage clinicians to directly communicate with the porters and nurse in charge to prevent delays.</li> <li>• Strategy to prioritize trauma CTs in CT room.</li> <li>• Strategy to prioritize trauma CT reporting.</li> <li>• Encourage smart working</li> </ul>
Departmental excision rates for BCCs and SCCs. Re-Audit	<ul style="list-style-type: none"> <li>• Encourage trainees to self-audit excision rates -&gt; improve rates overall.</li> <li>• Agree department PathPoint templates.</li> </ul>
Identify the Trust position in relation to the updated NICE guidelines NG81 (2022)	<ul style="list-style-type: none"> <li>• Implementation of competency framework for upskilling non-medical clinicians to perform speech and language therapy.</li> <li>• To update clinicians in glaucoma clinics in relation to the NICE guidelines 2022</li> <li>• Advertisement of glaucoma laser clinics to glaucoma clinics including EPR code and ensuring appropriately booking speech and language therapy into clinics</li> <li>• 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</li> </ul>
To quantitatively measure the number of avoidable ENT surgery cancellations in 2022	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Are the PR bleeding guidelines being followed?	<ul style="list-style-type: none"> <li>• Design a local per-rectal bleeding pathway according to the guidelines</li> <li>• Include risk stratification in early assessment.</li> <li>• Poster/ displays of the pathway</li> <li>• Scoring display in accident and emergency, assessment unit and wards</li> </ul>

Local clinical audit	Actions to improve quality
Royal Free Hospital Audit on Orthodontic Miniscrews	<ul style="list-style-type: none"> <li>• When gaining patients consent for placement of mini-screws ensure all patients are given an information leaflet.</li> <li>• When designing the trans-palatal arch to reduce anterior open bite, ensure enough clearance from palatal mucosa to prevent it from embedding.</li> </ul>
Are post op instructions according to Guidelines?	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Are we coding patient correctly?	<ul style="list-style-type: none"> <li>• Ensure that the surgical teams and junior/new doctors are correctly coding admitted patients and are aware of the coding system.</li> <li>• To provide junior doctor education regarding the importance of coding process.</li> <li>• Feedback provided on all coding errors so that they can be improved.</li> <li>• Implement the process and re-audit after 3 months.</li> </ul>
Workload and Turnaround Time in Lung Service	<ul style="list-style-type: none"> <li>• All lung biopsies to be flagged as urgent in initial triage.</li> <li>• Allocate a specific time to courier tissue sections to Marsden Hospital.</li> </ul>
Audit on the adequacy of clinical information provided with inflammatory skin biopsies	<ul style="list-style-type: none"> <li>• Create paper or electronic proforma to be completed at time of biopsy.</li> <li>• Encourage clinicians to staple photos or clinical information to request forms if available.</li> <li>• Use electronic request forms.</li> </ul>
Language needs of patients seen within Royal Free Trust Pain Management Service	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Consider use of QI methodology to make improvements.</li> </ul>

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## 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:

<b>CQUIN scheme priorities 2022/23</b>	<b>Objective rationale</b>
<b>Staff Flu Vaccinations</b>	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.
<b>Appropriate antibiotic prescribing for UTI in adults aged 16+</b>	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.
<b>Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions</b>	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.
<b>Compliance with timed diagnostic pathways for cancer services</b>	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.
<b>Treatment of community acquired pneumonia in line with BTS care bundle</b>	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).
<b>Anaemia screening and treatment for all patients undergoing major elective surgery</b>	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.
<b>Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service</b>	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.
<b>Supporting patients to drink, eat and mobilise after surgery</b>	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.
<b>Cirrhosis and fibrosis tests for alcohol dependent patients</b>	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.
<b>Achievement of revascularisation standards for lower limb Ischaemia</b>	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.
<b>Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery</b>	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.
<b>Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres</b>	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.
<b>Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines</b>	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 10<sup>th</sup> 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		<b>1005</b>	<b>51</b>	<b>7</b>	<b>5</b>	<b>0.49%</b>
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
<ul style="list-style-type: none"> <li>• There has been a reduction in the backlog of learning from deaths to review.</li> <li>• Advanced care planning and discussions with patients and their families about DNA CPR is fully documented.</li> <li>• Clear documentation, including care plans, and addressing patients' nutrition and hydration needs.</li> <li>• Communication, including appropriate discussions with and involvement of patients and their families in decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>• Earlier recognition of dying in some cases – impacting on care planning and management and communication with patients and their families.</li> <li>• Documentation, including outcomes from Morbidity and Mortality (M&amp;M) meetings.</li> <li>• There is variation in the M&amp;M process, with duplication noted. A streamlined and consistent approach is required.</li> <li>• A review of the LeDeR (Learning Disabilities Mortality Review) process is needed so that learning is captured and shared Trust-wide.</li> </ul>

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 2019/20, 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.

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## 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)

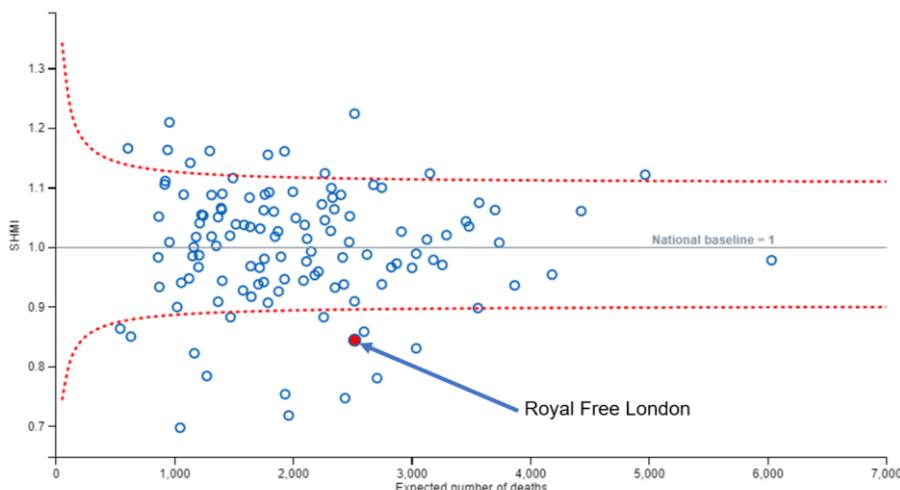
**The value and banding of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period.**

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
<b>Patients aged 0 to 15 years old</b>							
10.5%	9.4%	9.1%	9.2%	8.7%	12.3%	3.3%	46.9%
<b>Patients aged 16 years old or over</b>							
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.

DRAFT

**PART THREE: OVERVIEW OF THE QUALITY OF CARE IN  
2022/23**

DRAFT

### 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

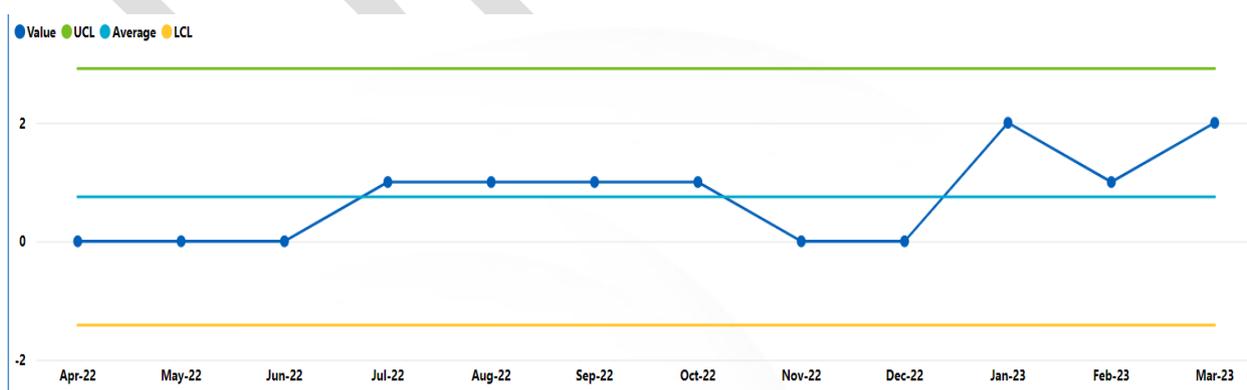
### Methicillin-resistant staphylococcus aureus (MRSA)

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.

