

Annual Quality Accounts  
and Quality Report  
**2013/14**



# QUALITY REPORT

## PART ONE

We have strengthened our focus on safety.

### STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

It gives me great pleasure to introduce the Royal Free's 2013/14 quality report, which assures our local population, patients and commissioners that we continuously strive to provide the highest level of clinical care.

We have now completed our second year as a foundation trust and I am pleased to report that we are meeting all the quality objectives set for us by Monitor, the regulator of foundation trusts.

It is 18 months since we last had a patient with an acquired methicillin resistant staphylococcus aureus (MRSA) bacteraemia. We have also made progress in our control of C. difficile infection, focusing on the way we use antibiotics that sometimes cause this infection. Cases have fallen from 50 in 2013/14 to 35 this year.

At a time when there has been increased pressure on accident and emergency departments, we have been able to maintain performance against the waiting time targets.

In the past two years we have concentrated on our World Class Care programme, designed to improve patient and staff experience and in recent months we have further strengthened our focus on safety with a new patient safety programme. This will build on work we have already undertaken in a number of areas including the management of sepsis, reducing hospital acquired pressure ulcers and minimising the risk of patient falls. Much of this work is undertaken jointly with other organisations within our academic health science network, UCLPartners.

We continue to invest in our clinical, research and teaching facilities. Our patron HRH The Duke of York opened the first phase of the new Institute of Immunity and Transplantation, which we are developing with UCL and the Royal Free Charity. We also opened the latest phase of our new intensive care unit which provides modern facilities for our sickest patients. Our new simulation centre, which allows staff to practise surgical techniques using the latest simulation technology, was opened by Sir Bruce Keogh, medical director of the NHS.

During the past year we have begun the detailed planning for our proposed acquisition of Barnet and Chase Farm Hospitals NHS Trust planned for July 2014. We firmly believe that the enlarged organisation will be able to deliver even better local care and the specialist services we are renowned for. The expanded organisation is being designed by the clinicians of both existing trusts, closely working with commissioners, local GPs and representatives from our local population. The overriding aim is to build upon the best of both organisations.

I believe the evidence provided in this quality report demonstrates our continuing commitment to providing the highest quality clinical care.

I confirm that to the best of my knowledge the information provided in this document is accurate.

**David Sloman**  
Chief Executive

29 May 2014

# QUALITY REPORT

## PART TWO

---

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

---

In this part of the quality report we review our performance against our key quality priorities for 2013/14 and provide examples that illustrate how individual services and specialities are focused on quality improvement. We also provide key data relating to our performance and outline our priorities for improvement in 2014/15.

### Performance against our key quality objectives

---

We place great importance on constantly improving our services and the quality of our patient care. Last year we committed to three key quality improvement objectives. These were:

**Priority one: World class care including staff satisfaction and patient experience**

**Priority two: To further develop our clinical outcome measures**

**Priority three: To launch a patient safety programme across the trust.**

Over the following pages, we set out how we have performed against these objectives.

#### Priority one:

World class care including staff satisfaction and patient experience

#### Priority two:

To further develop our clinical outcome measures

#### Priority three:

To launch a patient safety programme across the trust.

## Performance against our three key quality objectives



### Priority one: World class care for patients and staff

Continuous quality improvements enable the Royal Free to deliver the highest standards of patient care and ensure that our dedicated workforce is well supported and the personal and professional needs of staff are met.

Last year, a key quality objective committed to providing world class care and work to embed our World Class Care values has been a priority for the benefit of patients and staff across the trust.

Our World Class Care values (WCC) were launched at the Royal Free in April 2012 and are a promise to deliver world class care every day.

The values govern our behaviours towards our patients and our colleagues and were developed by patients and staff in a series of events called 'In your shoes' during which individual patients described their experiences to individual members of staff.

Discussions with staff then focused on how improvements could be made to the way we interact with our patients. We also looked at how the working lives of our staff could be improved. Research shows that how staff feel has a significant effect on how patients feel while in our care.

Training sessions introduced the values to teams and 3,181 members of staff – 63% of the workforce - attended. Staff then took the actions back to their areas of work for discussion and implementation.

During 2013, our corporate induction and the recruitment, probation and appraisal policies and procedures were reviewed to ensure they aligned with the world class care ethos.

In recruitment, new staff are assessed against our World Class Care values as well as their knowledge, skills and experience. Work continues to ensure that potential candidates are aware of and endorse the values, helping to make the Royal Free a fair, diverse and desirable place to work.

The appraisal process was also reviewed to ensure that all staff are appraised against the WCC values in addition to work objectives. Documentation has been redesigned to make it more user friendly and staff have been given training in the new process.

We reviewed the probation process to include our values as part of the performance measures against which new starters are measured. The values are now included in the first formal review and final review.

Workshops have been held to ensure that managers adopt appropriate management styles to support the values. These workshops were rolled out in targeted areas across the trust where bullying and harassment was highlighted as an issue.

Both our patient improvement plans and staff improvement plans are closely linked and monitored by our patient and staff experience committee.

We believe that staff who are well treated and feel appreciated at work are likely to provide a better

experience for the patients they care for. Each quarter we make awards to individuals and teams who have demonstrated particular dedication to our ethos.

The findings from the national NHS staff survey results for 2013 placed the trust in the top 20% of trusts for staff engagement and shows continuous improvement.

The engagement score is calculated using three key findings around staff ability to contribute towards improvement, staff recommendation of the trust as a place to work and staff motivation at work. The trust scored in the highest 20% for the first two questions and above average for the third.

In comparison with other acute trusts nationally, the trust scored average or above on 18 scores and below average, or in the worst 20% of trusts, on 10 scores. This represents a small improvement compared to the previous year.

The trust results continue to improve slightly with this year seeing positive movement in the following areas:

- Percentage of staff reporting having had an appraisal from 78% in 2012 to 91% in 2013 (national average 84%), although it should be noted that actual achievement for staff appraisals was 76%.
- Percentage of staff receiving health and safety training in the last 12 months from 66% in 2012 to 76% in 2013 (national average 76%).
- Percentage of staff reporting good communication between senior management and staff from 29% in 2012 to 36% in 2013 (national average 29%).

There were a number of areas that improved from the 2012 trust results, however the improvement was not significant enough to position the trust to be better than the national average. These are as follows:

- The percentage of staff suffering work related stress in the last 12 months reduced by 2% from 40% in 2012 to 38% in 2013 (national average 37%).
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months reduced by 6% from 38% in 2012 to 32% in 2013 (national average 29%).
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months decreased by 4% from 38% in 2012 to 34% in 2013 (national average 24%). This area is identified in the trust's bottom ranking scores and needs to remain within our staff experience improvement plan for 2014/15.
- Percentage of staff feeling pressure in the last three months to attend work when unwell reduced by 3% from 33% in 2012 to 30% in 2013 (national average 28%).
- Percentage of staff believing the trust provides equal opportunities for career progression or promotion increased by 2% from 78% in 2012 to 80% in 2013 (national average 88%).
- Percentage of staff experiencing discrimination at work in the last 12 months decreased by 2% from 23% in 2012 to 21% in 2013 (national average 11%).

### Priority 2: Continue to develop our clinical performance metrics

We have appointed an associate medical director for clinical performance who leads on the further development of measures, or metrics, we use to assess our clinical performance.

We have published online additional detail about most of our metrics and have added current data where available.

Last year we analysed the national clinical audit programmes to which we contribute to see where we had not performed as well as we would have liked and have focused our improvement plans on these areas.

### WE HAVE SEEN IMPROVEMENTS IN

- Timely referral from GP for patients requiring carotid intervention
- Survival after bowel cancer surgery
- Microbiological stool examination in children with inflammatory bowel disease
- Gene testing for cystic fibrosis in bronchiectasis
- Adherence to antibiotic prescribing guidelines in pneumonia
- Referral to pulmonary rehabilitation for patients receiving non-invasive ventilation.

We have identified three aspects of diabetes care for which it has proved challenging to make the improvements we wanted. This is now an improvement priority for clinical effectiveness in the coming year (see Priorities for Improvement for 2014/15).

We have identified shared metrics with UCLH which will provide the greatest opportunity to learn from one another.

In developing our patient-defined metrics, we have looked first to the national clinical audits which have already developed metrics in partnership with patients. The national audits which have introduced these include diabetes,

epilepsy and inflammatory bowel disease. By participating in these national schemes we will be able to compare our performance with other organisations and learn useful lessons about what works well.

We held an open event at which patients were invited to have their say on what we measure. We described our performance across many clinical metrics and are using patients' comments as well as other patient feedback to select new metrics.

### Priority 3: Patient safety programme

The development of a patient safety programme was one of our key quality objectives for 2013/2014. We aim to be a national leader in patient safety and have designed a patient safety programme to improve our patient safety culture and capability generally.

#### Patient safety culture and capability

##### Governance arrangements

In the past year we have strengthened our emphasis on excellence in patient safety with the appointment of an associate medical director for patient safety and a lead nurse for patient safety. The patient safety programme reports to the newly established patient safety programme board, chaired by our deputy chief executive. The trust has also established a board-level patient safety committee to provide oversight of patient safety across the organisation. We have also been successful in a joint bid with Bart's Health for a patient safety 'Darzi' Fellow, a junior doctor who will be now able to spend one year of their training in service improvement.

#### Incident reporting

We have implemented an online web-based system for reporting and learning from patient safety incidents. This large cross-organisational implementation has increased our ability to report and respond to safety incidents at pace. It will also allow us to track trends in safety incidents in the organisation more readily so that we can target our improvement work. The organisation has also substantially improved the speed and effectiveness in which it investigates serious incidents against the national reporting framework.

#### Patient safety education

The patient safety programme successfully bid for a £235,000 patient safety education grant from Health Education England. This has been used to strengthen our simulation training through investment in equipment and staff for onsite re-enactments of serious incidents and simulation training of high risk procedures. We have also invested in a course to deliver safety training to our most junior doctors and 150 incident managers.

#### Priority clinical workstreams

##### Patient handover

A project is underway to improve communication and team working in our 'hospital at night' team, who work with acutely ill patients. A multidisciplinary approach has been introduced which once further refined will be introduced to other clinical areas. Nurse handover and in particular safety briefings have been improved.

#### Medicines safety

A medicines safety committee has been set up to review medication incidents and oversee improvements in prescribing safety. A priority has been to reduce incidents relating to the administration of penicillin to penicillin-allergic patients. One tool has been a video which has seen a reduction of penicillin prescribing errors of 85%. We are also focusing on reducing 'missed doses' of medicines as well as improving the safety of anticoagulation and insulin prescribing.

#### Surgical safety

A key priority for 2013/2014 has been the implementation of the National Patient Safety Agency 'five steps to safer surgery', informed by the World Health Organisation Surgical Checklist. This has been shown to improve team-working and communication in theatre, reducing surgical errors such as retained swabs or wrong site surgery (both defined as safety 'never events'). The improvement team has initially targeted the middle three aspects of the 'five steps'. In 2013/2014 there have been no surgical 'never events'.

#### 'Sepsis 6' success'

We launched our sepsis reduction programme in 2010. This is designed to spot sepsis earlier and implement a bundle of six specific treatments quickly. Mortality of patients on the sepsis pathway has been reduced by 10% and the length of time that patients suffering from sepsis have to stay in hospital has been halved. During the year, 80% compliance has been achieved and there have been no serious untoward incidents relating to sepsis within the trust for 18 months.

The sepsis improvement team has achieved national recognition. In November 2013 they won the Nursing Times award in the emergency and critical care category and in December 2013 the Royal Free Hospital Sepsis 6 app was highly

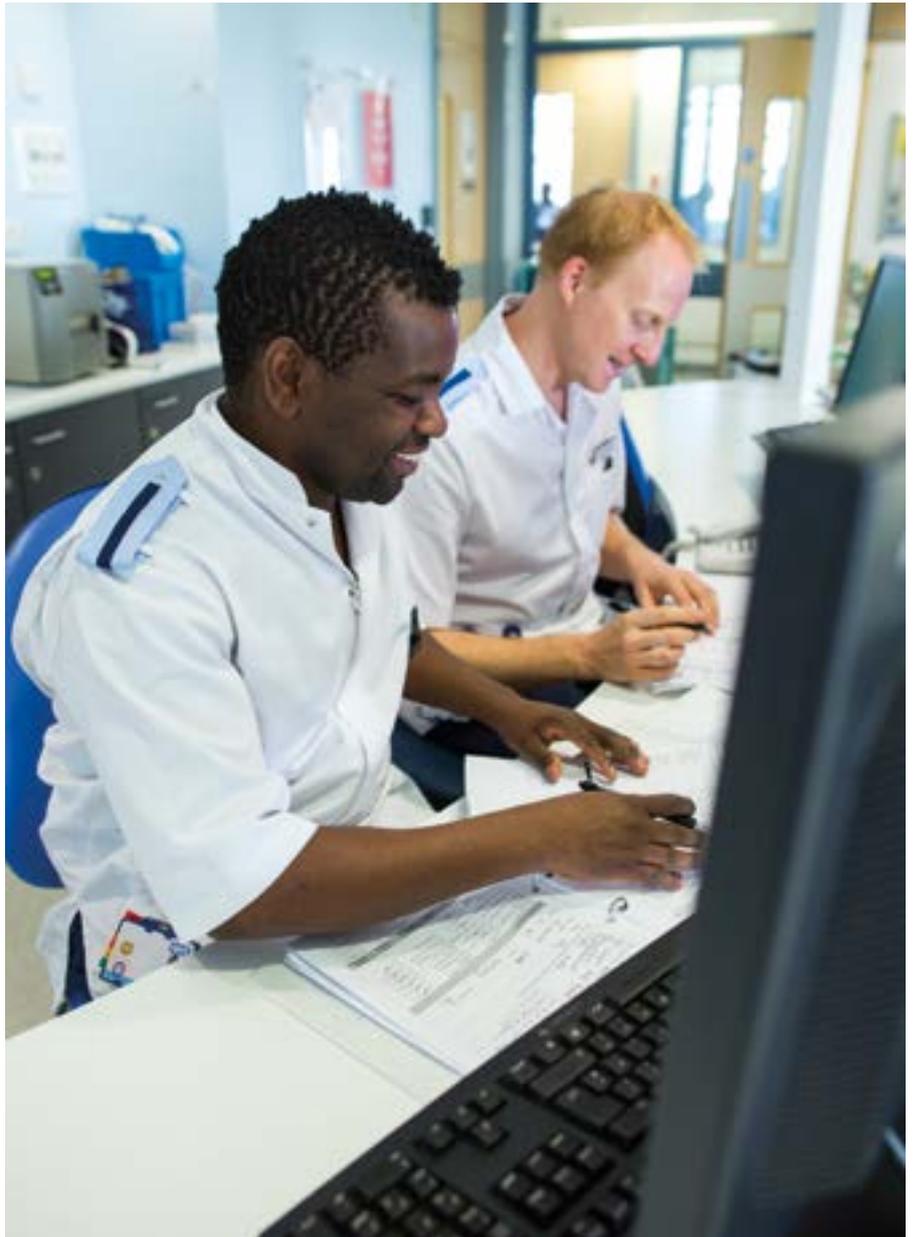
commended by the Health Education Award Committee. In April 2014 the team presented its work at the International Forum on Quality and Safety in Healthcare in Paris.

### Acute kidney injury

Acute kidney injury (AKI), or acute kidney failure, is also a priority area for improvement. The trust has led the development of the North Central London Acute Kidney Injury Network to improve collaborative team working among different organisations caring for patients with AKI. This has included implementation of an AKI care bundle for basic ward care, collaborative audit, the development of an extensive online and mobile app educational package and implementation of pathology electronic alerting.

The project was acknowledged as a national exemplar case study in the recent Future Hospital Commission (FHC) report and was selected as one of two case studies presented at the February 2014 FHC launch event.

The work has been extended across London, our AKI team securing a £200,000 NHS England innovation award to further develop systems to identify patients with AKI early and assess risk of deterioration. The team has also won an NHS England Small Business Research and Innovation Grant to develop a tool to aid referral and decision making when patients develop AKI.



