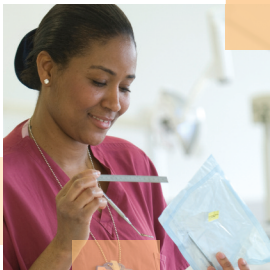




QUALITY ACCOUNTS 2009|10



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Statement from the Chief Executive

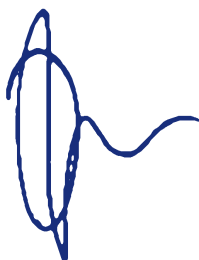
Guy's and St Thomas' NHS Foundation Trust is committed to ensuring that our staff are able to provide the highest quality care to our patients in clean, comfortable surroundings. This commitment is enshrined in our strategic vision which is to provide an outstanding local healthcare system and build on our strength as a provider of specialist services.

As leading teaching hospitals, and one of the UK's first Academic Health Sciences Centres, King's Health Partners, our commitment is to deliver excellence in everything that we do and to ensure that first class patient care lies at the heart of this.

This strong focus on quality reflects the priorities of the NHS as a whole, and we welcome the practical steps to support this agenda. This includes legislation to introduce quality reporting for all NHS Trusts and the development of the scheme Commissioning for Quality and Innovation, which acts as a positive force to ensure a strong focus on quality from the 'ward to the Board'.

The Trust has worked hard over the past year to bring these initiatives, along with the requirements of the NHS Constitution, together into a coherent, over-arching strategy which will drive improvements in the quality of clinical care and the patient experience in our hospitals. Actions range from the Trust-wide initiative, *Showing we care*, to developments in the monitoring of key clinical indicators, and improvements to the ward and hospital environment.

Both the Board of Directors and the Council of Governors take a keen interest in this work, and I can personally assure you that the contents of this document meet our rigorous data quality standards. We look forward to building on achievements to date and driving forward with targets for the coming year.



Ron Kerr, Chief Executive

Priorities for improvement

2.1 Our 2010-2011 priorities

We have chosen the following 15 priorities for improvement for the coming year. In selecting our improvement areas, the Trust has concentrated on areas which are both a priority and where the Trust's performance should be improved. Throughout the year we will report our progress against these initiatives directly to the Trust Board on a quarterly basis, and externally through our monthly meetings with our Lead Commissioners at Lambeth Primary Care Trust.

Early in our discussions with staff and users it became apparent there was a concern that if an improvement priority was not included in the Trust's Quality Accounts, then this area or issue would not be prioritised. It is important to note that Quality Accounts are at the centre of a wider over-arching quality strategy, and just one important vehicle for driving quality improvements. Directorates and clinical teams will continue, throughout the year, to innovate and develop local and Trust-wide quality improvements, for example by responding proactively to user feedback. An early action is to enhance our patient's experience in outpatient areas.

The 15 areas were chosen from an initial long-list built up over the previous six months. The list was developed by listening to staff via our Patient Safety Forums, through engagement with our governors, by analysis of local and national evidence, audit and policy; and finally through meetings with local residents associations and members of Lambeth Local Involvement Network. Where appropriate we also aligned priorities with our 2010/11 Commissioning for Quality and Innovation Programme (CQUIN). The views of governors and community groups have been essential in shaping these Quality Accounts, and in particular have helped the Trust to identify further areas for improvement in relation to the care of older people that had not previously been considered.

Our 15 priorities for improvement in 2010-11 are detailed below with an indication of why each priority was chosen and how we will measure progress and success.

Table 1: Our quality priorities for 2010-11

Quality Domain	Our quality priorities	Why we chose this?	What success will look like
Patient Safety	Screen adult inpatients for venous thromboembolism.	Each year 25,000 people in the UK die from venous thromboembolism. In the majority of cases the cause of death is a blood clot that lodges in a person's lung (called a pulmonary embolism). In many cases these clots are preventable.	We will establish a new system to ensure that at least 90 per cent of our inpatients receive an assessment by March 2011, in accordance with NICE guidance.
	Review unexpected deaths across our hospitals by using the <i>Global Trigger Assessment Tool</i> .	All cases where a patient dies unexpectedly at the Trust is thoroughly investigated by a senior doctor and nurse. We want to improve on this rigorous system by ensuring that deaths are also reviewed by an independent specialist medical team using the internationally validated <i>Global Trigger Assessment Tool</i> .	In addition to the current 100 per cent review of all patients who die unexpectedly, we will introduce a review by an independent team who will, in the first year, be capable of reviewing at least 75 per cent of all unexpected deaths at the Trust.
	Reduce the number of MRSA blood infections and <i>C.difficile</i> episodes at our hospitals.	Hospital acquired infection remains a significant patient safety issue across the NHS. Despite the excellent work to date at Guy's and St Thomas' – including maintaining one of the lowest rates of MRSA and <i>C.difficile</i> infections for a hospital of our size and complexity across the UK – we still have much work to do to sustain our good practice and drive down these largely preventable infections.	In keeping with our year-on-year reduction in MRSA and <i>C. difficile</i> infections, we aim not to exceed nine cases of Trust-attributable MRSA blood infections and to have no more than 91 cases of <i>C.difficile</i> in 2010/11.
	Reduce the number of patients who come to harm following a fall.	Across the UK patient falls are the single most common event reported to the National Patient Safety Agency. Whilst acknowledging that all falls cannot be prevented, the Chief Nurse for England recently placed reducing harm from falls as being one of the top health priorities for nurses in England.	We will increase compliance with the Falls Policy from 85 to 95 per cent and reduce the number of falls that result in harm by 10 per cent.
	Expand our successful 2009/10 Quality Accounts medicine safety programme to include two high risk medicines: strong opiates (strong analgesics like morphine), and insulin (a medicine for reducing blood sugar).	Medicine errors are one of the most common clinical mistakes in hospitals today. Preventing harm to our patients is our top priority. We want to sustain and enhance our 2009/10 campaign by expanding the programme to include two medicines which are known to cause harm to patients: opiates and insulin.	We will establish high-level multi-professional groups to benchmark our current performance. We will implement the recommendations of these groups and, where appropriate, we will set targets for reducing harm from these medicines.