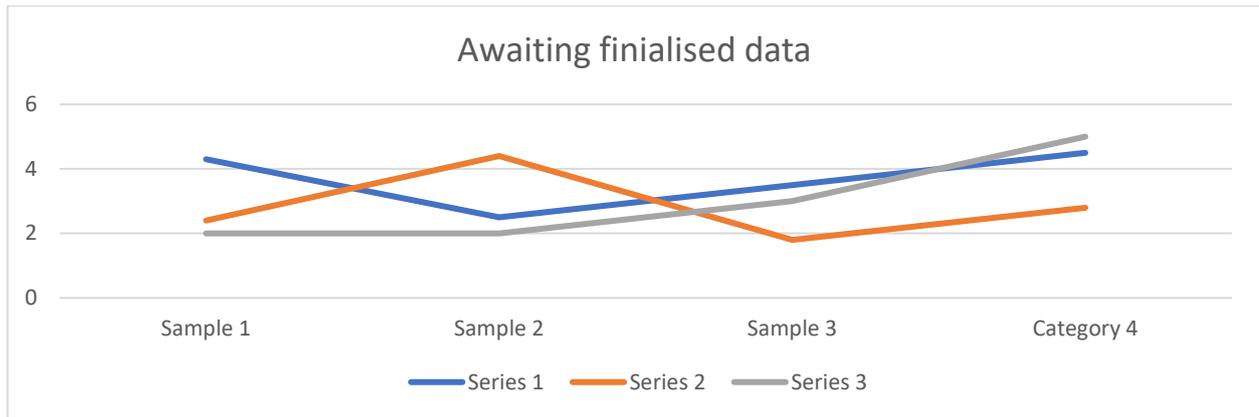
During 2022/23 The Trust recorded nine MRSA trust attributable infections, which is up from eight recorded in 2021/22.

#### MRSA infections: trust attributable



Source:  
Royal Free London W2B PBI 2022/23

**Benchmarking Chart: total volume of MRSA bacteraemia, April 2022 - January 2023**

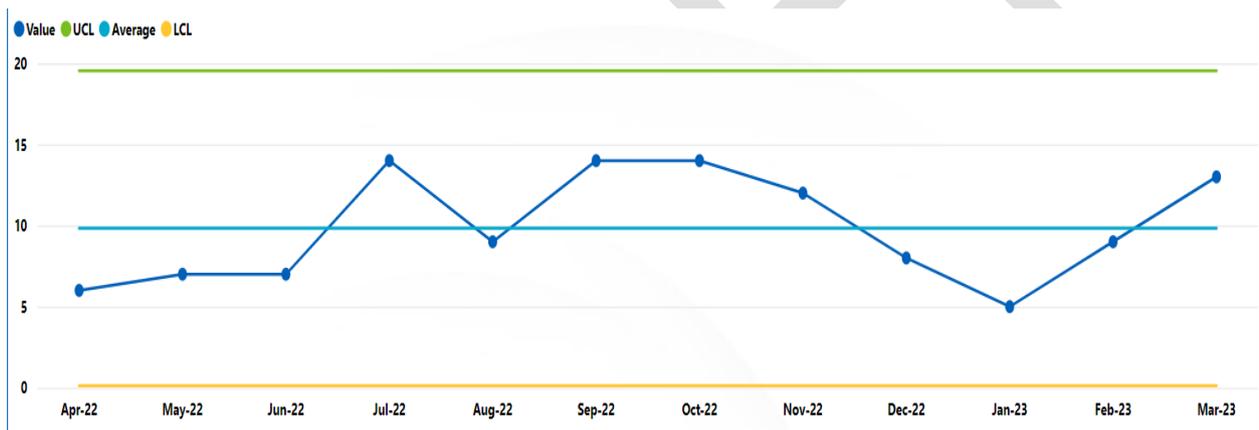


Source:

<https://www.gov.uk/government/statistics/mrsa-bacteraemia-monthly-data-by-location-of-onset>

**C. difficile Infections**

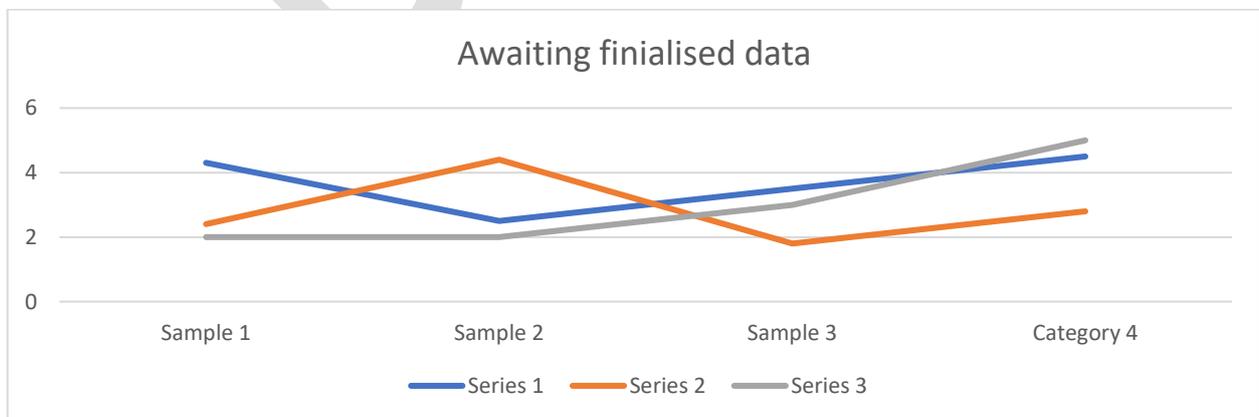
In relation to C. diff the trust saw a rise throughout 2022/23. Over this period, the Royal Free London reported 118 infections compared to 84 in 2021/22



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 9<sup>th</sup> 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, 2<sup>nd</sup> highest in London and 20<sup>th</sup> 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.

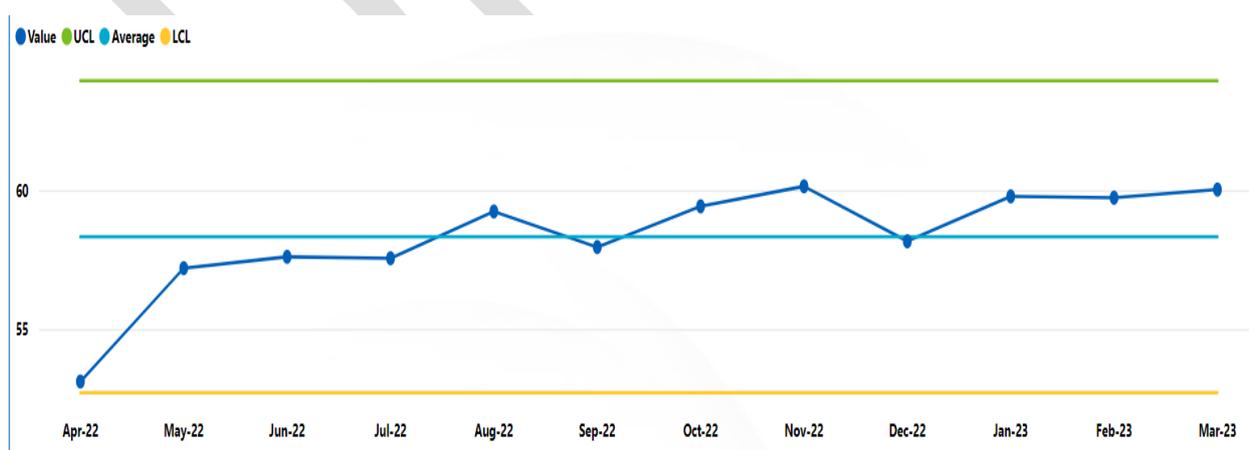
### Looking ahead:

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)



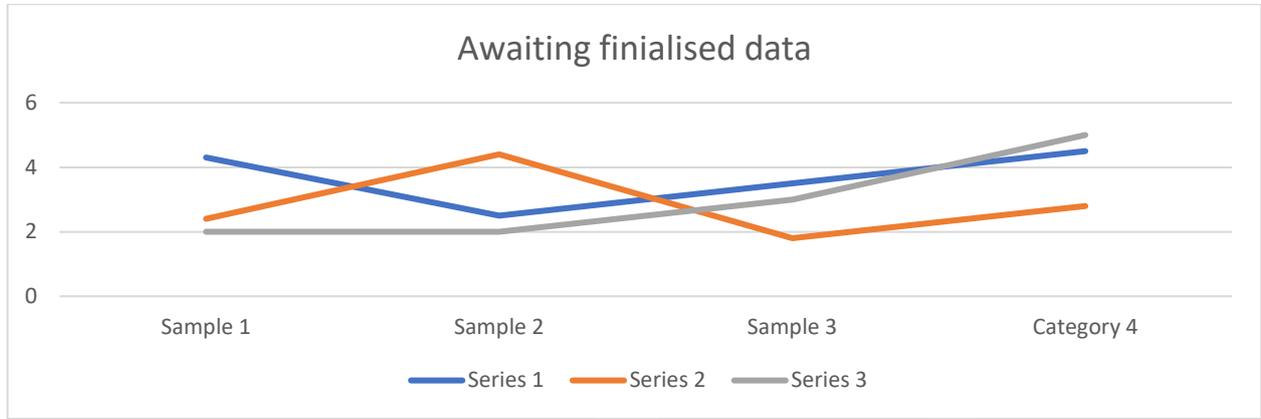
Source:  
Royal Free London W2B PBI 2022/23

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.

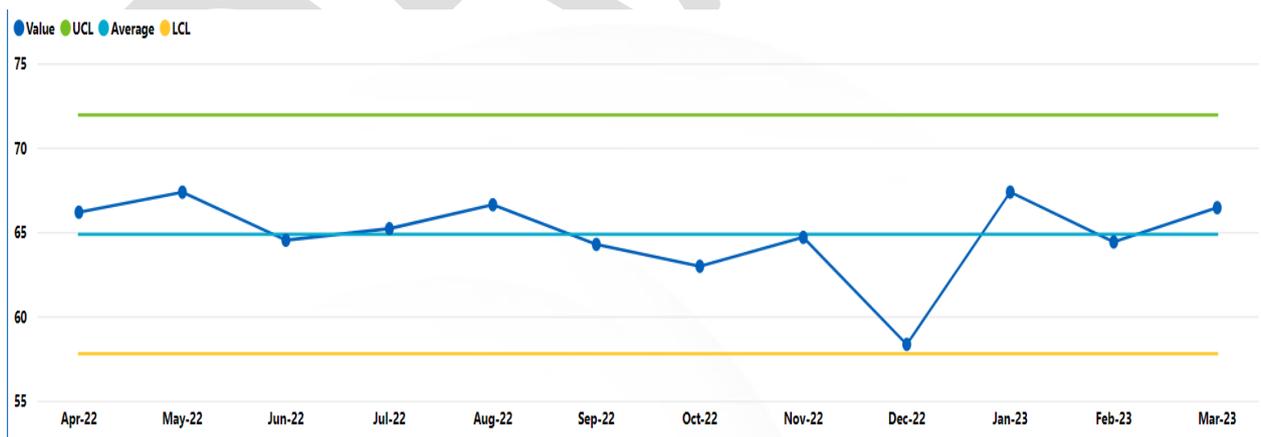
**Benchmarking chart: percentage of patients waiting within 18 weeks of referral**



**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%.



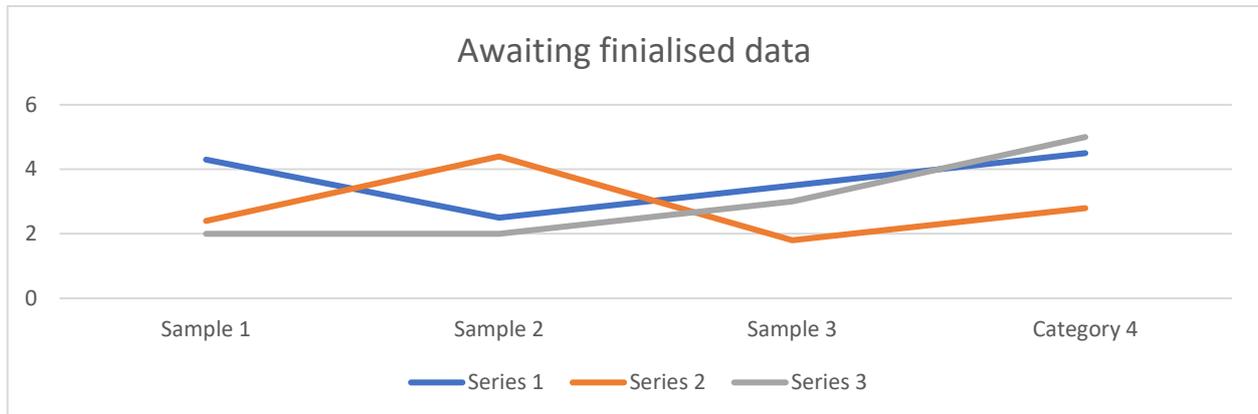
Source:  
Royal Free London W2B PBI 2022/23

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.

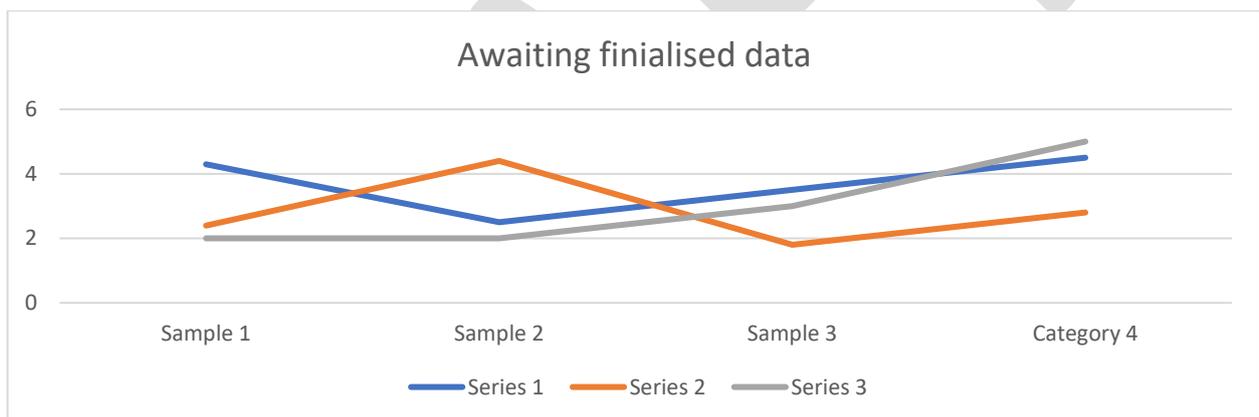
The new 28-day faster diagnosis standard (75%) that was introduced in 2021/22 has been a challenging standard to deliver, particularly given the large volume of suspected cancer referrals and the specialist nature of some of the tumour site services delivered at the trust. The trust has consistently 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].