### Venous thromboembolism prevention

This collaboration between anticoagulation services, pharmacy and ward teams has enjoyed continued success. Trust-wide compliance with thrombosis risk assessment was persistently above 95%, with a mean compliance rate of 96.4%. Risk assessing for thrombosis, then using preventative medication when appropriate, reduces the likelihood of patients developing a blood clot in the legs or lungs during hospitalisation.

### Nasogastric tube placement

The nutrition team has developed clear policies for the insertion of nasogastric tubes and checks on them, working closely with ward staff. Compliance remains high and there have been no 'never events' attributed to nasogastric tubes during the year.

## Priorities for improvement 2014/15

To help us provide the best possible care to our patients, each year we set three quality improvements priorities, which are monitored by the trust board.

One focuses on patient experience, one on clinical effectiveness and one on patient safety. Before setting these, we seek the views of our patients, staff and the local community.

We invited representatives from our stakeholders to give their opinions on what our priorities should be. These included staff, commissioners and our governors.

The trust board considered the responses and agreed the following three priorities for 2014/15.

### Priority one: World class patient information to reflect our world class care

A key priority for 2014/15 will be to ensure that our World Class Care values are embedded in all aspects of our work with patients and staff.

Our World Class Care programme emphasises consistency in patient care and the standards include communicating clearly and providing reassurance.

Building on our World Class Care values, we have set a key quality improvement priority for the year ahead to improve patient information across the trust.

The project is being supported by the Royal Free Charity.

Providing quality assured patient information reflects our world class care standards and puts these values into practice.

Between July and November 2013, we carried out a short-term patient information project to look at the quality and access of patient information across the trust.

We held a range of interviews with key stakeholders, did documentary analysis and a review of patient information on our website.

We also undertook a trust-wide stocktake and looked in particular at how patient information is provided to out-patients.

The project revealed that despite our reputation for high quality care, the way we provide patient information is not consistent and is fragmented with no centralised overview or dedicated resource to maintain or develop provision.

Whilst there is evidence of good practice, this knowledge and learning is not shared across the trust.

Currently new or revised patient information is produced in a number of ways and in different areas. This fragmented approach is costly to the trust and health professionals, but most importantly to patients in terms of negative impact on their experience and, potentially, health outcome.

Patient information on our website also varies greatly, with the majority of the literature at least four years old.

With website 'hits' reaching almost 400 a day, demand for patient information is high and there is an expectation that the Royal Free will provide accurate and up-to-date information for patients. This expectation is reflected in national policy with quality assured, accessible patient information a mandatory requirement.

It is anticipated that we can transform the way we provide patient information over the next 18 months.

Starting in April 2014, we plan to improve the provision of patient information in the following ways:

- Centralise the provision of patient information and appoint a patient information manager with a dedicated budget
- Define our role as a patient information provider to ensure consistent, easy access to maintained, quality assured patient information for both patients and health professionals
- Consider marketing the improvement of patient information as part of our World Class Care programme and establish an ongoing marketing and communications programme
- Look at how we produce patient information – internally, contracted externally or a combination of the two
- Introduce a phased approach to improving patient information and engage with key stakeholders throughout
- Involve patients in the development of all patient information
- As an interim measure, review racks in out-patients to ensure that literature on display is not out of date, is appropriate to the clinic and the trust
- Collate all current patient information onto a patient information database in a standardised format
- Review literature published before 2010 with the relevant department
- Establish and introduce three pilot sites for patient information - ophthalmology, renal and



pre-assessment - and over a nine month period develop and test the process for producing patient information and the setting up of a new patient information system with a centralised ratification and production process

- As part of the pilot scheme, improve the way information is distributed and displayed, eg racking, use of screens and provision in consulting rooms
- Explore how our navigators and volunteers could help with the way we provide patient information, eg signposting and replenishing racks
- Explore the potential of a partnership with the NHS nationally and with key charities to establish an exemplar model for patient information provision
- Set up a new patient information system and patient information policy which is available on the

intranet, along with associated templates and resources (eg online training) to support staff in producing patient information

- Work towards Information Standard certification.

### Priority 2: In-patient diabetes care

Many patients with kidney and vascular disease also suffer from diabetes.

Indeed, because of the particular range of specialist services we offer on any one day at the Royal Free hospital, nearly a quarter of our in-patients will have diabetes. In addition, many patients on our specialist liver unit will require help with blood sugar control.

Over the past few years, a national audit on in-patients with diabetes has

helped us identify where we need to improve aspects of our diabetes care. Our own monitoring has also highlighted concerns, for example, medication errors related to insulin.

Diabetes is therefore one of our key priorities in 2014/15. Our specific aims are to:

- Improve meals and mealtimes for our in-patients with diabetes
- Improve the management of insulin and other diabetic medications on our wards
- Improve foot assessments for patients with diabetes.

We will explore innovative solutions to these themes and consult with our academic health science partnership to learn from experience at other organisations. Progress will be monitored by our clinical performance committee.

### Priority three – To continue our patient safety programme

Our key priorities for the patient safety programme for 2014/15 are set out below:

#### Patient safety culture and capability

A key objective for the coming year is to improve trust-wide communication on safety issues to ensure that we improve dissemination of learning from incidents.

We will further strengthen our incident investigation and processes for addressing safety issues throughout the organisation. We also seek to further improve education and mandatory training in patient safety.

#### Priority clinical workstreams

Priority clinical areas for improvement are as follows:

##### Surgical safety

We aim to be more than 95% compliant with all aspects of the 'five steps to safer surgery' guidance.

##### Medicines safety

We will focus our efforts on insulin prescribing safety and reduction of medication 'missed dosages'.

##### Procedural safety

We have started a programme of work to reduce complication rates from central venous line insertions.

##### Action on abnormal diagnostic images

We have started a programme of work to ensure all abnormal x-ray images are actioned promptly.

##### Falls and pressure ulcers

These priority areas for patient safety will be the subject of further structured improvement work across the trust.

Existing improvement work in sepsis, acute kidney injury, venous thromboembolism prevention, handover and nasogastric feeding will continue.

### Statements of assurance from the board

This section contains eight statutory statements concerning the quality of services provided by the Royal Free NHS Foundation Trust. These are common to all trust quality accounts and therefore provide a basis for comparison between organisations.

Where appropriate, we have provided additional information that provides a local context to the information provided in the statutory statement.

#### INFORMATION ON REVIEW OF SERVICES

During 2013/14 the Royal Free London NHS Foundation Trust provided and/or sub-contracted 27 relevant health services.

The Royal Free London NHS Foundation Trust has reviewed all the data available to the trust on the quality of care in 27 of these relevant health services.

#### ADDITIONAL INFORMATION

In this context we define each service as a distinct clinical directorate that is used to plan, monitor and report clinical activity and financial information – this is commonly known as service line reporting. Each individual service line can incorporate one or more clinical services.

#### INFORMATION ON PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

During 2013/14 35 national clinical audits and three national confidential enquires covered relevant health services that the Royal Free London NHS Foundation Trust provides.

During 2013/14 the Royal Free London NHS Foundation Trust participated in 100% of national clinical audits and 100% of confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Royal Free London NHS Foundation Trust was eligible to participate in during 2013/14 are outlined in the table.

The national clinical audits and national confidential enquiries that the Royal Free London NHS Foundation Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits for inclusion in quality report 2013/14	Data collection completed in 2013/14	RFL eligibility to participate	RFL participated in 2013/14	Rate of case ascertainment (%)*
National Diabetes Audit	✓	✓	✓	99.8%
National In-patient Diabetes Audit	✓	✓	✓	96 cases
Patient Reported Outcome Measures: elective surgery	✓	✓	✓	533 cases
National Institute for Cardiovascular Outcomes Research (ICNARC): adult cardiac interventions (coronary angioplasty)	✓	✓	✓	100%
Myocardial Ischaemia National Audit Project: acute myocardial infarction and other ACS	✓	✓	✓	100%
National Heart Failure Audit 2012/13	✓	✓	✓	209/325=64%
Trauma Audit & Research Network: severe trauma	✓	✓	✓	123 cases
Renal Registry: renal replacement therapy	✓	✓	✓	1995 cases
College of Emergency Medicine: sepsis	✓	✓	✓	50 cases (100%)
College of Emergency Medicine: moderate or severe asthma in A&E	✓	✓	✓	50 cases (100%)
Royal College of Paediatrics and Child Health: National Paediatric Diabetes Audit	✓	✓	✓	66 cases
British Thoracic Society: paediatric asthma	✓	✓	✓	9 cases
National Joint Registry	✓	✓	✓	97%
Cardiac rhythm management audit	✓	✓	✓	100%
Falls & Fragility Fractures: hip fracture	✓	✓	✓	167 cases (100%)
Falls & Fragility Fractures: anaesthetic sprint audit	✓	✓	✓	100%
National Neonatal Audit	✓	✓	✓	100%
National Vascular Registry	✓	✓	✓	79 cases
Intensive Care National Audit and Research Centre case mix programme database: Adult Critical Care	✓	✓	✓	0%
Sentinel Stroke National Audit Programme	✓	✓	✓	>90%
National Lung Cancer Audit	✓	✓	✓	88/86 (102%)
National Bowel Cancer Audit	✓	✓	✓	81/106=76%
National Oesophago-gastric Cancer Audit	✓	✓	✓	97%
National Comparative Audit of Blood Transfusion: use of anti-D	✓	✓	✓	14 cases
Inflammatory bowel disease (adult)	✓	✓	✓	30 cases (100%)
Inflammatory bowel disease (paediatric)	✓	✓	✓	7 cases
ICNARC: cardiac arrest	✓	✓	✓	219 cases
British Thoracic Society: emergency use of oxygen	✓	✓	✓	49 cases
National Pulmonary Hypertension Audit	✓	✓	✓	100%
National Audit of Seizure Management in Hospitals	✓	✓	✓	30 cases (100%)
College of Emergency Medicine: paracetamol overdose	X	✓	✓	Still open
National childhood epilepsy audit (Epilepsy 12)	X	✓	✓	Still open
National Emergency Laparotomy Audit	X	✓	✓	Still open
National Chronic Obstructive Pulmonary Disease Audit Programme	X	✓	✓	Still open

National clinical audits for inclusion in quality report 2013/14	Data collection completed in 2013/14	RFL eligibility to participate	RFL participated in 2013/14	Rate of case ascertainment (%)*
Rheumatoid & early inflammatory arthritis	X	√	√	Still open
British Thoracic Society: paediatric bronchiectasis	√	x	n/a	n/a
National Comparative Audit of Blood Transfusion: patients in neuro-critical care units	√	x	n/a	n/a
Paediatric Intensive Care (PICANet)	√	x	n/a	n/a
Congenital Heart Disease Audit	√	x	n/a	n/a
National Adult Cardiac Surgery Audit	√	x	n/a	n/a
Head & Neck Cancer Audit	√	x	n/a	n/a
Prescribing Observatory for Mental Health	√	x	n/a	n/a
National Audit of Schizophrenia	√	x	n/a	n/a
Total:				
Clinical Outcome Review Programmes (previously NCEPOD - National Confidential Enquiry into Patient Outcome and Death and Centre for Maternal and Child Death Enquiries):				
Lower limb amputation	√	√	√	100%
Tracheostomy	√	√	√	100%
Suicides & Homicides	X	x	x	-
Maternal, newborn and infant (MBRRACE-UK)	√	√	√	Open

**In addition, the Royal Free London NHS Foundation Trust participated in the following national audits by submitting data in 2013/14**

National Endoscopy Audit: colonoscopy completion rates
National Comparative Audit of Blood Transfusion: patient information & consent
Health Protection Agency: surgical site infection rates
British Association of Urological Surgeons: nephrectomy audit
British Association of Urological Surgeons: surveillance & treatment of renal masses
Baseline Survey of HIV Perinatal, Paediatric and Young People's Pathways
UK Neonatal Collaborative Necrotising Enterocolitis Audit
National Audit of Cardiac Rehabilitation
British Association of Endocrine and Thyroid Surgeons: thyroid and parathyroid surgery
British Society of Rheumatology: National Gout Audit

**Royal Free London NHS Foundation Trust reviewed the results of the following national audits and confidential enquiries which published reports but did not collect data in 2013/14**

NCEPOD: Managing the flow
NCEPOD: Measuring the units
College of Emergency Medicine: ureteric colic
College of Emergency Medicine: fractured neck of femur
College of Emergency Medicine: feverish children
National Audit of Dementia
British Thoracic Society: adult asthma
British Thoracic Society: adult pneumonia
British Thoracic Society: adult bronchiectasis
British Thoracic Society: non-invasive ventilation

\* The proportion of registered cases, against the total number of cases you could have submitted, or those required by the terms of that audit or enquiry

## ADDITIONAL INFORMATION

Intensive Care National and Research Centre (ICNARC) case mix programme database (CMPD) adult critical care: despite making significant improvements to our data quality for this audit, ICNARC were unable to accept our data for 2013/14. We are working to ensure our 2014/15 data will be accepted.

The reports of 32 national clinical audits were reviewed by the provider in 2013/14 and the Royal Free London NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National clinical audit	Actions to improve quality
In-patient diabetes (adult)	<ul style="list-style-type: none"> <li>Develop strategy for in-patient diabetes care</li> <li>Improve meals and mealtimes for patients with diabetes</li> <li>Improve foot assessment</li> <li>Improve management of diabetic medication, including insulin</li> </ul>
Diabetes (adults)	Develop pathway for insulin pump patients with poor glucose control
Dementia	<ul style="list-style-type: none"> <li>Improve discharge planning and assessment of carers' current needs by assessing patients within 24 hours of admission</li> <li>Develop dementia volunteer roles</li> <li>Introduce carers' clinic and carer education</li> </ul>
Inflammatory bowel disease (adult)	<ul style="list-style-type: none"> <li>Improve access to an in-patient specialist dietitian</li> <li>Improve access to specialist ward and additional toilet facilities</li> <li>Develop guidelines for acute severe gastritis</li> <li>Introduce further training in care of inflammatory disease</li> </ul>
Renal colic	Improve pain assessment
Fractured hip	<ul style="list-style-type: none"> <li>Introduce new regional analgesia technique</li> <li>Improve pain assessment</li> </ul>
Childhood epilepsy	Improve access to EEG
Feverish children	Incorporate fever discharge checklist into electronic patient management system
Elective infra-renal aneurysm repair	Continue development of multidisciplinary team and specialist pre-operative assessment

## ADDITIONAL INFORMATION

### The 32 national clinical audit reports reviewed were published in calendar year 2013.

The reports of 195 local clinical audits were reviewed by the provider in 2013/14 and the Royal Free London NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

We intend to improve the clinical effectiveness of our services by:

## DEVELOPING OR REVISING A NUMBER OF CARE PATHWAYS, INCLUDING:

- ▶ Out-of-hospital cardiac arrest
- ▶ Primary angioplasty for non-STEMI heart attack
- ▶ Alcohol disorders in A&E
- ▶ Delirium in A&E
- ▶ Fractured hip in A&E
- ▶ Upper gastro-intestinal bleeding in A&E
- ▶ Elective cardioversion of patients with atrial fibrillation
- ▶ Wound drain management after complex breast reconstruction
- ▶ Fluid management after complex breast reconstruction
- ▶ Anticoagulation after liver transplantation
- ▶ Pain management for hip fracture patients
- ▶ Opioid prescribing in palliative care
- ▶ Incidental findings on imaging
- ▶ Organ donation.

## CONTINUING IMPLEMENTATION OF REVISED OR EXISTING CARE PATHWAYS, INCLUDING:

- ▶ Enhanced recovery after hepatobiliary surgery
- ▶ Rehabilitation after intensive care
- ▶ Platelet transfusion
- ▶ Transport of critically-ill patients
- ▶ Nutritional support for elderly patients
- ▶ Organ transplantation
- ▶ Chest pain in A&E
- ▶ Head injuries in A&E
- ▶ Respiratory infections in A&E
- ▶ Back pain in A&E
- ▶ Epilepsy in A&E
- ▶ Cytomegalovirus treatment for transplant patients
- ▶ Hepatitis B screening for patients receiving chemotherapy
- ▶ Avoiding perioperative hypothermia
- ▶ Venous thromboembolism prophylaxis in orthopaedics.

