



Quality Account 2009/10



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Chief Executive's statement

I am delighted to introduce our first Quality Account for Barts and The London NHS Trust.

Over the past year, I have had the privilege of seeing first hand some of the great things that happen across our three hospitals. Also, the fantastic people that are delivering the quality and service expected in the Trust.

We are continuing to step up the way we search for, listen to and act upon feedback from patients and staff. A pilot of 'real time' monitoring has proved extremely worthwhile allowing more patients to give feedback while on the ward or visiting a clinic. There is much more we can do to continue to improve the quality of some of our services, working alongside our staff and our partners.

The Quality Account clearly sets out how we will continue to improve our ways of working to provide a consistently better experience for each and every patient. We will be more caring and more compassionate. We will improve our appointment and booking systems and strive for 'zero tolerance' in healthcare associated infections.

We are in the process of completely transforming the hospital environment for our and patients staff as part of the world's biggest new hospitals programme. In March 2010, Barts Cancer Centre, the first phase of the Trust's ambitious £1 billion new hospitals programme, treated its first patients. Here, the very latest cancer treatment is available to patients across the UK.

The publication of Hospital Standardised Mortality Ratios during the year confirmed that Barts and The London continues to be one of the best hospitals in the country for survival rates. The Trust's performance was 24.7% better than would be expected, given the nature and complexity of the cases we treat. Survival rates are generally accepted as strong indicators of clinical excellence overall, and Barts and The London has maintained one of the best survival rate records since the data were first published in 2002.

Going forward, we will continue to strive to combine the best clinical practice with the best care for our patients. Our Quality Account reflects this determination.



Peter Morris
Chief Executive



All information included in this report has been approved by the Trust Board as accurate to the best of its knowledge.

Looking forward – our priorities for quality improvement

Bringing Excellence to Life – transforming our organisation through quality and safety improvement

The vision of Barts and The London NHS Trust is to be a world leader in healthcare quality, delivering high quality, patient centred, clinically effective and safe care, in a way that is measurable and meaningful to all. Put simply, this means we want to ensure that every experience meets or exceeds the expectations of each patient.

How we identified our quality improvement priorities for 2010/11

There are many definitions of quality in use. The Trust's new Excellence in Quality Strategy launched in November 2009 was developed with input from our staff, patients and stakeholders through a series of consultation events held during the summer of 2009. Consultation focused around what quality looks and feels like, and how high quality service can be achieved. Views were also sought from discussions and meetings with the Tower Hamlets Involvement Network, the Older Persons' Group and Barts and The London's own Patient Information Reference Group.

A number of 'drop in' sessions were facilitated for staff to give their views about quality and the Associate Director for Quality Improvement undertook a series of walkabouts asking patients and their relatives about their experience of care and services on a particular day.

To help define 'excellence' patients and staff told us that quality services are defined by:

- Caring, **compassionate** and competent staff
- Clinical **excellence** in care and treatment
- **Clean** and **personal care** environments
- Clear **communication** and **explanation** at all stages of care
- **Collaboration** and team work

- **Continuity** of care and service between different stages of care, departments and organisations

In October 2009 at a special Trust Board away day, the Executive and Non Executive Directors discussed findings from the listening events and staff conversations and used these to shape the final Quality Strategy and priorities for improvement.

Holding up a mirror to Barts and The London – involving GPs, partners and the local community

Between November 2009 and January 2010 Barts and The London NHS Trust conducted the most comprehensive audit of its reputation ever undertaken. The pollster *Populus* asked almost 3,000 survey participants to identify the most important quality indicators to them and feed back how they feel the Trust is performing against them.

Measuring and tracking what people think in this way enables the Trust to systematically address performance shortfalls and correct misconceptions. A sophisticated understanding of how quality is viewed by the people the Trust serves has been vital to informing the Quality Strategy and prioritising improvements.

Participants in the survey included 2,000 members of the general public, 500 east Londoners, 200 members of the proposed Barts and The London NHS Foundation Trust (including 100 patients), GPs representing an estimated 30% of local practices, 54 senior stakeholders, (including the chief executives of Primary Care Trusts, other hospitals and NHS London) and 178 members of Trust staff.

Overall, the survey found that Barts and The London's hospitals have a good reputation with the public and that they are very well known throughout the UK, with Barts having the highest recognition nationally (85%) and in London (91%).



To elicit more detailed feedback on quality, Members, GPs, stakeholders and staff completed an online poll, in which they identified the most important quality considerations in recommending a hospital. The five factors cited most frequently by each group are shown in Table A. GPs, stakeholders and staff were then asked to name the aspects of quality at Barts and The London that they regarded as

the top priorities for change and improvement. The five indicators named most frequently are shown in Table B.

Indicators of clinical effectiveness – ‘excellent clinical results comparable with the best in the country’ and ‘one of the UK’s best survival rates’ – were named as the most important quality indicators overall.

Table A – Most frequently cited quality indicators in recommending a hospital

Quality indicator	Members	GPs	Healthcare stakeholders	Staff
Achieving excellent clinical results comparable with the best in the country	3 (28%)	1 (42%)	1 (55%)	3
One of the UK’s best survival rates	–	–	2 (30%)	
Personal care in which patients are treated as individuals	4 (24%)	3 (29%)	3 (24%)	4
Clean, modern environment	1 (41%)	–	3 (24%)	1
Caring, well-informed staff	2 (38%)	2 (36%)	5 (21%)	2
Low rates of hospital acquired infections	5 (21%)	–	–	
Short waiting times	–	4 (23%)	–	
Kind and clear spoken communication from clinicians	–	5 (20%)	–	
Patients treated with dignity and respect				5

Table B – Most frequently cited quality indicators as priorities for change and improvement at Barts and The London

Quality indicator	GPs	Healthcare Stakeholders	Staff
Prompt and legible discharge letters	1 (74%)	–	
Quality of GP information about a patient's treatment and medication	2 (55%)	–	
Good patient follow-up and support from the hospital	3 (45%)	–	
Ease of speaking to a consultant	4 (42%)	–	
Caring, well informed staff	5 (39%)	–	3
Clean, modern environment	5 (39%)	–	1
Being part of an academic health sciences centre	–	1 (33%)	
Ability to respond appropriately to patients' religious needs	–	2 (27%)	
High level of participation in and use of clinical research	–	3 (24%)	
One of the UK's best survival rates	–	3 (24%)	
Low rates of avoidable harm to patients and safety incidents	–	3 (24%)	
Close working and good information sharing across teams			2
Patients treated with dignity and respect			4
Kind and clear spoken communications from clinicians			5

Key aspects of the patient experience were also accorded significant weight by respondents, particularly the attitude of staff, with 'caring, well informed staff', 'personal care in which patients are treated as individuals', 'kind and clear spoken communication from clinicians' and 'patients treated with dignity and respect' frequently cited as important.

'A clean, modern environment' and, for GPs, 'short waiting times' were also considered to be significant. None of these factors were among the five named most frequently for improvement by stakeholders, but 'caring well-informed staff' and 'a clean, modern environment' were among the five factors cited most frequently by GPs as priorities for improvement.

Barts and The London staff placed a strong emphasis on a clean, modern environment, identifying it as the most important quality indicator.

Members additionally identified low rates of hospital-acquired infections in their top three most important factors.

While there was close alignment between GPs and stakeholders on the most important considerations when recommending a hospital, the groups differed on their priorities for change and improvement at Barts and The London.

GPs were dissatisfied with the Trust's performance in a number of key areas, which are being addressed in a comprehensive service improvement programme. In addition to the factors already discussed, they identified aspects of communication with hospital doctors and patient follow-up as their highest priorities for improvement: 'prompt and legible discharge letters', the 'quality of GP information about a patient's treatment and medication', 'good patient follow-up and support from the hospital' and 'ease of speaking to a consultant'. None of these factors was named among the most important when recommending a hospital.

The stakeholder list of priorities for improvement, in addition to the factors already discussed, were 'being part of an academic health sciences centre', the 'ability to respond appropriately to patients' religious needs', a 'high level of participation in and use of clinical research' and 'low rates of avoidable harm to patients and safety incidents'. The issues identified in the survey are being addressed as part of the Trust's Performing for Excellence programme and implementing the Quality Strategy and annual Quality Development Plan improvements.

As well as identifying a 'clean, modern environment' as the most important quality indicator, staff identified it as the highest priority for improvement. 'Close working and good information sharing across teams' was another high priority for improvement, along with 'caring, well-informed staff', 'patients treated with dignity and respect' and 'kind and clear spoken communications from clinicians.'

The Trust plans to obtain further feedback on the Trust's progress from stakeholders and GPs during the year.

Our work with Tower Hamlets Involvement Network (THINK) and City Link

We have been working closely with THINK, presenting information to steering groups, coordinating engagement activities and obtaining feedback from relatives, carers and patients on our services. We responded to recommendations born from focus groups led by THINK and continue to work in partnership to improve the overall patient experience. We have also been involved with City Link events and have attended meetings to gain feedback via their groups.

Performing for Excellence

The Trust's vision and aims for quality and safety improvement are intrinsically linked and integrated within the six *Performing for Excellence Programme* work streams. Quality and productivity are not mutually exclusive

and should go hand-in-hand to achieve the necessary efficiency and financial gains in tandem with increased patient and staff satisfaction and improved clinical outcomes.

Commissioning for Quality and Innovation (CQUIN) payment framework 2010/11

Through a series of collaborative meetings during February and March 2010, Barts and The London NHS Trust discussed and agreed five local CQUIN improvement initiatives for 2010/11 with its commissioners, NHS Tower Hamlets and the East London and the City Alliance. These local projects are in addition to the two national and 14 NHS London selected Regional CQUIN schemes listed on page 14. The five local quality improvement schemes are incorporated into the Trust's 2010/11 Quality Development Plan. They aim to ensure that the best possible care and treatment is provided in areas that really matter to patients and are important to their safety and comfort in hospital. Under the 2010/11 CQUIN programme, we are committed and will work hard to:

- Improve patient trust and confidence in nursing care.
- Improve nutrition and feeding.
- Improve care and outcomes for patients with urinary catheters.
- Improve surgical wound care and prevent wound infection.
- Improve skin care and reduce the incidence of tissue ulcers.

Combining intelligence and feedback gathered from stakeholder and staff engagement activities, the CQUIN planning meetings and by reviewing the organisation's strengths and weaknesses in performance last year, the Trust Board has agreed and grouped the organisation's improvement goals under seven headings or high level aim statements. These are set out in the Trust's Quality Development Plan which the Trust Board approved at its meeting on 31 March 2010.

Barts and The London's high level improvement goals

We will achieve high levels of **Patient Safety** by:

1. Providing safe, clean care, and achieving further reduction in healthcare acquired infection.
2. Minimising unintended patient harm and maintaining low levels of mortality and morbidity.

We will achieve **Patient Centeredness** by:

3. Making improvements in customer care and services to ensure we get cleaning, food, same sex accommodation, transport, and 'way finding' services '**Right First Time**' for higher numbers of patients and users.
4. Making improvements so that all patients feel they are looked after by caring, informed staff who involve and help them to make decisions about their care and treatment.

We will achieve **Clinical Effectiveness** (and efficiency) by:

5. Making improvements to ensure we get our booking, appointment and information sharing processes '**Right First Time**' for higher numbers of patients and GPs.
6. Making improvements so that each patient discharge from hospital is timely, safe and well planned.
7. Delivering effective integrated care pathways for patients with long term health needs, and those on selected surgical pathways so that once discharged, patients are not readmitted back into hospital.

How the Trust will measure and report results

Each high level aim and improvement goal within the Quality Development Plan has agreed standards, indicators and measures to enable us to determine if the changes and interventions being made are getting the right results. Progress will be reviewed through the

Clinical Division Performance Management Framework and reported to the Trust Board through the appropriate operational, quality and safety dashboards.

We will keep staff updated on progress against the Quality Development Plan and our performance against the agreed standards and measures through our regular Staff Bulletin and 'LINK' publications and the Chief Executive's Open Staff meetings.

Review of Services

During 2009/10 Barts and The London NHS Trust provided and/or sub-contracted around 150 NHS services, as measured by individual service lines. These service lines cover the full range of medical, surgical and diagnostic services provided by the Trust.

Through a performance management framework covering each of the Trust's Clinical Divisions and Clinical Academic Units (CAUs), divisional and CAU governance and risk management arrangements, the work of the executive Quality and Safety Committee and the Quality Assurance Board sub-committee, together with reporting on quality of services to the Trust Board, the Trust has reviewed all the data available on the quality of care in each service.

Some of the data has been reviewed at a more aggregated level than individual service lines and the level of detail of the reviews has varied across services. The income generated by the NHS services reviewed in 2009/10 represents all of the income generated from the provision of NHS services by Barts and The London NHS Trust for 2009/10.

Participation in clinical audit

During 2009/10, 49 national clinical audits, four national confidential enquiries (NCEPOD) and four Centre for Maternal and Child Enquiries (CMACE) audits covered NHS services that Barts and The London NHS Trust provides.

During that period the Trust participated in all national clinical audits and all NCEPOD studies.

Partial participation was achieved in one NCEPOD study – Parenteral Nutrition. Data was submitted for St Bartholomew’s Hospital but not for The Royal London Hospital. This lapse was due to a failure to organise data management requirements at an early stage, including the retrieval of patient records for data collection, photocopying and difficulties encountered with data encoding. This was discussed by the Quality and Safety Committee and actions to improve future data submissions were agreed between the Clinical Effectiveness Unit and the clinicians who undertake the role of NCEPOD reporters.

Measuring participation

The national clinical audits and national confidential enquiries that Barts and The London NHS Trust was eligible to participate in during 2009/10 are listed at Appendix 1.

Measuring coverage

The number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the teams of that audit or enquiry is also shown at Appendix 1, where known.

It is difficult to individually collate the percentage coverage data due to the large volume of a national audits and studies that the Trust participates in and the lack of an established system to routinely collect and record this information.

The Trust intends to review its clinical audit strategy this year which will include developing new processes to ensure national audit coverage data is collected routinely, forming part of an existing central database on national audit participation.

Quality and Safety Committee review of national clinical audits

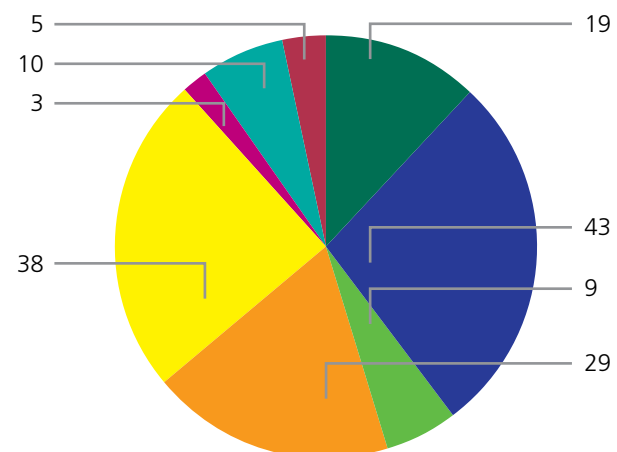
Seven reports relating to national clinical audits or studies were reviewed by the Trust’s Quality and Safety Committee during 2009/10. Any actions needed to change or improve aspects of care or service were agreed and recorded.

Participation in local multidisciplinary clinical audits

During 2009/10 the Trust’s Clinical Effectiveness Unit (CEU) registered and supported 146 new clinical audits. A list of the registered clinical audit projects is included at Appendix 2.

Out of the 146 newly registered clinical audits in 2009/10, the pie chart below breaks these down into the different categories or types of audit. Please note that some audits fall into more than one category giving the total number of 156.

Audits by type during 2009/10



- Re-audit
- Audits against national guidelines (aside from the national audit programme)
- Audits against National Service Frameworks
- Audits against NICE guidance
- Patient and Public Involvement audits
- Audit with links to healthcare governance (e.g. complaints, litigation)
- Audits relating to Standards for Better Health
- Audits of National Confidential Enquiries (aside from the national audit programme)

Of the 65 newly registered audits, supported by the CEU in 2009/10, (excluding 81 audits relating to access to medical records), 15 were completed within the reporting period. In addition, existing projects already registered and initiated in the preceding financial year continued. The total number of audit projects completed and reported during 2009/10 was 41.

The CEU also maintains a 'registration only' database where projects being carried out and led by the specialty without the input of the CEU are recorded. In 2009/10, a further 134 audits were logged for registration only.

Quality and Safety Committee review of local clinical audits

The reports of 11 local clinical audits were reviewed by the Trust's Quality and Safety Committee in 2009/10 including any intended action identified to improve or change aspects of care or service.

In addition, the Quality and Safety Committee received a NICE Guidance report each month. This included a summary of any audits carried out in response to and/or used to assess compliance with NICE guidance. The local audits and action plans presented to the Quality and Safety Committee in 2009/10 are listed below:

- Health Record Keeping and Consent Audit
- Resuscitation Training Audit
- Adult Cardiac Arrest Audit
- Paediatric Cardiac Arrest Audit
- Bedside Transfusion Audit
- Antibiotic Knowledge Audit
- Being Open Policy Audit
- Maternal Post Partum Haemorrhage Review and Audit
- Global Tiger Tool Mortality Outliers Audit
- WHO Surgical Checklist Observational Audit
- Incident Reporting (Completeness) Audit

Clinical Audit Project Recommendation Exercise (CAPRE)

The Trust carries out an annual monitoring exercise of all local clinical audits registered with the CEU. Known as the CAPRE review, the information gathered contributes to evidence and assurance against the Essential Standards of Quality and Safety and the NHS Litigation Authority's Risk Management Standards. It is also used by clinicians to plan future and ongoing audit projects.

The audit project leads provide a progress summary against the agreed audit recommendations and complete an action plan for any outstanding actions or planned service changes. In June 2010 the CAPRE report was reviewed by the Trust's Quality and Safety Committee and will then be reviewed at each Divisional Governance Board along with the 2009/10 Clinical Effectiveness and Clinical Audit report to ensure learning and good practice is shared across the whole organisation.