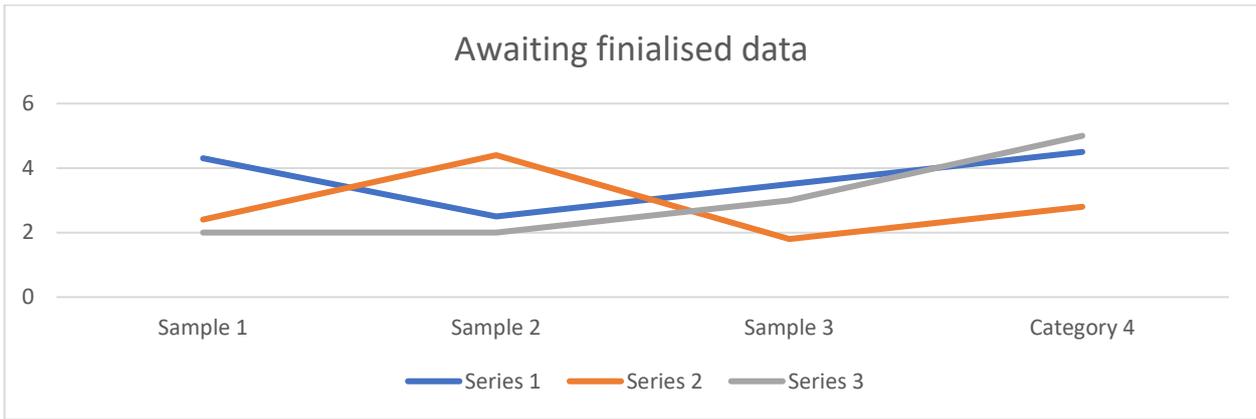
#### Two week wait performance (all)



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.

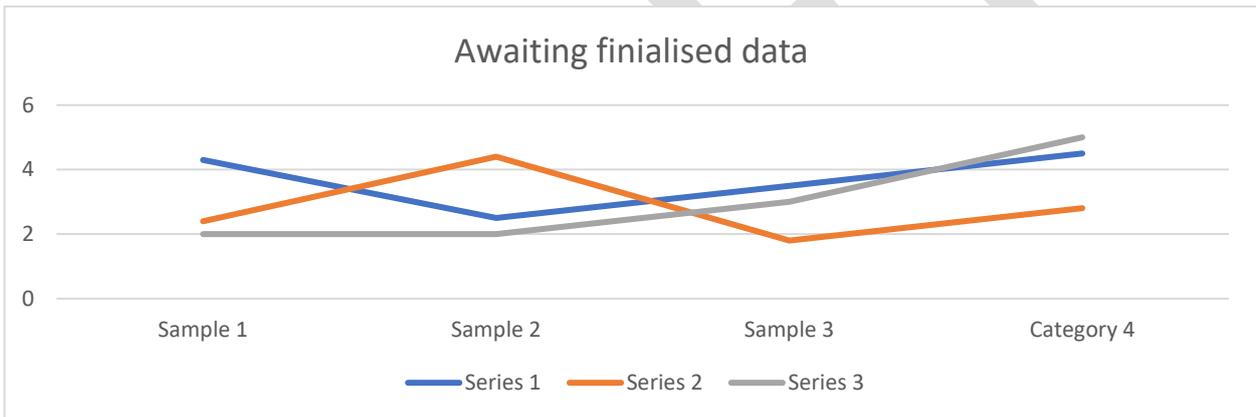


### First definitive treatment within 31 days

**Awaiting updated information and infographics.**

**Text for this section will be ready for the final version of the quality accounts**

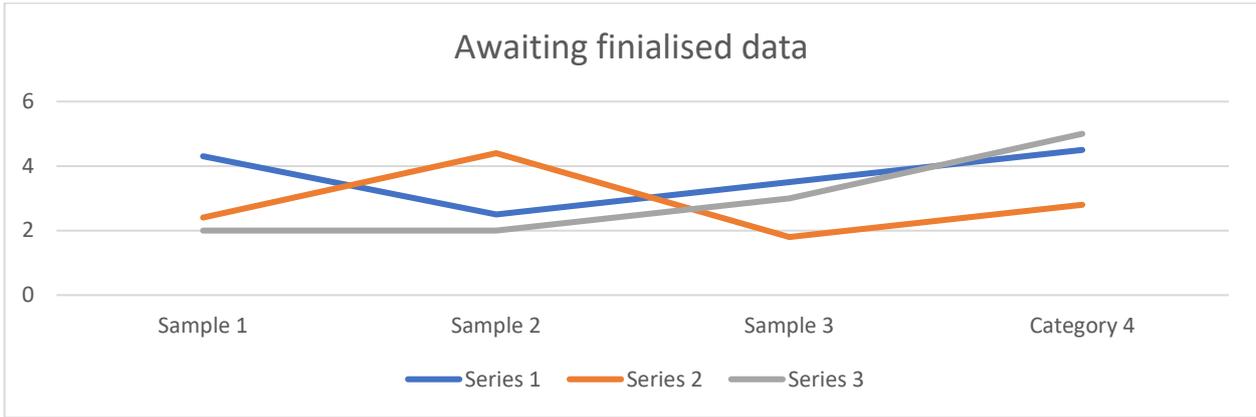
In 2022/23, the trust was [Final data to be confirmed] the standard to see 96% of patients within 31 days for their first definitive treatment for cancer, with an average of [Final data to be confirmed] %.



### 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.



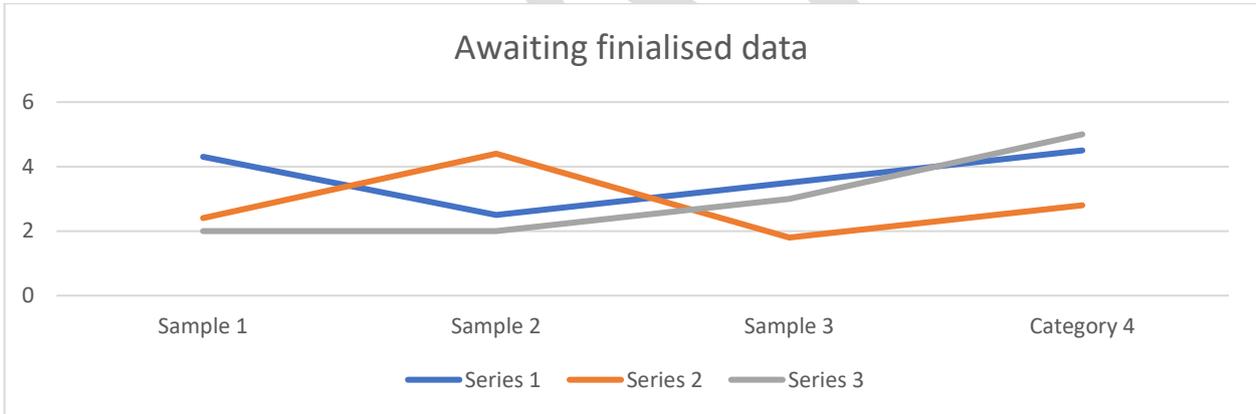
Source:  
Royal Free London W2B PBI 2022/23

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).