**ADDRESSING FURTHER TRAINING NEEDS, IDENTIFIED THROUGH OUR LOCAL CLINICAL AUDIT PROGRAMME, IN THE FOLLOWING AREAS:**

- ▶ Enhanced recovery pathway
- ▶ Continence care
- ▶ Pain management for hip fracture patients
- ▶ Anti-psychotic prescribing
- ▶ Pain assessment in cognitive impairment
- ▶ Safe management of epidural analgesia on wards
- ▶ Monitoring immunosuppressant therapy.

**WE INTEND TO IMPROVE THE PATIENT EXPERIENCE THROUGH INTRODUCTION OR REVIEW OF THE FOLLOWING ASPECTS OF CARE:**

- ▶ Online pre-assessment for surgery
- ▶ Pre-operative starvation advice for children
- ▶ Early mobilisation after Caesarean section
- ▶ Advice to patients prior to DEXA scans
- ▶ Communication of biopsy results to patients in dermatology
- ▶ Patient recall following chlamydia and gonorrhoea test-positive results.

**WE INTEND TO IMPROVE SAFETY BY:**

- ▶ Monitoring safety and efficacy of new investigations: for example
  - ▶ hepatitis virus infection
  - ▶ thyroid disease
  - ▶ intra-operative assessment of tumour spread (one-step nucleic acid molecular assay of sentinel lymph nodes)
- ▶ Monitoring safety and efficacy new drugs and procedures, for example:
  - Antivirals for hepatitis C
  - Sildenafil for digital ulcers in systemic sclerosis
- ▶ Associating liver partition and portal vein ligation for staged hepatectomy
- ▶ Radiofrequency ablation of renal cell cancers
- ▶ Selective internal radiation therapy
- ▶ Electrochemotherapy
- ▶ Epidural adhesiolysis
- ▶ Sugammadex.

**REDUCING RADIATION EXPOSURE FOR THE FOLLOWING:**

- ▶ Radio-iodine for thyroid disease
- ▶ Investigation of amyloidosis
- ▶ Routine use of post-operative x-ray.

**IMPROVING THE DOCUMENTATION (WHERE POSSIBLE MAKING USE OF ELECTRONIC PRESCRIBING) OF THE FOLLOWING:**

- ▶ Falls screening
- ▶ Pain assessment in cognitive impairment
- ▶ Consent prior to surgery
- ▶ Indications for anti-psychotic therapy
- ▶ Disease severity scoring for patients on anti-TNF therapy
- ▶ Tumour staging in nephrectomy patients
- ▶ Protection of central nervous system for lymphoma patients at high-risk
- ▶ Minimum datasets for histopathology specimens
- ▶ Community patient medication.

### INFORMATION ON PARTICIPATION IN CLINICAL RESEARCH

The number of patients receiving relevant health services provided or sub-contracted by the Royal Free London NHS Foundation Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 4,562.

### ADDITIONAL INFORMATION

The above figure includes 2,550 patients recruited into studies on the NIHR portfolio and 2,012 patients recruited into studies that are not on the NIHR portfolio. This figure is somewhat lower than that reported last year.

The breadth of research taking place within the trust is far reaching and includes clinical and medical device trials, research involving human tissue and quantitative and qualitative research, as well as observational research.

### INFORMATION ON USE OF CQUIN PAYMENT FRAMEWORK

A proportion of the Royal Free London NHS Foundation Trust income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between the Royal Free London NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the commissioning for quality and innovation (CQUIN) payment framework.

Further details of the agreed goals for 2013/14 and for the following 12-month period are available electronically by emailing [rfquality@nhs.net](mailto:rfquality@nhs.net). In 2012/13 a total of £8,518,438 of the trust's income was conditional upon achieving quality improvement and innovation goals. In 2013/14 the trust received £8,833,805, which was 94.6% of the total we could have received.

### ADDITIONAL INFORMATION

Our CQUIN payment framework for 2013/14 was agreed with NHS North East London Commissioning Support Unit and NHS England as follows:

CQUIN scheme priorities 2013/2014	Objective rationale
Venous thromboembolism	Venous thromboembolism (VTE), or clotting of the blood, is a significant cause of mortality, long-term disability and chronic ill health. We closely analyse every case to discover root cause.
Friends and family test	This national initiative will provide timely, detailed feedback from patients about their experience in order to improve services for the user. There is significant room for improving the level of feedback received from patients across England.
Dementia	A quarter of beds in the NHS are occupied by people with dementia. Their length of stay is longer than people without dementia and they often receive suboptimal care. Half of those admitted have never been diagnosed before admission and referral to appropriate specialist community services is often poor. Improvement in assessment and referral will give significant improvements in the quality of care and substantial savings.
NHS safety thermometer	Participation in data collection is an important step in reducing harm in four areas of concern highlighted nationally. A particular focus is on reducing incidents of pressure ulcers in hospital and the local community.
COPD (chronic obstructive pulmonary disease) discharge bundle	Use of the bundle has been proven to improve the care of patients admitted to hospital with an exacerbation of COPD, improve their understanding of the disease, reduce future reliance on hospital care and reduce chances of further admissions.
Prevention – stop smoking and alcohol screening	<p>Helping patients to stop smoking is among the most effective and cost-effective of all interventions the NHS can offer patients. Simple advice from a clinician, during routine patient contact, can have a small but significant effect on smoking cessation.</p> <p>Alcohol-related problems represent a significant share of potentially preventable attendances to accident and emergency departments and urgent care centres, as well as emergency admissions. Screening for alcohol risk has been shown to reduce subsequent attendances and alcohol consumption.</p>
Integrated care	There is a significant number of frail older people admitted to hospital. Identification and assessment of these patients, sharing information with GPs and participating in multidisciplinary meetings help to improve care and reduce the cost of treating these patients.
National quality dashboard	The aim is to ensure that providers implement and routinely use the required clinical dashboards for specialised services
Highly specialised services	This covers very rare diseases whose treatment is carried out at a very limited number of centres in the UK. These centres must participate in an annual workshop to encourage learning and the spread of best practice.
Bone marrow transplantation	To improve the gathering of various aspects of donor data for these procedures to inform better safety and effectiveness.
Renal transplant and dialysis	To increase the use of a national online renal database for dialysis and transplantation patients, empowering them to better manage their condition and medications by allowing easier access to test results and therefore monitoring of their progress.
Haemophilia	Joint health and preventing joint damage/progression is the key driver to many aspects of haemophilia care. The aim is to establish a baseline for patients against which future care can be assessed. There is also a drive for centres to record patients' treatment data in an electronic format that is accessible to the patients to encourage shared responsibility for the use of very expensive treatment products.

## INFORMATION ON CARE QUALITY COMMISSION STATEMENT OF ASSURANCE

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

The Care Quality Commission has not taken enforcement action against the Royal Free London NHS Foundation Trust during 2013/14.

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

### ADDITIONAL INFORMATION

This year we had two inspections. In October 2013, the Care Quality Commission undertook a re-inspection of the Royal Free Hospital site following the implementation of actions to ensure the safe storage of medicines. The inspection confirmed that we were compliant with all 16 essential standards.

The second inspection in February 2014 saw nine inspectors visit a number of wards and departments as part of a routine unannounced inspection. Inspectors found that our patients rated our care and services very highly and enjoyed attending for their care with us. The trust met all seven standards being assessed, including consent to care and treatment, care and welfare of the people who use our services, cleanliness and infection control and supporting staff.

## INFORMATION ON DATA QUALITY

The Royal Free London NHS Foundation Trust submitted records during 2013/14 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

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

- 99.1% admitted patient care;
- 99.2% for out-patient care;
- 93.5% for accident and emergency care;

which included the patient's valid General Medical Practice Code was:

- 99.7% for admitted patient care;
- 99.9% for out-patient care; and
- 100% for accident and emergency care.

### ADDITIONAL INFORMATION

The figures above are taken directly from the SUS data quality dashboard provider view, which is based on the provisional April 2013 to January 2014 SUS data at the month 10 inclusion date.

## INFORMATION GOVERNANCE TOOLKIT ATTAINMENT LEVELS

The Royal London NHS Foundation Trust Information Governance Assessment Report overall score for 2013/14 was 69% and was graded red from the Information Governance Toolkit Grading scheme.

### ADDITIONAL INFORMATION

Information governance is the process that ensures we have necessary safeguards in place for the use of patient and personal information, as directed by the Department of Health and set out within national standards.

Our score on the information governance toolkit was one per cent lower than last year because of lower training rates.

During 2013/14 the trust was audited by the Information Commissioner's Office and the trust was given 'reasonable assurance', meaning that there are arrangements for data protection compliance in place at the trust.

The toolkit colour scoring is green if all the standards were achieved, or red if one or more is not achieved.

For the Royal Free London NHS Foundation Trust there was only one requirement, that relating to training coverage, where the level was not achieved.



### **PAYMENT BY RESULTS CLINICAL CODING AUDIT**

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

### **ADDITIONAL INFORMATION**

Clinical coding is the process by which medical terminology written by clinicians to describe a patient's diagnosis, treatment and management is translated into standard, recognised codes in a computer system.

# Meet Lisa

**Today Lisa Davies from Hertfordshire works as a clinical trial manager, with the aim of helping other patients and 'giving something back'.**

But 35 years ago she was born with a rare kidney disease - autosomal recessive polycystic kidney disease (ARPKD) - and her parents were told she would not survive beyond her first birthday.

"Most babies with ARPKD die in the womb but I was born a bit premature by emergency c-section as I was breech. No-one suspected anything until a medical student was asked to make routine checks. The student said that my kidneys felt really big. I was sent off for tests and it was discovered I had an extremely rare form of kidney disease.

"In those days, dialysis and transplants were unheard of for babies. Each year doctors said I wouldn't make it to my next birthday and so it went on. I carried on as normal and my parents never told anyone how serious things were as they didn't want me treated any differently. At the age of 12 my kidneys seriously deteriorated. I was tissue typed and checks were carried out to make sure I was strong enough to be added to the transplant waiting list.

"When I was 13 my kidneys failed completely and I started dialysis. Then two years later, one Sunday morning in May 1994, the phone rang. I was in bed, a typical teenager. Mum was cooking the roast. A kidney was available. I was terrified, mum and I were in tears. Dad took control and told us to get in the car."

Lisa was one of three patients called in to the hospital that day to see who would be the best match for the donor organ. It was a tense wait but that evening Lisa was taken down to theatre.

"It was a traumatic time, I suffered a massive rejection and doctors had to fight to get it under control. I needed a second operation as there was a blockage, so the kidney had to be reconnected. I spent seven weeks in hospital. After that though, life basically became normal for me. I sat my GCSEs and A levels and did well, went to university to study biochemistry, met my husband and got married. I felt like I had been given a second chance.

"Suddenly in 2004 I became ill. A routine appointment discovered my transplant only functioning at three per cent. I was taught how to self-dialyse at home and started to wait for another transplant. With so many antibodies built up over the years I would not find a match from 99 per cent of the population. Then on 14 January this year, after 10 years back on dialysis, the Royal Free called and said they thought they had found a match.

"I felt utter disbelief. I expected to spend the rest of my life on dialysis. The doctors joked that the stars had aligned. I had the transplant and just five days later I went home.

"I now feel really well. I will be eternally grateful to both my donors and their families. I have had amazing doctors, nurses and surgeons who have looked after me all these years; I am lucky to have known them."



**“I’ve been told by many doctors that reading my medical history I shouldn’t be here now. Let alone living a normal life. It’s a lot to do with my determination but also to everyone at the Royal Free who have made it possible.”**

## Our quality performance indicators

As a foundation trust we are required to report against the following core set of indicators in 2013.

Indicator	Royal Free Performance Jul 11 - Jun 12	Royal Free Performance Jul 12 - Jun 13	National Average Performance Jul 12 - Jun 13	Highest Performing NHS Trust Performance Jul 12 - Jun 13	Lowest Performing NHS Trust Performance Jul 12 - Jun 13
The value and banding of the summary hospital-level mortality indicator for the trust	74.3 (3)	80.7 (3)	101.9 (2)	62.6 (3)	115.6 (1)

### Actions to be taken to improve performance

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre.

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

The latest data available covers the 12 months to June 2013. During this period the Royal Free had a mortality risk score of 80.7, which represents a risk of mortality 19.3% lower than expected for our case mix. This represents a mortality risk statistically significantly below (better than) expected with the Royal Free ranked eight lowest amongst English NHS Trusts.

The banding (figure in brackets) is calculated 1 to 3 with 3 being the lowest (best) banding.

The Royal Free London NHS Foundation Trust has taken the following actions to improve the mortality risk score and so the quality of its services by:

Presentation of a monthly SHMI report to the trust board and a quarterly report to the clinical performance committee. Any statistically significant variations in the mortality risk rate are investigated, appropriate action taken and a feedback report provided to the trust board and the clinical performance committee at their next meetings.

Indicator	Royal Free Performance Jul 11 - Jun 12	Royal Free Performance Jul 12 - Jun 13	National Average Performance Jul 12 - Jun 13	Highest Performing NHS Trust Performance Jul 12 - Jun 13	Lowest Performing NHS Trust Performance Jul 12 - Jun 13
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period	24.8%	25.5%	19.6%	44.1%	0.0%

### Actions to be taken to improve performance

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre.

The percentage of patient deaths with palliative care coded at either diagnosis or specialty level is included as a contextual indicator to the SHMI indicator. This is on the basis that other methods of calculating the relative risk of mortality make allowances for palliative care, whereas the SHMI does not take palliative care into account.

The Royal Free London NHS Foundation Trust intends to take the following actions to improve the mortality risk score and so the quality of its services by:

Presenting a monthly report to the trust board and a quarterly report to the clinical performance committee detailing the percentage of patient deaths with palliative care coding. Any statistically significant variations in percentage of palliative care coded deaths will be investigated with a feedback report provided to the trust board and the clinical performance committee at their next meetings.

Indicator	Royal Free Performance 2011/12	Royal Free Performance 2012/2013	National Average Performance 2012/2013	Highest Performing NHS Trust Performance 2012/2013	Lowest Performing NHS Trust Performance 2012/2013
Patient reported outcome measures scores for:					
(i) groin hernia surgery	0.05	0.07	0.08	0.13	0.03
(ii) varicose vein surgery	0.08	0.09	0.10	0.17	0.02
(iii) hip replacement surgery	0.39	0.38	0.43	0.54	0.32
(iv) knee replacement surgery	0.26	0.27	0.32	0.37	0.20

### Actions to be taken to improve performance

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre and compared to internal trust data.

The NHS asks patients about their health and quality of life before they have an operation and about their health and the effectiveness of the operation afterwards. This helps hospitals measure and improve the quality of care provided.

A negative score indicates that health and quality of life has not improved whereas a positive score suggests there has been improvement.

While the trust is not receiving a negative score against any of the outcome measures, knee replacement surgery has been identified as an outlier by the Care Quality Commission (CQC). The CQC produces a quarterly Intelligent Monitoring Report for all NHS Trusts. The CQC has developed the system to monitor a range of key indicators for NHS acute and specialist hospitals. The most recent report (March 2014) has identified the negative nature of patient feedback following knee replacement surgery as a risk.

The Royal Free London NHS Foundation Trust intends to take the following actions to improve the patient reported outcome measure scores, and so the quality of its services by:

Reviewing the initial consultation process to ensure that expected outcomes are clear and patient expectations are realistic, improving patient information to ensure that risks and benefits are outlined clearly and reviewing information provided at discharge to help patients achieve good outcomes post operatively.

Indicator	Royal Free Performance 2011/12	Royal Free Performance 2012/2013	National Average Performance 2012/2013	Highest Performing NHS Trust Performance 2012/2013	Lowest Performing NHS Trust Performance 2012/2013
The percentage of patients re-admitted to the trust within 28 days of discharge for patients aged:					
(i) 0 to 15	7.18	5.86	9.55	5.1	14.94
(ii) 16 or over	12.34	13.36	11.33	7.74	13.8
<b>Note:</b> Trusts with zero re-admissions have been excluded from the data					

#### Actions to be taken to improve performance

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre and compared to internal trust data.