Examples of learning and service improvements as a result of local clinical audit

Safeguarding Children audit

In 2009 a bespoke Safeguarding Children Toolkit was used to audit practice within the Trust along with the previous findings from a child protection audit conducted in 2006. The audit was conducted retrospectively using the case notes of children seen in the Accident and Emergency Department over a three month period.

A key finding of the audit was that the Toolkit was undervalued and under-used by staff. The Safeguarding team therefore set an objective to make it more accessible and user friendly. As a result of this audit:

- The ICT department has redesigned the Toolkit making it more accessible and recognisable to staff in children's services.

- Further training was provided to the paediatric doctors about using the Toolkit and undertaking examinations when there are child protection concerns.
- Additional Safeguarding Children Training and education sessions were provided to all staff.
- The role of the Consultant on call for child protection was reviewed and a contact rota is being established.

Clinical audit of Central Venous Catheter Care

Infection control is a key safety priority for the Trust. When managed incorrectly, access devices or lines used to administer fluids and vital medications to patients are potential sources of entry for infection.

The aim of the audit was to assess the practice of line insertion and how lines are cared for to ensure any risks of infection are minimised. The audit included patients across our three hospitals with access lines in place on that day. Recommendations arising and implemented as a result of the audit were:

- An increase in the use of transparent dressings and 2% Chlorhexidine preparation to decontaminate the site of the line before insertion as standard practice.
- The introduction of central and peripheral line insertion packs. The packs include access device records as an aid to improve record keeping in relation to line care.
- The organisation of additional training and education for clinicians and an increase in the use of bio-nector caps.

However, since this audit was undertaken, monthly tracking and audits have shown that we still have some way to go to ensure staff adhere to approved 'care bundles' or standards. This year, more infection control training will be delivered and tough sanctions applied to clinical teams who are shown not to be following the recommended and expected practice for each and every patient encounter.

Annual Documentation and Consent Audit

The annual Trust-wide audit of the quality of clinical record keeping and compliance with the consent policy was carried out in 2009/10. 41 specialties participated and 35 (85%) had completed the audit by March 2010. Each of the Clinical Divisions has developed and continues to implement improvement action plans based on the findings prior to re-audit in 2010/11.

Patient and Public Involvement

During 2009/10 the CEU increased the support it provides to clinicians and services to undertake more user involvement audit and initiatives. The 38 projects carried out in 2009/10 included using feedback collected from patient satisfaction questionnaires, running focus groups and interviews. Examples of some of these are included in our Quality Account.

Capturing patient experience of nursing and care in real time

The CEU supported the Real Time Monitoring (RTM) patient feedback initiative piloted in the Trust in 2009. This approach gives patients the opportunity to give their views on the care and service they received while on the ward or visiting a department.

The Trust invested in touch screen terminals to capture the information in real time. In order to ensure best value for money and maximise the benefits of this initiative, a pilot was set up in 10 clinical areas across the Trust. A steering group was established to support the project and to agree the pilot aims. These were:

- To increase the number of patients who tell us about their experience of care and services.
- To evaluate the effectiveness of the technology and how best to deploy it in our hospitals.
- To gain feedback from staff on the effectiveness of the initiative and understand how the feedback can be best presented and used to make improvements.

- To provide feedback to patients about how their views are listened and responded to.

As part of the pilot, reports were compiled and sent to the participating wards. Workshops were set up and facilitated with clinical staff in order to gain feedback on the pilot and to discuss how the information could be presented and used by staff.

Patient feedback gathered during the pilot has been used to shape and develop the improvement priorities for 2010/11. Further roll out of RTM across the Trust is an improvement goal within this year's Quality Development Plan.

Participation in clinical research

Participation in clinical research has the potential to improve quality, patient experience and clinical outcomes.

7,247 patients were recruited to clinical trials during 2009/10.

Barts and The London NHS Trust had the highest recruitment rates to cancer clinical research trials out of 30 partner Trusts in the Cancer Local Research Network (CLRN) in 2009/10. As North Central and North East London CLRN is one of the top performing networks in the country, the Trust is performing very well at a national level.

There has been an increase in the number of Barts and The London trials registered with the CLRN to 124, an increase of 88% on the previous year. There has also been a 15% rise in active funded projects to 256 over the same period.

There has been a corresponding 48% increase the number of active researchers from 155 in 2008/09 to 230 in 2009/10, demonstrating the Trust's commitment to improving the quality of care we offer and making our contribution to wider health improvement.

Barts and The London NHS Trust and our partner School of Medicine and Dentistry are involved in conducting clinical research studies, many involving multidisciplinary work with imaging,

pathology and oncology. All research is approved by a Research Ethics Committee.

Research has been presented internationally, with the results of many studies published in high impact journals. The studies carried out in the Trust are not just of interest to the scientific community but have led to real changes in practice for the benefit of patients not just locally, but also nationally and internationally.

Goals agreed with commissioners

A proportion of our income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the Trust and commissioners – NHS Tower Hamlets and the London Specialist Commissioning Group – through the Commissioning for Quality and Innovation (CQUIN) payment framework.

For 2010/11 the Trust has agreed 14 CQUIN improvement schemes with commissioners which are incorporated into the annual Quality Development Plan under the seven high level improvement statement aims.

In addition to the five local CQUIN projects outlined on page 9, other 2010/11 CQUIN improvement work streams are listed below.

- 90% of admitted patients will have a Venous Thrombosis Embolism VTE risk assessment recorded.
- Improve responsiveness to personal needs of patients by achieving a 5% improvement on the baseline composite score in the national inpatient survey.
- Implement the hospital care pathway for people with Dementia.
- Prevent emergency readmission to hospital for patients with chronic health needs – diabetes, heart failure and COPD.
- Improve discharge planning and patient flow to get patients home on their planned discharge date.

- Improve communication and information sharing with GPs by timely electronic summaries and first outpatient referral letters.
- Implement enhanced recovery care pathways in Urology and Colorectal surgery.
- Carry out monthly Global Trigger Tool case note audits to identify and learn from unintended patient harm.

Further details of the agreed CQUIN goals in 2009/10 and 2010/11 are available on request.

Registration with the Care Quality Commission

Barts and The London is required to register with the Care Quality Commission (CQC). The Trust was registered from 1 April 2010 without conditions for each applicable Regulated Activity. The Care Quality Commission did not take any enforcement action against the Trust during 2009/10.

Periodic service reviews or inspections carried out by the Care Quality Commission

Periodically NHS provider reviews and inspections are carried out by the Care Quality Commission. The last review of our services was on elements of diagnostic and screening services in December 2009.

The Care Quality Commission is responsible for the enforcement of the Ionising Radiation (Medical Exposure) Regulations 2000 as amended in 2006. A CQC IR(ME)R inspector visited the Trust in December 2009 to review radiology reporting arrangements. This followed previous concerns about the failure to provide radiology reports for x-rays carried out in 2006 and preceding years.

The purpose of the visit was to give the Trust an opportunity to provide assurance that it is aware of its responsibilities under IR(ME)R and to access compliance with regulation 7(8) which states that:

“The employer shall take steps to ensure that a clinical evaluation of the outcome of each medical exposure, is recorded in accordance with the employer’s procedures or, where the employer is concurrently practitioner or operator, shall so record a clinical evaluation, including, where appropriate, factors relevant to patient dose.”

The inspector met with key staff from Radiology and Clinical Governance and was provided with assurance that since November 2006, the Trust had established systems and put in place measures that comply with IR(ME)R regulation 7(8).

The CQC’s assessment concluded that the Trust was compliant with the IR(ME)R regulation 7(8).

The Trust agreed to implement the following actions to improve existing controls:

- Conduct a clinical audit where there is a local agreement that referring clinicians provide the report and this is documented.
- Ensure that all those providing the clinical evaluation are trained and competent.
- To consider undertaking a second clinical audit where consultant radiologists read a proportion of reports from non-radiologist colleagues to confirm they are accurate.

Data quality

Good quality information underpins the effective delivery of patient care. Improving data quality, which includes the quality of ethnicity and other equality data, will help to improve patient care and value for money in Trust services.

Use of NHS number and General Medical Code validity

Barts and The London submitted records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics. The percentage of records which included valid NHS numbers were:

- 96.1% for admitted patients
- 98.0% for outpatients
- 88.5% for those attending the Accident and Emergency Department

The percentage of records which included the patient's valid General Medical Practice (GP) code were:

- 95.2% for admitted patients
- 98.0% for outpatients
- 85.8% for those attending the Accident and Emergency Department

Information Governance

Barts and The London is committed to ensuring that it manages all the information which it holds and processes in an efficient, effective and secure manner, working within the information management legal framework and other statutory requirements in support of high quality patient care.

In 2009/10, the Trust submitted an Information Governance Toolkit score of 80% to NHS Connecting for Health – an increase from 74% in 2008/09.

The 2009/10 individual scores for the six Toolkit domains are as follows:

Information Governance work area	Score
Clinical Information Assurance	70%
Confidentiality and Data Protection Assurance	93%
Corporate Information Assurance	100%
Information Governance Management	86%
Information Security Assurance	78%
Secondary Use Assurance	63%

In addition, the Trust currently meets all 25 requirements of the Information Governance Statement of Compliance at level 2 and above.

The Trust's Information Quality and Records Management Assurance score, covering 21 of the Toolkit requirements, is 70%.

Clinical coding error rate

Barts and The London was subject to the Audit Commission's Payment by Results clinical coding audit during 2009/10. The error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) are:

- Incorrect coding of primary diagnoses 29.2%
- Incorrect coding of secondary diagnoses 35.7%
- Incorrect coding of primary procedures 27.5%
- Incorrect coding of secondary procedures 25.8%

The above results represented an overall error rate of 25% which is a deterioration from the previous year's audit result of 17%. The specialties and Healthcare Resource Groups (HRG) reviewed are varied by the Audit Commission each year which makes annual comparisons difficult.

The audit was carried out on 300 finished consultant episodes (FCEs). This represents 0.27% of all FCEs coded in each year at Barts and The London.

While the audit recognised that actions had been progressed from the previous year, the most significant issues identified were the quality of electronic source documents (which coding information is derived from) and

the condition of the original case notes. In combination, these two factors are leading to higher than average error rates.

A revised action plan has been developed by the Trust in order to address these issues. The Trust also commissioned an internal Payment by Results audit in April 2010. This will provide additional information on coding quality as additional specialties and FCEs are reviewed.



Review of quality and safety performance in 2009/10

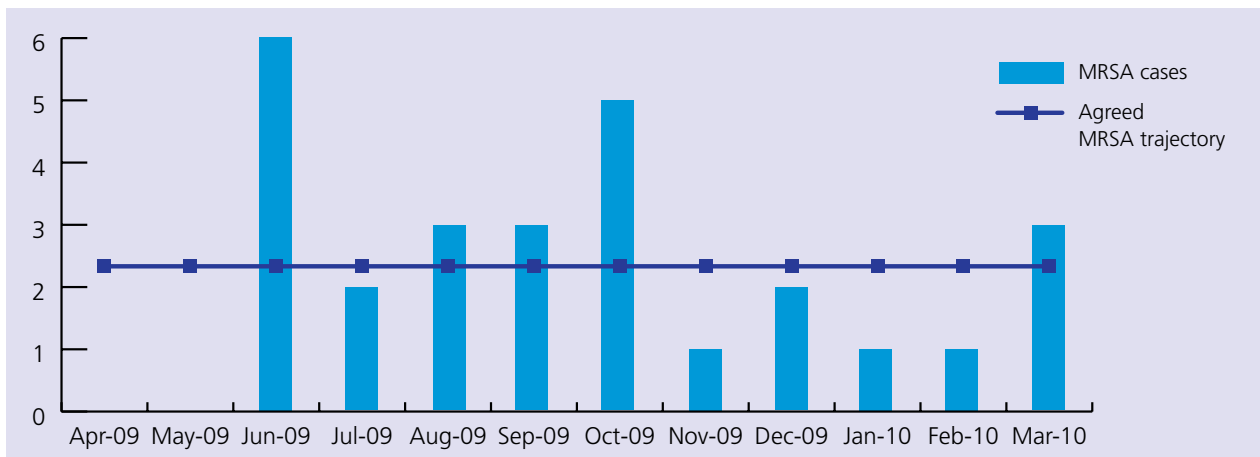
Quality Dimension 1 – Patient Safety

Reducing Healthcare Associated Infection

We want to do even better this year and achieve a run of at least 300 days without a case of MRSA.

A root cause analysis is carried out for each MRSA case, enabling clinical staff to monitor trends, identify the actual cause of the infection and

Monthly incidence of MRSA cases



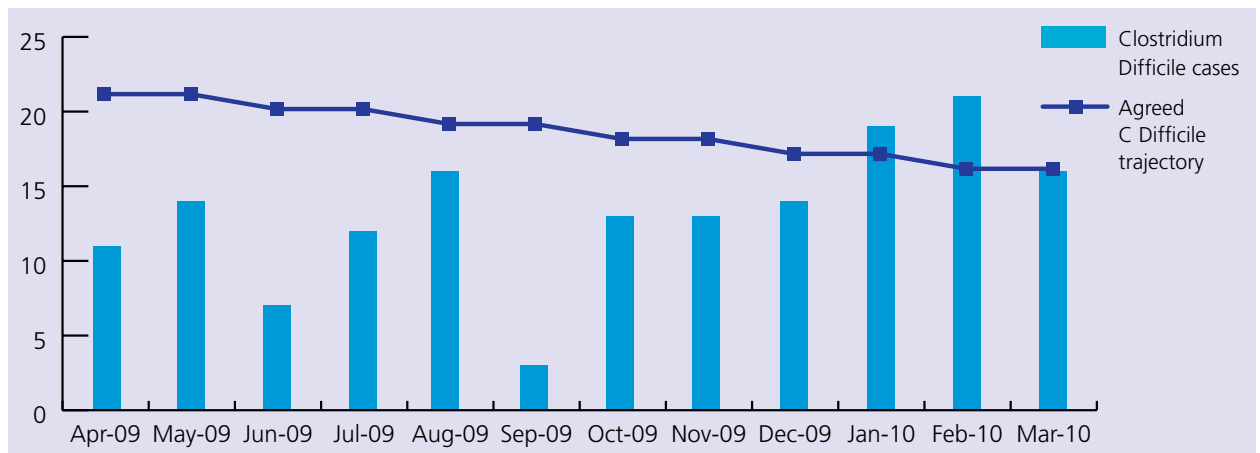
In 2009/10 the Trust achieved the threshold for MRSA infections as part of an ongoing trajectory of improvement. It reported 27 cases against an annual trajectory of no more than 28 cases. However, we recognise that we still have more to do to reduce the yearly incidence to below 10 cases.

Periods between reported cases increased during the year, including achieving a run of 100 days without an MRSA case early in the year. This success was commended by NHS London.

implement recommendations from the analysis. Recommendations have included focused training and assessment of clinical staff obtaining blood cultures to reduce the number of contaminates reported. Training on the management of vascular devices is delivered by the newly created Vascular Access Nursing Team who also support staff in implementing recommendations from root cause analysis reports.

The Trust Board approved the 2010/11 Infection Control Improvement plan in April 2010. Priorities

Monthly incidence of C Difficile cases



for 2010/11 include the introduction of a formal training programme for blood culture sampling techniques and more training in the management of vascular access devices.

The Trust also achieved the annual threshold set for C Difficile infections, reporting 159 cases against a threshold of no more than 222 cases. However, towards the end of the year the number of cases rose and exceeded the monthly trajectory on three occasions. While performance has shown an improving trend, the Trust Board believes it has to do more to achieve its commitment to patients for 'Zero Tolerance' on all healthcare associated infections.

This year the clinical teams have been set a challenge to reduce cases of C Difficile to no more than 150.

During the year, a root cause analysis was carried out on each case enabling clinical staff to establish trends, identify any poor practice and implement actions and improvements.

A dedicated C Difficile clinical review team was established in 2009 in accordance with Department of Health guidelines 'Clostridium Difficile: How to deal with the problem'. The team consists of a consultant gastroenterologist, a consultant microbiologist, a consultant nurse in infection control and an antimicrobial pharmacist. They visit wards on a weekly basis and review the care and management of patients who have been diagnosed with the infection, and provide support to clinical teams.

In 2010/11 the clinical review team will be designing a programme to make further improvements in the care of patients with C Difficile.

Implementing a robust Infection Control Assurance Framework

A strong focus on last year's work was to strengthen the Trust's assurance framework for infection prevention and control. Key quality performance indicators were



developed and reported on a monthly basis on an infection control dashboard. The indicators include compliance with antibiotic prescribing policy, saving lives audits, cleaning standards and the percentage of staff attending infection control training.

Information from external reviews including Care Quality Commission inspections are also included to provide an overall picture on how infection control practice is being implemented across the Trust.

An infection control risk register and incident log is in place and is monitored on a monthly basis by the Trust's Infection Control Committee. This enables the Committee to ensure that potential risks to patients are managed and recommendations from incidents are fully implemented.

An Infection Control Performance Management Framework was implemented in September 2009. As part of the framework, warning notices are issued to the Divisional Clinical Directors when indicator performance falls below a defined threshold against a set of triggers. They are then required to instigate

immediate action to improve infection control performance and patient safety. The action plan is reviewed by divisional teams after a month to ensure all actions have been implemented and performance has improved. This year we will be applying sanctions and focusing management attention if clinical standards are not maintained.

Compliance with Hygiene Code requirements and recommendations from the Care Quality Commission

The Care Quality Commission (CQC) undertook an unannounced Healthcare Associated Infection (HCAI) inspection at The Royal London Hospital on 30 September 2009 and a follow-up inspection on 12 November 2009. The CQC's overall judgement was that the Trust was compliant with the Regulation on HCAs. The report stated that the CQC:

"...found no evidence that the Trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection".