Quality Domain	Our quality priorities	Why we chose this?	What success will look like
Clinical Effectiveness	Improve the discharge care of our older and more vulnerable patients.	Our local residents tell us that when we discharge older people we have not always done so with care, dignity and respect. It is based on this direct feedback that we are pledging to improve the discharge care and experience of our older and other more vulnerable patients as a key initiative this year.	We will perform a thorough and independent review of older people's nursing care, including discharge. We will establish an older persons discharge group to ensure that the highest standards are maintained at all times. We will monitor progress through patient feedback, PALs and complaints.
	Establish a Trust-wide clinical outcomes group.	In order to maintain our position in the top-five safest hospitals in England (Dr Foster independent report 2010), we will establish a clinical outcome group that will be charged with monitoring patient outcome measures across the Trust. This group will enhance the quality systems already in place, as well as reassure the public of our commitment to delivering the safest possible healthcare.	The group will highlight any issues or concerns to the Medical Director or Chief Nurse at the earliest opportunity. The group will report to the Trust's Clinical Governance Committee and to the Board of Directors via the Quarterly Patient Quality and Safety Report.
	Develop ward level quality and safety information.	Strong clinical leadership and involvement in the quality agenda at consultant and ward sister level is critical. These staff members tell us that to do their job effectively, they need the right quality information, at the right time and in the right place – on the ward.	We will develop new ward level safety and quality information which aims to provide frontline staff with the tools they need to drive quality and patient safety and to enhance our patient's experience where it matters most – on the ward and in the outpatient department.
	Roll-out <i>Releasing Time to Care</i> .	The NHS Institute has established a national initiative, <i>Releasing Time to Care – The Productive Ward</i> . This uses a number of tools and assessments to free up nurse's time to spend on direct patient care. National evidence suggests that in some cases up to 40 per cent of nurses and other care givers time is wasted on non-clinical duties or poorly designed systems.	We will roll out this comprehensive programme to all eligible wards by March 2011. We will establish a monitoring system to review progress and the time freed up to spend on direct care.

Quality Domain	Our quality priorities	Why we chose this?	What success will look like
Clinical Effectiveness	Implement the year one goals in the Healthcare for London Dementia Care Pathway.	Approximately 64,000 Londoners suffer from dementia, including nearly 1,500 people under 65. This figure is set to increase by up to 14 per cent by 2021. Recently NHS London launched a Dementia Services Guide for hospitals and community staff.	<p>We will implement the year one goals for the London Dementia care pathway. These include:</p> <ul style="list-style-type: none"> ● Identifying a dedicated lead at consultant physician level; ● Implementing training and induction packages for staff in high-risk areas; ● Implementing a patient assessment tool.
Patient Experience	<p>Improving our patient experience in the five key areas highlighted by the Department of Health:</p> <ul style="list-style-type: none"> ● Were you as involved as you wanted to be in decisions about your care? ● Did you find someone to talk to about worries and fears? ● Were you given enough privacy when discussing your condition or treatment? ● Were you told about medication side effects to watch out for when you went home? ● Were you told who to contact if you were worried about your condition after you left hospital? 	In 2009 Guy's and St Thomas' was placed in the top six hospitals in London for patient experience. The five patient experience questions included are centrally set by the Department of Health, which has identified these questions as areas that all NHS Trusts in England need to improve on this year.	<p>We will achieve an improvement in our score across all of the questions, with the highest improvement targetted at our weakest areas of performance, specifically the last two questions, about 'medicine side effects' and 'knowing who to contact'.</p> <p>We aim to improve our overall combined scored for the five questions from 66.9 per cent to 69.2 per cent.</p>

2.2 A review of our services

As well as providing care to patients at Guy's and St Thomas' hospitals, the Trust also provides services for our patients located in the community or at other local hospitals. During 2009/10 the Trust provided nine NHS services outside our hospitals, including four renal satellite dialysis units, three day chemotherapy units, a plastics and a urology surgical service.

The Trust has reviewed all the data available on the quality of care across all of these NHS services and is satisfied that these units meet the strict quality, safety and patient experience standards that we strive for at the Trust.

The income generated by the NHS services reviewed in 2009/10 represents 1.6 per cent of the total income generated from the provision of NHS services by the Trust for the period 2009/10.

2.3 Our participation in clinical audits and national confidential enquiries

Participation in clinical audit and national confidential enquiries are important as they review and drive quality locally and on a national level. Guy's and St Thomas' has a strong record of leading and participating in such reviews and has a dedicated clinical audit department which supports and advises all departments across the Trust.

During 2009/10, the Trust participated in 23 out of a total of 27 national clinical audits and three national confidential enquiries that covered NHS services. This equated to 85 per cent of national clinical audits/registries and 100 per cent of national confidential enquiries that we were eligible to participate in.

The national clinical audits and confidential enquiries that the Trust was eligible to participate in during 2009/10 are as follows:

Table 2: Clinical audits in 2009/10

	National clinical audits	Compliance with audit terms
Cancer	Bowel cancer (NBOCAP)	<50%
	Head and neck cancer (DAHNO)	<50%
	National lung cancer audit (NLCA)	50-70%
	Oesophago-gastric (stomach cancer)	100%
	Mastectomy and breast reconstruction	51-75%
Women and children	National neonatal audit (NNAP)	100%
	Paediatric intensive care audit network (PICANet)	100%
Heart	Adult cardiac surgery	100%
	Congenital heart disease	100%
	Coronary interventions	100%
	Myocardial ischemia (MINAP)	100%
	Cardiac ambulance service	100%
	Heart rhythm management	100%
	Heart failure	100%
Long-term conditions/other	Diabetes	100%
	Renal services	100%
	National Joint Registry	100%
	Inflammatory bowel disease	Data not yet available
	Orthopaedic Joint Registry	Data not yet available
Older people	Carotid interventions (UKCIA)	100%
	Services for people who have fallen	100%
	Continence	100%
	Hip fracture database	100%

In a small minority of audits the Trust did not meet the full audit compliance terms; this means we fell short of recruiting the suggested number of participants or failed to complete the recommended number of audits. We will be working hard to increase our compliance rates in 2010/11.