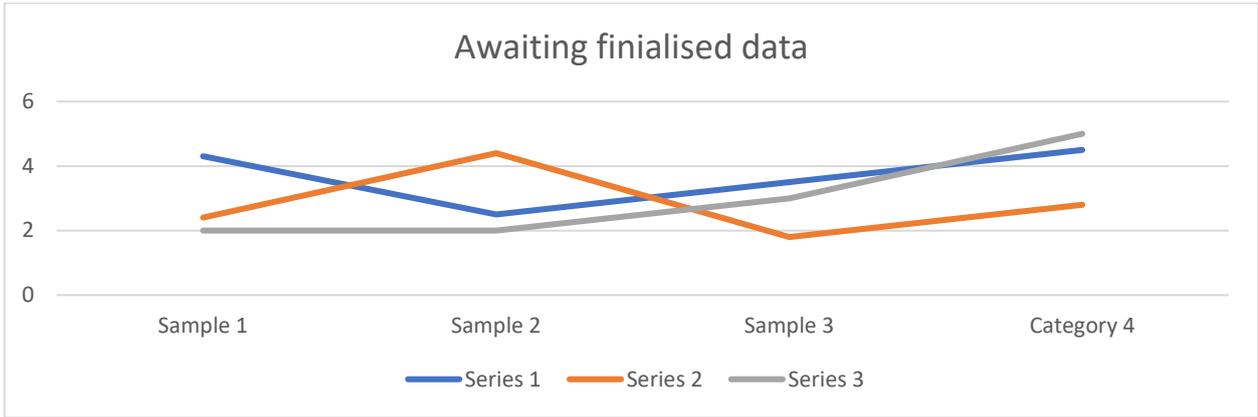
The Royal Free London is ranked [Final data to be confirmed] highest from 125 Trusts and ranked [Final data to be confirmed] highest from 19 peer Trusts.) with 48.

**Percentage of patients treated within 62 days of cancer referral**



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

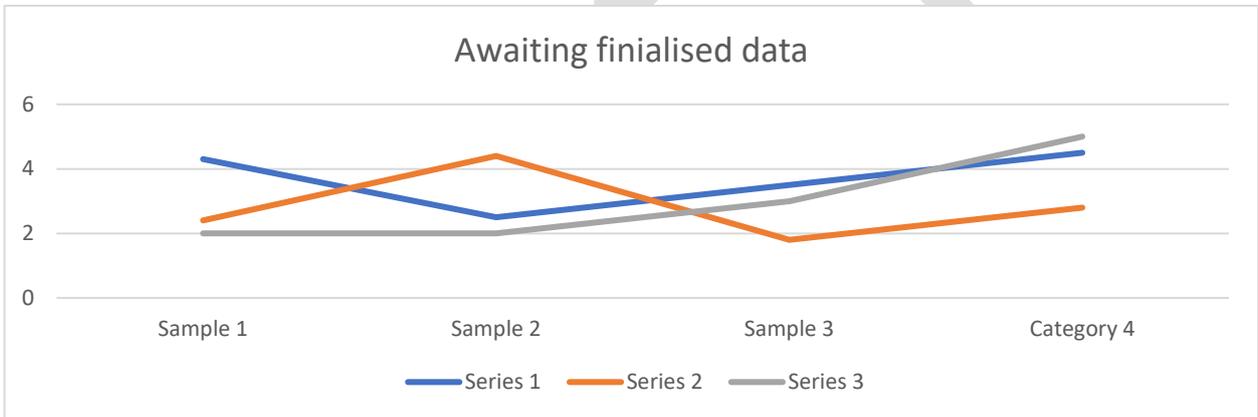
The trust average inpatient length of stay for patients admitted as non-elective from April 2022 to March 2023 shows that the trust average length of stay was [Final data to be confirmed] days per month. Variation has been much less than previous years where the previous case-mix of COVID-19 patients 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](http://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
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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:

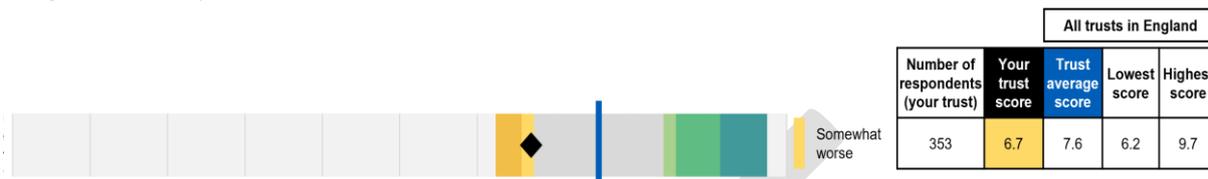
#### How long do you feel you had to wait to get a bed on a ward after you arrived at the hospital?



### Did you feel able to talk to members of hospital staff about your worries and fears?



### Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?



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
<b>Somewhat worse than expected:</b>				
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
<b>Worse than expected:</b>				
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
<b>Much worse than expected:</b>				
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
<b>Support from your GP practice</b> Q.3 Referral for diagnosis was explained in a way the patient could completely understand.	57%	64%
<b>Diagnostic tests</b> Q.9 Enough privacy was always given to the patient when receiving diagnostic test results.	93%	94%
<b>Finding out that you had cancer</b> Q.12 Patient was told they could have a family member, carer or friend with them when told the diagnosis.	67%	71%
<b>Support from a main contact person</b> Q.17 Patient had a main point of contact within the care team.	90%	92%
<b>Deciding on the best treatment</b> Q.21 Patient felt they were definitely involved as much as they wanted to be in decisions about their treatment.	74%	79%
<b>Care planning</b> Q.24 Patient was definitely able to have a discussion about their needs or concerns prior to treatment	66%	72%
<b>Support from hospital staff</b> Q.27 Staff provided the patient with relevant information about available support or self-help groups, events, and resources	86%	90%
<b>Hospital care</b> Q.31 Patient had confidence and trust in all of the team looking after them during their inpatient stay.	77%	81%
<b>Treatment</b> Q.43 Patient felt the length of waiting time at clinic and at the day unit for cancer treatment was about right.	78%	79%
<b>Immediate and long-term side effects</b> 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%
<b>Support while at home</b> Q.49 Care team gave family, or someone else close, all the information needed to help care for the patient at home.	47%	55%
<b>Care from your GP practice</b> Q.51 Patient definitely received the right amount of support from their GP practice during treatment	32%	44%
<b>Living with and beyond cancer</b> Q.55 Patient was given enough information about the possibility and signs of cancer coming back or spreading.	53%	63%
<b>Cancer research and clinical trials</b>	46%	44%

## 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

<b>March 2023</b>	<b>90%</b>	<b>1357</b>
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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
<p><b>Barnet Hospital:</b></p> <p>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.</p>	<p>We have:</p> <ul style="list-style-type: none"><li>✓ Written a standard operating procedure.</li><li>✓ Undertaken audits to demonstrate the pools are cleaned correctly in accordance with the standard operating procedure.</li></ul>
<p><b>Barnet Hospital:</b></p> <p>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.</p>	<p>We have:</p> <ul style="list-style-type: none"><li>✓ Established a working group to review the maternity day care unit pathway, medical staff cover and environment.</li><li>✓ Implemented regular waiting time audits.</li><li>✓ Reviewed the triage pathway do to interlinks between triage and maternity day care unit as identified they the NHS Improvement, maternity improvement advisor.</li></ul>