The Royal Free carefully monitors the rate of emergency re-admissions as a measure for quality of care and the appropriateness of discharge. A low, or reducing, rate of re-admission is seen as evidence of good quality care.

The rate of re-admissions at the Royal Free is below (better) than the national average for children and over (worse) for adults. The trust has undertaken detailed enquiries into patients classified as re-admissions with our public health doctors, by working with GPs and identifying the underlying causes for re-admissions. This is supporting the introduction of new clinical strategies designed to improve the quality of care provided and reduce the incidence of re-admissions. In addition the trust has identified a number of data quality issues affecting the re-admission rate, including the incorrect recording of planned admissions. The trust is working with its staff to improve data quality in this area.

Indicator	Royal Free Performance 2011/12	Royal Free Performance 2012/2013	National Average Performance 2012/2013	Highest Performing NHS Trust Performance 2012/2013	Lowest Performing NHS Trust Performance 2012/2013
The trust's commissioning for quality and innovation indicator score with regard to its responsiveness to the personal needs of its patients	66.9	65.6	68.1	84.4	57.4

### Actions to be taken to improve performance

The NHS has prioritised, through its commissioning strategy, an improvement in hospitals' responsiveness to the personal needs of their patients. Information is gathered through patient surveys. A higher score suggests better performance. Trust performance is below (worse than) the national average.

The Royal Free London NHS Foundation Trust intends to take the following actions to improve its responsiveness to the personal needs of its patients, the patient reported outcome measure scores and so the quality of its services by:

Working through its comprehensive patient experience improvement plan overseen by the user experience committee, a sub-committee of the trust board. During February 2014 the trust received an unannounced inspection by the CQC. The inspection is designed to question whether services are safe, effective, caring, well led and responsive to people's needs.

The final report, recently received by the trust, confirms that all standards have been met and an action plan is being developed to help further improve patient care.

Indicator	Royal Free Performance 2011/12	Royal Free Performance 2012/2013	National Average Performance 2012/2013	Highest Performing NHS Trust Performance 2012/2013	Lowest Performing NHS Trust Performance 2012/2013
The percentage of staff employed by, or under contract to, the trust who would recommend the trust as a provider of care to their family or friends	72.6%	76.2%	64.5%	93.7%	39.6%

### Actions to be taken to improve performance

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre and compared to published survey results.

Each year the NHS surveys its staff and one of the questions looks at whether or not staff would recommend their hospital as a care provider to family or friends. The trust performs significantly better than the national average on this measure.

The Royal Free London NHS Foundation Trust intends to take the following actions to improve this percentage score and so the quality of its services by:

Activities to enhance engagement of staff. These have resulted in an increase of the percentage of staff who would recommend their hospital as a care provider to family or friends:

The trust has implemented its World Class Care programme embodying the core values of welcoming, respectful, communicating and reassuring. These are the four words which describe how we interact with each other and our patients. For the year ahead the continuation of our World Class Care programme anticipates even greater clinical and staff engagement.

Indicator	Royal Free Performance Jul 13 - Sep 13	Royal Free Performance Oct 13 - Dec 13	National Average Performance Oct 13 - Dec 13	Highest Performing NHS Trust Performance Oct 13 - Dec 13	Lowest Performing NHS Trust Performance Oct 13 - Dec 13
The percentage of patients who were admitted to hospital and were risk assessed for venous thromboembolism during the reporting period	96.1%	98.0%	96.0%	100.0%	78.0%

### Actions to be taken to improve performance

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre and compared to internal trust data.

Many deaths in hospital result each year from Venous Thromboembolism (VTE). These deaths are potentially preventable. The government has therefore set hospitals a target requiring 90% of patients to be assessed in relation to risk of VTE.

The Royal Free performed better than the 95% national target and performed better than the national average.

The Royal Free London NHS Foundation Trust intends to take the following actions to improve this rate and so the quality of its services by:

Continuing to report its rate of hospital acquired thromboembolism (HAT) to the monthly meeting of the trust board and the quarterly meeting of the clinical performance committee. Any significant variations in the incidence of HAT are subject to investigation with a feedback report provided to the trust board and clinical performance committee at their next meetings. In addition the thrombosis unit conducts a detailed clinical audit into each reported case of HAT with findings shared with the wider clinical community.

Indicator	Royal Free Performance 2011/12	Royal Free Performance 2012/2013	National Average Performance 2012/2013	Highest Performing NHS Trust Performance 2012/2013	Lowest Performing NHS Trust Performance 2012/2013
The rate per 100,000 bed days of cases of C. difficile infection that have occurred among patients aged two and over	19.3	30.5	16.3	0	30.8

### Actions to be taken to improve performance

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the Health & Social Care Information Centre, compared to internal trust data and data hosted by the Health Protection Agency.

C. difficile can cause severe diarrhoea and vomiting. The infection has been known to spread within hospitals particularly during the winter months. Reducing the rate of C. difficile infections is a key government target.

Royal Free performance was significantly higher (worse) than the national average during 2012/13.

The Royal Free London NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services by:

Fully implementing the recommendations following reviews of our infection control. The trust asked for independent scrutiny, by a national expert, of our infection control processes. The trust also invited two other national experts to review adherence to infection control policy. The action plan arising from the reviews has been considered at the trust executive committee, the clinical performance committee and trust board. In addition the trust is ensuring that all staff adhere to the trust's infection control policies, including hand hygiene and dress code.

It is also important to note the significant improvement in performance since October 2013. The trust has now recorded five consecutive months where compliance with the in-month trajectory has been achieved.

Indicator	Royal Free Performance Oct 11 - Mar 12	Royal Free Performance Oct 12 - Mar 13	National Average Performance Oct 12 - Mar 13	Highest Performing NHS Trust Performance Oct 12 - Mar 13	Lowest Performing NHS Trust Performance Oct 12 - Mar 13
The number and rate of patient safety incidents that occurred during the reporting period	451 (0.94)	2,528 (6.3)	5,048 (7.5)	2,290 (3.2)	11,495 (13.7)
The number and percentage of such patient safety incidents that resulted in severe harm or death	13 (2.8%)	25 (1%)	23.2 (0.4%)	2 (0.1%)	74 (1.4%)

### Actions to be taken to improve performance

The Royal Free London NHS Foundation Trust considers that this data is as described for the following reasons; the data has been sourced from the National Reporting and Learning System (NRLS). However the trust has advised NRLS that data submitted between October 2011 and March 2012 was incomplete due to technical issues with exporting data. The trust worked with the NRLS staff and the issues were resolved, as a result there was an increase in reported incidents for the period October 2012 to March 2013.

The Royal Free London NHS Foundation Trust has since taken the following actions to improve this rate and so the quality of its services by:

- 1) Purchase of a web-based reporting tool with the aim of simplifying the process for staff to report incidents and to export data to NRLS. Experience from other trusts has indicated that the introduction of a web-based tool significantly increases the volume of forms submitted by staff. The web-based system went live during February 2013.
- 2) Development of a patient safety campaign with the aim of focusing on improving the patient safety culture, including encouraging staff to report incidents and providing timely feedback to staff on the outcomes and learning resulting from incident investigations.

We have robust processes in place to capture incidents. There are risks however at every trust relating to the completeness of data collected for all incidents (regardless of their severity) as it relies on every incident being reported. Whilst we have provided training to staff and there are various policies in place relating to incident reporting, this does not provide full assurance that all incidents are reported. We believe this is in line with all other trusts.

There is also clinical judgement in the classification of an incident as 'severe harm' as it requires moderation and judgement against subjective criteria and processes. This can be evidenced as classifications can change once they are reviewed. Therefore, it could be expected that the number of severe incidents could change from that shown here due to this review process.

# Our quality performance indicators

## Auditors' statement

Our external auditors PricewaterhouseCoopers LLP (PwC) are required under Monitor's '2013/14 Detailed Guidance for External Assurance on Quality Reports' to perform testing on two national indicators. A detailed definition and explanation of the criteria applied for the measurement of the indicators tested by PwC is included below.

## Data quality definitions

The following information includes the definitions of the quality indicators which were subject to the external assurance process.

### Clostridium Difficile (C. difficile)

**Descriptor:** Number of *Clostridium difficile* infections for patients aged two or more on the date the specimen was taken.

**Data definition:** A *C. difficile* is defined as a case where the patient shows clinical symptoms of the infection and using the local trust *C. difficile* infections diagnostic algorithm (in line with DH guidance) is assessed as a positive case. Positive diagnoses on the same patient more than 28 days apart should be reported as separate infections, irrespective of the number of specimens taken in the intervening period, or where they were taken.

**Accountability:** Acute provider trusts are accountable for all *C. difficile* infection cases for which the trust is deemed responsible. This is defined as a case where the sample is taken on the fourth day or later of an admission to that trust (where the day of admission is day one).

### To illustrate:

admission day

admission day + 1

admission day + 2

admission day + 3 – specimens taken on this day or later are trust appointed

Royal Free London NHS Foundation Trust declares all positive tests to the Health Protection Agency, who apportion the case based on their own algorithm on the basis that results after a hospital stay of 48 hours are likely to be hospital acquired. There have been 35 cases in the current year.

### Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

**Descriptor:** Percentage of patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer within a given period for all cancers.

**Data definition:** All cancers two month urgent referral to treatment wait.

**Denominator:** Total number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer, with a given period for all cancers.

**Numerator:** Number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer, within a given period for all cancers.

As a foundation trust we are required to report against the following core set of indicators in 2013.

**About the 62-day pathway:** The audit focused on those patients referred urgently by their GP to the trust with suspected cancer who should be seen, diagnosed and treated within 62 days.

**Starting the 62-day pathway:** The starting point for this period is the receipt of the referral. The original referral can be received either:

- direct from the general medical practitioner or general dental practitioner
- via Choose and Book.

Receipt of referral is day 0 for the 62-day period.

**Ending the 62-day pathway:** The period end is the first definitive treatment. This start date may differ slightly for different treatments.

The percentage of patients treated within 62 days for 2013/14 was 93.3%.



A scrub nurse prepares the da Vinci robot, with which our surgeons perform minimally invasive surgery.

### Emergency re-admissions within 28 days of discharge from hospital

**Descriptor:** Emergency re-admissions within 28 days of discharge from hospital.

**Data definition:** Percentage of emergency admissions to a hospital that forms part of the trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the trust.

**Numerator:** The number of finished

and unfinished continuous in-patient spells that are emergency admissions within 0 to 27 days (inclusive) of the last, previous discharge from hospital (see denominator). This includes those where the patient dies, but excludes the following: those with a main specialty upon re-admission coded under obstetric; those where the re-admitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell.

**Denominator:** The number of finished continuous in-patient spells within selected medical and surgical

specialties, with a discharge date up to March 31 within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded.

The percentage of emergency re-admissions within 28 days of discharge for the current year was 11.7%.

# PART 3

## OTHER INFORMATION

### Quality performance indicators

An overview of the quality of care based on performance against key national indicator priorities is detailed within our annual report.

This section of the Royal Free's quality report contains an overview of quality of care offered by the trust based on performance against indicators selected by the board in consultation with our stakeholders. They cover three dimensions of quality:

- Patient safety
- Clinical effectiveness
- Patient experience.

### Patient safety indicators

SHMI relative risk mortality

Royal Free comparison with English teaching hospitals

12 months to end of June 2013

↑ Royal Free



SHMI (summary hospital mortality indicator) is a clinical performance measure which calculates the actual number of deaths following admission to hospital against those expected.

The observed volume of deaths is shown alongside the expected number (casemix adjusted) and this calculates the ratio of actual to expected deaths to create an index of 100. A relative risk of 100 would indicate performance exactly as expected. A relative risk of 95 would indicate a rate 5% below (better than) expected with a figure of 105 indicating a performance five per cent higher (worse than) expected.

For the 12-month period ending June 2013, the most recent period for which data is available, the Royal Free's SHMI ratio was 80.7 or 19.3% better than expected. For this period the Royal Free had the fifth lowest rate of any English teaching trust.

HSMR relative risk of mortality

Royal Free comparison with English teaching hospitals

12 months to End of December 2013

↑ Royal Free



The most recent HSMR (hospital standardised mortality ratio) data shows that for the 12 months to the end of December 2013 we recorded the second lowest relative risk of mortality of any English teaching trust with a relative risk of mortality of 72.5, which is 27.5% below (statistically significantly better than) expected.

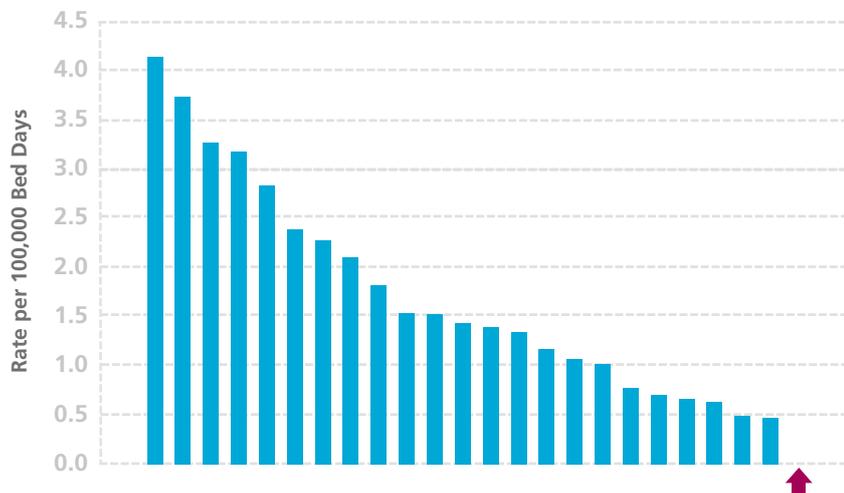
These are the two nationally accepted measures of mortality in hospital trusts. Therefore these are included as our complementary indicators to measure the trusts performance.

MRSA bacteraemia: rate of infection per 100,000 bed days

Royal Free comparison with English teaching hospitals

April 2013 to Jan 2014

↑ Royal Free



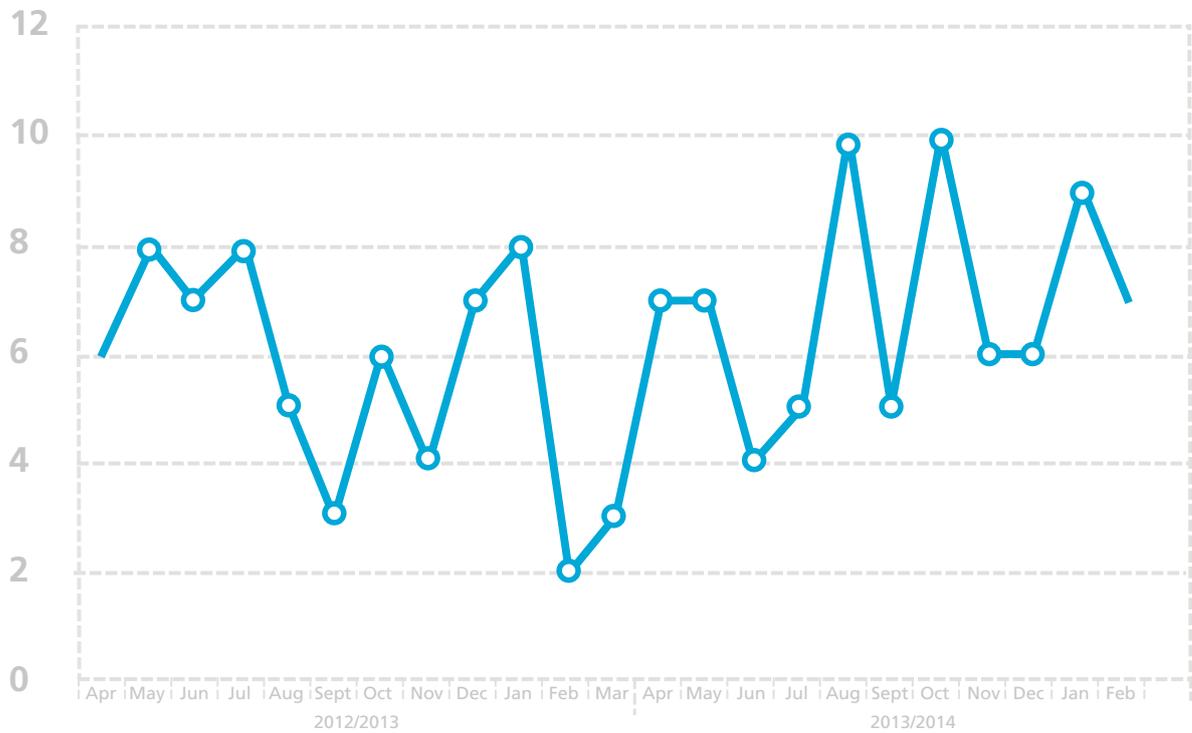
MRSA is an antibiotic resistant infection associated with admissions to hospital. The infection can cause an acute illness particularly when a patient's immune system may be compromised due to an underlying illness.