For the small number of national clinical audits that the Trust is currently not participating in, the projected dates for commencement are as follows:

- Heavy menstrual bleeding – April 2010
- Dementia – April 2010
- Stroke: hospital services – April 2010
- Pain database – April 2010.

Guy's and St Thomas' audit department continually reviews the quality of both national and local audit submissions. The reports of 19 national clinical audits were reviewed by the department in 2009/10 and the following outcomes and actions were identified to improve the quality of healthcare provided.

National cancer audits

- The Trust continues to comply with all national guidelines which preceded the publication of the national audits.
- Guidelines implemented continue to be adhered to and are consistent with good clinical practice.
- Results of the audit have been fed back to staff to share learning.
- All women undergoing mastectomy are offered, or able to, discuss reconstruction.

National women and children's audits

- Local initiatives have been implemented to promote a number of the national neonatal audit standards.
- Local audits have been carried out to enable further investigation into areas of concern to improve the quality of care provided.
- The national neonatal audit team are continuing to develop the programme and further permission from the Trust has been sought to allow more data to be made available for better interpretation.
- The Paediatric Intensive Care Network recommendations are being closely adhered to.

National cardiac audits

- Regular feedback and presentations at monthly departmental audit meetings have been implemented to reinforce key messages and to identify problems in our processes, which have already resulted in a marked improvement in patient care.
- Discussions with key stakeholders in the pathways of patient care have resulted in reduced delays.
- Education and communication have been highlighted as a key area and, as a result, new staff taught the importance of understanding the patient pathways used at the Trust. Also, inter-department teaching is being carried out to improve the knowledge of current guidelines.

National long-term conditions audits

- Results of the audit have been fed back to both staff and patients to drive learning.
- Areas for improvement were addressed around appointment times in order to reduce waiting times.

National older peoples audits

- Results of the audit have been fed back to staff to share learning.
- Future audits have been planned to review compliance.

In 2009/10, the reports of 64 local clinical audits were also reviewed by the Trust and we intend to take the following actions to improve the quality of healthcare provided.

Changes to current practice

- A new multidisciplinary approach with named consultants in the Foetal Medicine Unit, Paediatric Neurology and Genetics is under development to improve assessment, investigations, counselling, and long-term follow up for all diagnosed cases.
- Following the South East London Cancer Network Audit, a planning team has been established to implement a new service and a 24 hour help line is being set up to support both patients and healthcare providers.
- Learning derived from patient feedback about the nurse led biopsy service has been fed back to staff to drive improvement.

Guidelines

- A number of guidelines are to be updated or reviewed in line with key findings. These will be made available on the Trust intranet to improve staff access.
- A new guideline has been identified to ensure body temperature is maintained during Magnetic Resonance Imaging and is currently under development.
- A nursing initiated prescription of discharge medications has been introduced.
- New discharge protocols are under development to allow other staff to discharge patients more efficiently.

Documentation

- Algorithms for the prevention of hypothermia and management of hypoglycaemia have been designed, approved and circulated to all staff and displayed in clinical areas.
- A new patient proforma has been introduced to enhance the safety of patients who are being artificially fed by a feeding tube.
- Where patients are provided with information leaflets, this will be documented.
- Neonatal records have been redesigned and implemented with targeted changes reinforcing compliance with guidelines and quality of documentation.

Training

- Training programmes have been developed based on audit findings and rolled out to nurses and junior doctors on orientation/induction to the Trust.
- A training programme for all practitioners involved in medicines reconciliation has commenced.

Audit quality assurance and follow-up

- A working group has been set up following a Trust-wide audit, tasked with implementing the recommendations and to develop follow-up audits.
- Following review from a number of local clinical audits, actions have been implemented and results fed back to front-line staff through clinical governance meetings.
- Multidisciplinary peer reviews are planned to be incorporated in future audits.

Case Study (1) Improving communication with junior doctors

Our junior doctors often have a busy work schedule and are highly mobile, working throughout the hospital. We wanted to enhance our safety and quality communication with them and go well beyond the traditional methods of meetings, newsletters and email. Our highly successful *Junior Doctor Quality and Safety Podcasts* have been very well received by this technology-savvy staff group. To date there have been seven Podcasts, covering topics such as infection prevention, safe prescribing of medicines, maintaining patient dignity and care of the confused patient. Junior doctor uptake and feedback has been excellent and the podcasts have now been upgraded to include pictures and slides.

2.4 Our participation in clinical research

Guy's and St Thomas' has a strong national and international record of excellence in clinical academic research. This section gives a summary of our research activity in 2009/10 (note some year end data is not yet available).

In the period October 2008 to October 2009 the number of patients receiving NHS services provided by our Trust that were recruited to participate in research approved by our research and ethics committee was 17,455.

There was a 62 per cent increase in the reported recruitment to National Institute for Health Research (NIHR) adopted studies from 2008/09 to 2009/10. This level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The Trust was involved in 1,476 clinical research studies. The Trust used national systems to manage the studies in proportion to risk. Of the 120 NIHR portfolio studies given permission to start in 2009/10, 40 per cent were given permission by an authorised person less than 30 days from receipt of a valid complete application. 76 of the studies were established and managed under national model agreements. In 2009/10, 64 research passports were issued. In 2009/10 the NIHR supported 250 studies through its research networks.

In the last three years, 1,685 publications have resulted from our involvement in NHS ethics approved research, helping improve patient outcomes and experience across the NHS and throughout the world.

Case Study (2) King's Health Partners, our Academic Health Sciences Centre

King's Health Partners is a pioneering collaboration between one of the world's leading research-led universities, King's College London, and three of London's most successful NHS Foundation Trusts. Guy's and St Thomas', King's College Hospital, and South London and Maudsley.

The driving purpose of King's Health Partners is to continually seek and bring about swifter and more effective improvements in health and well-being for our patients, by combining the best of basic and translational research, clinical excellence and world-class teaching.

2009 was a busy and exciting year which saw an unprecedented level of academic and operational collaboration and networking between the four organisations across all levels and specialties, from procurement teams, to surgeons and ward sisters to the estates department.