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 out regular staff satisfaction and wellbeing surveys in order to regularly 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
	<ul style="list-style-type: none"> <li>✓ Continued training by IT midwives to reduce manual data corrections.</li> <li>✓ Met with IM&amp;T to resolve data entry errors or omissions.</li> <li>✓ Pain relief audit to be added to the bi-monthly comprehensive audit.</li> </ul>
<p><b>Royal Free Hospital:</b></p> <p>The service should improve midwifery staff involvement in Quality Improvement projects. The service should ensure the ward coordinators are always supernumerary.</p>	<p>We have:</p> <ul style="list-style-type: none"> <li>✓ 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.</li> <li>✓ Explored targeted QI support for midwifery staff.</li> <li>✓ 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.</li> <li>✓ The antenatal/postnatal ward coordinator is to be supernumerary.</li> </ul>

### 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.

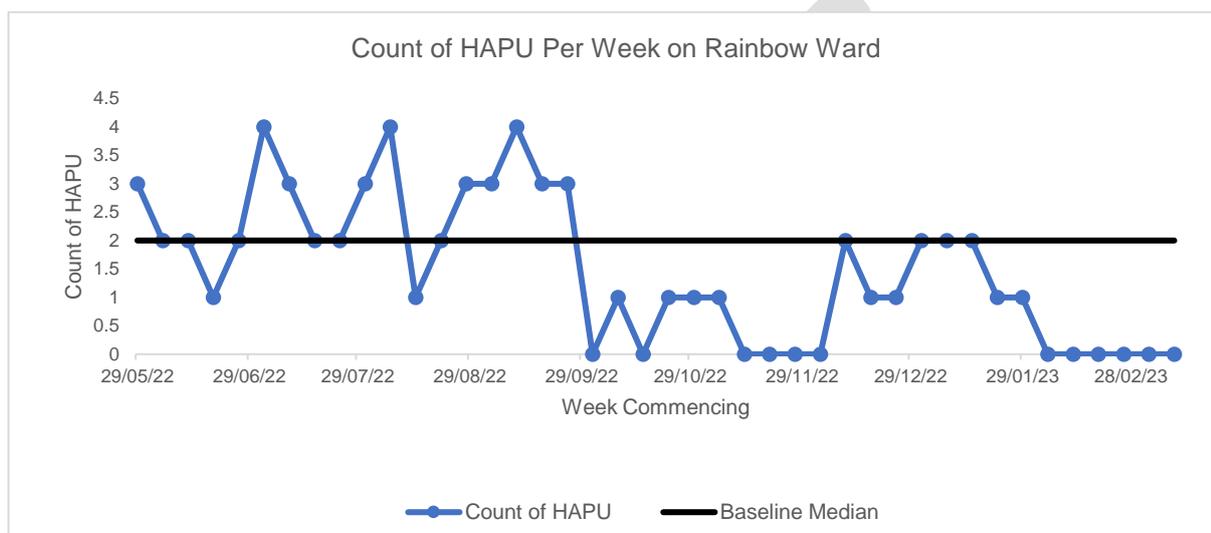
## Barnet Hospital

### 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
<b>Bay huddles</b> (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
<b>Skin care checklists</b> (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
<b>Bed side turn charts</b> (Waterlow score, time, date and repositioning documented at bed side)		Adapted 3 times and then abandoned - no positive or negative impact on the data
<b>Skin checks at period times of day</b> (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.

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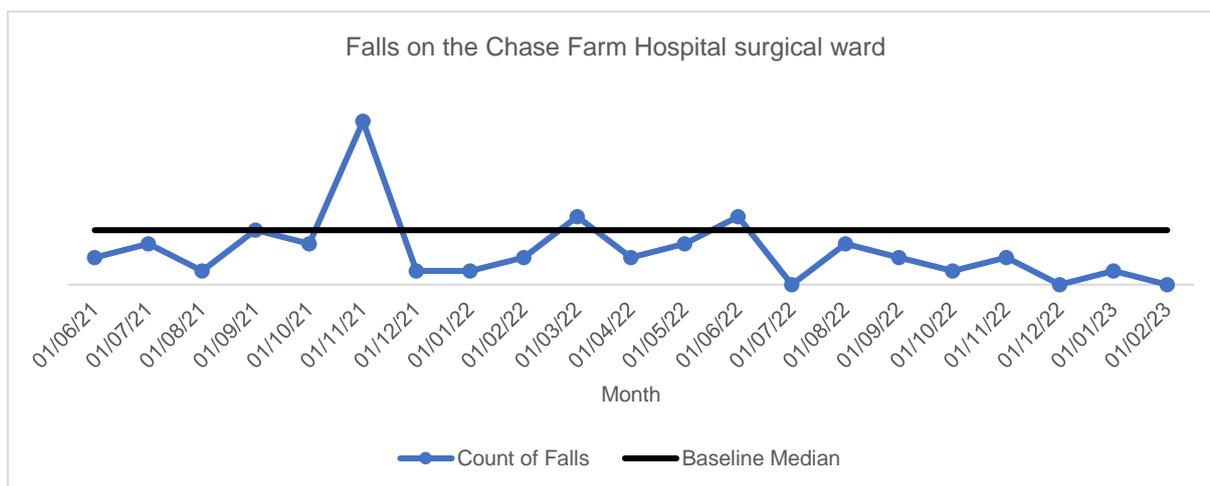
This project was recognised with the best quality improvement project award for Barnet Hospital at our group-wide poster celebration day in November 2022.

### 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:

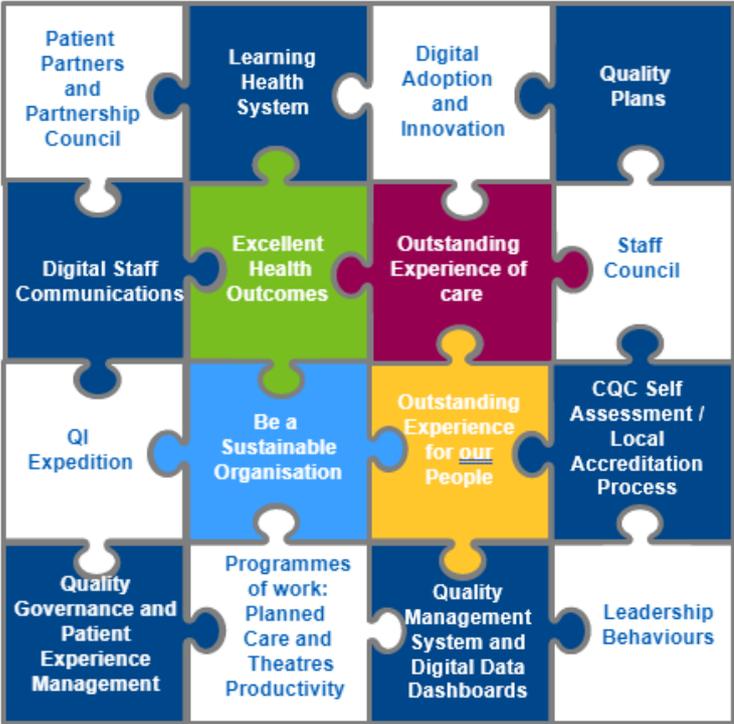
- Learning Health System
- Digital adoption and innovation
- Local Quality Planning
- Patient Partners and Partnership Council
- Staff Council
- Local self-assessment against CQC standards
- Quality governance
- Patient experience.

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:



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## 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 approach 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."