Reducing the rate of MRSA infections is a key government target. The infection rate is seen as an indicator of the degree to which hospitals prevent the risk of infection by ensuring their facilities are clean and their staff comply with infection control procedures.

During 2013/14 the Royal Free had zero attributable cases of MRSA, compared to the previous year's total of one. This means the Royal Free is the joint best performing trust out of 25 English teaching hospitals during this period.

## Venous thromboembolism (VTE)

2012-14 YTD

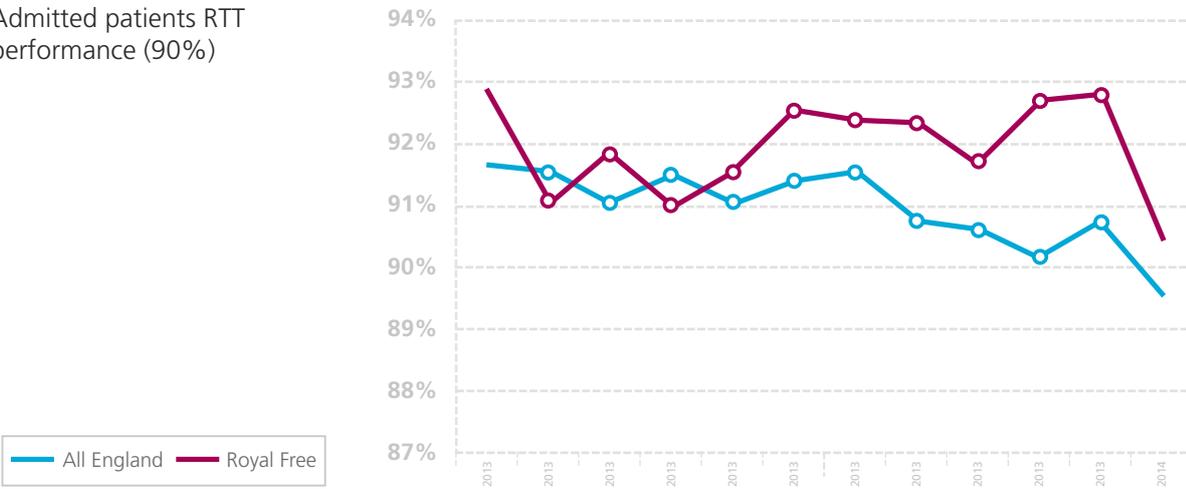


Many deaths in hospital result each year from hospital acquired thromboembolism (HAT). Some of these deaths could be prevented. The government has therefore set hospitals a target requiring 95% of patients to be assessed in relation to this risk. The Royal Free met or performed better than the target for 2013/14.

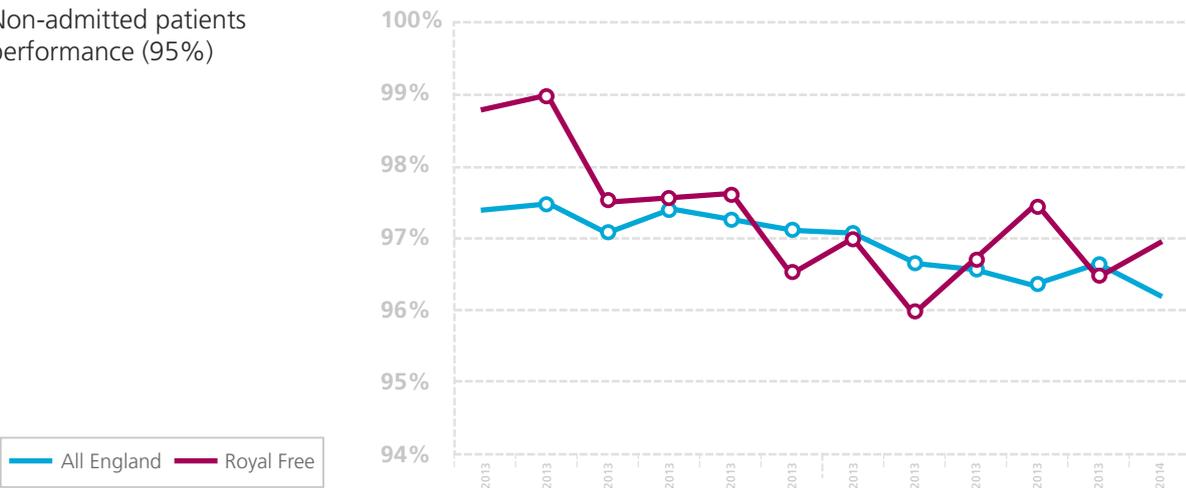
We recorded 67 cases of HAT in 2012/13 and 76 cases in 2013/14. We report our HAT rate to the monthly meeting of the trust board and the quarterly meeting of the clinical performance committee. Any significant variations in the incidence are subject to investigation with a feedback report provided to the trust board and clinical performance committee. In addition the thrombosis unit conducts a detailed clinical audit into each reported case and findings are shared with the wider clinical community.

## Clinical effectiveness

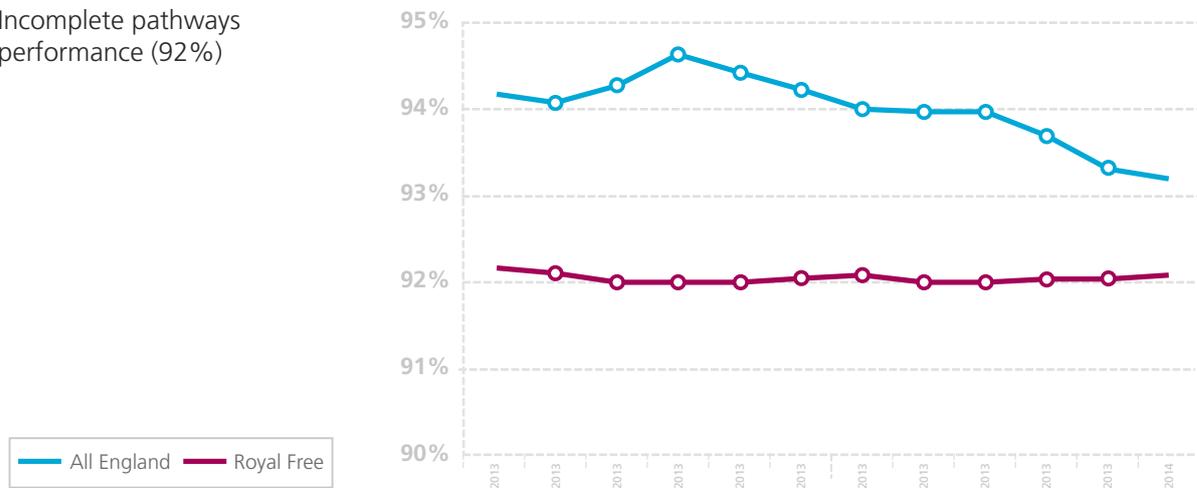
Admitted patients RTT performance (90%)



Non-admitted patients performance (95%)



### Incomplete pathways performance (92%)



A maximum waiting of 18 weeks from referral to treatment is a key government access target.

We have consistently remained above the 90% standard for patients requiring admission, with the Royal Free performing better than the average performance of English acute trusts in all but two months.

However, as the chart illustrates, the proportion of patients treated within 18 weeks has reduced during January 2014, as it has across the NHS. This is mainly due to seasonal pressures with extra capacity being made available for emergency rather than elective patients.

The standard requires that 95% of out-patients are treated within 18 weeks. The Royal Free has consistently outperformed this measure and outperformed the English NHS trusts in all but four months during the year.

Longer waits for treatment for patients with incomplete pathways suggest that some patients may be actively waiting for treatment for longer than the 18 week standard. The Government has therefore set an additional target requiring 92% of patients actively waiting for treatment to have waited less than 18 weeks.

The trust has achieved this standard each month throughout the period February 2013 to January 2014.

The Royal Free will prioritise waiting list reductions in key specialties in the first half of 2014/15. This will ensure that performance improves and patients have shorter waits for admission and treatment.

Proportion of elective activity treated as a day case

Royal Free comparison with English teaching hospitals

12 months to December 2013

↑ Royal Free



Day cases are procedures that allow you to come to hospital, have your treatment and go home, all on the same day. A high day case rate is seen as good practice both from a patient's perspective and in terms of efficient use of resources.

The graph compares the Royal Free's performance to the performance of English teaching trusts.

Proportion of A&E attendances seen within four-hour target

Royal Free comparison with English teaching hospitals

April - Dec 2013

↑ Royal Free



The accident and emergency department is often the patient's point of arrival, especially in an emergency when patients are in need of urgent treatment.

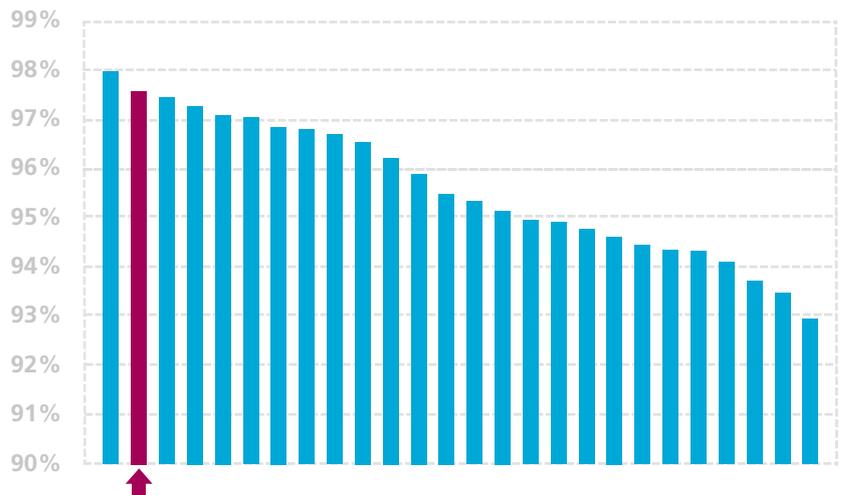
Historically, patients often had to wait a long time from arrival in A&E to be assessed and treated.

The graph summarises the Royal Free's performance in relation to meeting the four-hour maximum wait time standard compared to the performance of English teaching hospitals.

A higher percentage is good as it reflects short waiting times. During the year the Royal Free was the fourth best performing teaching trust

All cancers two-week wait  
 Proportion of patients treated within two weeks  
 Royal Free comparison with English teaching trusts Jan - Dec 2013

↑ Royal Free



All cancers two-week wait: symptomatic breast  
 Proportion of patients treated within two weeks  
 Royal Free comparison with English teaching trusts Jan - Dec 2013

↑ Royal Free



All cancers 31-day diagnosis to first treatment  
 Proportion of patients treated within 31 days  
 Royal Free comparison with English teaching trusts Jan - Dec 2013

↑ Royal Free

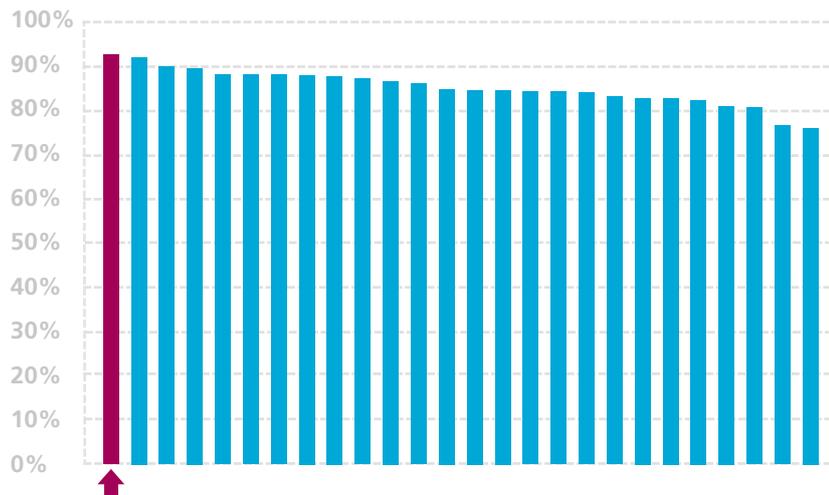


All cancers 62-day urgent GP referral to treatment

Proportion of patients treated within 62 days

Royal Free comparison with English teaching trusts Jan - Dec 2013

↑ Royal Free



Clinical evidence demonstrates that the sooner patients urgently referred with cancer symptoms are assessed, diagnosed and treated, the better the clinical outcomes and survival rates.

National targets require 93% of patients urgently referred by their GP to be seen within two weeks, 96% of patients to be receiving first treatment within 31 days of the decision to treat and 85% of patients to be receiving first definitive treatment within 62 days of referral.

For the most recent period for which national data is available, January to December 2013, the Royal Free performed better than the national targets on all these measures and was the second best performing English teaching hospital for two-week waits, the fourth best for 31-day waits and the best performing in relation to the 62-day target.

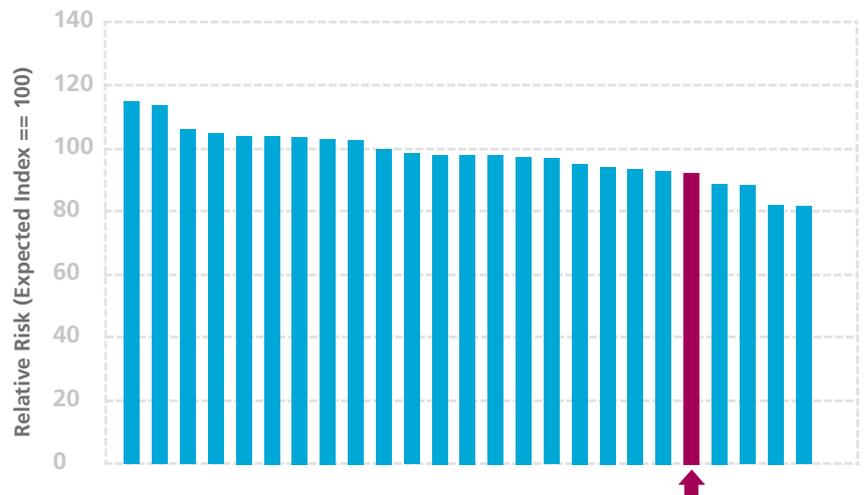
The graphs present the Royal Free’s performance relative to English teaching trusts’ performance.