2.5 Our use of the Commissioning for Quality and Innovation framework

In 2009/10, 0.5 per cent (approximately £3 million) of Trust income was conditional upon achieving quality improvement and innovation goals agreed with our local commissioners. This new process is called the Commissioning for Quality and Innovation payment framework (CQUIN). CQUIN is a national programme which aims to embed and sustain quality and innovation at the heart of all NHS organisations.

With the exception of reducing our caesarean section rates (see page 17 for further details), the Trust achieved all of the 2009/10 CQUIN targets. This meant the Trust received £2.67 million of the £3 million available for the 2009/10 CQUIN programme.

The 2010/11 CQUIN programme was expanded to 1.5 per cent of contracted income (approximately £9.6 million). The 2010/11 programme incorporates 19 initiatives, the majority of which are determined nationally or by local commissioners. Two of the 19 initiatives have been chosen by the Trust; these have been aligned with our quality accounts and are:

- Reducing the number of injuries when patients fall in hospital;
- Rolling out the *Releasing Time to Care* initiative.

2.6 Our registration with the Care Quality Commission and other reviews

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The CQC assesses and inspects organisations like Guy's and St Thomas' NHS Foundation Trust to make sure that we provide high quality care to patients. Each year the Trust is required to register our services with the CQC. Our current status is that we are registered to provide the following regulated activities from the following locations listed in Table 3 below.

Guy's and St Thomas' has no compliance conditions on registration and remained fully compliant against the core standards throughout 2009/10. What this means is that the CQC was satisfied with the quality of our clinical services and financial management, as a result the CQC was not required to take any enforcement action against Guy's and St Thomas' during the 2009/10 period.

Table 3: Locations of regulated activities

Location	Regulated activities
Guy's Hospital (RJ121) Great Maze Pond London SE1 9RT	Treatment of disease, disorder or injury Surgical procedures Diagnostic and screening procedures Transport services, triage and medical advice provided remotely
St Thomas' Hospital (RJ122) Westminster Bridge Road London SE1 7EH	Treatment of disease, disorder or injury Surgical procedures Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Maternity and midwifery services Termination of pregnancies Family planning services
Camberwell Dialysis Unit Chartwell Business Park 61-65 Paulet Road, Camberwell London SE5 9HW	Treatment of disease, disorder or injury

Table 4: Locations of regulated activities

Location	Regulated activities
New Cross Gate dialysis unit Unit A, Ewen Henderson Court 40 Goodwood Road London SE14 6BL	Treatment of disease, disorder or injury
Tunbridge Wells kidney treatment centre Abbey Court 7-15 St Johns Road Tunbridge Wells Kent TN4 9TE	Treatment of disease, disorder or injury

2.7 Care Quality Commission Annual Health Check rating

All NHS Trusts are subject to periodic reviews by the Care Quality Commission (CQC). The last review of the Trust was the annual healthcheck published in October 2009. The CQC's assessment of Guy's and St Thomas' following that review was 'excellent' for quality of services and 'excellent' for use of resources. Under the quality of services assessment, the Trust fully met the core standards, fully met all existing commitments and also scored 'excellent' on our achievement of national priorities.

Table 5: Guy's and St Thomas' Annual Health Check performance over the previous three years:

Year	2006/2007	2007/2008	2008/2009
Quality of services	Excellent	Good	Excellent
Financial management	Excellent	Excellent	Excellent

In addition, the Trust has participated in special reviews or investigations by the CQC relating to the following areas during 2009/10:

- Safeguarding Children Review – July 2009
- Hygiene Code inspection – July 2009
- Child Health Mapping Review – February 2010

Hygiene Code inspection – the CQC were satisfied with the inspection and did not issue any special measures or recommendations.

Safeguarding children and adults

In 2009/10 the Trust fully met all statutory requirements with regard to safeguarding, with no conditions or special measures requested by regulatory bodies. The Trust has a comprehensive safeguarding structure with strong links to our community colleagues.

Case Study (3) Pioneering multidisciplinary patient safety simulation training

Just like an aircraft cockpit simulator, Guy's and St Thomas' uses programmable full body manikins to simulate real life events. Doctors and nurses are placed in realistic environments that simulate wards, theatres or emergency settings. During training, the teams are exposed to real-life serious untoward incidents (such as a life-threatening medication error or medical equipment failure). The team's actions are then video recorded, evaluated and professionally fed back. The simulation team focus on improving patient safety not only by seeking to improve clinical skills, but also by teaching non-technical crisis management skills similar to those used in many industries. These include leadership skills, team working and effective communication.

2.8 Our data quality

Accurate and reliable data about the health care that we provide is essential for safely and efficiently managing a large and complex organisation such as Guy's and St Thomas'. For example how we 'code' a particular operation or illness is important as it not only allows us to receive income to cover the cost of the procedure, but also anonymously informs the wider health community about particular illness or disease trends amongst London's population.

Guy's and St Thomas' submitted records during 2009/10 to the Secondary Uses Service 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 96.5 per cent for inpatient care, 96.4 per cent for outpatient care, and 76.7 per cent for accident and emergency care.

The percentage of records which include the patient's valid General Practitioner Registration Code was 97.5 per cent for inpatient care, 95.9 per cent for outpatient care, and 88.7 per cent for accident and emergency care.

The Trust was subject to the Payment by Results clinical coding audit by the Audit Commission during the reporting period. The error rates reported in the latest published audit for diagnoses and treatment coding (clinical coding) that affected the derivation of Healthcare Resource Groups was 11.0 per cent. The services audited were general medicine; specialist obstetrics; digestive system procedures and disorders; and urinary tract stone disease without complications. Because of the nature of the sampling, the results should not be extrapolated further than the actual sample audited.

When our performance against the national A&E four-hour access target dipped in the final quarter of 2009/10 the Trust examined in detail its current performance and data systems. As a result, we have recently begun a review of the different methods used to gather information outside of the main hospital systems. The Trust's existing checking and independent validation processes remain in place and there have been no other circumstances that call into question the quality of the data that underpins the Trust's performance targets.