However, the inspectors made two specific recommendations in relation to ensuring that the environment for providing healthcare is suitable, clean and well maintained (predominantly relating to dusting, fluid splashes and mould

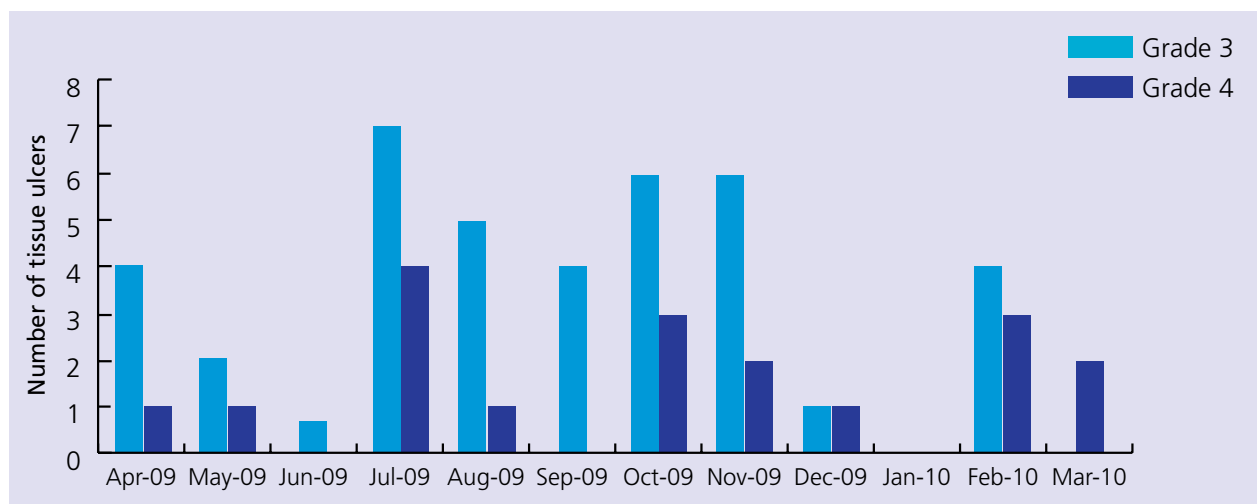
in shower rooms) and ensuring that patient equipment is appropriately decontaminated and that the processes for checking the integrity of mattresses are in place and operate effectively.

In response the Trust Board identified and allocated additional funding to improve high and low level dusting in ward areas. A pilot of the 2007 NHS cleaning standards was introduced across a number of wards, followed by Trust-wide rollout out by the end of July 2010. In effect this will increase the level and frequency of cleaning carried out each day and monitoring will also be increased in collaboration with our contracted partners.

In 2009/10 a mattress audit programme was implemented and audits are now conducted three times a year. 420 mattresses were replaced and a further audit conducted in February 2010 recommended the replacement of a further 124 mattresses. These were replaced in May 2010. New Trust guidelines on the Management of Beds and Bed Mattresses were approved by the Infection Control Committee. Plans are also being developed to introduce a designated cot store on The Royal London Hospital site.

A new cleaning equipment checklist has been introduced so that staff keep a daily record of all equipment on the ward that has been cleaned. Work is continuing this year to embed this into everyday practice.

Number of tissue ulcers in 2009/10



Prevention of hospital acquired tissue ulcers

Delivering high quality nursing assessment and care to prevent patients acquiring pressure ulcers is a key safety priority for the Trust.

In June 2009 the Trust’s Quality and Safety Committee noted a reported rise in the incidence of pressure ulcers (the number of ulcers as a percentage of total admissions) from 1.6% in 2007 to 2.6% in 2008 and agreed actions to deliver improvement. In January 2010 a further report noted that, excluding December 2009, the annual incidence for 2009 had reduced to 2.2%.

In 2009/10 the Trust also set an internal target of having no more than 5 high grade tissue ulcers (Grade 3 or 4) in total per month. The chart on the previous page shows performance during the year.

Grade 3 and 4 tissue ulcers are those which result in deeper tissue damage and require more intensive intervention and treatment. In 2009 there were a total of 58 acquired tissue ulcers reported. This is below the threshold of 60 but still represents a higher number than in previous years and accounts for 10% of all tissue ulcers.

How will we improve this year?

Reducing high grade tissue ulcers by 15% is one of Trust’s five local CQUIN quality improvement

projects. This is included in the Quality Development Plan and the Excellence in Care Nursing Strategy as one of the adopted Nursing and Midwifery High Impact Actions.

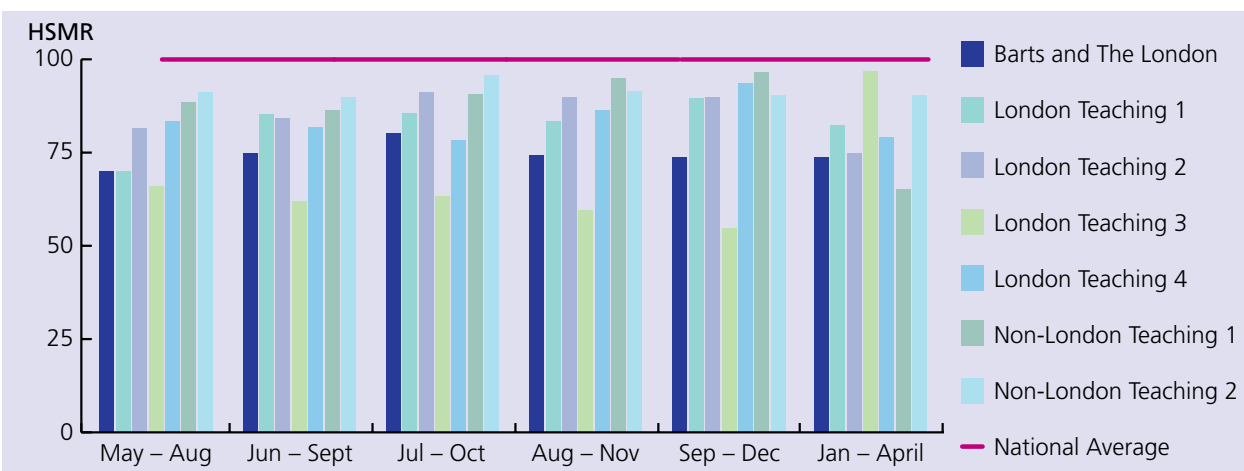
In December 2009 the Trust’s Tissue Viability Service worked with the Divisional Nurses to develop and pilot a new Root Cause Analysis Tool for the investigation of Grade 4 tissue ulcers. Learning will be derived from feedback given to the ward nurses and actions agreed to improve care and practice if needed.

Hospital Standardised Mortality Rates (HSMR) – What does it tell us about care and how do our results compare to others?

Hospital standardised mortality rates are a way of measuring death rates across a range (56 in total) of common conditions treated in the NHS. These conditions account for 80% of hospital deaths. The measurement system uses data from hospital episodes collected over the last 13 years to calculate probabilities. The average HSMR benchmark for the whole country and for these conditions is expressed as 100.

Numbers below 100 indicate a lower death rate than average. We use these as a regular tool to monitor where we may have higher rates than expected for individual areas, and then investigate on a case by case basis.

Hospital Standardised Mortality Rate for Barts and The London compared with other Trusts, 2009/10



They are used as an indicator only, because sometimes the data can indicate a higher rate if there are coding errors. For example, a higher death rate than average was seen in one of our hospitals following removal of the spleen, but on closer investigation these were multiply-injured patients also with severe head injuries. The associated injuries were not coded, triggering an alert. As a result we now code trauma patients in more detail, improving data quality.

The latest data for the period January 2010 to April 2010 shows an HSMR for Barts and The London of 69.5. During 2009/10, the Trust's overall performance was 24.7% better than would be expected, given the nature and complexity of the cases we treat.

The chart on page 21 shows that our mortality rate is consistently favourable to a peer group of similar sized teaching hospital trusts and foundation trusts, located both inside and outside London.

Dr Foster Hospital Guide patient safety score

Dr Foster is an independent provider of comparative information on healthcare services. Their Hospital Guide, published in December 2009, is a public document open to scrutiny by government agencies, healthcare providers, patients and the media.

It has a strong focus on safety and uses safety measure data derived from a number of sources (including trusts themselves through self assessment) to calculate and assign an overall organisational patient safety score out of 100. Barts and The London NHS Trust scored 84.25 which placed us in Band 4 – the second highest grouping – out of a possible five Bands.

Improving patient safety by implementing national safety standards

The NHS Litigation Authority (NHSLA) conducts rigorous on site assessments of NHS organisations against a set of core Risk Management Standards. The Trust is currently at Level 2 within this assessment framework and plans to be assessed at Level 3 in November 2010. Level 3 is the highest level that can be attained and only a very small percentage of NHS trusts currently have achieved this level.

The standards and assessment process are designed to provide a structured framework within which to focus the organisation's risk management activities in order to deliver quality improvements in governance, patient care and the safety of patients, staff, contractors, volunteers and visitors.

There are five standards within the framework and the Trust achieved excellent scores for the Level 2 assessment undertaken in April 2009.

NHS Litigation Authority Risk Management Standards Scores April 2009

Standard areas	Score
Governance	10/10
Competent and Capable Workforce	9/10
Safe Environment	10/10
Safe Clinical Care	10/10
Learning from Experience	9/10
Total	48/50

Participation in the scheme contributes highly to embedding risk management and patient safety into the organisation's culture and provides external assurance to the Trust Board, other inspecting bodies and stakeholders (including patients) that the Trust doing the right things to minimise risk and harm to patients.



in a multi-agency policy, ensuring that all the borough agencies follow common procedures. There are clear staff roles and responsibilities, and a safe and effective pathway for patients or clients referred under the safeguarding adult framework.

In 2009/10 we developed a hospital 'passport' (see below) in collaboration with the Community Learning Disability Service. This was shared with community groups and carers to obtain their views and support the communication of important details such as their next of kin and identified carers, their preferences, likes and dislikes. The passport will be used in the majority of situations by the community team and people with learning disabilities will come into the hospital with their individual passport. It will be used by our hospital staff to provide essential information and establish a baseline understanding of their needs so we can ensure these are met during their visit or stay in hospital.

Safeguarding adults and vulnerable people through engagement and partnership working

Barts and The London NHS Trust is committed to ensuring safety and delivering high quality care for the most vulnerable people and patients. In 2009/10 we implemented a range of measures and new developments to strengthen our safeguarding arrangements.

All new staff to the Trust receive Safeguarding Adults awareness training. More comprehensive training for senior nurses and support staff has also been provided to increase knowledge and expertise and to enable them to support more junior staff in identifying and ensuring that any safeguarding concerns are referred correctly and acted upon.

The Trust works in collaboration with healthcare, voluntary sector, police and social care partners in the London Borough of Tower Hamlets and the City of London through the work of the Safeguarding Adults Board. This has resulted

The Trust is continuing to work with the Safeguarding Adults Board to develop an integrated training strategy for all staff working in the areas of health, voluntary and social care. This will enable all training to be based on the same agreed competencies with clear timescales for updates. It will also set out what type of knowledge and training should be undertaken by the different staff groups.



Safeguarding Children and Young People

Over a number of years the Trust has developed a strategy and implemented plans to ensure a robust approach to Safeguarding Children throughout the organisation. This has been achieved through partnership working with external agencies to ensure we comply with Care Quality Commission standards and to safeguard children under Section 11 of the Children Act 2004.

Tower Hamlets has the highest level of poverty in England and has 35% of its population under the age of 25. There are 53,000 children in the borough (40,000 are of school age), with 1,568 classed as 'in need' and 296 children subject to child protection plans. The Trust recognises that the challenge to safeguard children in this area is significant and we are committed to delivering an excellent service.

We have established a comprehensive Safeguarding Children team, including a named doctor for safeguarding with committed time for the role and a full-time named safeguarding children nurse. The team works across all areas of the organisation where there is an interface with children and liaises with external agencies to ensure effective communication regarding processes or individuals.



The Trust reviewed and updated its Safeguarding Children Policy in 2008 to ensure it was compliant with London Child Protection Procedures (2007).

Staff recruitment, checking and retention processes are robust and the Trust is currently undertaking a review of the staff supervision strategy to ensure all staff caring for children are able to access adequate support and coaching regarding safeguarding.

The Trust is committed to training all staff in the organisation to an appropriate level of safeguarding awareness and competence appropriate to their role. One of three levels of mandatory safeguarding children training is required of staff depending on their level of contact with children and/or their role in the child protection process. We have exceeded the NHS London/Care Quality Commission training coverage target of 80% at level 3 (for staff working directly with children and young people), and are continuing to make steady progress towards this target at levels 1 and 2. Barts and The London encourages external reviews relating to Safeguarding Children. A review was undertaken in May 2009 and more recently by the Safeguarding Improvement Team from NHS London. The team commended the Trust on a number of its safeguarding initiatives and said they were impressed with the overall commitment demonstrated by the Trust to safeguarding.

The Safeguarding Children action plan has been updated to include recommendations from the latest external review. Key priorities during 2010/11 will be the implementation of the common assessment framework across all agencies, the development of a supervision strategy and framework and an improvement in processes within areas of the hospitals for adult patients where children may still be at risk – albeit low risk.

These actions will ensure the further improvement and development of the service to meet the needs of the local population and ensure children's safety continues to receive the highest priority.

Quality dimension 2 – Patient Centred Care and Patient Experience

Privacy and dignity – our commitment to same sex accommodation

The Trust is committed to respectful and dignified care and meeting the standards for same sex accommodation will go some way to providing this. Same sex accommodation means that patients will not share a sleeping area, bathroom or toilet with a member of the opposite sex even though they may be on a ward that cares for both men and women.

Over the last three years the Trust has undertaken a minor works programme across all three hospital sites to improve the patient environment to meet these standards. To support the operational management of patient privacy and dignity, the Trust has developed comprehensive privacy and dignity and bed management policies which contain detailed sections on the same sex standard.

The Trust also has a comprehensive privacy and dignity action plan against which progress is reported to the Trust's Quality and Safety Committee, the Trust Board and NHS Tower Hamlets.

To support the direct care patients receive, privacy and dignity training was developed to support the Trust policy and is now provided at staff induction and repeated at re-certification training.

Annual privacy and dignity essence of care and policy audits are undertaken. Feedback is used to improve services and influence the key messages articulated as part of the Trust's annual Privacy and Dignity Awareness Week.

Local and national survey and audit of patient experience of same sex accommodation

Monitoring same sex accommodation breaches was first introduced in May 2007. Current performance demonstrates that it is now very rare to breach this standard in a 'general ward'. Since January 2009 there have been six breaches, the last one occurring in July 2009.

Some breaches occur in intensive care, specialist and high dependency units but these can be justified due the specialist nature of the care the patient requires. Every effort is still being made to increase same sex accommodation in these areas and protect patients' privacy and dignity. The Trust is currently installing fixed partitions in specialist areas to enable greater segregation of men and women.

National NHS inpatient survey 2009 – improved performance for same sex accommodation

National Inpatient survey results show that we have made significant improvements and have virtually eliminated same-sex accommodation in our hospitals.

Local patient experience surveys of same sex accommodation

During 2009/10 as part of routine privacy and dignity monitoring, in house bedside or discharge surveys were carried in clinical areas, including HDU facilities across the Trust. The table below shows how lower scores have been achieved and demonstrates that performance in relation to patient experience of privacy and dignity has improved.

Privacy and dignity area	Q2	Q3	Q4
	2009/10		
Patients sharing sleeping area with opposite sex	32.2%	23.0%	17.3%
Patients sharing bathroom and toilet facilities	30.4%	34.5%	14.3%

Same Sex Accommodation: Barts and The London Trust Declaration

All NHS providers are required to undertake an assessment of progress against the same sex accommodation standard using the Department of Health's self declaration checklist. This is to

inform a declaration of 'virtually compliant' or 'not complaint'. A Trust assessment has been undertaken and discussed with the privacy and dignity lead from NHS London. This assessment informed the Trust Board's declaration of 'virtually compliant' in March 2010. The declaration is available on the Trust's website at www.bartsandthelondon.nhs.uk.

How did we do today? – Using patient feedback to improve Outpatient services at Barts and The London

At the end of September 2009 the Clinical and Diagnostic Services Division undertook a week-long event to talk to patients directly about their experiences of Outpatient services. We asked patients what was good and how services could be improved in face-to-face discussions as they were leaving The Royal London Hospital Outpatients department over the course of a week.

The event included a mix of clinical and non-clinical staff. As well as listening to patients, we sought to fix problems that were identified in 'real time'. During the week we spoke to 294 patients and fixed 44 problems.

What were patients happy with?

259 (88%) patients made 421 comments about the positive aspects of their experience. The remaining 35 (12%) patients said there was nothing good about their experience. The top five things that patients told us was good about their experience were:

What was good about the experience	No.
Staff attitude	98
Seen quickly/efficiently	94
Service was good/good care	84
Medical/nursing staff	60
Informative appointment/staff knowledge	40
Total comments:	376

Overall 54% of patients said that staff had made their experience a positive one. We also received 60 positive comments about medical and nursing staff. 94 patients (32%) thought they were seen quickly or efficiently.

Seven patients told us their experience of care at Barts and The London in other wards and departments was good.

What do patients want us to improve?

68 patients (23%) told us there was nothing we could improve about our services. The remaining 226 (77%) patients made 373 comments about things we need to improve. The top five things that patients told us we need to improve are:

Could Improve	No.
Waiting Times	118
Environment	112
Appointments	73
Communication	48
Ward/department care	11
Total comments:	362

Were the results consistent across different patient groups?

We analysed the results of the patient feedback and generally found no differences for different patient groups. The only differences we found were that:

- Patients with mobility problems rated efficient transport a higher priority than the environment or good care.
- Patients under 50 rated excellent care a greater priority than efficient transport.

What else did we learn from patient suggestions and comments?