Relative risk of re-admission within 28 days of discharge

Royal Free comparison with English teaching hospitals

12 months period to December 2013

↑ Royal Free

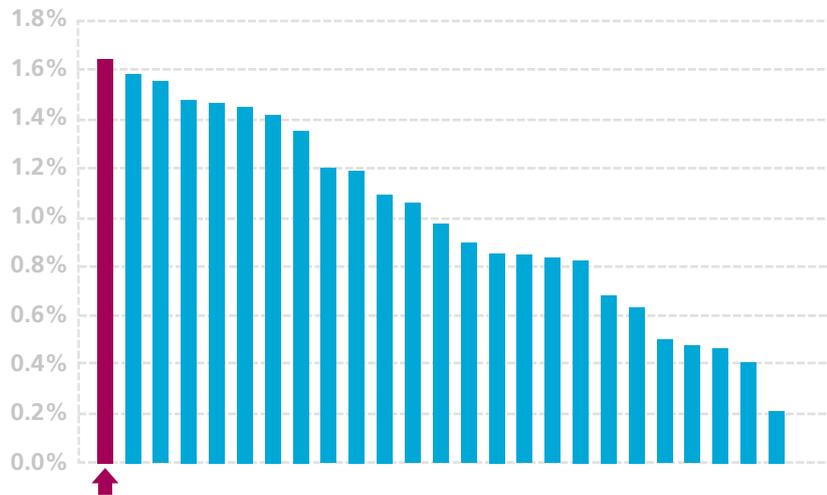


## Patient experience indicators

Last minute cancellations to elective admissions  
% of admissions cancelled at last minute

Royal Free comparison with English teaching hospitals Jan - Dec 2013

↑ Royal Free

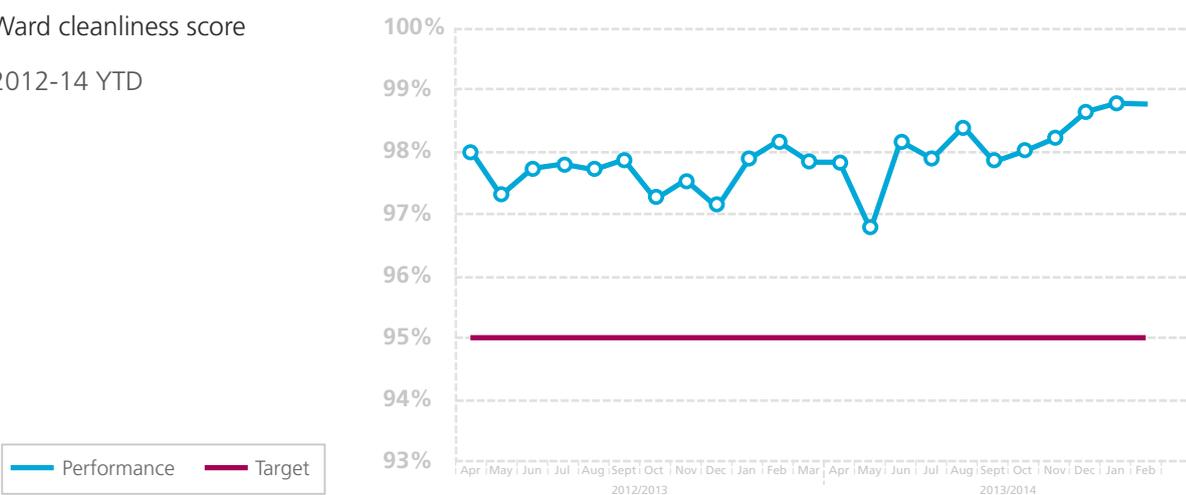


Cancelling operations on the day of, or following admission, is extremely upsetting for patients and results in longer waiting times for treatment.

This year there has been an increase in the number of cancelled operations. In part this has been due to an increase in emergency activity with the trust having to prioritise admissions especially for those patients attending A&E. However during November 2013, the Royal Free introduced a control of cancellations policy which prioritised the reduction of cancellations in order to improve patient experience. The impact was immediate and significant.

For 2014/15 the trust will look closely at the expected, planned and emergency activity particularly over the winter months to ensure there is sufficient emergency capacity without the need to inconvenience patients by cancelling planned operations.

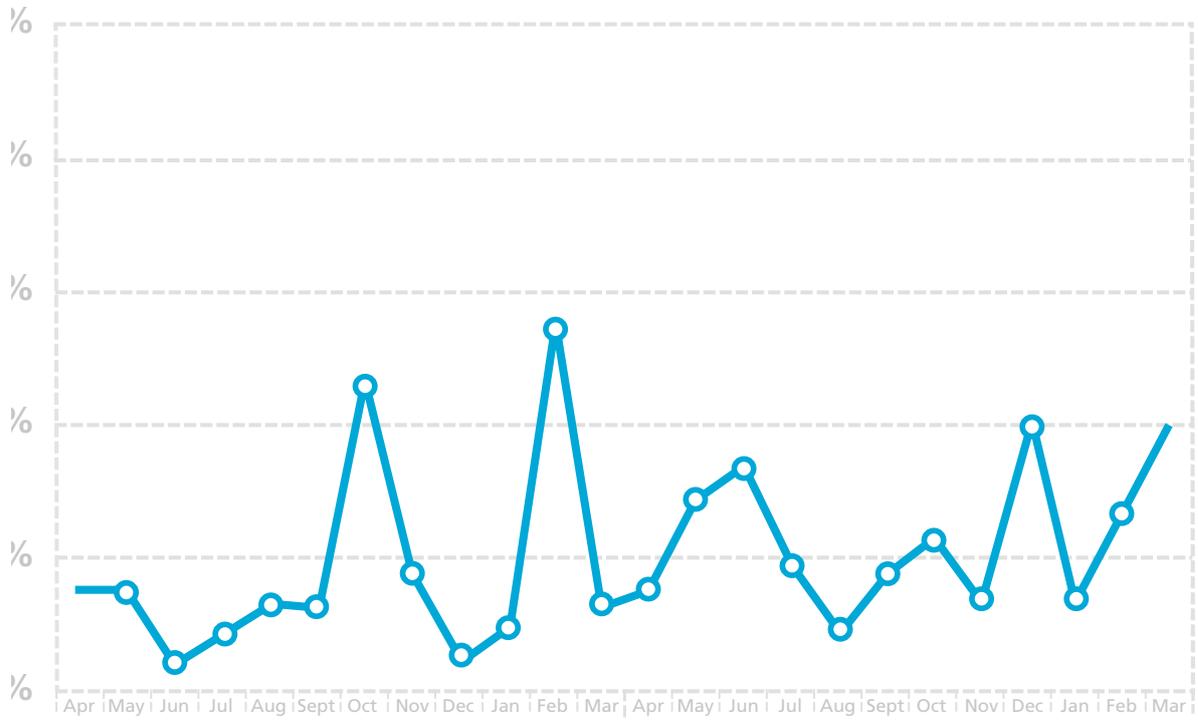
Ward cleanliness score  
2012-14 YTD



Ward cleanliness scores are derived from assessments undertaken by the patient environment action team, which includes patients, patient representatives and members of the public.

The scores were well above the required standard throughout the year.

Proportion of patients occupying an acute bed whose transfer of care was delayed (2012-14 YTD)



A delayed transfer is when a patient is occupying a hospital bed due to the lack of appropriate facilities in the community or because the hospital has not properly organised the patient’s transfer once the patient is well enough to leave.

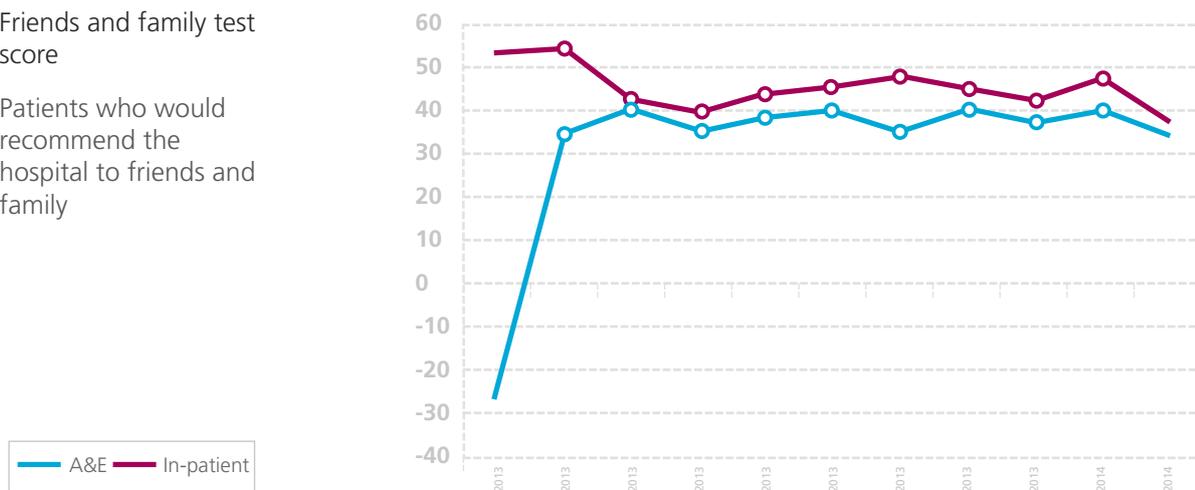
It means patients are not cared for in an appropriate environment for their needs and is an inefficient use of taxpayers’ money. The aim therefore is to reduce the number of delayed transfers.

Through more effective working with our community partners and better internal organisation, the rate of delayed transfers of care has reduced significantly since 2009. However we have seen a recent increase, particularly in the winter months when the pressure on services is at its greatest. Most of these delays were associated with patients waiting for further NHS care provision. These included patients waiting for general, stroke and neurological rehabilitation and continuing healthcare-funded placements.

The trust is working with its partners and commissioning agencies to improve the position for 2014/15.

### Friends and family test score

Patients who would recommend the hospital to friends and family



The friends and family test (FFT) was introduced in April 2012. Its purpose is to improve patient experience of care and identify the best performing hospitals in England.

FFT aims to provide a simple, headline metric which, when combined with follow-up questions, can be used to drive cultural change and continuous improvements in the quality of care received by NHS patients. Across England the survey covers 4,500 NHS wards and 144 A&E services.

## Appendices to quality report

---

### Statements from clinical commissioning boards and overview and scrutiny committees

#### Appendix A

The views of our patients, local community, governors and staff are essential in helping us maintain and develop high quality clinical services. We carried out a series of exercises to ensure we engaged our various stakeholders and partners as much as possible in developing this quality report.

We sent this year's draft quality report to the following organisations for comment on 28 April 2014:

- Healthwatch Barnet
- Healthwatch Camden
- Barnet Health Oversight and Scrutiny Committee
- Camden Health Oversight and Scrutiny Committee
- North and East London Commissioning Support Unit
- Barnet Clinical Commissioning Group
- Camden Clinical Commissioning Group
- Council of governors

Our external auditor, PricewaterhouseCoopers LLP, also reviewed our quality report and we have incorporated its preliminary comments into the final version.

The following statements have been received from our stakeholders.

## Healthwatch Barnet

### Performance against key quality objectives

We welcome the improving rates of staff appraisals which now exceed the national average. We note the improvements in health and safety training and good communications. Whilst these now exceed the national averages and we note the trust's efforts in achieving this, we are concerned about the effect on the patients. We will separately ask the trust for further clarification on training issues and for reassurance on patient safety. We also ask for reassurance that what may be seen as a negative communication culture and issues of potential discrimination between staff are not taking place within patient care.

The quality account for 2013 included an aim to "maintain and develop our programme of engagement activities with patients and the public, ensuring that the voice of our service users is central to our business". The quality account 2014 does not appear to include a summary of work in this area or show if this has been achieved. We also note with concern the trust's lower than national average performance relating to quality and innovation and responsiveness to personal needs of patients.

**Appendix E** provides a summary of patient engagement activity and whilst we understand that the quality account must cover a number of subjects, more details and examples of outcomes or improvements to the service as a result of patient engagement would provide further reassurance, particularly about how priorities are selected. This could also incentivise more patients to become active within the trust's forums for patient engagement.

### Priorities for improvement 2014-15

World class patient information. In a period of change and development for health services, we welcome this priority and would request that there is consistent and on-going patient consultation about their and their families' and carers' communication needs and priorities.

In-patient diabetes care. We are aware of the trust's performance in this area, not always meeting national average values/performance and so welcome this priority for 2014-15.

Patient safety programme. As noted above, we are keen to see further progress in these areas.

### Quality performance indicators

We note that the trust had identified potential data issues as a cause of the worse than average re-admission rates for adults and with patient safety incidents. We are keen to see further explanation of the data issues and reassurance or further action taken by the trust to reduce this. We also note the success in achieving the MSRA rates and note the C. difficile infection rates and the efforts taken by the trust to reduce this as it is a key Government target and an area of crucial concern for patient care.

Whilst we understand that pressure on services during winter months is a nation wide issue, we also know that this is a time when patients can be extremely vulnerable. We welcome the trust's commitment to improvements (and working with other partners where appropriate) in referrals to treatment, planned and emergency admissions and delayed transfers.

## Care Quality Commission reports

We are pleased to see the positive CQC report of February 2014.

We note that there are issues with response times to complaints and that the trust is developing processes to improve this. We have received patient feedback on their frustration and distress when they have not received a response and resolution in a timely manner. As complaints are a key and timely source of patient feedback, we strongly recommend that this is treated as a matter of priority.

## Healthwatch Camden

- The report indicates the progress made in achieving quality objectives and there is a lot good news for the population of Camden.
- The trust is also working to acquire Barnet and Chase Farm Hospitals NHS Trust. It is hoped this large managerial task does not slow down the ambitious quality agenda.
- We note that the trust performs well against the National Quality Indicators, being in the top 20% of high performing trusts.
- There is still some way to go with the care of staff who need a good working experience and to feel valued, as this makes a big difference with the patients being cared for.
- Many of the clinical outcomes are very good. However, there is a lot to do in order to stop the cancellation of operations. This causes great distress to patients. We are pleased that improvements are happening in this area and urge that there should be continued focus to reduce the number of cancellations.
- Patient safety is of great concern to the public, so we are pleased that the board continues to give oversight of this important aspect of care.

- We are also pleased to note the implementation of the five safer steps to surgery and that no 'never' events have taken place.
- We note that there is work to improve the services for diabetic patients, particularly regarding foot assessments; we hope this will improve outcomes for people with the damaging and potentially disabling complications of diabetes. Overall, this was a helpful and informative report.

### Barnet Health Oversight and Scrutiny Committee

- The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account and wish to put on record the following comments:
- The Committee noted the high quality of care provided by the Royal Free London NHS Foundation Trust.
- The Committee welcomed the fact that the Royal Free London NHS Foundation Trust had met all of their targets, except the target on C. difficile.
- The Committee welcomed the action that the trust was taking in relation to working with partners to increase dementia awareness and welcomed the fact that the trust had a dementia lead.
- The Committee welcomed the actions being taken to improve quality in relation to dementia as a result of the National Clinical Auditor in 2013/14.
- The Committee noted that approximately a quarter of in-patients at the Royal Free London NHS Foundation Trust have diabetes and welcomed the innovative work that the trust is undertaking in relation to care of patients with diabetes.
- The Committee welcomed that there were zero attributable cases of MRSA at the Royal Free London NHS Foundation Trust during 2013/14. It is pleased to note that the various methods used to achieve the zero rate are being passed on to other trusts as examples of best practice.
- The Committee welcomed that the percentage of staff employed by or under contract to the trust who would recommend the trust as a provider to their family or friends had increased from 72.6% in 2012 to 76.2% in 2013.
- The Committee noted that the Performance Indicator for the percentage of patients re-admitted to the trust within 28 days of discharge for patients aged (i) 0 to 15 and (ii) 16 or over used old data, and requested that the final version of the quality account be updated with any available data from years 2012/13 onwards where possible.
- The Committee noted that other NHS trusts tend to include references to complaints and, whilst noting that the Royal Free London NHS Foundation Trust would be limited by the regulator, advised that they would welcome a section on complaints in the quality accounts.

However, the Committee wished to express concern in relation to the following:

- The Committee noted that the rate per 100,000 bed days of cases of C. difficile infection that have occurred among patients aged two and over had risen from 19.3 in 2011/12 to 30.5 in 2012/13, compared to the National Average Performance 2012/2013 of 16.3. The Committee were told that the Royal Free London NHS Foundation Trust had seen an improvement of those results over the last six months.

- The Committee note the independent auditor's limited assurance report to the council of governors of the Royal Free London NHS Foundation Trust on the annual quality report and expressed concern over the reporting that a significant proportion of the staff themselves felt bullied, under stress or discriminated against.
- The Committee noted that the number and rate of patient safety incidents that occurred during the reporting period October 2011 – March 2012 and October 2012 – March 2013 had increased from 451 to 2,528. The Committee noted that the data submitted between October 2011 and March 2012 was incomplete due to technical issues with exporting data, and that the Trust had taken actions to improve its reporting rate.