2.9 Information governance toolkit

The Information governance toolkit is a mechanism whereby all NHS Trusts assess their compliance against national standards such as the Data Protection Act, Freedom of Information Act and other legislation and NHS guidance which are designed to support the provision of high quality care and services. This includes safeguarding patient information and confidentiality.

Our Trusts's score for 2009/10 for information quality and records management, assessed using some of the requirements outlined in the Information governance toolkit was 73 per cent. However, the Trust's overall Information Governance Toolkit score for 2009/10 was 79 per cent. This means that we are not subject to any additional scrutiny, but that we have room to improve our performance.

Case Study (4) Fridays with a difference

The senior nursing workforce provides highly visible leadership across the organisation. Each Friday, senior nurses and midwives work clinically across their areas, providing direct patient care and leadership. The 'back-to-the-floor' clinical Friday is a great success and has been acclaimed nationally as best practice in clinical leadership.

At the end of each Friday shift, the entire senior nurse workforce comes together at the 'Clinical Indicators Meeting'. Key weekly performance indicators are assessed and reviewed, along with findings from that day's clinical practice. A strength of this meeting is the attendance by environmental services and other non-nursing teams, facilitating 'live' feedback and joint problem-solving to address clinical, estate and environmental issues as they arise.

Progress against our 2009-10 priorities

3.1 Our progress against 2009-10 priorities

In February 2009, NHS Foundation Trusts were asked to trial quality accounts and feedback comments and suggestions to the Department of Health by December 2009. Quality accounts were very well received by staff and users at the Trust, and were highly successful in driving quality and innovation across the organisation.

When selecting our 2009/10 priorities, our first step was to engage with our staff and patients. Our Trust is fortunate to have an active and dynamic Council of Governors, whose contributions regularly inform quality and service improvement across the organisation. Starting out on our first quality accounts journey in 2009/10 was made easier by the engagement and energy of our governors, and their challenge and critique from a user's perspective was invaluable in informing this important agenda.

Our second step was a thorough analysis of a large number of external and internal data sources and monitoring reports, which includes the following:

- Core Standards set by the Healthcare Commission
- Clinical Negligence Scheme for Trusts accreditation standards and reports
- Local and external audit reports
- An analysis of complaints and incidents
- National Patient Safety Agency (NPSA) alerts.

The quality improvement initiatives that we chose for 2009/10 were:

Patient safety

- Early recognition, appropriate escalation and effective management of acutely ill patients
- Improving medicines safety
- Improving the quality of fluid balance recording
- Improving the quality of nasogastric tube management in adults.

Clinical effectiveness

- 13 week maternity access targets
- Reducing overall caesarean section rates
- Smoking cessation in pregnant women
- Improving the management of readmitted patients.

Patient experience

- Treating our patients with dignity and respect
- Improving staff attitude and communication with patients
- Involvement of patients in decisions about their care
- Same sex accommodation.

We are pleased that we achieved eight out of the proposed 11 improvement targets. A detailed summary of 2009/10 quality accounts achievements can be found in table 6.

3.2 Patient safety

Our primary initiative was to embed and sustain the Acutely Ill Patient Pathway programme. This is a detailed programme of quality improvement initiatives aimed at transforming the pathway for patients who become seriously ill while on our wards. We achieved our objectives in relation to this programme and are proud that the programme has won national acclaim by winning the NHS London regional award for Patient Safety, and by being a 'highly commended' runner-up in the national *Health Service Journal* awards.

3.3 Clinical effectiveness

The Trust's maternity service was the only maternity service in London to achieve a rating of 'good' for its service in 2008/09. In focussing on maternity services in our 2009/10 Quality Accounts we wanted to sustain and drive this improvement by achieving a number of nationally important clinical effectiveness measures that were also included in our 2009/10 CQUIN targets. These were:

- Reducing the number of mothers smoking at the time of delivery
- Reducing our overall caesarean section rate
- Improving the percentage of women who access a health assessment in the first 13 weeks of pregnancy.

We achieved two of our three objectives this year. We did not achieve our target to reduce our caesarean rate by 1.5 per cent, although we did see some improvement. This was in part due to the proportion of complex cases we see, and promoting normal delivery when it is safe to do so remains a priority for staff at the Trust.

3.4 Patient experience (provisional results based on Ipsos MORI survey)

We set three targets, aligned to our 2009/10 CQUIN programme, and monitored these using an independent quarterly telephone survey carried out by Ipsos MORI. These were:

- To increase by 4% the percentage of patients who report that staff do not talk in front of them as if they were not there
- To increase by 4% the percentage of patients who report they are 'very satisfied' with how they were involved in decisions about their care
- To increase by 4% the percentage of patients who report they are 'very satisfied' that they were listened to and supported when expressing their needs (a new indicator question in 2008/09).

We are pleased to report that we have achieved two of the three targets and there has been a general upward trend in all three areas. Unfortunately we did not achieve our planned improvement against the first question, although we maintained our previous year's performance. This important element of communication remains a priority for us at the Trust and we hope to see an improvement in our position in 2010-2011.