Some patients made other comments and suggestions about how to improve our services. These included:

- Using text messaging reminder services
- More dressing clinics and at weekends
- The event was a good idea!
- Bring back volunteers to help patients with 'way finding'
- Reception desks are confusing
- Blood test reception is confusing – "I queued in the wrong one and had to queue again"
- Concern about lifts
- Improving the quality of the transport services

- Dental Hospital – communication on waiting times needs improving
- X-ray – environment and toilets are poor
- Want information about medicines and side effects
- Patients worried about infections on wards
- Would prefer to talk direct to clinic rather than central appointments
- Choose and Book does not work for older people and those who can't read
- Talking signs very helpful
- Too much noise in coffee shop so can't hear blood test numbers being called
- Entertainment – enjoyed the harp music during previous visit
- Need back up plan for when Doctors are off
- Sign that patients should be on time is annoying as doctors are often late

Going forward to make the improvements patients want to see

The findings of the Outpatient feedback event at The Royal London Hospital have been shared across the Trust, including with staff and with our patients. Those patients who requested feedback from this event were sent a copy of the event report. It is important that we tell our patients what actions we are taking as a result of their feedback and keep them informed of the progress we are making.

Findings from the Outpatient event were presented to the Trust Access and Choice Project Board in November 2009. Action to address the concerns of our patients is being taken forward as part of three project work streams within an Outpatient Improvement Programme:

- Project 1 – Clinic Utilisation (Choose and Book)
- Project 2 – Referral Management
- Project 3 – Patient Experience



The Trust Board strongly supports and recommends using the “How did we do today” model of getting ‘real time’ patient feedback about services at Barts and The London. Our patients told us that it was a good event and we were able to resolve some of the issues they encountered there and then.

All the staff involved in the event volunteered to do so and told us they enjoyed taking part. Other trust staff who observed the event told us they also thought it was a good idea and they might try it within their department.

Two further one day events were subsequently held in December 2009 in Radiology and the main reception at The Royal London Hospital. Staff from across the organisation asked patients what we had done well during their care that day and how we could improve.

Listening to patients – improving our learning and quality by strengthening our complaints process

Barts and The London promotes core values in the patients’ right to choice, independence and to have their views listened and responded to. The integrity of the Trust is demonstrated by being open and taking corrective action where necessary in response to complaints and concerns raised by people who use our services.

During 2008/09 the number of reportable complaints received by the Trust increased to 1,053 from 712 in the previous year. Performance against the national 25 day response target dropped from 83% to 61%. The increase in the number of complaints contributed to the drop in performance. However, performance did not recover when the number of complaints went down and other potential causes for the change in performance were examined. Interim actions taken to improve performance included weekly performance meetings with the Chief Nurse and a thorough assessment of the processes and resources in place for complaints management.

Implementing the new NHS Complaints Policy

In April 2009 amended complaints regulations were introduced by the Department of Health. Further internal action was needed to stabilise performance and strengthen existing systems before introducing a new process. The 25 day target for investigating and responding to complaints was therefore retained as a benchmark while also offering greater scope for complainants to negotiate how their complaint was handled and responded to. The complaints policy and process meanwhile underwent a thorough review.

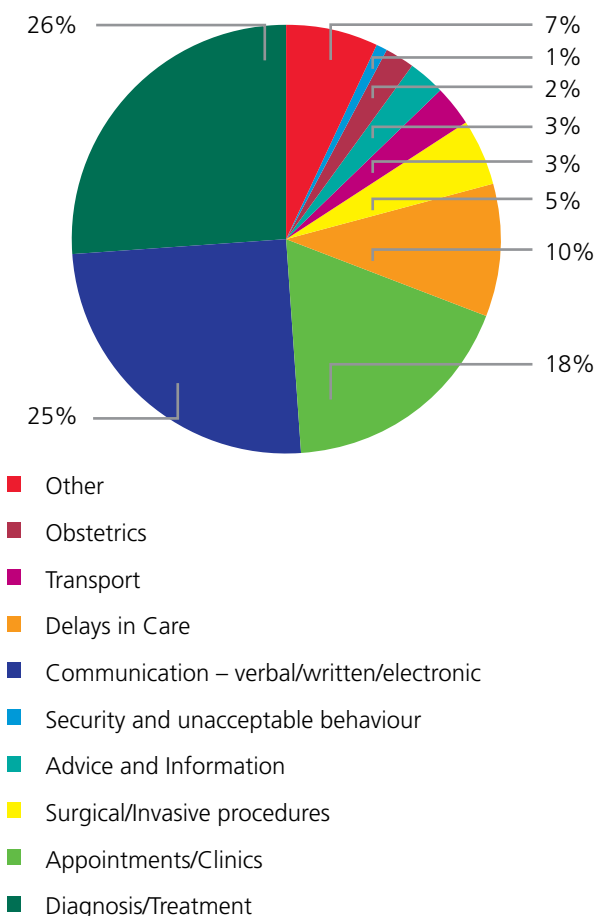


What did our patients think we got wrong in 2009/10?

A total of 956 complaints were received and managed by the Trust in 2009/10.

The chart below shows that the top three themes were communication (which includes issues or concern raised about verbal, written and electronic communication plus interaction with and attitude of staff), diagnosis and treatment, and appointments, bookings and clinics.

Theme of complaints October 2009 – February 2010



What changes have been made in response to patients raising concerns?

In the Regional Services Division:

- Arrangements for obtaining death certificates were reviewed following patients experiencing delays.

- Gastro-oncology clinics were changed and a consultant nurse appointment was offered to reduce waiting times.

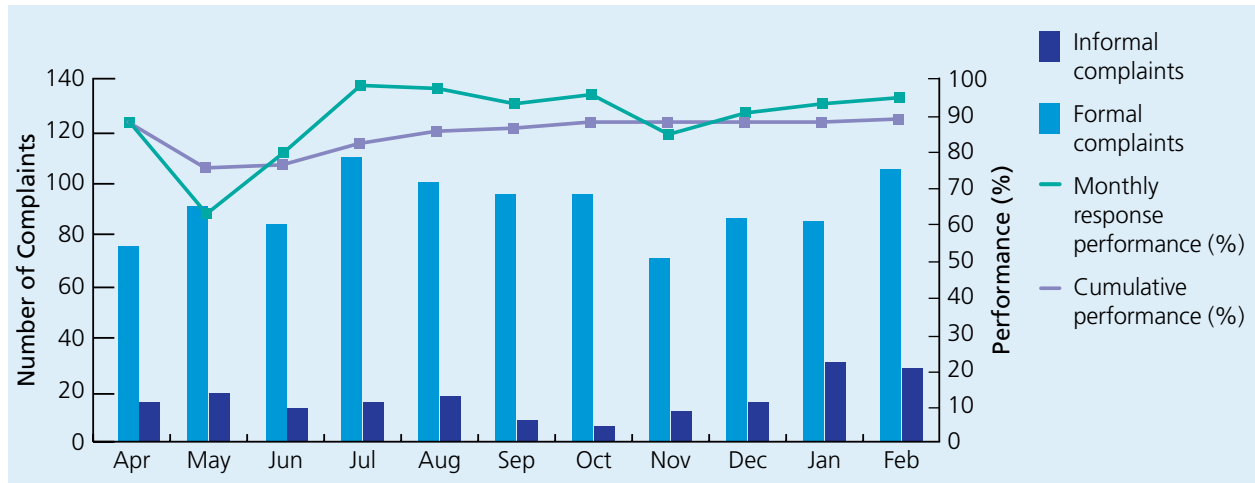
In the Acute and Family Services Division:

- The Centre for Reproductive Medicine installed a telephone triage service to aid telephone communication and enable patients to contact the centre more easily. When the system installation caused looping of calls that resulted in delays, the Centre responded again to patient complaints and the problem was rectified.
- The Maternity Unit received a complaint about midwifery care. Phlebotomy training was provided to ensure the right level of skill and knowledge was achieved.
- Following complaints and patient comments about delays in surgery, adult theatre capacity has been increased and a daily emergency theatre for children is now in operation.

In the Clinical and Diagnostics Services Division:

- Mile End Hospital electronic letters were changed when many patients told us the address was confusing.
- All front line Outpatient and Central Appointments staff are undergoing an intensive two-day customer care training programme.
- Cancer Services and Pharmacy staff attended a 'Lean' event to improve chemotherapy services and reduce waiting times.
- Patients having CT scans at the London Chest Hospital are no longer asked to change into a gown until called to improve privacy and dignity while waiting.
- Paediatric phlebotomy services now offer play therapists and local anaesthetic gel to improve the experience of children.

Number of complaints and complaints response performance, April 2009 - February 2010



- In Imaging at The Royal London Hospital, patients are given double gowns to ensure dignity while in X-ray and separate female changing and waiting areas are now provided.

The emphasis of complaints work in the Trust is to understand what went wrong, resolve the concerns of the patient where possible, take action to prevent reoccurrence and improve the patients' experience. In order to achieve this, a number of changes have been made to our processes. These include the reporting of complaint themes and outcomes to Divisional Boards. In addition, the Trust Board plans to review the stories of complainants as part of arrangements to receive more direct feedback from patients and staff.

In order to develop and maintain improvements in performance the following internal targets have been set:

- 90% of complaints received in the Trust will be registered and acknowledged within 3 working days
- 100% of complaints will have an investigation audit trail
- 100% of complaints will be risk graded
- 90% of complaints will be responded to within an agreed timescale, with the majority resolved within 25 days

- Less than 1% of complaints are reopened or upheld by the Ombudsman as requiring further actions

Patients' views on the complaints process will be sought through a annual postal survey sent to people who have complained and by short snap shot surveys sent with the responses.

Complaints handling performance

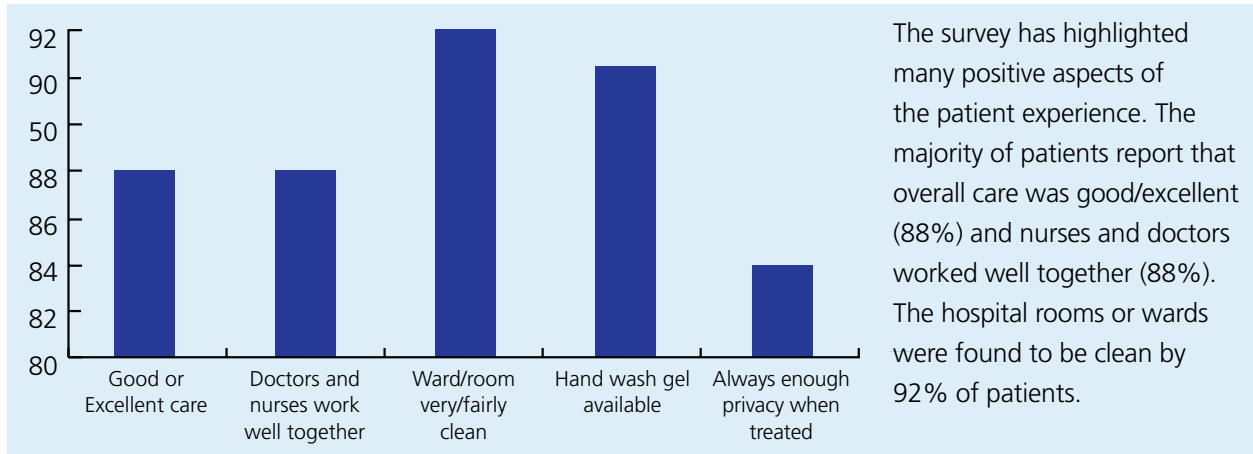
The chart above shows our response performance between April 2009 and February 2010. The cumulative performance at the end of the financial year is predicted to be 75% – an improvement from 61% in 2008/09.

The national NHS Inpatient survey

In 2009 Barts and The London participated in the national survey of inpatient services. Questionnaires were mailed to 822 people, of which 334 were returned. This resulted in a response rate of 41%.

Almost half of those taking part in the survey came to hospital for a planned admission – the rest were emergencies or urgent care cases. Three quarters had an operation or interventional procedure while they were in hospital. This year our survey results show a move in the right direction with significant improvements in specific areas of service.

Key findings from the 2009 National NHS Inpatient survey – percentage of patients reporting:



However, there are still too many patients who report poor experiences in both their answers to some of the survey questions and the comments they make about the time they spent with us.

How do we compare to others?

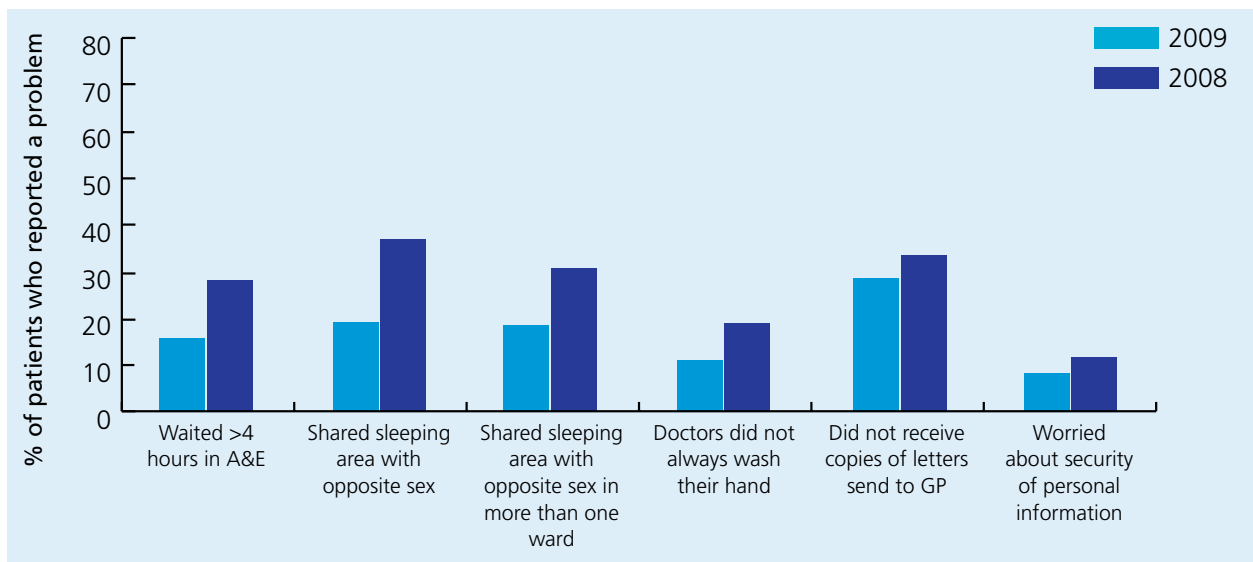
Last year our summary ratings showed that we were not doing as well as other trusts in the sections about the hospital and ward, nurses and operations and procedures. We have now improved so we are on a par with other trusts. However, there are still specific areas where we remain below average.

How do patients think we did?

There has been significant progress made in reducing the number of patients sharing sleeping accommodation with the opposite sex, reducing the amount of time people have to wait for admission in A&E and improving hand washing by doctors. Overall 88% of patients said the care they received was good or excellent and that doctors and nurses worked well together.

However, patients also told us that there are aspects of hospital care and service that are not good enough and need to improve. These include all forms of communications and information, cleaning and food.

National NHS Inpatient survey, key areas of improvement



One thing that concerns all our patients is not being treated with kindness and consideration by our staff. Our staff make a lasting impression on patients and can make all the difference to their experience of care at a time when they most need it.

Patients want to have trust and confidence in the people looking after them. They want them to be there when they need them and show they care, have accurate, clear and consistent information and be treated with courtesy and respect by everyone. We hear this message strongly through our surveys and other feedback and we are now focusing on improving the confidence of patients and the public.

Specifically, we want more people to say that:

- They could find someone to talk to about their worries
- Their family could talk to a doctor if they wanted
- They had enough privacy to discuss their condition and treatment
- They were as involved as they wanted to be in decisions about their care



The national NHS Outpatient Survey

In 2009 Barts and The London participated in the national survey of outpatient services. Questionnaires were mailed to 841 people, of which 315 were returned. This resulted in a response rate of 37%.

How did our patients think we did?

The simple answer is not nearly well enough. Although 90% of respondents rated the overall care they received at the Outpatients Department as either excellent, very good or good, in key areas the national outpatient survey results did not represent a significant improvement from previous years (with the exception of one or two areas). In 17 questions the Trust rated below the national average.

As a result of this and other feedback from local GPs and engagement events carried out in the second half of the year, the Trust Board has embarked on an extensive change and improvement programme to improve outpatient services.

At the heart, this transformational programme has a stretching target of 95% of all outpatients regarding their personal experience of an outpatient service as being 'positive' – by which we mean they believe it could not have been improved.

Achieving this goal is key to our Quality Strategy commitment to getting our booking and appointment systems 'Right First Time' for higher numbers of GP referrers and patients.

Did we do any better than last year?

Importantly and similar to previous surveys, 75% of patients felt that overall they had been treated with respect and dignity during their outpatient visit. Only a small number (5%) said they would not recommend the Trust to family and friends.

The number of patients who reported being given a choice of hospital to go to, and those

receiving copies of letters sent between our hospital doctors and their GP were also slightly better than in 2007 and 2008. More patients were offered a choice of appointment. However, these areas were grouped under the high problem score rankings demonstrating that poor experience was still the reality for significant numbers of people.

What do we need to do differently?

When looking at the detail and the areas where we did worse than other trusts, there are five priority areas where we need to improve:

- Waiting times in clinics
- The clinic environments and facilities
- Appointment systems
- Communication and information giving
- Care on the wards and in other departments and parts of the hospital

This will be a focus of the Outpatient Improvement Programme (see page 27).

Making improvements to ensure our hospitals are clean and safe

We did significantly better in the Patient Environment Action Team (PEAT) annual audit than in 2009.

In February 2010 Barts and The London NHS Trust completed the annual Patient Environment Action Team (PEAT) audit on all its hospital sites.

The Trust's scores demonstrate improved performance this year, with no areas showing a drop in standards.

The Royal London Hospital needs to make further improvement to achieve at least a 'Good' Environmental rating in the next audit, specifically by addressing the following :

- The state and condition of some external windows in the older buildings
- The condition of some bathrooms and toilets in terms of painting and decoration
- Unsatisfactory levels of 'clutter' in some ward areas
- Resurfacing parts of the external grounds

The Trust has invested additional resources over the past two years to improve cleaning standards. This has included introducing additional cleaning of the public toilets and ward toilets if required. There has also been investment in the painting and flooring programmes and the hospital sites are now seeing the benefits of this.