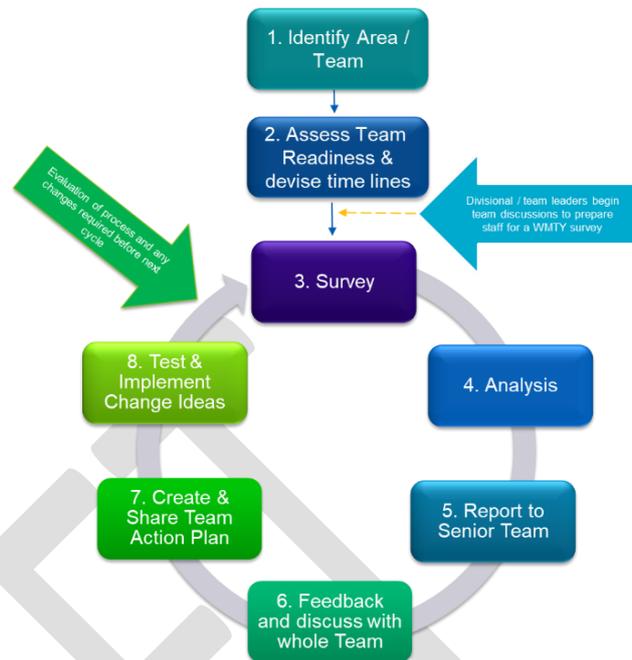
This is a lived experience for a growing number of patients at Chase Farm Hospital who are going home the same day as their hip and knee replacement surgeries. Cheng Ong following her successful treatment reported "I was initially shocked with idea of home on the same day, but I really liked the idea." 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.

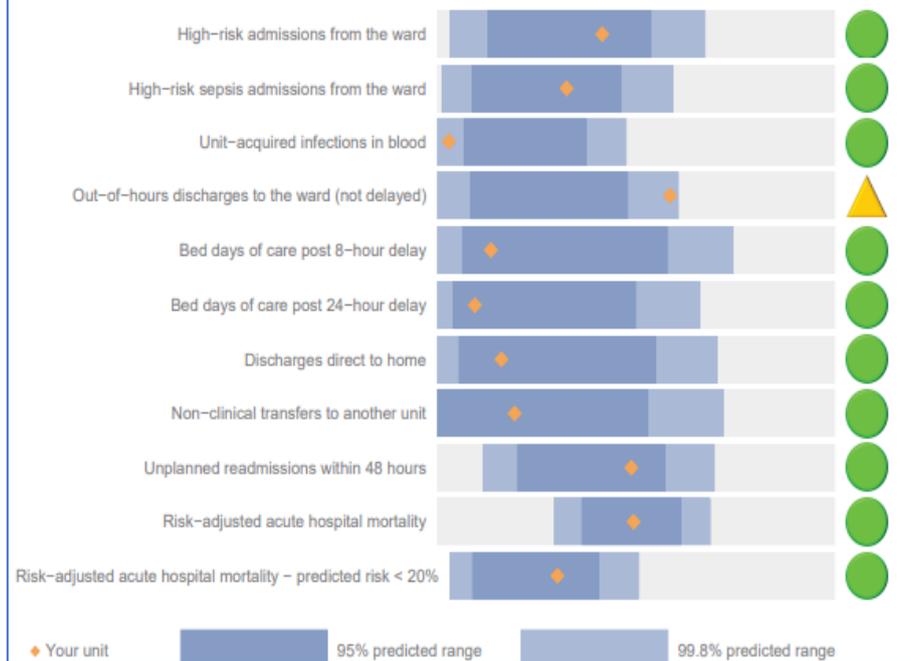
### Royal Free Hospital: Case Mix Programme

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



The dot represents the observed value for your unit

Some evidence that the QI value is better than expected      
 Some evidence that the QI value is worse than expected

Strong evidence that the QI value is better than expected      
 Strong evidence that the QI value is worse than expected

The darker shaded bar is the 95% predicted range      
 The lighter shaded bar is the 99.8% predicted range

### 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

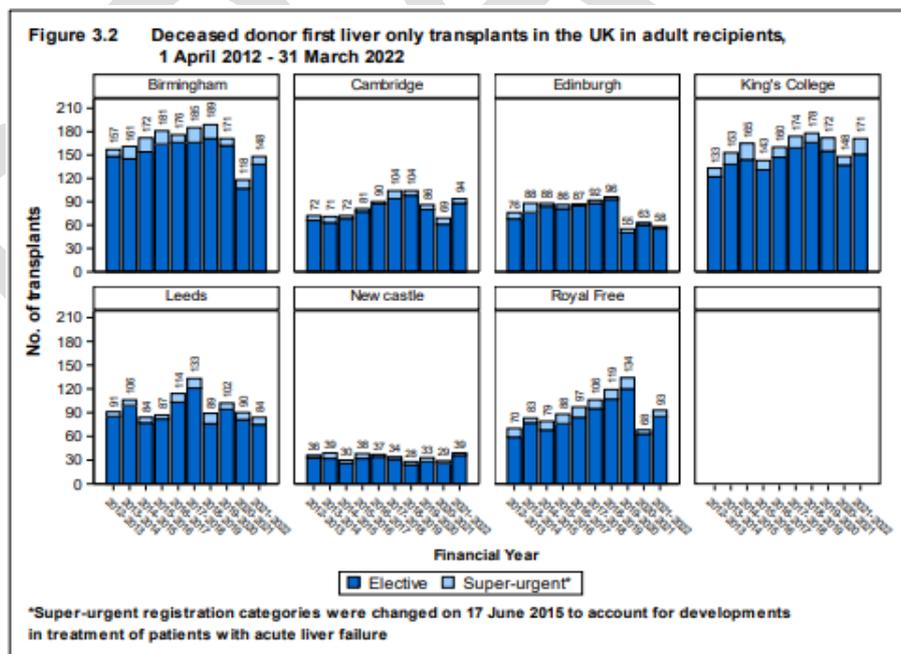
- The ICNARC audit itself does not capture why the unit is an outlier in the number of out-of-hours discharges. The reasons are likely to be multifactorial and reflect the ongoing challenges of improving flow through the hospital.
- There is an ongoing internal unit review to try and understand the causes for readmission to the ICU within 48 hours with the hope of trying to reduce them further.

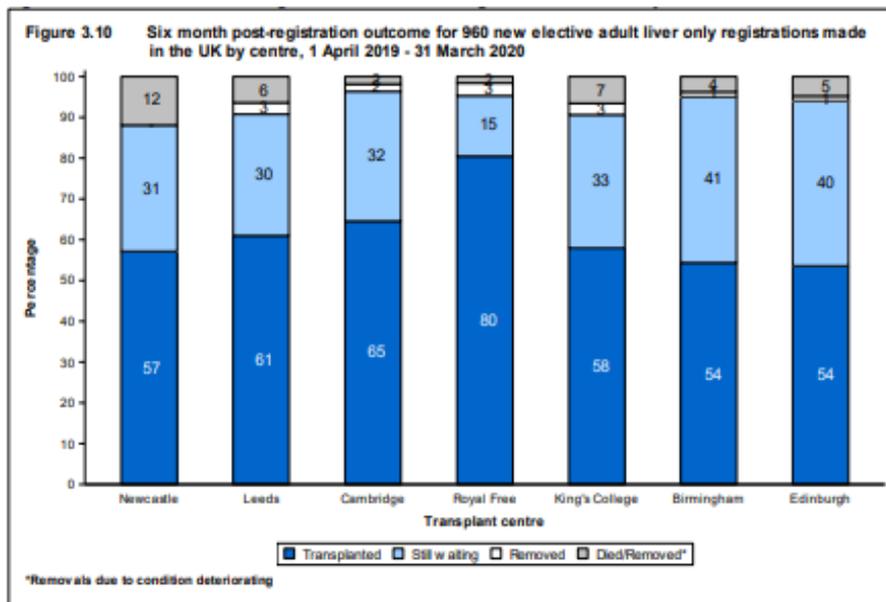
## Royal Free Hospital: Liver transplantation