Table 6: Summary of our 2009/10 quality achievements

Quality Domain	We said we would...	How Did We Do?
Patient Safety		
Improve the Acutely Ill Patient Pathway	Maintain our 95 per cent compliance with the Trust observation standards – this includes documentation, early escalation and medical management of the acutely ill patient.	We achieved this. Compliance remains greater than 95per cent. Patient at Risk Scoring is sustained above 95 per cent. This project won the 2009 NHS London regional award for Patient Safety and was runner up in the 2009 <i>Health Service Journal</i> awards.
Improving Medicines Safety	<p>Increase medicine incident reporting by 10 per cent.</p> <p>Appoint a lead consultant for medicines safety and establish a Medicines Safety Forum.</p> <p>Establish Penicillin/Allergy Group and rolled out electronic patient ID bands.</p>	<p>We achieved this, and have increased medicine incident reporting by 20 per cent last year.</p> <p>Our Medicines Safety Forum, chaired by a consultant physician, is well established and leading the drive for medicines safety across the organisation through a number of high-profile workstreams, including allergy, paediatrics and use of anticoagulants.</p>
Improving the quality of fluid balance recording	<p>Design a new fluid balance chart and develop new clinical guidelines.</p> <p>Increase compliance with Trust policy to 95 per cent.</p>	<p>We have developed and embedded new fluid balance documentation and guidance.</p> <p>Our compliance improved from 70 per cent in 2009 to 91 per cent in 2010, however we have further work to achieve the 95 per cent target that we set ourselves.</p>
Improving nasogastric tube management	<p>Have zero 'never events' related to nasogastric tubes in 2009/10</p> <p>Establish and embed new 'safe nasogastric tube' documentation and management processes.</p>	<p>We have achieved this, and have had zero 'never events' related to nasogastric tube misplacement last year.</p> <p>We have successfully launched and embedded our new nasogastric tube document and checking guide.</p>
Clinical Effectiveness		
Improving 13 week maternity access targets	Achieve more than 80 per cent of women receiving a health assessment before 13 weeks gestation.	We have achieved this. Our year-end figures for woman receiving a health assessment within 13 weeks are 87 per cent.
Reduce caesarean-section rates to below 27 per cent of all births	Reduce caesarean-section rates to below 27 per cent of all births.	Although we saw some improvement, we did not achieve this, in part due to the high proportion of complex cases treated.

Quality Domain	We said we would...	How Did We Do?
Less than 5 per cent of women should be smoking at the time of delivery	Primary initiative: no more than 5 per cent of women to remain smoking at the time of delivering their baby.	We achieved this. Data at year end indicates that 4.7 per cent of women were smoking at the time of delivery. Smoking remains one of the most serious risks to our patients' health. Last year we referred on average 120 patients a month, across all specialties, to community smoking cessation services.
Improve the monitoring and management of patients who are readmitted to our hospitals	Monitoring the number and type of patients who are readmitted to our hospitals shortly after we have discharged them is an important quality indicator. We said we would improve the monitoring and management of these patients across every speciality in the Trust.	We have implemented a clinical management process whereby all specialities have access to their readmission rates monthly. The data is locally assessed by senior doctors and nurses. Each speciality then presents issues, successes or actions to a team that includes the Medical Director, Chief Nurse/Chief Operating Officer and the Director of Clinical Services.
Patient Experience		
Treating patients with dignity and respect	To increase by 4 per cent the percentage of patients who report that staff (doctors and nurses) do not talk in front of them as if they were not there.	We did not achieve our planned improvement although, we maintained our 2008/09 performance.
Improving communication with patients	To increase by 4 per cent the percentage of patients who report they are 'very satisfied' that they were listened to and supported when expressing their needs.	Target achieved – 69 per cent of patients were 'very satisfied' that they were listened to and supported.
Improving patients involvement in care	To increase by 4 per cent the percentage of patients who report they are 'very satisfied' with how they were involved in decisions about their care.	Target achieved – 64 per cent of patients were 'very satisfied' that they were involved in their care.
Achieving same sex accommodation	Primary initiative: achieve our 2009 national obligations regarding same sex accommodation throughout our hospitals.	We achieved this, and declared compliance on our Trust website. Delivering same sex accommodation is a key priority for the Trust and we have a major ward refurbishment programme underway.

Table 7: Our performance against national and core quality standards

Existing commitments		National standard	2009/10	2008/09	2007/08
A&E access	% patients discharged within 4 hours in A&E and MIU	>98%	97.6% ●	98.2% ●	98.3%
Inpatient and outpatient access	Outpatients waiting more than 13 weeks (GP referrals only)	<3 / mth	0.0 ●	0.2 ●	0.1
	Inpatients waiting more than 26 weeks	<2 / mth	1.8 ●	2.3 ●	1.2
Cardiac access	Patients seen within 2 weeks for rapid access chest pain	>99%	100% ●	99.7% ●	100.0%
	Patients waiting more than 3 months for revascularisation	<1%	0% ●	0% ●	0%
Cancelled operations	% elective operations cancelled on day of operation	<0.8%	0.70% ●	1.17% ●	1.58%
	% cancellations not re-admitted within 28 days	<5%	0.9% ●	1.2% ●	0.0%
Transfers of care	Inpatients with delayed transfer of care (monthly average)	<5	2.8 ●	1.2 ●	1.8
Health and well-being	Patients seen within 48 hours of referral to GUM clinic	>99%	100% ●	99.8% ●	99.5%
	Ethnic coding levels of inpatients	>90%	91.9% ●	91.2% ●	88.5%
Clinical quality	Call to balloon time for primary angioplasty – % under 150 minutes	tba*	58.1%	n/a	n/a
National priorities					
Infection control	MRSA bacteraemia reduction (to 30 for 2009/10)	<30	16 ●	24 ●	46
	C.difficile acquisitions in over 2s reduction (to 101 for 2009/10)	<101	73 ●	84 ●	124
18 week referral to treatment times	% admissions within 18 weeks	>90%	90.6% ●	90.2% ●	86.8%
	% non-admissions within 18 weeks	>95%	96.2% ●	96.1% ●	91.4%
	% specialties achieving 18 week target (Jan-Mar)	tba*	94.1%	n/a	n/a
Cancer access	Urgent GP referrals seen within 2 weeks	>93%	97.0% ●	n/a	n/a
	Breast symptomatic referrals seen within 2 weeks (Jan-Mar)	>93%	93.2% ●	n/a	n/a
	Cancer treatments started within 1 month of decision to treat	>96%	99.4% ●	99.5% ●	100%
	Cancer treatments started within 2 months of urgent GP referral	>85%	85.2% ●	n/a	n/a
	Subsequent treatments within 1 month of decision to treat	>96%	99.6% ●	n/a	n/a
	Treatments started within 2 months of screening programme referrals	>90%	99% ●	n/a	n/a
	Treatments started within 2 months of consultant upgrade referrals	>90%	99% ●	n/a	n/a
Infant health	% women smoking during pregnancy	<5%	4.8% ●	5.0% ●	n/a
	Breastfeeding initiation	tba*	87.0%	90.8% ●	n/a
Clinical quality	Stroke care – patients with more than 90% of their stay in a stroke unit	tba*	82.1%	n/a	n/a
	Participation in heart disease audit		●	●	n/a
	Engagement in clinical audits		●	●	n/a
	Maternity statistics – data quality indicator	Comparators not available		●	n/a
Staff satisfaction	NHS staff satisfaction – results from National Staff Survey	Comparators not available		●	n/a
Patient experience	Results of patient survey – 5 domains	Comparators not available		●	n/a