The goal for 2010/11 is to improve all scored areas to the next level of 'Excellent' with the exception of the Environment at The Royal London where the goal will be a rating of at least 'Good'. There is a PEAT audit plan for 2010/11 and the Performance Management team will complete quarterly audits inclusive of the official audits, using the findings to drive immediate and ongoing improvements.

Patient Environment Action Team (PEAT) Audit results

	Dignity		Food		Environmental	
	2009	2010	2009	2010	2009	2010
The Royal London	Acceptable	Good	Acceptable	Good	Poor	Acceptable
Barts	Good	Good	Acceptable	Good	Acceptable	Good
The London Chest	Good	Good	Acceptable	Good	Good	Good

Supporting and developing our staff to use patient feedback to improve quality of care and services

In March 2009, Barts and The London commissioned the PICKER Institute UK to design and facilitate a quality improvement project that would enable clinical teams to improve the patient experience from the perspective of patients.

The aim was for the teams to identify quality or service issues of concern to patients, with a particular focus on respect, privacy and dignity, using evidence from patient/carer feedback, staff views and audit. The teams were supported to analyse existing sources of evidence, prioritise areas for action, implement actions to improve patients' experience and to evaluate the impact of changes made.

Four workshops were held between July 2009 and March 2010. Five teams took part from the clinical areas of care of the older person, orthopaedics, renal medicine, radiology and Turner ward (an infection control ward).

In preparation for the first workshop, each team reviewed the feedback they had collected about the service they provide together with other quality indicators such as audit results and

incidents. The feedback was gained from sources such as surveys and complaints and areas for improvement were identified.

Examples of activities used to gather additional evidence

Each team further refined the objectives until one priority was agreed. Examples of objectives from Radiology and Turner Ward are set out below.

Interventional Radiology

Goal: Less than 5% of patients will be cancelled on a daily basis

All patients will be prepared for their invasive procedure

There will be good communications between referrers, medical staff and radiology

There will be adequate capacity to meet planned activity

Examples of activities used to gather additional evidence

Care of Older People	Additional evidence
Staff attitude	Staff questionnaire – individual and team behaviours
Communication of discharge policy	Mapping current discharge process
Improving nutrition	Nutritional assessment and food chart audit Observation of care Audit of admission and discharge Body Mass Index
Renal Medicine	
Orientation to inpatient area	Patient interviews to find out how best to achieve this
'It's not my patient'	Staff interviews
Communication to patients and relatives	Behaviours and attitude. Analyse patient complaints and survey results about this.

Turner Ward

Goal: Patients arriving on Turner Ward will know why they have been transferred

There will always be adequate time and resource to fully inform patients about the transfer

Staff will be confident in their knowledge and ability to communicate the accurate information and respond effectively to reactions

Operational procedures for admission to Turner Ward will be well known

As a result of this initiative, a number of ideas and new ways of working were devised and taken forward by the teams such as the introduction of quality circles in orthopaedics. The renal team decided to hold cultural awareness workshops and undertake staff development in time management and understanding workplace culture to ensure that staff have more time to talk to patients and that they are always orientated to the ward.

Turner Ward developed new patient information and admission criteria including 'frequently asked questions information' to assist staff in other areas and ensure that patients are always told what care to expect and the reasons why they are to be transferred to the infection control ward.

Quality dimension 3 – Clinical Effectiveness and Efficiency

Delivery of national quality standards: Access, waiting and choice

The Trust Board believes that significant progress has been made in 2009/10 compared to results in 2008/09. Nevertheless, there is very substantial progress to make in the year ahead, particularly in at least halving the rate of cancelled operations, consistently delivering the 18 week maximum waiting time measure in every specialty, and cutting further waits for cardiac specialist care. A national external assessment of all trusts' performance on these issues is published in the autumn by the Care Quality Commission.

In 2010/11 we are committed not only to sustaining this performance but to improving it further.

The Trust operates important cancer services on all three of its sites. In March 2010 we opened a purpose-built cancer hospital at Barts. A range of national waiting time standards govern the services that we provide as well as those we provide with other hospitals, where specialist care is provided by the Trust.

In 2009/10 we met the standard set by the Department of Health for initial specialist review (14 days), waits for treatment (31 days) and referral to treatment (62 days).

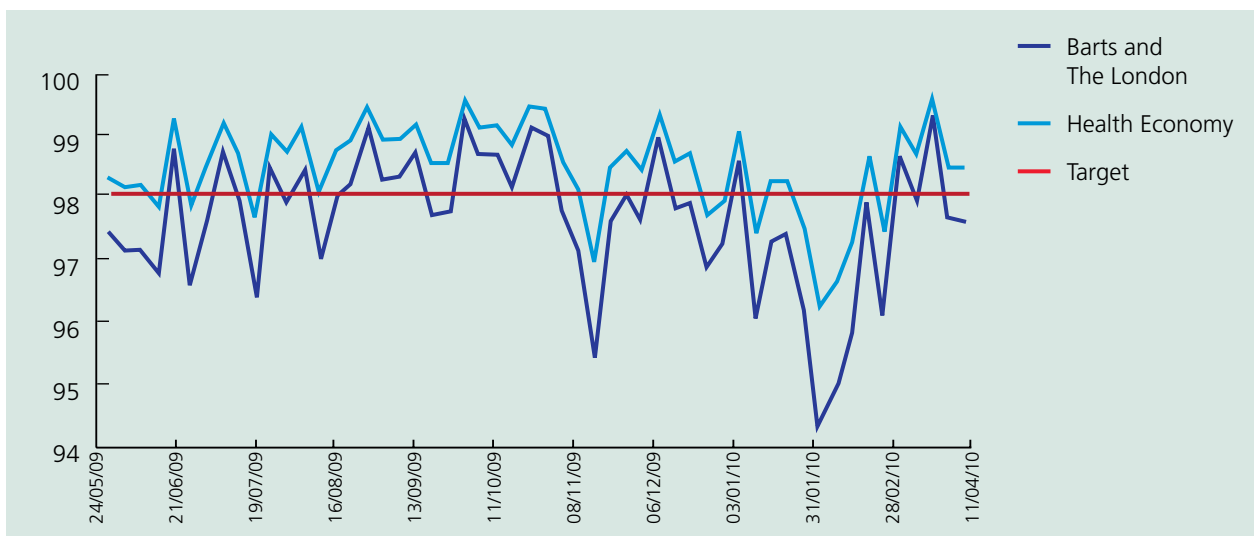
Areas of significant progress

Barts and The London runs one of London's busiest Accident and Emergency (A&E) departments, which sees around 5% of the patients in our capital who use A&E. About one in six of those patients are children. In addition, we run a Minor Injuries Unit at Barts. NHS Tower Hamlets runs a walk-in centre on The Royal London Hospital site.

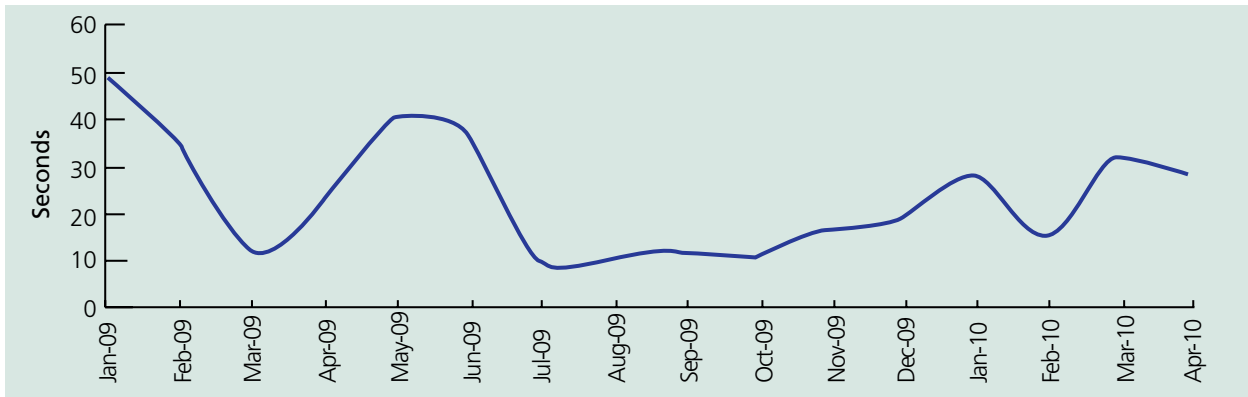
In 2009/10, these A&E services were used by 190,216 patients. 98.4% of patients were seen, treated and admitted or discharged within 4 hours, meeting the 98% standard set by the Department of Health.

National cancer waiting time target	Number of patients treated within target	Patients who waited longer than target
Less than 14 days from GP urgent referral to first appointment	3,115	160
Treatment to be given within 31 days of decision	1,716	14
62 days from referral to treatment	480	70

Percentage of all A&E patients treated within 4 hours



Average time taken to answer calls to the Trust's call centre



Improving our booking and appointment systems

We want to make it easier to book an appointment for care at the Trust. During 2009/10, our appointments call centre handled 265,635 calls.

The chart above shows how quickly we managed to answer calls. In parallel we are making good progress with enabling GP partners to book appointments directly from their surgeries. 75 services are now available via Choose and Book, which represents about 68% of the services normally booked by GPs. Barts and The London is ranked in the upper quartile of NHS hospitals for our performance in this area. The Trust provides a valued and extensive sexual health service. One measure of our performance is waiting times to see a physician or nurse. The national standard

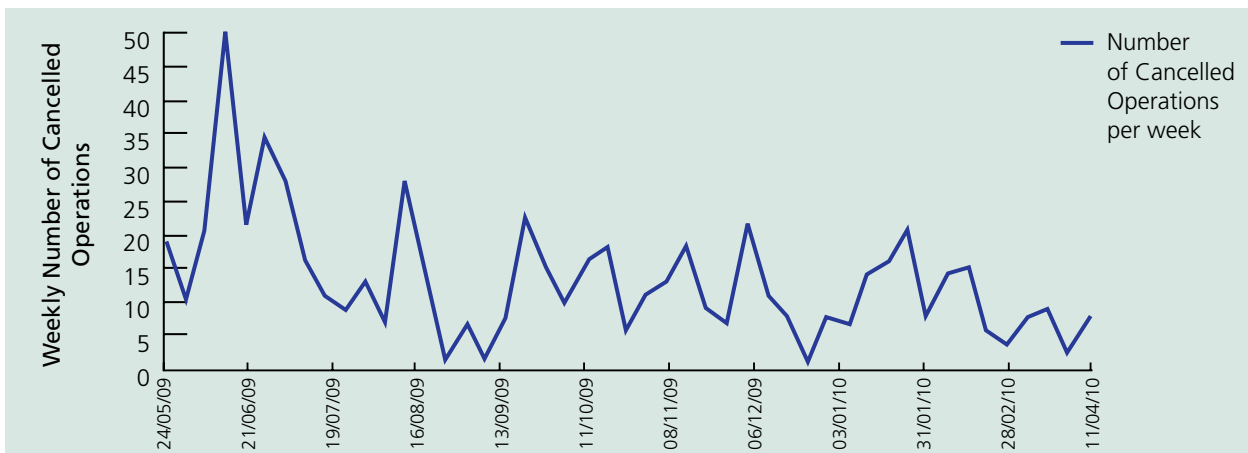
is to have access within 48 hours. Our Trust met that standard in every week of 2009/10.

Areas for further improvement

Patients getting their operation on the day it was planned

In 2009/10 the Trust cancelled 476 operations on the day of surgery. This is more than the 0.8% considered by the Department of Health to be a realistic measure of success. Action is being taken to ensure that the Trust meets and exceeds that standard. The chart below shows our progress during 2009/10, which we intend to continue in 2010/11 as part of our Quality Development Plan and the Performing for Excellence Programme.

Number of operations cancelled on the day of surgery



Ensuring timely access and treatment for cardiac patients

The Trust operates a specialist Heart Attack Centre from the London Chest Hospital. Through this we are able to provide angioplasty, an intervention which significantly improves patients' outcomes. This facility serves North East London.

We are working with the local cardiovascular network to ensure that this service works in partnership with the London Ambulance Service and with local hospitals to provide care as quickly as possible. We are aiming to provide care in the majority of cases in less than 150 minutes. Our results for 2009/10 were:

- Where patients came directly to the London Chest Hospital, we were able to commence treatment in less than 150 minutes in 76% cases.
- Where patients came via another hospital, 53% obtained their treatment in 150 minutes or less.

Patients referred by their GP for cardiac care benefit from two national waiting time guarantees. A two week wait or less to be seen and a three month maximum wait for revascularisation. Barts and The London NHS Trust met these standards again in 2009/10.

Waiting times for elective care

Waiting times for planned care across the Trust have substantially reduced. Since January 2010 we have met the 18 weeks standard for non-admitted care as a Trust and in most



specialties. However, we do not yet meet the standard for admitted care in every specialty and have had number of patients whose waits for surgery and for outpatient appointment have exceeded national guarantees.

The Trust Board, working with the Sector Acute Commissioning Unit, is committed to resolving these difficulties in 2010/11.

Regular updates on performance are reported to the Trust Board are available on the Trust website. The tables below illustrate our results for 2009/10.

Description (January 2010 – March 2010 only)	Result
Patients whose referral to treatment was within 18 weeks (admitted)	5,386
Patients whose referral to treatment was outside 18 weeks (admitted)	640
Patients whose referral to treatment was within 18 weeks (non admitted)	22,823
Patients whose referral to treatment was outside 18 weeks (non admitted)	808

Description (2009/10)	Result
Number of new outpatients seen whose first appointment was within 13 weeks after referral (national standard)	142,660
Number of review outpatients seen	376,184
Number of new outpatients whose first appointment was more than 13 weeks after referral (national standard)	46
Number of new outpatients whose first appointment was more than 8 weeks after referral (local goal)	22,005
Number of elective operations undertaken in less than 26 weeks (national standard)	59,068
Number of patients whose treatment was more than 26 weeks after request (national standard)	60

Improving clinical performance and quality in maternity services

Early access to antenatal care and support

Making sure that pregnant women access antenatal services early in their pregnancy and receive the right advice and care is a key quality marker for Maternity Services. In 2009/10 an improvement target was set as part of the annual CQUIN scheme and toward meeting national Maternity Matters standards to increase the number of women who get an early booking appointment and consultation (before the end of the 12th week of pregnancy).

In London the target was to achieve 85% of women booking before 12 weeks of pregnancy by April 2010. Following the opening of the 'Baby and Me' one stop clinic, Maternity Services improved performance against this target from 82% in January 2010 to 91% in March 2010. The average performance over the year was 87.5%. In 2010/11, the target has been set at 90% and we will work hard to ensure we meet it.

Barts and The London's Maternity Unit also decided to improve service delivery and quality further by achieving the National (Maternity) Service Framework standard of women having a minimum of two antenatal visits within the first trimester of pregnancy.

Ensuring all women receive one-to-one care in labour

Another CQUIN target and Maternity Matters standard set last year was that all women giving birth should receive one-to-one care in labour.

Quarterly audits were carried out during the year to measure progress towards achieving this standard. From 79% in 2009/10 Q1, the percentage of women receiving one-to-one care in labour rose to 100% by the end of 2009/10.

Implementation of the Induction of Labour Suite in September 2009 has significantly changed the management of labour thus improving safety for women.



However, the target is difficult to maintain and further practice and improvement changes being considered include an on-call midwife for labour ward so the unit can manage times of high activity. With the increase in birth rate in Tower Hamlets, the ratio of one midwife to 28 women (Safer Childbirth Standard) will be reviewed annually and additional recruitment will be undertaken as required.

Clinical Excellence achieved in Cardiac care

In April 2010 Barts and The London Heart Attack Centre – the largest 24 hour centre in the UK – celebrated the halving of mortality rates since it opened in 2006. Patients from across East London come straight to the centre

These provide direct access to advanced cardiology diagnosis and treatment for patients experiencing ‘early warning’ stage symptoms. Through the new Heart Attack Centre Extension service, patients are admitted directly from a local A&E to the London Chest Hospital for treatment, where previously they had been waiting up to five days in their local district general hospital for transfer. In the low risk pathway service, patients identified as ‘low risk’ are discharged from A&E with an appointment to be seen at the London Chest Hospital within 78 hours. This prevents the need for a hospital admission. At the London Chest, specialist cardiology input will be provided in making a diagnostic decision, including access to the new cardiac CT Scan Unit which opened in December 2009.



for a primary angioplasty, a procedure that involves inflating a small balloon to open up the blocked artery, and leaving behind a tiny metal scaffold called a ‘stent’ to hold it open.

Survival rates are 95%, compared with 88% previously when patients were injected with clot-busting drugs.

In 2010 the centre extended the service it provides to emergency presentations of chest pain, to include the Heart Attack Extension Centre and the low risk pathway service.

Patient story

We are the first NHS trust to exceed national targets set by the Department of Health by successfully implanting more defibrillators than any other trust – a procedure which saves lives.

The defibrillators are a relatively new technology that detect life-threatening heart rhythm problems and deliver a shock to re-start the heart and save the patient’s life.

Maureen Hancock is a patient whose life has been transformed after she had a pioneering bi-vent implantable cardioverter-defibrillator fitted.

Being able to remotely monitor patients takes this technology to a whole new level. We are able to identify heart irregularities before it elevates to a level requiring a shock, giving the patient peace of mind and significant time and cost savings, not to mention possibly saving their life.

Maureen Hancock says:
“You can’t put a price on life, which is exactly what this device has given back to me.

“Before having the monitor I couldn’t do anything as my family and I were constantly

worried that at any time I may have a heart attack. Now if I feel unwell at any point, I can call the hospital team who monitor my heart rhythm and check everything is ok.

“It means I can do the things I enjoy and spend time with my family without constantly worrying, knowing a team of experts are watching over me at all times and are just a phone call away.

“I live in Essex, 51 miles from Barts, so the monitor also means I don’t have to travel to and from my home to London for regular check-ups.”