### Camden Health Oversight and Scrutiny Committee

Camden Health Oversight and Scrutiny Committee will not be providing formal comment on these accounts this year.

### North and East London Commissioning Support Unit which includes comments on behalf of Barnet Clinical Commissioning Group and Camden Clinical Commissioning Group

- NHS Barnet Clinical Commissioning Group is responsible for the commissioning of health services from Royal Free London NHS Foundation Trust.
- NHS Barnet Clinical Commissioning Group welcomes the opportunity to provide this statement in response to the 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 and performance monitoring discussions. We can confirm that this is accurate in relation to the services provided. We have taken particular account of the identified priorities for improvement for Royal Free London Foundation Trust and how this work will enable real focus on improving the quality and safety of health services for the populations it serves.
- We can confirm that the content of the account 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 Royal Free London Foundation Trust. We have discussed the development of this quality account with trust colleagues over the year and have been able to contribute our views through consultation processes.
- This account has been reviewed within NHS Barnet Clinical Commissioning Group, by associate commissioning colleagues in Camden and by NHS North and East London Commissioning Support Unit.
- The CCG feels that the following areas have not been sufficiently reflected in the quality account and have discussed this with the trust.
- Whilst the trust identifies the use of training and staff surveys to improve staff skills, there is little or no indication of the trust's absence and vacancy rates. There is no evidence to indicate that the trust is at full establishment and whether or not they have any recruitment initiatives ongoing.
- The trust has not identified the number of Serious Incidents that have been reported regarding falls, pressure ulcers and prescription errors. There is also no indication as to the time taken to review and close these incidents and there is no evidence supplied to demonstrate that the trust has initiated any action plans to address common themes.
- There is no mention of the trust's Serious Incidents apart from the actions put in place to prevent a reoccurrence of nasogastric tube and surgical errors. The trust still has a number of grade 2 serious incidents where evidence of completed actions has not been submitted. This remains an area of concern for the CCG.
- The report does not refer to complaints and there has been no reference to complaint numbers, themes or responses times and it is unclear within the account if data from complaints, audit and incidents has been used for triangulation to inform wider learning.
- Although it is appreciated that patient stories and evidence of patient engagement is included within the trust annual accounts, it would have been helpful to see some evidence within the quality account document.
- Throughout the past year Barnet CCG and the trust have worked successfully together through the Clinical Quality Review Group meetings to review evidence and resolve issues related to all aspects of clinical quality. Areas of focus have included developing a stronger evidence base, patient involvement and improvements to patient safety.
- This document incorporates all the essentials required for inclusion into a quality accounts document; however there is an absence of some information regarding known quality issues, as outlined above, that raises some concern.
- Overall we welcome the vision described within the trust's quality accounts and we agree on the priority areas. Barnet CCG will continue to work with Royal Free London Foundation Trust to continually improve the quality of services provided to patients.

## Council of governors

Governors forming the membership engagement sub-group have had the opportunity to review the draft quality account on behalf of the council of governors of the Royal Free London Foundation Trust. These governors consider that the report provides a comprehensive and accurate summary of the work done by the trust in 2013/14 to improve services for patients. Much of this information has been shared with the council of governors by:

- Regular provision of the trust performance report
- Copies of the minutes of the trust board
- Updates in the chief executive's briefing to the council
- Briefings from non-executives on individual board committee work programmes.

The governors are clear in their responsibility to hold to account the non-executive directors, collectively and individually, for the performance of the board, and focus their attention on ensuring that high quality services are available both for the local population and for patients from further afield requiring specialist services.

To help them carry out their statutory responsibilities, governors attend each of the three quality-focused board committees and provide challenge to the trust in the robustness and timeliness of improvement plans to enhance both patient and staff experience.

It is pleasing to note that progress has been made on the quality priorities in 2013/14; governors in their own priority-driven sub-groups have focused their attention on a number of specific areas, including those involving patient and staff experience issues. But while progress has been made it is disappointing it

has not always been made as quickly as should have been the case.

The quality objectives outlined for 2014/15 are clearly described and are linked to each domain for quality – it will be important that progress against these is reported regularly; the areas chosen are of national and local importance.

Quality objectives... are of national and local importance.

## Appendix B

### Response to comments

In response to comments received from commissioners, local Healthwatch organisations and overview and scrutiny committees we have outlined our responses in the following table.

Stakeholders	Comments	Royal Free London NHS Foundation Trust response or changes
<b>Barnet Healthwatch</b>	<p>We note that the trust had identified potential data issues as a cause of the worse than average re-admission rates for adults and with patient safety incidents.</p> <p>Issues with response times to complaints and that the trust is developing processes to improve this. As complaints are a key and timely source of patient feedback, we strongly recommend that this is treated as a matter of priority.</p>	<p>The trust acknowledges there is more to do with improving our current rate of re-admission and has provided details in the accounts of the work in place with our public health colleagues and primary care partners (see page 39) on re-admission and the trust's intended actions.</p> <p>The trust's board level patient and staff experience committee receives quarterly complaints' response performance data. During 2013/14 overall there has been an improvement in the trust rate of response.</p> <p>The trust recognises that patient feedbacks through complaints are an important aspect of how we understand the views of our patients and service users. The director of nursing monitors patients' complaints on a weekly basis with senior nursing staff and the central complaints team.</p>
<b>Camden Healthwatch</b>	<p>There is still some way to go with the care of staff who need a good working experience and to feel valued, as this makes a big difference with the patients being cared for.</p> <p>Many of the clinical outcomes are very good. However, there is a lot to do in order to stop the cancellation of operations; this causes great distress to patients. We are pleased that improvements are happening in this area, and urge that there should be continued focus to reduce the number of cancellations.</p> <p>Patient safety is of great concern to the public, so we are pleased that the board continues to give oversight of this important aspect of care.</p>	<p>The trust recognises and will continue work to improve experiences of staff which we provide more details of in our annual report section Supporting our dedicated staff.</p> <p>During 2013/14 we put additional focus on cancelled operations and have seen a reduction in the numbers.</p> <p>The development of our safety programme remains a key priority for the trust and we give details of our intentions for improvement during 2014/15 on pages 156-158.</p>

Stakeholders	Comments	Royal Free London NHS Foundation Trust response or changes
<b>Barnet Overview and Scrutiny Committee</b>	<p>The Committee note the independent auditor's limited assurance report to the council of governors of the Royal Free London NHS Foundation Trust on the annual quality report and expressed concern over the reporting that a significant proportion of the staff themselves felt bullied, under stress or discriminated against.</p> <p>The Committee noted that the number and rate of patient safety incidents that occurred during the reporting period October 2011 – March 2012 and October 2012 – March 2013 had increased from 451 to 2,528. The Committee noted that the data submitted between October 2011 and March 2012 was incomplete due to technical issues with exporting data, and that the trust had taken actions to improve its reporting rate.</p>	<p>The trust recognises and will continue work to improve experiences of staff which we provide more details of in our annual report section Supporting our dedicated staff.</p> <p>The trust would ask the Committee to note that 451 incidents was a low figure which related to reporting issues at that time.</p>
<b>Commissioners North East London Clinical Support Unit</b>	<p>The CCG feels that the following areas have not been sufficiently reflected in the quality account and have discussed this with the trust.</p> <p>Whilst the trust identifies the use of training and staff surveys to improve staff skills, there is little or no indication of the trust's absence and vacancy rates. There is no evidence to indicate that the trust is at full establishment and whether or not they have any recruitment initiatives ongoing.</p> <p>The trust has not identified the number of Serious Incidents that have been reported regarding falls, pressure ulcers and prescription errors. There is also no indication as to the time taken to review and close these incidents and there is no evidence supplied to demonstrate that the trust has initiated any action plans to address common themes.</p> <p>There is no mention of the trust's Serious Incidents apart from the actions put in place to prevent a re-occurrence of nasogastric tube and surgical errors. The trust still has a number of grade 2 serious incidents where evidence of completed actions has not been submitted. This remains an area of concern for the CCG.</p> <p>The report does not refer to complaints and there has been no reference to complaint numbers, themes or responses times and it is unclear within the account if data from complaints, audit and incidents has been used for triangulation to inform wider learning.</p> <p>Although it is appreciated that patient stories and evidence of patient engagement is included within the trust annual accounts, it would have been helpful to see some evidence within the quality account document.</p>	<p>Information providing an overview of the trust workforce and our intended actions in response to the national staff survey is reported within the annual accounts in section Supporting our dedicated staff. The trust will consider in future how best to represent workforce data in future accounts.</p> <p>During 2013/14 the trust made significant improvements in the timeliness of completed serious incidents investigations. However we recognise further work on improvements are required.</p> <p>The trust has established a board-level patient safety committee in 2013/14 which is increasing the board-level scrutiny of serious incidents investigations. The patient safety programme also aims to improve our incident reporting and investigations. We will be reporting progress to CCGs via our regular review meetings with the commissioners.</p>

## Appendix C

### Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14.

The content of the quality report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2013 to May 2014
- Papers relating to quality reported to the board over the period April 2013 to May 2014
- Feedback from commissioners dated 15/05/14
- Feedback from governors dated 13/05/2014
- Feedback from local Healthwatch organisations dated 12/05/14
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 27/07/2013
- The latest national patient survey 2013
- The latest national staff survey 2013
- The head of internal audit's annual opinion over the trust's control environment dated 16/05/14
- CQC quality and risk profiles dated 15/03/2014.

The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;

The performance information in the quality report is reliable and accurate;

There are proper internal controls over the collection and reporting of the measures of performance included in the quality report and these controls are subject to review to confirm that they are working effectively in practice;

The data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review. The quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the quality report (available at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

**Dominic Dodd**  
Chairman

29 May 2014

**David Sloman**  
Chief executive

29 May 2014

## Appendix D

### Independent auditors' limited assurance report to the Council of Governors of Royal Free London NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of the Royal Free London NHS Foundation Trust to perform an independent assurance engagement in respect of Royal Free London NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the 'Quality Report') and specified performance indicators contained therein.

#### Scope and subject matter

The indicators for the year ended 31 March 2014 in the Quality Report that have been subject to limited assurance (the "specified indicators") consist of the following national priority indicators as mandated by Monitor:

	Specified Indicators	Specified indicators criteria
1	Number of Clostridium difficile infections	Page 159 of Quality Report
2	Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	Page 159 of Quality Report

#### Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the quality report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2013/14" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2013/14";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2013/14 Detailed guidance for external assurance on quality reports".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the period April 2013 to the date of signing this limited assurance report (the period);
- Papers relating to quality reported to the Board over the period April 2013 to the date of signing this limited assurance report;
- Feedback from the Commissioners, North and East London Commissioning Support Unit, Barnet Clinical Commissioning Group and Camden Clinical Commissioning Group dated 15/05/2014;
- Feedback from governors dated 15/05/2014;
- Feedback from local Healthwatch organisations, Healthwatch Camden and Healthwatch Barnet, dated 12/05/2014;
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25/07/2013;
- Feedback from other stakeholders involved in the sign-off of the Quality Report, London Borough of Barnet overview and scrutiny committee dated 12/05/2014;
- The latest national patient survey dated 2013;
- The latest national staff survey dated 2013;
- Care Quality Commission quality and risk profiles dated 15/03/2014;

- Intelligent Monitoring Reports dated 13/03/2014; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 16/05/2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales ("ICAEW") Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of the Royal Free London NHS Foundation Trust as a body, to assist the Council of Governors in reporting the Royal Free London NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and the Royal Free London NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for Quality Reports 2013/14";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability.

The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by the Royal Free London NHS Foundation Trust.

### Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2014,

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the *"Detailed requirements for quality reports 2013/14"*;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the *"2013/14 Detailed guidance for external assurance on quality reports"*.

*PricewaterhouseCoopers LLP*

PricewaterhouseCoopers LLP  
Chartered Accountants  
London  
29 May 2014

The maintenance and integrity of the Royal Free London NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

## Appendix E

### A guide to quality within the trust

#### March 2014

This guide describes how we ensure we provide patients with high quality services.

It describes what quality means for the trust and how we set a culture of quality and high standards throughout the organisation.

The guide was originally adapted from the quality governance memorandum prepared for our 2011 foundation trust application and has most recently been revised and updated for inclusion in the trust's 2013/14 quality account. It is based on the quality governance framework used by Monitor, the regulator of foundation trusts. Quality governance is divided into four main domains: strategy, cultures and capabilities, processes and structures and metrics.

#### What is quality?

The term 'quality' can be used in different ways. In some circumstances it describes how a product measures up to a predetermined specification: did it do what it said on the tin? In other contexts quality is measured against expectation: was it what I thought it would be? Frequently it is simply used to mean excellence - a quality product.

At the Royal Free our focus is on excellence and we therefore aim to provide services of the highest possible quality. This is reflected in our World Class Care values, which are also embedded in our corporate objectives and reflect our governing objectives:

- **To deliver excellent patient outcomes, teaching and research.** Our aim is to be in the top 10% of our relevant peers. This means maintaining our

excellent infection control and patient safety record, continuing to develop and invest in our research and research capacity and developing outcomes measures at clinical service line level.

- **To offer excellent patient and staff experience.** Our aim is again to be in the top 10% of our relevant peers. The main challenge here is addressing the variability of the patient experience and ensuring we engage all staff in the running and development of the trust and give our staff the skills, resources and support they need to perform to the optimum of their ability.
- **To deliver excellent financial performance and value for taxpayers' money.** To be in the top 10% of our relevant peers, we must have a major focus on productivity and service transformation as we meet the financial challenges ahead.
- **To be safe and compliant with the law and the standards and targets set by our regulators and other relevant bodies.** This includes health and safety legislation, the CQC regulatory standards and the standards and targets within the NHS operating framework.
- **To build a strong organisation fit for the future.** We must ensure that we have the infrastructure, processes and people in place to enable us to deliver the four objectives described above.

In autumn 2011 we launched our World Class Care programme, designed to improve patient and staff

experience within the trust. As part of this we listened to hundreds of our patients and staff members and have worked with them to develop a set of commitments and standards which we expect all staff to adopt. The standards are:

- to be positively **welcoming**
- to be actively **respectful**
- to **communicate** clearly
- to be visibly **reassuring**

The Royal Free already demonstrates high quality performance in many areas. For example:

- The trust consistently has one of the lowest hospital standardised mortality rates (HSMR) and summary hospital-level mortality indicators (SHMI) in England
- No MRSA bacteraemia has occurred within the trust for 18 months
- The trust has the second highest number of highly-cited research publications of English NHS trusts.

There are also areas in which we know quality must improve. These include:

- The administrative processes which support patients and staff
- Levels of reported bullying by staff
- Overall patient experience
- Rates and timeliness of serious incident reporting

#### Strategy

##### How quality drives the trust's strategy

Each year the board approves three

high-level quality improvement objectives that are published in our annual quality account. These are agreed following extensive consultation with external stakeholders including the trust's governors, Barnet and Camden Healthwatch, Barnet and Camden health scrutiny committees and local CCGs. In addition our trust members complete an online survey. Internally, discussions are held at executive and board level and with staff groups.

Our 2013/14 quality improvement objectives were:

- In the area of patient experience, to continue our World Class Care programme. Our specific aims were to identify and share learnings from the world class ward programme; continue our work around supporting teams to consistently give world class care through the delivery of core and bespoke development programmes, integrating these with our response to the Francis report and the Secretary of State for Health's requirement to conduct listening events with staff; and maintain and develop our programme of engagement activities with patients and the public, ensuring that the voice of our service users is central to our business.
- In the area of clinical effectiveness, to continue the development of our specialty-based clinical outcome metrics. Our specific aims were to appoint an associate medical director for clinical performance; complete the publication of current data for all our speciality level metrics; develop achievable improvement plans for these metrics, taking into account what other trusts have been able to achieve, both nationally and among UCLPartners; continue work within our academic health science partnership, UCLPartners, to develop common clinical outcome metrics that we can

use to compare performance between organisations; begin the development of patient-defined clinical performance metrics.

- In the area of patient safety, to launch a patient safety programme with a focus on key areas of patient safety that have arisen from our analysis of clinical incidents occurring within the trust, patient complaints, national guidance and from discussion with our stakeholders, including patients and governors.