* New targets in 2009/10 – national standards still to be advised

● Target fully achieved
● Target partially achieved

Table 8: Performance against local targets

Clinical quality		Target	2009/10	2008/09	2007/08
Infection control	% clinical staff compliant with hand hygiene (monthly audit)	>98%	97.5% ●	99.0% ●	n/a
	MRSA acquisitions from clinical specimens	<80	28 ●	67 ●	74
	GRE bacteraemias (per month)	<2 / mth	0.4 ●	0.8 ●	1.3
Clinical indicators	Readmission rate (emergency readmission within 28 days)	<4.5%	4.7% ●	4.6% ●	n/a
	Standardised mortality ratio	<85	82.6 ●	79.6 ●	n/a
Patient experience					
Patient survey findings	% patients who 'would speak highly of Guy's and St Thomas'	>80%	84% ●	83% ●	83%
	% patients satisfied with the quality of care	>90%	94% ●	92% ●	94%
	% inpatients describing the ward as 'clean'	>90%	97% ●	95% ●	95%

- Target fully achieved
- Target partially achieved

3.5 Performance against targets: A&E

For the first time, the Trust failed to achieve the A&E access target that 98 per cent of patients are diagnosed, treated, discharged or admitted within 4 hours. Our year-end performance was 97.6 per cent. There are a number of factors behind this, both internally and as a result of limited alternative provision locally, particularly for patients with relatively minor problems. There has also been a significant increase in demand. We are working hard to address these issues with help from the Department of Health's intensive support team, as well as local commissioners, so that we can achieve a sustainable improvement in performance. This is a key Trust-wide objective for 2010/11.

In particular we will focus on establishing an Urgent Care Network, working with primary and social care services, to ensure the efficient use of our emergency services.

3.6 Performance against targets: 18 weeks

The Trust has achieved the target for all specialties except orthopaedics. This is a considerable achievement given that the target was set after the start of the financial year. In orthopaedics, despite increasing capacity and opening additional operating theatres it has been impossible to achieve the target as we are treating more patients than ever. The number of referrals, both for very specialist and routine procedures, is growing at an unprecedented rate. We are working with our Primary Care Trusts and NHS London to address this, and also introducing efficiency measures such as the renowned 'Enhanced Recovery Programme'.

3.7 Performance against targets: cancer

The Trust met all the cancer waiting time targets for the year, except in the final quarter when we achieved 77 per cent against a national target of 85 per cent for the 62 day access target. Performance deteriorated in part due to a significant number of 'breaches' where patients were first referred to the Trust after 62 days. Considerable work has been done on clinical pathways and the data used to track patients against waiting time standards and we continue to monitor this closely.

Case Study (5) The Aspire Network

Aspire is the Trust's Equality and Diversity Staff Network which works with the Trust to ensure that we reflect and celebrate the diverse workforce and communities we serve. ASPIRE brings together the former Disability, Black and Ethnic Minority, Lesbian/Gay/Bi-sexual & Religious/Faith networks into a single group that meets bi-monthly.

2009 was a busy year for Aspire, and amongst its many achievements was the establishment of a mentoring/buddy programme for junior staff, as well as three major awareness events held throughout the year. The Network was also recognised at the 2009 Trust awards for its work.

3.8 National staff satisfaction questionnaire

In 2009, Guy's and St Thomas' was ranked in the top 20 per cent of acute Trusts in England for 22 out of the 40 key staff satisfaction scores (an increase from 13 last year) including 'staff feeling valued by their work colleagues', 'Trust commitment to work-life balance' and 'support from immediate line managers'. Guy's and St Thomas' was rated first across all acute trusts for staff satisfaction amongst nurses and midwives.

3.9 Infection prevention and control

In 2009, the Trust met all internal and external targets for the reduction of MRSA blood infections and *C.difficile* infections. We continue to have one of the lowest rates of MRSA and *C.difficile* for a Trust of our size and complexity. We were proud that we did not receive any requirements to improve following the unannounced Care Quality Commission Hygiene Code inspection in July 2009.

Despite our positive 2009 performance, we know that we have to continue to work hard to sustain and improve our current position for 2010/11. A senior team of doctors and nurses investigate in detail the cause of each MRSA blood infections, and we use this information, combined with the latest best practice evidence, to continually update our policies and procedures in the fight against infection.