Developing world-class cancer services

An audit carried out by the London Cancer Screening Quality Assurance Reference Centre on the Central and East London Breast Screening Service (CELBSS), hosted by Barts and The London NHS Trust, was carried out in September 2009. The overall outcome of the audit was positive with much evidence of progress made since the last audit in 2006.

Many areas of good practice were identified but it was thought that support from trust management was needed to meet the challenges which lay ahead in meeting changing national standards.

While clinical outcomes are consistently high, CELBSS continue to work closely with PCTs and Commissioners to improve the uptake and coverage of breast screening. Although there have been many staff changes, the new teams have worked hard to ensure consistent support throughout the patient pathway – from arrival at the assessment clinic through to surgical assessment and handover to a key worker.

Given the screening extension for both age and family history, the increased and advanced need for radiographers has been addressed. Two radiographers have been accepted on advanced training and an assistant radiographer is being supported in her quest to become a fully qualified mammographer.

A visit from the Cancer Network in January 2009 found Barts and The London to be compliant in six of the ten priority areas for NICE Supportive and Palliative Care.

All areas of non-compliance are being addressed with the implementation of an Holistic Assessment Tool in July 2010, a Health and Wellbeing Clinic being piloted by Macmillan in June 2010, the opening of the Vicky Clement-Jones Macmillan Cancer Information Centre in the West Wing at Barts and a new out of hours palliative service starting as a joint venture with Homerton University Hospital NHS Foundation Trust and Newham University Hospital NHS Trust.

Using LEAN process redesign to improve quality and service efficiency

The Trust recognises that improving the quality of service frequently means significant changes have to be made to the way services are delivered and managed. The Trust’s Service Transformation Team (STT) supports clinical teams in removing wasteful and unnecessary steps to make the process flow more smoothly. The result is both improvements in quality of care and efficiency and patient satisfaction. LEAN improvement projects have been introduced across many areas of the Trust. Work in the Breast Service and within Urology provide two good examples.

Implementing a new breast care pathway

As a result of the clinical team using LEAN techniques to review and improve their service, patients using the Breast Service at Barts are now experiencing a more streamlined pathway. All patients are now seen within two weeks of referral and 70% of patients are receiving an appointment to be seen within seven days. Capacity within the clinics has been increased within existing resources and ‘Did Not Attend’ (DNA) rates have reduced dramatically from 19% to 5%.

Old meets new – £200million Barts Cancer Centre opened in March 2010



State-of-the-art equipment – one of five linear accelerators provides pinpoint radiation beams direct to the tumour site

One stop urology clinic

The introduction of one stop clinics in Urology means that most patients now have a diagnosis at their first visit to clinic, rather than over five or six appointments previously. For around 40% of patients it means that they can also be discharged at this visit. DNA rates have also reduced from 20% to less than 5% and there have been substantial improvements in both patient and staff satisfaction.

One of Europe's most advanced Cancer Centre opens at Barts

Opened in March 2010, the new £200 million Barts Cancer Centre brings the very latest cancer diagnostics and targeted therapies into a patient environment unique in the NHS.

The pioneering nine-floor building showcases new NHS space, infection control and privacy standards, with 25% more space per patient. Almost half the beds are in large ensuite single rooms, the remainder in roomy two and four-bedded bays and the corridors are wide enough for two beds to pass with ease.

Patients and clinical staff were closely involved in the design process. Chemotherapy rooms, where patients spend many hours receiving their treatment, have been located for the best views of the City; operating theatres, usually located in hospital basements, are on the first floor, and flooded with natural light from double-height windows; and radiotherapy suites have light box art and carpeted waiting areas.

The building is sealed and fully ventilated with fresh air, specially treated to reduce the risk of airborne infections.

Home to a new generation of highly targeted cancer therapies

As well as offering the latest minimally invasive surgical procedures, cancer drugs, stem cell and gene therapies, the Barts Cancer Centre has an impressive array of state-of-the-art imaging, radiotherapy and radiosurgery technology.



This includes a 64 slice 'time of flight' PET CT scanner, the latest generation gamma knife and four new linear accelerators capable of delivering Image-Guided Radiation Therapy (IGRT) to more tumour sites than ever before. As a result of this new radiotherapy technology, doctors are able to target cancers with pinpoint accuracy, concentrating radiation on cancer cells and sparing the surrounding healthy tissue.

Developing and engaging our workforce

Barts and The London has set out clear aspirations to deliver excellence in quality in all that we do as an organisation. This includes employing the most able and committed staff in the field of healthcare. Recruiting and retaining staff through an active and systematic approach to development, education, appraisal and reward will be our principal workforce strategy.

Our approach to workforce planning takes account of external factors, including the Health for North East London review. We have a business planning approach to our service delivery and continually review our skill mix requirements based on service and technological development for the future.



Supporting and listening to our staff

The NHS Staff Survey 2009

The response rate for this year's staff survey was 56% – a 23% increase in staff participating compared to last year and gives us an above average ranking for this indicator. But we recognise that we still have work to do to embed a true staff engagement culture

92% of staff felt their role made a difference to patients. Other questions attracting high scores (74% or over) related to job satisfaction, feeling valued by colleagues, equal opportunities for career progression and job-relevant training. In addition, just under two thirds of staff say they felt they were able to contribute towards improvements at work.

Overview of results

■ Relationships with line managers and senior management communications

Areas that show most improvement compared with last year include relationships with managers, with an increase in the number of people reporting that they get support from their immediate managers and that they understand their role and where it fits in, as well as good communications between senior management and staff.

■ Appraisals

Linked to this, there has been an increase in the number of people who were appraised in the past 12 months (59% in 2009 compared with 50% in 2008) and the quality of the appraisal process (30% said they had had a well structured appraisal, compared with 18% in 2008, and 52% had personal development plans, compared with 42% last year). Latest data shows that the number of staff appraised in the last 12 months has continued to rise, reaching 89% by April 2010.

■ Stress and work/life balance

Experiences relating to stress factors have also shown signs of improvement over the past year in a number of different ways, including a fall in the number of staff working extra hours and confidence in the Trust's commitment to supporting a good work/life balance for staff.

■ Bullying and harassment

There has been a drop in the number of staff who have experienced bullying, harassment and/or violence from patients, visitors or colleagues. However, despite these improvements, this continues to be an area of concern. 32% of staff say they suffered work-related stress over the year (down from 34%) and just over half of the respondents (54%) say they would recommend the Trust as a place to work (up from 43% in 2008).

■ Health and safety

Health and safety is another area where improvements have been made, with more staff receiving health and safety training, increased availability of handwashing materials and a drop in the number of potentially harmful errors, near misses and incidents witnessed by staff over the past year. But here too the scores show that further improvements are needed.

Analyses of the results have been provided at Trust, CAU and directorate levels.

The Trust Senior Management Team together with Staffside partners will continue to implement action in response to the 2009 Staff Survey, building on work that is already underway including:

- Increasing manager skills
- Increasing involvement with staff that relates to their work
- Continuing leadership development within the Clinical Divisions.

We will strive to build a culture where all staff feel supported in delivering their best and are proud to work at Barts and The London.

The Leadership Walk About Programme

Executive, Directors and other senior leaders of the Trust take part in regular leadership walkabouts, visiting wards and departments and talking to staff about quality and safety and supporting them with day to day issues. In doing so they have been able to gain a better understanding of the excellent work that staff do, as well as the challenges and issues that are important to them. When asked staff say they welcome the opportunity to meet the Executive team and are supportive of the programme.

Changes and service improvements as a result of staff raising concerns and issues

Many of the conversations between senior managers and staff during the walkabouts last year focused on the environment and patient and staff facilities issues. Actions taken as a result have included minor works and ward redecoration being undertaken, cleaning being stepped up, additional patient gowns being provided and new seating in patient day rooms.

Operational management and patient care issues are also discussed and staff feedback is taken into account when planning new services or care models. For example following the Walkabout on AW4 Ward at The Royal London Hospital, senior management agreed to activate plans to convert some beds into an investigation unit.

Recognising and celebrating excellence and outstanding performance

In August 2009 Barts and The London launched a new 'Barts and The London Best' Awards Scheme. These are monthly awards given to an individual and team within the Trust who have been nominated by their manager, colleagues or peers. Winners so far have included teams from Cardiac, Antenatal and Cytology Services for their work in developing new standard operating procedures, improving turn around times and enhancing patient care.

The monthly Best Awards scheme complements the annual Celebrating Success Awards, an event held to celebrate outstanding staff achievement. In July 2010 the award winners and guest will attend an awards dinner at which staff are recognised and rewarded for work-related performance, long service and educational achievement.

Staff engagement in quality and service redesign

In 2009/10 higher numbers of staff have been actively involved in improving patient care pathways and services with 1,130 having attended LEAN Rapid Redesign Events and 500 currently developing their improvement skills as part of a recognised practitioner accreditation programme.

Senior and junior leaders are also receiving one-to-one coaching sessions to support and develop current skills and enable them to both achieve their service targets and deliver future service changes.

Staff health and well being

We recognise that there is a strong business case for investing in staff health and well being, given its a positive impact on patient care, staff satisfaction and higher levels of staff retention. The Trust opened a new Health and Wellness Centre in September 2009 and is currently offering an enhanced service to staff on health and welfare issues.

In June 2010 we launched a new and enhanced employee assistance programme for all

staff including a counselling service. The new Confidential Care Employee Assistance Programme is being provided in partnership with an Employee Assistance Provider organisation and has been tailored to give both counselling support and practical advice across a wide range of issues that have been identified as key causes of stress and anxiety.

As we know from feedback in the staff survey, stress affecting people working in the Trust is often due to factors outside work. This is why we have sourced a comprehensive service giving staff direct access to a range of trained and qualified counsellors and professionals specialising in issues such as personal relationships, bereavement, debt management, legal issues and family care responsibilities. All services will be free of charge for staff and completely confidential, including immediate access to qualified counsellors via a 24 hour Confidential Care Advice Line and on-line support tool available 24/7.

Staff will have the option of follow up counselling sessions either at home, at work or at a mutually convenient location.



Third party stakeholder commentaries

The Trust would like to thank stakeholders who have provided the following commentaries. These have been reproduced verbatim.

NHS Tower Hamlets and East London and the City Alliance (SACU)

NHS Tower Hamlets welcomes the opportunity to provide this statement on Barts and The London NHS Trust's Quality Accounts. We confirm that we have reviewed the information contained within the account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions and is accurate in relation to the services provided. We have reviewed the content of the account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the account represents a fair, representative and balanced overview of the quality of care at Barts and The London NHS Trust. We have discussed the development of this Quality Account with Barts and The London NHS Trust over the year have been able to contribute our views on consultation and content. This account has been reviewed within NHS Tower Hamlets by colleagues in sector commissioning, clinicians, public health, as well as specialists in infection control and safeguarding. We confirm that this Account has also been shared with our local LINKs and they have had the opportunity to comment. NHS Tower Hamlets has formally presented the Account and this supporting statement at the Commissioning Executive Committee.

NHS Tower Hamlets has been implementing a model of quality assurance over the last year, this has included a process for reviewing quality as well as developing a range of metrics across four domains of quality; patient experience, safety, effectiveness and organisational integrity. We have complimented this approach with quality assurance visits to Barts and The London over the last year. The visits have offered a more interactive and engaged approach to quality assurance for both the commissioner and provider, observation of the care environment

and the patient experience is a very useful, practical and visual method of triangulating the evidence and giving assurance that standards are being met.

Overall we welcome the vision described with the Quality Accounts, agree on the priority areas and will continue to work with Barts and The London NHS Trust to continually improve the quality of services provided to patients.

City of London Health and Social Care Scrutiny Sub Committee

The City of London's Health & Social Care Scrutiny Sub Committee welcomes the opportunity to comment on the Barts & The London's Draft Quality Account. In considering this Quality Account, it is felt that this is a fair and representative report of what has taken place during the previous financial year. Furthermore, it provides an up to date overview of the majority of Barts & The London's services, including the newly opened Cancer Centre which our Members have taken the opportunity to visit and have provided feedback to Barts & The London NHS Trust, including a suggestion to install automatic lights in lavatories to avoid the spread of infection.

However, our Members have been surprised that there is little mention of the Accident & Emergency facilities provided at The Royal London in Whitechapel and the Minor Injuries Unit at Barts which the Health & Social Care Scrutiny Sub Committee consider are key services provided for the City's population.

The City of London's Health & Social Care Scrutiny Sub Committee would, furthermore, wish to place on record those areas which it has identified to the Associate Director of Quality Improvement for attention during the ensuing financial year, namely that in order to reduce low rates of hospital-acquired infections, patients as well as nursing staff should be reminded of the need to maintain patient hygiene. It would also wish to stress the need for improved communications, particularly between medical staff and the

ambulance and patient transport services in order to reduce the waiting periods for patients upon their discharge.

Tower Hamlets Health Scrutiny Panel

“The London Borough of Tower Hamlets Health Scrutiny Panel was invited to comment on the Trust’s 2009/10 Quality Account. However, the Health Scrutiny Panel declined to do so on the basis that the consultation period and publication timetable for the Quality Account set by the Department of Health did not align with the start of the local government municipal year and the need to identify a new membership for the Health Scrutiny Panel.”

Tower Hamlets Local Involvement Network

The Quality Account reflects the services provided however Tower Hamlets Involvement Network (THINK) feels that it could be made clearer to patients that all though clinical care is very good and that your chances of surviving are better at the Royal London Hospital you might not get your appointment as quickly as you would like or be treated in the way you would like by staff, and the hospital food or cleanliness might not be to the standard you would hope for.

THINK has over 600 members. When surveyed members indicated that hospital services were the second most important issue for the community behind GP Surgeries. In 2009/10 THINK:

- received over 200 comments on hospital services,
- established a Hospital Task Group of members,
- undertook over five public consultation events on hospitals,
- undertook two Enter and View Visits to hospital premises, and
- conducted eight discovery interviews with housebound residents also touching on hospital services.

Based on the information gathered there are clearly six major issues of concern for patients and the public relating to the Royal London Hospital.

1. Appointment processes
2. Staff attitude
3. Food
4. Cleanliness
5. Patient Transport
6. Hospital discharge processes

Some of the issues seem to arise from their key contractor who provides the food, cleaning and patient transport services. We would like to see more patient involvement in the performance management of this contract and any retendering processes.

The appointments process still seems to be a major problem and more information on how this is being resolved would have been appreciated.

THINK has agreed that the monitoring of the quality of Royal London services is a priority for this year. We aim to achieve this by:

- Developing and supporting THINK patient service assessors. These will be members who are users of hospital services who will be trained in mystery shopping skills and provided with guidance on assessing services from a patient perspective focusing on the six areas above.
- THINK members undertaking discovery interviews in key areas of the hospital where patient experience is poor. Information to be fed back to staff so they understand the impact of their attitude on patients.
- Increasing the number of Enter and View Visits.
- Looking at reintroducing a system of volunteers and advocates within the hospital
- Establishing an independent hospital twitter and face book group to comment on issues such as food, transport, cleanliness, staff etc

- Undertaking food taste tests on a regular basis in different parts of the hospital on the same day. Spot visits to wards to see if people are being supported to eat. Organising a visit to a hospital seen as providing a good food service
- Ensure that the THINK Hospital Task Group has key input into the transfer of services into the new hospital to ensure that old habits don't move with the old staff.

We hope that THINK's work will provide independent monitoring and feedback to enable the improvement of services across the Trust in 2009/10.

City of London LINK

The City LINK welcomes the Trust's commitment to involving patient and public representatives in the Quality Account but found this process to be highly ineffective this year.

The short timescales for responding to draft versions of the Quality Account prohibited a proper consultation with LINK members or the wider public. Considering the length and scope of the document, much greater flexibility and support for people to feedback is required.

LINK members were unable to attend a patient and public involvement meeting on the development of the report due to scheduling issues. It is vital that advance notice is given for future meetings, which must be flexible and accommodating to the needs of community representatives.

The process for feeding into the Quality Account must be made clearer and more accessible. The LINK anticipates being involved at a much earlier stage in the future and hopes to work more closely with the Trust on this.