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

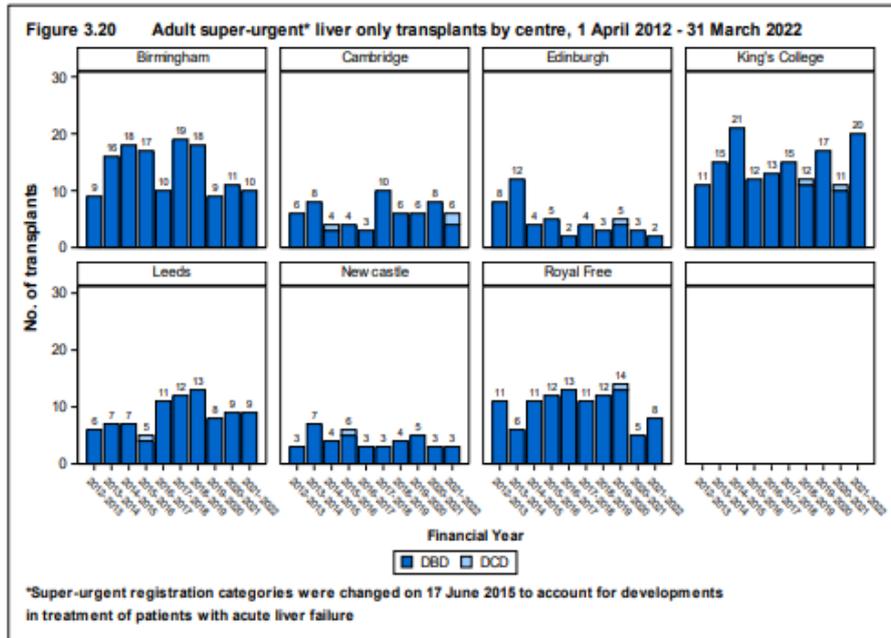




Median waiting time to liver only transplant in the UK, for adult elective patients registered 1 April 2018 to 31 March 2021

Transplant centre	Number of patients registered	Waiting times (days)	
		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

Transplant centre	Number of patients registered	Waiting times (days)	
		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.

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## 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.

<b>Outcome of NIV</b>	Success (pH >7.35)	66.7%	82.9%
	Success (No BG)	16.7%	3.2%
	Failure	16.7%	13.3%
	Unknown	0%	0.6%
<b>Covid Cohort</b>			
<b>Average oxygen requirement before starting respiratory support</b>	Median (IQR)	32 (22 – 70)	60 (60 – 85)
<b>What was the primary mode of respiratory support</b>	CPAP	50%	61.2%
	HFNO	0%	22.4%
	NIV	50%	12.2%
<b>Outcome</b>	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

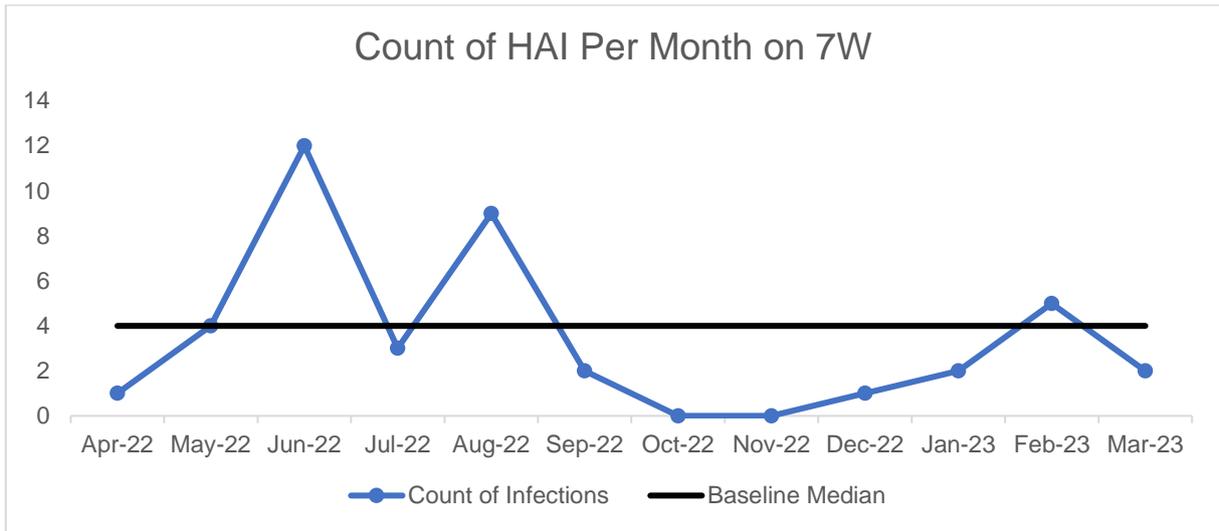
- Ongoing CPG and EPR work that may facilitate flow of patients.
- Non-invasive ventilation training modules now live, work with the emergency department continues.

### 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.

### On the day process:

#### Walkabout Quality Inspection



#### Walkabout monthly audit average score RF site



Total Resolved Issues ✓  
between 1 Aug 2022 and 8 Dec 2022

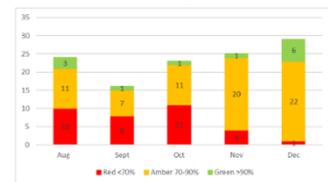
892

Total Unresolved Issues ✗  
between 1 Aug 2022 and 8 Dec 2022

431

#### Number of inspections undertaken

Self assessed scores have been removed, this data is based on peer inspections only



# Improvements we have seen



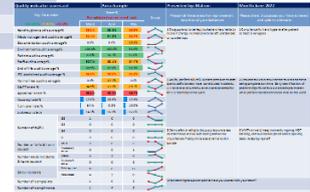
## Red, amber and green results action pathways



## 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

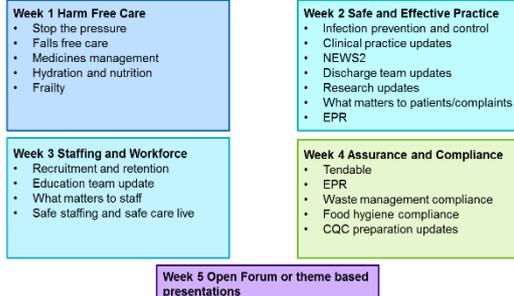


## Other quality initiatives supporting quality strategy work

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 managers and senior nursing staff are welcome to attend. Each week has a theme and standing items. Ward managers and matrons are expected to share the content with their team and implement any actions raised.



## 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

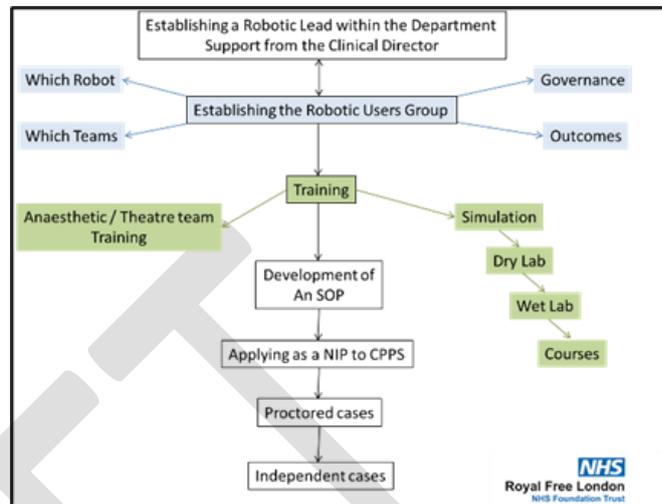
- Two low anterior resections
- One abdominoperineal resection
- One complete mesocolic excision right hemicolectomy
- All discharged day four
- No surgical morbidities to date
- Anaesthetic complications - pleural effusion, ulnar nerve palsy

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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