The clinical performance committee and trust board receive regular updates on progress against these objectives.

The trust also drives quality improvement through its Quality, Innovation, Productivity and Prevention (QIPP) programme, led by the director of integrated care; and the Commissioning for Quality and Innovation (CQUIN) scheme led by the director of planning. The QIPP programme incorporates transformational and transactional aspects of clinical management to support the delivery of quality services while at the same time reducing costs over the next five years. The programme responds both to financial pressures, resulting from flat income and expected increase in demand, and our commitment to delivering high quality services. There are currently more than 70 active QIPP projects. The CQUIN programme is agreed each year with our commissioners following extensive discussion and, where appropriate, co-development.

In addition to our annual high-level quality objectives, QIPP, and CQUIN programmes, the trust demonstrates its commitment to innovation through its approach to quality improvement. This has included development of adult and paediatric early warning systems, the first introduction in the UK of Schwartz Rounds, introduction of the productive ward, participation in

the Institute of Health Improvement's Safer Patient Initiative and improvement work aimed at early recognition of sepsis. Most recently the trust has launched a new patient safety programme under the sponsorship of the deputy chief executive. Our improvement work is increasingly developed in partnership with other NHS organisations, usually through UCLPartners, our academic health science network. Our system-wide work on the management of deteriorating patients is a prime example of this approach. A selection of other quality improvement initiatives is described each year within our annual quality account. In the latest quality account, published in June 2013, we reported on projects to:

- Improve diagnosis and treatment of heart failure
- Improve waiting times for cancer patients
- Help patients with diabetes receive safer care
- Cure haemophilia through gene therapy
- Prevent elderly patients having unnecessary admissions to hospital
- Improve in-patient care of the elderly.

In recent years the board has been particularly concerned that improvements occur with respect to patient and staff experience, particularly through our World Class Care programme.

The trust communicates and discusses quality initiatives with staff, patients and other external stakeholders in a variety of ways. These include the annual quality account, which we publish with our annual report and financial accounts in this single document, regular electronic briefings by the chief executive, meetings of governors, and staff engagement sessions.

## How the board is aware of potential risks to quality

Our risk management strategy outlines the trust's approach to risk and details the processes in place to manage risk. The trust maintains a risk register and a board assurance framework (BAF), both of which are reviewed and revised on a regular basis. The trust executive committee reviews the risk register, with additional oversight and assurance provided by the patient safety and compliance committee. Additional review is undertaken at the clinical performance committee and the audit committee. The risk register is populated from a variety of sources including risk registers maintained within each clinical division, incident forms, audits, benchmarking and external reviews. The BAF is regularly reviewed at the strategy and investment committee and is also reviewed at other board committees. The risk register and board assurance framework both contain actions to mitigate risk; these are regularly reviewed.

The trust board also uses a variety of other mechanisms to assess potential risks to quality. These include our programme of 'Go see' visits, in which directors are paired with clinical areas that they visit on a regular basis; regular reports to the board from the director of infection prevention and control; a range of inspections by external regulators that are monitored by the patient safety committee (formerly the risk, governance and regulation committee); our quality road map self-assessment process for CQC outcomes; and a wide range of metrics used to monitor performance. The trust participates in national in-patient and out-patient surveys and collects data for the friends and family test through a telephone-based methodology. The trust encourages external stakeholders to identify risks to quality through a variety of formal and informal means. These include the patient advice and liaison

service (PALS), patient representative groups, Healthwatch, public board meetings, local commissioners, council of governors and the local health scrutiny committees. The board's patient and staff experience committee has the key responsibility for monitoring and improving the quality of patient and staff experience.

The QIPP programme is a key component of the trust's quality improvement process. However, we recognise that there is also a potential for some QIPP projects that primarily focus on cost reduction to have an adverse effect on quality. To avoid this, all QIPP projects are assessed for their potential impact on quality before and after implementation, including a detailed quality impact assessment. QIPP projects are separately reviewed by the medical director and the director of nursing for any potential negative impact on quality. A separate clinical advisory group, consisting of clinicians not directly involved in developing QIPP programmes, also provides additional scrutiny. In addition the board monitors a set of specific trust-wide metrics that may be adversely affected by cost improvement projects.

## Capabilities and culture

### How the board ensures it has the necessary leadership, skills and knowledge to deliver the quality agenda

In 2013/14, the trust board consisted of five executive directors (including the chief executive) and six non-executive directors (including the chairman). Three of the executive directors and one of the non-executive directors have clinical backgrounds. In addition, board meetings are attended by a number of other executives, including the three divisional directors who are practicing clinicians. Board members have a wide range of experience and backgrounds, including other NHS organisations, other public sector bodies and the private sector.

The current board committee structure is shown in figure 1 on page x and has been designed to ensure that integrated quality governance is aligned with our governing principles and corporate objectives. A non-executive director chairs all board committees, with the exception of the trust executive committee. Three clinical divisions, established around strong clinical leadership, support the board.

Quality is central to the agendas of the board and all its committees, with a regular focus on quality metrics. Recent examples where the board has clearly taken a central role in quality improvement include the focus on infection control, with a sustained reduction in acquired MRSA bacteraemias and renewed focus on reduction in Clostridium difficile infections, the development of around 90 clinical outcome metrics, mostly at specialty level and a focus on scrutiny of the results of national clinical audits.

The board participates in a comprehensive continuing development programme, which has included an external assessment of its skills and capabilities. Regular board seminars provide the opportunity for directors to expand their knowledge and skills of specific issues including quality governance.

### How the board promotes a quality-focused culture throughout the trust

The board has promoted a number of quality strategies and initiatives that have been developed and implemented with extensive staff engagement. As already described, these include the development of the annual quality account, the drive to improve infection control, the QIPP programme, the patient safety programme, the development of clinical outcome metrics for each clinical business unit and, most importantly, our World Class Care programme. These and other quality-focused programmes have helped promote a quality-focused culture

throughout the organisation. Senior executives are directly involved in specific quality improvement initiatives; for example the director of nursing is responsible for the falls reduction programme, our infection control programme and the World Class Care programme; the medical director is responsible for the development of clinical outcome metrics; the director of integrated care is responsible for the QIPP programme; the deputy chief executive sponsors our patient safety programme.

The board actively encourages staff to participate in quality initiatives. Our EUREKA scheme encouraged staff to suggest quality schemes as part of the QIPP programme. Annual staff achievement awards recognise those individuals and teams who have made a significant contribution to high quality within the trust. Using our clinical incident reporting system, we encourage staff to report errors and adverse events that have, or could have, an adverse impact on quality. This has been strengthened by our recent implementation of the Datix web system for electronic reporting of incidents.

Staff members receive training and experience in service improvement methodology through direct participation in quality improvement projects, such as our theatre improvement project and our work on sepsis management. Quality improvement projects are reported and communicated by a number of means, including the annual quality account, a weekly electronic newsletter to staff, a quarterly newsletter to staff, information to members and monthly briefings of staff by the chief executive.

The trust carries out robust recruitment and human resources practices that ensure we have a high quality workforce that is safe and responsible in delivering care. We review our policies and procedures regularly with service user involvement and our staff are

equipped with the right skills and professional training to keep us compliant with our external and regulatory obligations. We have recently focused on embedding our World Class Care values in our recruitment processes.

### Processes and structures

#### Roles and accountabilities in relation to quality governance

The trust board is ultimately responsible for the quality of service provided by the Royal Free. It agrees the overall strategic direction for continuous quality improvement, encapsulated by the top 10% aspiration within the governing objectives; sets a culture which promotes the delivery and development of high quality services; and monitors how the trust performs against objectives. Trust board meetings do not treat quality as a separate agenda item as we believe quality should form an integrated part of discussions and decisions in all areas, clinical and non-clinical. Each year the board agrees three high-level quality improvement goals that are published in the annual quality account.

The chief executive's scheme of delegation describes the responsibilities of individual executive directors. The medical director has overall accountability for the quality of clinical services and is responsible for clinical performance and patient safety; the director of nursing is responsible for CQC compliance and patient experience.

Board committees are aligned with the governing objectives and have a key role in quality governance:

- The **clinical performance committee** meets quarterly and is responsible for seeking and securing assurance that the trust's clinical services, research efforts and education activities achieve the high levels of performance expected of them by the board, namely 'outcomes consistently

in the top 10% in the UK versus relevant peers'. It monitors performance against the trust's three high-level quality objectives, reviews data concerning mortality by specialty and diagnostic group, reviews national clinical audits and undertakes reviews of specialties where concerns may have arisen regarding clinical quality. It is working with service lines to develop a series of outcome measures which, whenever possible, will be benchmarked against other organisations.

- The **patient and staff experience committee** meets quarterly and is responsible for seeking and securing assurance that the trust's services are delivered to its customers (GPs and patients) so as to achieve the high levels of performance expected of them by the board, namely 'recommendation rates consistently in the top 10% in the UK versus relevant peers'.
- The **patient safety committee** is a new committee which has replaced the risk, governance and regulation committee. It meets monthly and monitors patient safety through review of patient safety metrics such as falls and pressure ulcers, review of serious incidents and oversight of the patient safety programme. It is also responsible for ensuring that the trust is fully compliant with all its regulatory duties.
- The **trust executive committee** meets weekly. The role of the committee is to support and advise the chief executive in running the trust, in meeting the requirements of the operating framework and on strategic priorities and objectives.
- The **finance and performance committee** meets monthly and is responsible for seeking and securing assurance that the trust achieves the high levels of financial and operational

performance expected by the board, namely 'consistently in the top 10% in the UK versus relevant peers'.

- The **integration committee** meets monthly and is responsible for overseeing the integration plan, providing assurance to the trust board on progress on integration of the Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust. Ensuring sufficient oversight is given to realising the benefits articulated in the integrated business plan for the acquisition.
- The **strategy and investment committee** now meets bi-monthly and is responsible for ensuring that the trust's strategy and major investment decisions support the achievement of its governing objectives.
- The **audit committee** meets five times a year. It provides the board with an independent and objective review of the effectiveness of the organisation's governance, risk management and internal control systems. It receives evidence and gathers assurance from a variety of sources about the overall quality of care provided by the trust.
- The **remuneration committee** meets as required and consists of the trust chairman and non-executive directors. It is responsible for all decisions concerning the remuneration and terms of service for corporate managers.

Beneath the level of board committees, other committees and working groups also play an important role in quality governance. These include groups that have a focus on a specific issue, such as the committee that ensures the trust is compliant with the Human Tissue Act, to those with a

broader remit such as the education committee. Our 2011 review of quality governance recommended that the majority of these groups should report into the trust executive committee, as this is the board committee that meets most regularly and is able to address operational issues most rapidly. It also provides a key link to the trust's clinical divisions. Reports from these groups are also made available to other board committees on a regular or ad hoc basis as appropriate.

The trust's clinical services operate within three divisions: transplantation and specialised services, urgent care and surgery and associated services. Each division contains a number of service lines (clinical business units). Divisions focus on quality within a variety of fora including divisional quality and safety boards to provide a specific divisional focus to quality governance.

#### Processes for escalating and resolving issues and managing performance

The trust committee and reporting structure has already been described. In addition, the trust uses other mechanisms to gather and escalate quality issues. These include the risk register and the board assurance framework, risk management reports, clinical audit programmes and our internal audit plan. The trust has a whistle-blowing policy that is available to all staff on our intranet.

#### How the board actively engages patients, staff and stakeholders

To emphasise our patient-focused approach, each board meeting begins with 'patient voices' in which an executive director reads one recent letter of complaint and one of praise.

The board actively encourages patients, staff and other stakeholders to engage in our drive for high quality through a variety of means.

Examples include:

- The extensive engagement that is undertaken for our annual quality account
- Patient focus groups that have been established in a number of specific areas
- The trust's council of governors and membership which have been in place since 2008, initially in shadow form and since April 2012 with full powers. The board consults the council and members concerning quality and responds to quality issues raised by the governors. Governors sit on the clinical performance committee, the patient and staff experience committee and the patient safety committee
- Board members and governors regularly undertake 'go see' visits to clinical areas, which involve speaking with patients
- The patient and staff experience committee regularly reviews the results of patient and staff feedback.
- The board regularly engages with local Healthwatch and health scrutiny committees
- The trust meets commissioners, including GP representatives, in a monthly clinical quality group attended by the trust medical director and director of nursing
- The trust has a director of integrated care who is responsible for working with commissioners and GPs to develop high quality community-based services
- We are one of the few acute trusts to have a public health team that works within the trust and with our local community to promote health and well being improvement.

The trust is committed to making its quality performance outcomes as accessible as possible. For example, our comprehensive board performance dashboard is included within the published papers of our quarterly public board meetings. Our quality account includes a comprehensive set of quality data together with easily understandable descriptions of each metric. Performance metrics are also discussed with commissioners at regular monthly quality review meetings. We have recently begun placing performance metrics on our external internet site.

## Measurement

### How appropriate quality information is analysed and challenged

The trust already generates a large volume of metrics relating to the quality of operational performance, patient safety, patient experience and clinical outcomes. The trust metrics library currently consists of more than 200 measurements. This is supplemented by metrics provided by external agencies such as Dr Foster. Additional metrics are also under development, eg the clinical performance committee has developed clinical outcome metrics at clinical business unit level and six education and research metrics at organisational level.

Since the appointment of a director of information management and technology in 2010, the board performance dashboard has undergone extensive development. This now provides a comprehensive set of clinical and non-clinical metrics and includes:

- Metrics related to national priorities and regulatory requirements, eg A&E metrics
- Metrics specifically related to safety, clinical effectiveness and patient experience

- Metrics specifically related to early warning of quality deterioration, eg patient falls, average length of stay
- Metrics related to adverse events and harm, eg never events, MRSA rates
- Monitor's risk ratings
- RAG rating and an overall commentary on performance.

The board dashboard is focused on those metrics that are most relevant to the governing principals and corporate objectives. Further metrics are reviewed in other trust committees: for example the operations board reviews a comprehensive set of operational performance metrics and the user experience committee reviews patient and staff survey metrics. Divisional dashboards include division-specific metrics. The trust executive committee reviews a ward-based 'heat map' of patient experience, workforce and safety metrics on a monthly basis. The patient safety and compliance committee reviews the trust's quarterly self-assessment of compliance with CQC standards.

The trust is currently implementing service line reporting within its clinical business units. This will facilitate better analysis of metrics at specialty and consultant level. Consultant-level outcomes are monitored at the clinical performance committee.

Each metric is overseen by a board committee and/or executive director.

### How the board assures the robustness of quality information

The data quality committee is responsible for monitoring and reviewing the quality of data captured by the trust's systems. This is supplemented by internal audit reviews and external reviews such as the Audit Commission's audit of our 'payment by results' systems and processes. External auditors also review the quality of data in our most recent quality account. Action plans are agreed following data

audits and monitored by the relevant committee.

The accuracy of coding is reviewed as part of the payment by results audit and is reported in the quality account. The trust has established a clinical data quality group to drive improvement in clinical documentation and coding quality.

The trust is increasingly using electronic systems to capture and report key metrics and the information team is currently developing the automation of such reporting.

The trust actively encourages participation in national clinical audits and confidential enquiries. The clinical performance committee reviews the outcome from these audits and when concerns arise will undertake specific reviews.

### How quality information is used effectively

The trust dashboard includes red, amber, green rating of individual metrics against targets and shows trends of performance overtime. Wherever possible, the trust also benchmarks performance against comparable organisations. All reports include the most recently available data. The trust is increasingly working towards on-demand electronic availability of metrics from its extensive metrics library.

The regular review of metrics has helped drive a number of improvements in quality. Examples include:

- Improvement in MRSA rates and C. difficile
- Improvement in the number of cancelled operations
- Improvement in early intervention in sepsis.

All metrics are now presented in a consistent format within the board dashboard using statistical process control methodology.



## **Royal Free London NHS Foundation Trust**

Pond Street

London

NW3 2QG

Tel: 020 7794 0500

[www.royalfree.nhs.uk](http://www.royalfree.nhs.uk)

**For large print or other languages,  
please contact [rf.communications@nhs.net](mailto:rf.communications@nhs.net)**