Appendices

Appendix 1 Participation in National Clinical Audits 2009/10 (as identified by the National Clinical Audit Advisory Group)

Key:

Continuous = ongoing data collection/ submission to a database throughout the year

Intermittent = data collected every one or two years

One off = data collected once or every three to five years

RS = Regional Services

AFS = Acute and Family Services

CRMS = Circulatory, Respiratory and Metabolic Services

CDS = Clinical and Diagnostic Services

National Audit Titles	Data Submission Status	Status (accdg. to NCAAG)	Clinical Division	% Coverage
Bowel cancer (NBOCAP)	data collection ongoing	continuous	RS	
College of Emergency Medicine: pain in children, asthma, fractured	participated	intermittent	AFS	
Congenital heart disease: paediatric cardiac surgery	BLT does not provide this service – we therefore do not participate in data submission. The National Committee was notified	NA	NA	
Dementia Care in acute hospitals (National)	participated	intermittent	AFS	N/A – data collection not yet started (as at March 2010)
Diabetes (national audit)	participated	intermittent	CRMS	
Falls and Bone Health National Audit	to commence mid 2010	intermittent	AFS	N/A – data collection not yet started (as at March 2010)
Head and neck cancer (DAHNO)	data collection ongoing	continuous	RS	All eligible patients are being captured.
Intensive Care National Audit and Research Centre (ICNARC) Case Mix Programme, FIRE, RAIN, Adult Critical Care Units	data collection ongoing	continuous	AFS	

National Audit Titles	Data Submission Status (BLT)	Status (accdg. to NCAAG)	Clinical Division	% Coverage
Mastectomy and breast reconstruction	participated	one-off	RS	
National Audit of Continence Care	participated	one-off	AFS	Required 15 bowel age 18-64 (all cases submitted) Required 15 bowel age 65+ (all cases submitted)
National Comparative Audit of Bedside Transfusion (Blood)	data collection ongoing	continuous	CDS	27 of 40 cases submitted.
National COPD [Chronic Obstructive Pulmonary Disease] Audit – BTS	participated	one-off	AFS	N/A – data collection not yet started (as at March 2010)
National Hip Fracture Database	data collection ongoing	continuous	AFS	The national hip fracture database has been up and running since 2007. Every fractured neck of femur patient from that point has been captured.
National Joint Registry (NJR)	data collection ongoing	continuous	AFS	
National Kidney Care Audit	data collection ongoing	continuous	CRMS	
National Lung Cancer Audit (NLCA)	data collection ongoing	continuous	RS	
National Neonatal Audit Programme (NNAP)	data collection ongoing	continuous	AFS	All cases submitted
National Oesophago-gastric Cancer Audit	data collection ongoing	annual	RS	
National Sentinel Stroke Audit: hospital services	participated	intermittent	AFS	Data collection not yet started for 2010. In 2008, 47 of 57 cases were audited.
Patient Outcomes in Surgery Audit (PROMs) hips, knees, heria and veins	data collection ongoing	continuous	AFS	Participation rate 67% for national PROMS 2009/10
Potential Donor Audit (PDA) NHS Blood and Transplant	data collection ongoing	continuous	CDS	

National Audit Titles	Data Submission Status (BLT)	Status (accdg. to NCAAG)	Clinical Division	% Coverage
TARN: severe trauma	data collection ongoing	continuous	AFS	Submissions are sent to TARN of all trauma clinical cases that meet certain criteria, such as length of stay (72 hours or more, or death occurring in ED/OD) and injury criteria of those patients brought to the Royal London. The number of patients submitted varies year on year, but all those that meet the criteria are reported.
Adult cardiac surgery – CQC required	data collection ongoing	continuous	CRMS	>98%
Adult cardiac interventions – CQC	data collection ongoing	continuous	CRMS	>98%
Heart failure – CQC	data collection ongoing	continuous	CRMS	System still being developed but plan to enter >98% heart failure cases
Myocardial infarction (MINAP) – CQC required	data collection ongoing	continuous	CRMS	LCH STEMI >98% NSTEMI not collected Acute chest pain Not MI not collected RLH not collected
Pulmonary hypertension	data collection ongoing	continuous	CRMS	>98%
Death in acute hospitals (DAH) – NCEPOD	participated	one off	Anaesthetics	NCEPOD – 217 cases fit criteria, 52 cases included
Parenteral Nutrition – NCEPOD	participated	one off	Anaesthetics	Local reporter unable to submit for RLH site but SBH site submission complete. Information from NCEPOD – 56 relevant cases, 48 included – max of two per physician.
Surgery in Children – NCEPOD	participated	one off	Anaesthetics	100% of cases submitted.

National Audit Titles	Data Submission Status (BLT)	Status (accdg. to NCAAG)	Clinical Division	% Coverage
Elective and Emergency Surgery in the Elderly – NCEPOD	participated	one off	Anaesthetics	Information from NCEPOD – 40 relevant cases, 15 used
Child Health Enquiry: Head Injury	participated	intermittent	AFS	Not applicable to the Trust.
Maternal and Perinatal Enquiry: Mortality Surveillance	data collection ongoing	continuous	AFS	
Maternal and Perinatal Enquiry: Maternal Death Enquiry	data collection ongoing	continuous	AFS	
Maternal and Perinatal Enquiry: Obesity in Pregnancy	participated	intermittent	AFS	
Maternal and Perinatal Enquiry: Intrapartum Care	participated	intermittent	AFS	
CMACE: Perinatal mortality	data collection ongoing	continuous	AFS	
British Association of Urologic Society Audits (BAUS)	participated	intermittent	CRMS	
Cardiac Related Audits (national)	data collection ongoing	continuous	CRMS	
Carotid endarterectomy (UKCEA – VSSGBI VSD)	data collection ongoing	continuous	AFS	
Epilepsy 12	to commence mid 2010	one-off	AFS	
Familial Hypercholesterolaemia	to commence mid 2010	one-off	CRMS	
NAP4 – 4th National Audit Project of the Royal College of Anaesthetists: Major Complications of Airway Management in the United Kingdom	participated	one-off	AFS	

National Audit Titles	Data Submission Status (BLT)	Status (accdg. to NCAAG)	Clinical Division	% Coverage
National audit for the Saving Lives campaign	data collection ongoing	continuous	Trust wide	
National Clinical Audit Programme for HIV	participated	one-off	RS	
National Comparative Audit of Use of Fresh frozen plasma (Blood)	data collection ongoing	continuous	CDS	
National Health Promotion in Hospitals Audit	participated	one-off	Trust wide	
National immunoglobulin database	data collection ongoing	continuous	Trust wide	
National Pain Audit	participated	intermittent	AFS	
Paediatric Intensive Care Audit Network (PICANet)	data collection ongoing	continuous	AFS	
Royal College of Radiologists Audits	data collection ongoing	continuous	CDS	
Surgical Site Infection Surveillance – HPA	data collection ongoing	continuous	Trust wide	
Transfer of blood between hospitals	data collection ongoing	continuous	CDS	
Thames Cancer Registry	data collection ongoing	continuous	RS	
UK Pathology Benchmarking Scheme	data collection ongoing	one-off	CDS	
UKHCDO National Haemophilia Data Base, haemophilia centre	data collection ongoing	continuous	CDS	
UKHCDO NovoSeven surveillance, haemophilia centre	data collection ongoing	continuous	CDS	
Use of Group O Neg Blood in Transfusion	data collection ongoing	continuous	CDS	
Cardiac Audits				
Ambulance outcomes	mandatory data collection ongoing	continuous	CRMS	

National Audit Titles	Data Submission Status (BLT)	Status (accdg. to NCAAG)	Clinical Division	% Coverage
Cardiac rehabilitation	data collection ongoing	continuous	CRMS	
Cardiac rhythm management	data collection ongoing	continuous	CRMS	
Sudden Arrhythmia Death Syndrome	participated	intermittent	CRMS	
Cardiac outcomes	data collection ongoing	continuous	CRMS	
Infarct angioplasty	data collection ongoing	continuous	CRMS	

Appendix 2 Participation in local clinical audits 2009/10

Date of registration	Local Clinical Audit Programme and Project Titles	Clinical Academic Unit or Service
14 April 2009	Patient and staff satisfaction surveys (Renal)	Renal
14 April 2009	Bedside patient survey re-audit 2009	Trustwide
14 April 2009	GU and sexual health patient satisfaction survey – Trial across NE London sector	GU, Community Sexual Health
14 April 2009	Audit of the incidence and spectrum of lung tumours following radiotherapy for other malignancies	Histopathology
14 April 2009	Xanthochromia audit	Neurology
14 April 2009	Why are urgent inpatient neuro-MRI scans being delayed?	Neurosciences & Radiology
14 April 2009	Band 7 staff survey to assess learning needs	Trauma and acute anaesthetic and critical care
14 April 2009	National Health Promotion in Hospital Audit	General Medicine + General Surgery
28 April 2009	Audit of prolift mesh vaginal procedures for prolapse	Obstetrics & Gynaecology
28 April 2009	Haemato-oncology day care patients – review prior to Lean	Cancer Services
28 April 2009	Reason for delay to transplantation	Intensive care
28 April 2009	Frequency of medical and Consultant review of patients on Turner ward	Trust-wide
28 April 2009	Treatment and response to anti-TNF for patients with ankolosing spondylitis	Rheumatology
28 April 2009	Epidemiological and quality of life study of achalasia in children	Paediatric gastroenterology
13 May 2009	An audit to support the need for patient controlled analgesia (PCA) on Bodley Scott I	Haem-onc
13 May 2009	Targeting the family to treat paediatric obesity in Hackney – Healthy Lifestyles Project	Dietetics
13 May 2009	Understanding patients knowledge and attitude to nurse led discharge	Nursing
28 May 2009	Patient satisfaction survey – radiotherapy	Radiotherapy
28 May 2009	Audit of the joint obstetric/cardiac outpatient clinic	Cardiology
28 May 2009	National oesophago-gastric cancer audit	Upper GI Cancer
28 May 2009	Patient satisfaction – transplant pathway	Stem cell transplantation
09 June 2009	Audit of the outcome of traumatic brain injury at RLH (April 2003 – May 2009)	Trauma

Date of registration	Local Clinical Audit Programme and Project Titles	Clinical Academic Unit or Service
09 June 2009	Retrospective audit of epilepsy in pregnancy outpatient services at RLH	Obstetrics & Neurology
09 June 2009	Retrospective review of pharmacological management with suspected meningitis at BLT	Pharmacy, Microbiology
09 June 2009	Breast cancer inequalities	Breast cancer
09 June 2009	PAC follow-up of surgical patients	Cardiology
09 June 2009	Use of massive transfusion packs for transfusion in code	Haematology, A&E
09 June 2009	A retrospective and prospective audit of oral hygiene practice for dysphagic patients who are dependent for oral care in an acute and rehabilitation setting	SALT & oral hygiene
09 June 2009	Knutsford ward patient satisfaction survey	Haematology
09 June 2009	Prescription and monitoring of anti TNF treatments for psoriatic arthritis	Rheumatology
09 June 2009	A patient questionnaire – review of male sexual health screening in the Grahame Hayton Unit	HIV & Sexual Health
17 June 2009	Plastic surgery patient satisfaction survey	Plastic Surgery
24 June 2009	Transplant review (renal patients)	Renal
24 June 2009	Patient satisfaction (Breast & gynae cancer)	Cancer Services – breast & gynae
08 July 2009	Audit of family history of pituitary adenomas	Endocrinology
08 July 2009	Fractures neck of femur audit	A&E
08 July 2009	Patient satisfaction survey – urology (PROMS)	Urology
08 July 2009	Patient satisfaction with the Fast Response Team outpatient clinic	Venous Thromboembolism, Cellulitis, Pyelonephritis
08 July 2009	Delayed referral of anorectal malformation (paeds)	Paediatric Surgery
08 July 2009	Neonatal herniotomies – review of our practice and complications	Paediatric Surgery
08 July 2009	Follow-up of patients who are discharged home after negative D-Dimer	Accident and Emergency
08 July 2009	Audit of outpatient clinics for inflammatory bowel disease patients	Gastroenterology
17 July 2009	Post-op opioid requirements in children undergoing laparoscopic versus open appendiceectomies	Anaesthesia
17 July 2009	Patient satisfaction (ocular and cutaneous melanoma)	Cancer Services

Date of registration	Local Clinical Audit Programme and Project Titles	Clinical Academic Unit or Service
17 July 2009	Quality of life/patient satisfaction ^o continence	Continence
17 July 2009	Audit to evaluate whether the appropriate antibiotics are being given for surgical procedures in paediatric patients	Paediatric Surgery
20 July 2009	Evaluation of antenatal education classes	Antenatal education
29 July 2009	Audit of post-stroke mood screening tool	Clinical Psychology a Nursing – older people
29 July 2009	Audit of frozen section of adnexal tumours in gynaecologic oncology	Gynae-onc
29 July 2009	NIV audit at AW5D	Respiratory
06 August 2009	E.coli bacteraemia audit amongst A&E admission	Microbiology
06 August 2009	BLT cataract service – patient satisfaction	Ophthalmology
06 August 2009	Obesity clinic re-audit (paediatrics)	Dietetics + Paediatric Respiratory Medicine
06 August 2009	Staff satisfaction survey – breast screening (re-audit)	Breast screening
06 August 2009	Audit on the outcomes of salvage cryotherapy	Urology
06 August 2009	Multifocal lymphoedema audit	Lymphoedema care + cancer
17 August 2009	Patient focus group – heart failure clinic	Metabolic/circulatory
17 August 2009	Gross obesity in endometrial cancer	Gynaecologic oncology
18 August 2009	Patient satisfaction survey – lung cancer	Lung cancer
07 September 2009	Obstetric cholestasis audit	Obstetrics
07 September 2009	Antibiotic use in penicillin-alergetic patients	Pathology + Pharmacy
07 September 2009	Patient satisfaction survey – urology inpatients	Urology
07 September 2009	Management of femur fractures in children	Trauma and Orthopaedics
07 September 2009	H1N1 infection in haem-onc patients – Access to results and pateint outcome	Virology
15 September 2009	Patient satisfaction survey – nurse led heart failure service	Heart failure
30 September 2009	Patient satisfaction survey – patients attending joint HIV and haem-onc clinic at the Grahame Hayton Unit	HIV + Haem-onc

Date of registration	Local Clinical Audit Programme and Project Titles	Clinical Academic Unit or Service
30 September 2009	Patient satisfaction survey – oncology outpatients	Cancer Services
30 September 2009	Patient satisfaction survey – gastroenterology, surgical UGI, oncology	Gastronenterology
14 October 2009	Retrospective audit on the efficacy and short term outcome in patients given plerixafor in a named patient programme in the UK	Haematopoietic stem cells mobilisation
14 October 2009	Feasibility of high dose IL-2 for renal cancer	urological malignancies
14 October 2009	Gastrointestinal physiology audit – outpatient satisfactin survey	Surgery and Gastroenterology
14 October 2009	Stress perfusion and late enhancement CMR	Cardiology/Cardiothoratic Surgery
14 October 2009	Global Trigger Tool Adverse Event Audit	N/A
21 October 2009	Analgesia requirements and POV following laparoscopic day case surgery in paedes	Anaesthetics/Paedes Surgery
21 October 2009	Compliance in the use of dilators and vibrators post radiotherapy treatment for pelvic carcinoma	Radiotherapy
22 October 2009	Sibling donors for peripheral blood stem cell harvest	Cancer Services
28 October 2009	Cross match sample audit	Cardiology
28 October 2009	Blood transfusion (national comparative audit)	Blood Transfusion
28 October 2009	Motor Neurone Disease – Current service provision within the MND care centre region (East London and South Essex)	Motor Neurone Disease
13 November 2009	Review of admission to hospital of home enteral tube fed patients	Dietetics
13 November 2009	Oesophageal Atresia	Paediatric Surgery/Neonatology
13 November 2009	National continence care audit	Trust wide
13 November 2009	Heart muscle disease – patient satisfaction survey	Cardiology
13 November 2009	Use of blood cultures in paedes presenting to S&E with febrile illness	Paediatrics

Date of registration	Local Clinical Audit Programme and Project Titles	Clinical Academic Unit or Service
13 November 2009	Physiological data of med patients admitted from A&E resus to wards	Emergency Medicine
13 November 2009	Mouth cancer – clinical database	Oral and Maxillofacial Surgery
03 December 2009	Bedside Survey Re-audit 2009	Trustwide
03 December 2009	Patient consent audit – nuclear medicine	Nuclear Medicine
03 December 2009	Patient consent audit – interventional radiology	Interventional Radiology
03 December 2009	Obstetric haemorrhage	Obstetric Services
03 December 2009	Audit of chemotherapy consent forms	Oncology
03 December 2009	Classification and management of hyperglycaemic emergencies and acute care	Diabetes
03 December 2009	Do clinicians act upon expected radiological findings?	Radiology
09 December 2009	Neonatal Nurse controlled analgesia – audit of clinical effectiveness	Paediatrics anaesthesia and acute pain services
09 December 2009	Obesity in pregnancy	Maternity Services
09 December 2009	Outcome of major placenta previa	Obstetrics
09 December 2009	Eclampsia and pre-eclampsia in pregnancy	Maternity Services
09 December 2009	Treatment and response to anti-TNF for patients with ankylosing spondylitis	Rheumatology
29 December 2009	CEMACH obesity in pregnancy audit	Maternity Services
29 December 2009	Audit of transfusion practices in code red trauma patients – RLH	Anaesthetics
29 December 2009	Penetrating injuries in paediatric patients	Paediatric Surgery
29 December 2009	Audit analysis of the use of biologics for rheumatoid arthritis in selected secondary care London centres.	Rheumatology

Date of registration	Local Clinical Audit Programme and Project Titles	Clinical Academic Unit or Service
29 December 2009	Radiotherapy nursing service review	Clinical Oncology
29 December 2009	Is the stroke unit making the best use of the cardiac services available	Acute Stroke/Cardiology
29 December 2009	National multi-centre epidemiological study into the presentation, treatment and outcome of adult T-cell leukaemia-lymphoma in England 1999-2009	Haemato-oncology
29 December 2009	National audit of dementia care in general hospitals	Care of the Elderly
29 December 2009	Lower limb amputation in diabetic patients presenting with gangrene in one or more toes – are we implementing best practice	Vascular Surgery; Endocrinology
29 December 2009	Central venous catheter care audit	Trustwide
07 January 2010	Clinical audit looking at the use of the T8 and above spinal cord injuries pathway	Physiotherapy
07 January 2010	Review of guideline for Nurse management of minor head injuries	Paediatrics
07 January 2010	Annual antimicrobial point prevalence study	Pharmacy and Microbiology
07 January 2010	NCEPOD surgery in children	Paediatrics
07 January 2010	Patient satisfaction – BLT Physio service for adults with cystic fibrosis	Physiotherapy
07 January 2010	FSGS management in tertiary referral centre	Renal
07 January 2010	Client satisfaction survey – inner London breast screening units	Breast Screening Units – Inner London
20 January 2010	Effect of anti-TNF biologic switch on disease activity	Rheumatology
20 January 2010	Clinical audits of metastatic spinal cord compression MDT management at SBH	Physiotherapy
20 January 2010	Audit of complications following cervical disc arthroplasty	Neurosurgery
20 January 2010	Are hearing test results properly documented in neurootological patients with diagnosed central lesions in CPA tumours	ENT/Head & Neck Surgery
20 January 2010	Indications for use of nutrition support in allogeneic hematopoietic stem cell transplant recipients	Dietetics and Oncology
20 January 2010	Food service audit	New Hospital Programme

Date of registration	Local Clinical Audit Programme and Project Titles	Clinical Academic Unit or Service
20 January 2010	Pre-admission patient satisfaction questionnaire	Pre-operative Assessment
20 January 2010	Audit on neuroimaging in retinoblastoma management	Paediatric Ophthalmology + Oncology
20 January 2010	Review of dietetic outpatient service on the I&I Unit (GHU)	Dietetics
02 February 2010	Retrospective look at record keeping in conscious sedation in the dental institute at RLH	Oral Surgery
02 February 2010	Re-audit of the golden hour regarding admissions of the premature babies to NICU	Neonates
02 February 2010	National pilot of LCP for ICU	ICU Barts + LCH
15 February 2010	Accuracy of MDCT in the pre-operative assessment of abdominal trauma	Radiology + Trauma
17 February 2010	Biliary-enteric anastomoses – evaluating our technique and outcomes	HPB Surgery
17 February 2010	Patient satisfaction survey – colorectal cancer	Cancer Services
17 February 2010	Haemodialysis transport audit	Renal
17 February 2010	Contraception provision at Barts health centre/Ambrose king centre (audit against NICE CG30)	Sexual health
17 February 2010	Trial of exhibition phase III cardiac rehab patient teaching	Cardiac rehab education
25 February 2010	Mortality case note review	Healthcare Governance
25 February 2010	Retrospective audit on the quality of the process and outcomes from root canal treatment in the paediatric dental dept.	Paediatric Dentistry
25 February 2010	Patient satisfaction at seeing a stome nurse specialist at a tertiary referral centre	Urology
25 February 2010	Survey of patients attending diabetic retinal clinic	Ophthalmology
17 March 2010	Accuracy of recording of conditions, diagnoses and procedures in discharge summaries and clinical coding	Respiratory medicine
17 March 2010	Time taken for temporal artery biopsy from initial presentation in patients with suspected temporal arthritis	Rheumatology

Date of registration	Local Clinical Audit Programme and Project Titles	Clinical Academic Unit or Service
17 March 2010	Open fracture comparison of gang versus gustilo anderson classification	Trauma and Orthopaedics
17 March 2010	Are we complying with indications for surgery for otitis media with effusion (OME) as recommended by NICE	ENT/Head & Neck Surgery
17 March 2010	Fetal blood sampling (RMS target)	Maternity Services
17 March 2010	Audit of the completion of the bereavement checklist	Bereavement
26 March 2010	Audit of neuro-oncology service at BLT	Neuro-oncology
26 March 2010	Casenote record keeping – cardiothoracic – RCP documentation audit	Cardiothoracic Surgery
26 March 2010	National audit of falls and bone health in older people – NATIONAL AUDIT	Care of the Elderly
26 March 2010	Global Trigger Tool (GTT) adverse event audit (National safety campaign & CQUIN)	Trustwide
26 March 2010	Beta-blockers in vascular surgery	Vascular Surgery/Anaesthetics
31 March 2010	End of life care – internal audit	Corporate or Trust-wide
31 March 2010	IVIg indications and dose in the neurology planned admission unit	Neurology

Appendix 3 Glossary

Abuse	<p>Abuse is defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as:</p> <ul style="list-style-type: none"> ■ Sexual abuse ■ Physical or psychological ill-treatment ■ Theft, misuse or misappropriation of money or property, or ■ Neglect and acts of omission which cause harm or place at risk of harm.
Acute trust	<p>A trust is an NHS organisation responsible for providing a group of healthcare services. An acute trust provides hospital services (but not mental health hospital services, which are provided by a mental health trust).</p>
Annual Quality Development Plan	<p>Barts and The London's quality plan sets out its high level aims and priority areas for quality improvement in the current year, and the various projects, workstreams and initiatives that will be implemented to ensure those aims are achieved. The Quality Development Plan includes the CQUIN improvements agreed with local commissioners and also the improvements we know are needed by listening to patients and other stakeholders.</p>
Audit Commission	<p>The Audit Commission regulates the proper control of public finances by local authorities and the NHS in England and Wales. The Commission audits NHS trusts, primary care trusts and strategic health authorities to review the quality of their financial systems. It also publishes independent reports which highlight risks and good practice to improve the quality of financial management in the health service, and, working with the Care Quality Commission, undertakes national value-for-money studies. Visit: www.audit-commission.gov.uk</p>
Board (of trust)	<p>The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community. The Board has 12 members and includes the Chairman, Chief Executive, four Executive Directors and six Non-Executive Directors.</p>
Care Quality Commission	<p>The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk</p>
Choose and Book	<p>Choose and Book is a national service that for the first time combines electronic booking and a choice of place, date and time for first hospital or clinic appointments. It revolutionises the old booking system, by allowing patients to choose their initial hospital or clinic appointment, and book it on the spot in the surgery or later on the phone or via the internet.</p>
Clinical audit	<p>Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.</p>

Clinical Coding	Clinical Coding Officers are responsible for assigning 'codes' to all inpatient and day case episodes. They use special classifications which are assigned to and select the full range of diagnosis (diagnostic coding) and procedures (procedural coding) carried out by providers and enter these codes onto the Patient Administration System. The coding process enables patient information to be easily sorted for statistical analysis. When complete, codes represent an accurate translation of the statements or terminology used by the clinician and provide a complete picture of the patient's care. A variety of sources are used within Barts and The London to extract the information needed for coding, including casenotes, theatre record sheets and documents and results available electronically such as discharge summaries and Histopathology and Radiology results.
Clinical Academic Unit/Clinical Division	Barts and The London's clinical services are organised across 18 Clinical Academic Units (CAU), each headed by a CAU Director who is a clinician. Each CAU is accountable to Clinical Divisions, of which there are four within the Trust: Acute and Family Services, Regional Services, Clinical and Diagnostic Services and Circulatory, Respiratory and Metabolic Division.
Clinical Effectiveness Unit (CEU)	<p>Barts and The London's Clinical Effectiveness Unit consists of a manager and a small team of clinical audit staff who support the programme of audit and review of clinical services in the Trust to ensure they are of a high standard, evidence-based and meet best practice.</p> <p>In partnership with clinicians across all the health professions the CEU also ensures that national guidelines are reviewed and actioned so that we deliver high-quality patient care and continually improve the patient experience.</p>
Clostridium difficile or C. Difficile	<p>Clostridium difficile also known as C.difficile or C. diff, is a gram positive bacteria that causes diarrhea and other intestinal disease when competing bacteria in a patient or person's gut are wiped out by antibiotics.</p> <p>C. difficile infection can range in severity from asymptomatic to severe and life-threatening, especially among the elderly. People are most often nosocomially infected in hospitals, nursing homes, or other institutions, although C. difficile infection in the community and outpatient setting is increasing.</p>
Commissioners of services	Organisations that buy services on behalf of the people living in the area that they cover. This may be for a population as a whole, or for individuals who need specific care, treatment and support. For the NHS, this is done by primary care trusts and for social care by local authorities.
Commissioning for Quality and Innovation	High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Visit: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443
Complaint	An expression of dissatisfaction with something. This can relate to any aspect of a person's care, treatment or support and can be expressed orally, in gesture or in writing.
Culture	Learned attitudes, beliefs and values that define a group or groups of people.
Department of Health	The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.

Dignity	Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual views and beliefs.
Discharge	The point at which a patient leaves hospital to return home or be transferred to another service, or the formal conclusion of a service provided to a person who uses services.
Divisional Director	Each clinical division within the Trust has a Divisional Director. They are responsible for the achievement of local and national targets and for the tripartite mission of excellence in service, research and education.
Divisional Nurse	Each clinical division within the Trust has a Divisional Nurse. They provide strategic nursing leadership to ensure consistently high quality, cost effective nursing care for patients.
Enforcement action	Action taken to cancel, prevent or control the way a service is delivered using the range of statutory powers available to the Care Quality Commission. It can include action taken in respect of services that should be, but are not, registered.
Foundation trust	A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS foundation trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS foundation trusts have members drawn from patients, the public and staff, and are governed by a board of governors comprising people elected from and by the membership base.
Global Trigger Tool (GTT audit)	The Global Trigger Tool is a recognised and validated audit tool developed by the Institute for Healthcare Improvement (IHI) in Boston USA. It can be used as part of an organisation's safety improvement programme to identify and so learn about harm and safety incidents which occur as part of the patients treatment. Twenty records are reviewed each month using the GTT and the findings plotted over time on a run chart to establish a harm rate. Barts and The London NHS Trust has been undertaking GTT auditing since 2008.
Healthcare	Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.
Healthcare-associated infection	An avoidable infection that occurs as a result of the healthcare that a person receives.
Hospital Episode Statistics	Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.
Indicators for Quality Improvement	The Indicators for Quality Improvement (IQI) are a resource for local clinical teams providing a set of robust indicators which could be used for local quality improvement and as a source of indicators for local benchmarking. The IQI can be found on the NHS Information Centre website at: www.ic.nhs.uk/services/measuring-for-quality-improvement

Information Governance	The structures, policies and practice to ensure the confidentiality and security of health and social care service records, especially clinical records which enable the ethical use for the benefit of the individual to whom they relate and for the public good.
LEAN and LEAN thinking	The 'Lean' system was originally developed as a management and service improvement approach by Toyota and has been successfully used for over 50 years ago by many different industries and public-sector organisations, including other NHS hospital trusts as part of a culture of continuous improvement. Using a set of proven tools and a highly-focused and collaborative approach, the lean methodology can be applied across all the activities of an organisation in order to eliminate waste, create capacity, maximise operational effectiveness and develop a culture of continuous improvement.
Local Involvement Networks	Local Involvement Networks (LINKs) are made up of individuals and community groups which work together to improve local services. Their job is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. LINKs also have powers to help with the tasks and to make sure changes happen.
Maternity Matters, choice access and continuity of care in a safe service	Maternity Matters was a policy document published by the Department of Health in 2009. It highlights the Government commitment to developing a high quality, safe and accessible maternity service through the introduction of a new national choice guarantee for women. This will ensure that all women will have choice around the type of care that they receive, together with improved access to services and continuity of midwifery care and support.
MRSA	Methicillin-Resistant Staphylococcus Aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. MRSA is, by definition, any strain of Staphylococcus aureus bacteria that has developed resistance to antibiotics including the penicillins and the cephalosporins. MRSA is especially troublesome in hospitals, where patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.
National Confidential Enquiry into Patient Outcome and Death – NCEPOD	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews clinical practice and identifies potentially remediable factors in the practice of anaesthesia and surgical and medical treatment. Its purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public. It does this by reviewing the management of patients and undertaking confidential surveys and research, the results of which are then published. Clinicians at Barts and The London participate in the national enquiries and review the published reports to make sure any recommendations are put in place.
National Institute for Health and Clinical excellence	The National Institute for Health and Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.nice.org.uk
National Patient Safety Agency	The National Patient Safety Agency is an arms-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care. Visit: www.npsa.nhs.uk

National Service Frameworks (NSFs)	National Service Frameworks are policies set by the NHS in the UK to define standards of care for major medical issues such as cancer, coronary heart disease, mental health and diabetes. NSFs are also defined for some key patient groups including children and older people. They set up programmes of implementation and performance management against which progress to an agreed timescale can be measured.
NHS Number	This is the national unique patient identifier that makes it possible to share patient information across the whole of the NHS safely, efficiently and accurately. The NHS Number is fundamental to the development of the National Programme for IT.
NHSLA risk management programme and standards	The NHSLA run a risk management programme using a range of safety standards and assessments. Most healthcare providers, including Barts and The London NHS Trust, are assessed against these risk management standards which have been specifically developed to reflect issues which arise in the negligence claims reported to the NHSLA. There is a set of risk management standards for each type of healthcare organisation incorporating organisational, clinical, and health and safety risks. In addition, there is a separate set of clinical risk management standards for NHS maternity services. All the NHSLA Standards are divided into three levels.
Overview and scrutiny committees	Since January 2003, every local authority with responsibilities for social services (150 in all) have had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.
Patient	A person who receives services provided in the carrying on of a regulated activity. This is the definition of “service user” provided in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Patient Environment Action Team (PEAT)	PEAT is an annual assessment of inpatient healthcare sites in England with more than ten beds. PEAT is self assessed and inspects standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas). The assessment was established in 2000 (managed by the National Patient Safety Agency since 2006) and is a benchmarking tool to ensure improvements are made in the non-clinical aspects of a patient’s healthcare experience. PEAT highlights areas for improvement and shares best practice across the NHS. Organisations are each given scores from 1 (unacceptable) to 5 (excellent) for standards of privacy and dignity, environment and food within their buildings.
Periodic reviews	Periodic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term ‘review’ refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services. Visit: www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10.cfm

Picker Institute UK	The Picker Institute Europe is a not-for-profit organisation that supports the healthcare sector to help make patients' views count in healthcare. It works to build and use evidence to champion the best possible patient-centred care working with patients, professionals and policy makers to achieve the highest standards of patient experience. In Europe and the UK, Picker research and gather patient's views of healthcare using surveys, focus groups and other methods as for example by supporting the national survey programme in the NHS for the Care Quality Commission. Bart and The London NHS Trust contracts with the Picker Institute to carry out its annual surveys and have also engaged with them in undertaking other patient experience projects as part of quality improvement.
Primary care trust	A primary care trust is an NHS organisation responsible for improving the health of local people, developing services provided by local GPs and their teams (called primary care) and making sure that other appropriate health services are in place to meet local people's needs.
Privacy and dignity	To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends), and protected from others looking at them or overhearing conversations that they might be having. It also means respecting their confidentiality and personal information. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual beliefs.
Providers	Providers are the organisations that provide NHS services, for example NHS trusts and their private or voluntary sector equivalents.
Quality Assurance Committee	<p>The Quality Assurance Committee monitors, reviews and reports on the quality of services provided by the Trust. This includes the review of:</p> <ul style="list-style-type: none"> ■ Governance, risk management and internal control systems to ensure that the Trust's services deliver safe, high quality, patient-centred care. ■ Performance against internal and external quality improvement targets and follow-up whenever required. ■ Progress in implementing action plans to address shortcomings in the quality of services – if any have been identified.
Quality monitoring	A continuous system of monitoring to ensure that local quality measures are effective. Quality monitoring is part of quality assurance.

Quality and Safety Committee	<p>Barts and The London has had a Clinical Governance Committee responsible for setting and monitoring standards of care safety and quality since 2006. In 2009 it was renamed the Quality and Safety Committee. The Committee meets monthly, is chaired by the Medical Director and Chief Nurse and its membership includes senior representatives from each of the Clinical Divisions and other safety specialists. Its key function is to fulfil a leadership, monitoring, and improvement role to ensure that the clinical care and services provided in each Clinical Division and Clinical Academic Unit:</p> <ul style="list-style-type: none"> ■ Are safe and of the highest quality possible ■ Deliver good patient experience ■ Deliver good clinical outcomes ■ At least meet, and if possible exceed, the performance targets and benchmarks set internally and nationally in relation to quality ■ Continuously improve and ■ Ensure clinical and cost effectiveness <p>The Quality and Safety Committee reports regularly to the Trust Management Executive on its activities and highlights any uncontrolled risks or issues which could impact on patient care, quality or safety.</p>
Registration	<p>From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC).</p>
Research	<p>Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.</p>
Safeguarding	<p>Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focuses more on care and development; for adults, on independence and choice.</p>
Secondary Uses Service (SUS)	<p>A single repository of person and care event level data relating to the NHS care of patients, which is used for management and clinical purposes other than direct patient care. These secondary uses include healthcare planning, commissioning, public health, clinical audit, benchmarking, performance improvement, research and clinical governance.</p> <p>Visit: www.ic.nhs.uk/services/the-secondary-uses-service-sus/using-this-service/data-quality-dashboards</p>

Strategic health authorities	<p>Strategic health authorities (SHAs) were created by the Government in 2002 to manage the local NHS on behalf of the Secretary of State. SHAs (there are ten in total) are responsible for:</p> <ul style="list-style-type: none"> ■ developing plans for improving health services in their local area ■ making sure that local health services are of a high quality and are performing well ■ increasing the capacity of local health services – so they can provide more services ■ making sure that national priorities – for example, programmes for improving cancer services – are integrated into local health service plans. <p>SHAs manage the NHS locally and are a key link between the Department of Health and the NHS.</p>
Social care	<p>Social care includes all forms of personal care and other practical assistance provided for people who by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs or any other similar circumstances, are in need of such care or other assistance. For the purposes of the Care Quality Commission, it only includes care provided for, or mainly for, people over 18 years old in England. This is sometimes referred to as adult social care.</p>
The Centre for Maternal and Child Enquiries (CMACE)	<p>The Centre for Maternal and Child Enquiries (CMACE) is an independent charity. Their mission is to improve the health of mothers, babies and children by carrying out confidential enquiries and other related work on a UK wide basis. Midwives, obstetricians and paediatricians at Barts and The London NHS Trust participate in the CMACE enquiries and review their published reports to make sure any recommendations are put into place.</p>
The NHS Litigation Authority (NHSLA)	<p>The NHSLA is a special health authority in the NHS responsible for handling negligence claims made against NHS bodies in England. In addition it has developed an active risk management programme to raise NHS safety standards and reduce the incidence of negligence. It also monitors human rights case law on behalf of the NHS, co-ordinates claims for equal pay in the NHS and handles Family Health Service appeals (i.e. disputes between doctors, dentists, opticians and pharmacists and NHS Primary Care Trusts).</p>

If you need information or advice about NHS services, please contact Patient Advice and Liaison Services (PALS).

Tel: 020 7943 1335

Fax: 020 7377 7361 Mincom: 020 7943 1350

Email: PALS@bartsandthelondon.nhs.uk

Large print and translations

To receive this leaflet in large print, please call the Patient Advice and Liaison Service (PALS) on **020 7943 1335**. If you would like help interpreting this leaflet, please call the Health Advocacy Administrator on **020 7377 7280**.

Requesting a copy of the Quality Account

A copy of this Quality Account can be downloaded from the Trust's website at www.bartsandthelondon.nhs.uk. To request a printed copy, please contact Judith Bottriell, Associate Director of Quality Improvement on tel **020 7480 4600**.

Data Protection Act 1998

The Trust processes your personal information in accordance with the Data Protection Act 1998 for delivery of high quality healthcare. The information ensures that clinicians have a complete and continuous record about your past, current and future treatment. In addition to this, your health records could also be used for teaching, clinical audit and research, which enables us to deliver the best possible care across the Trust. Further information can be found at www.bartsandthelondon.nhs.uk/forpatients/know_your_rights.asp