Table 8: Our MRSA blood infection performance from 2003-2010

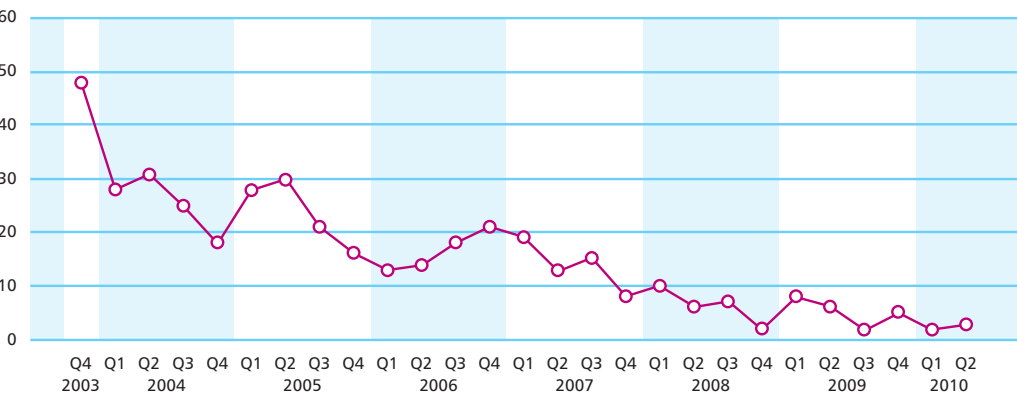
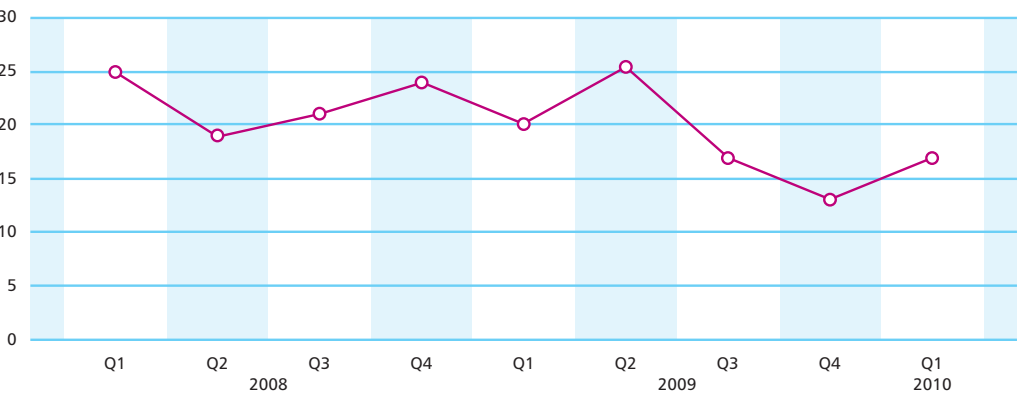


Table 9: Our *C.difficile* performance from 2008-2010

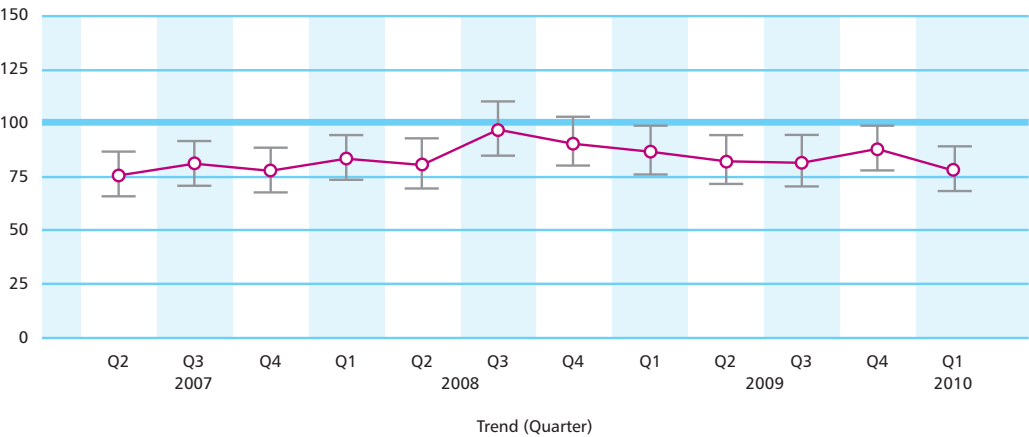


3.10 Hospital Standardised Mortality Ratio and Dr Foster Safer Hospital Guide

The Trust uses two benchmarking tools to measure hospital mortality. These nationally accredited and independent metrics are called the Hospital Standardised Mortality Rate, produced by Dr Foster Healthcare Intelligence, and the CHKS system, another commercial tool. Nationally, mortality is steadily falling and there is considerable debate as to which system should be used to measure mortality across the NHS. The Trust is well placed as it has wide ranging expertise using these different systems, providing good assurance when observing mortality trends. Despite slight quarterly variations, the Trust’s mortality continues to remain below that expected of a Trust of our size and complexity.

In November 2009 Dr Foster published its annual Safer Hospital guide and Guy’s and St Thomas’ was rated third out of 147 seven hospitals in England for patient safety, clinical effectiveness and patient experience. The Trust also ranked second amongst London hospitals. This ranking represents a significant independent acknowledgement of the Trust’s commitment to high quality, safe and efficient healthcare.

Table 10: Guy’s and St Thomas’ Standardised Mortality Ratio 2007-2010



Case Study (6) National Safety Awards

We are very proud of our staff who won an unprecedented number of national and international patient safety awards in 2009. The Trust won NHS London’s regional award for Patient Safety for the Acutely Ill Patients Project, and that project was also runner up for the national *Health Service Journal* award. Dr Kinirons and Dr Hopper’s patient safety work achieved further recognition when they won the 2009/10 *British Medical Journal* Award for Clinical Leadership and Dr Adrian Hopper was also named NHS Quality Champion in November 2009.

3.11 National patient surveys

In 2009/10, as part of the national survey programme required by the Care Quality Commission, the Trust undertook postal surveys of both adult inpatients and outpatients. We are pleased that patient satisfaction overall remains high. 92 per cent of inpatients and 91 per cent of outpatients rate the care they received as good, very good or excellent. 82 per cent of outpatients reported that they were treated with dignity and respected 'all of the time' during their visit to one of our outpatient departments and 78.5 per cent of inpatients report the same.

The tables below highlight the Trusts ranking compared to all other London hospitals. In 2009, the Trust was ranked in fifth place for the national outpatient survey and sixth place for the national inpatient survey.

Table 11: 2009 National outpatient survey results – London Trust comparisons

Rank	Hospital	Overall score
1	The Royal Marsden NHS Foundation Trust	86.2
2	Royal Brompton and Harefield NHS Trust	81.1
3	King's College Hospital NHS Foundation Trust	80.1
4	University College London Hospitals NHS Foundation Trust	79.2
5	Guy's and St Thomas' NHS Foundation Trust	79.0
6	St George's Healthcare NHS Trust	78.6
7	Barts and The London NHS Trust	78.3
8	Royal National Orthopaedic Hospital NHS Trust	78.1
9	South London Healthcare NHS Trusts	77.5
10	Royal Free Hampstead NHS Trust	77.1
11	West Middlesex University Hospital NHS Trust	77.0
12	Mayday Healthcare NHS Trust	76.2
13	Epsom and St Helier University Hospitals NHS Trust	76.6
14	Chelsea and Westminster Hospital NHS Foundation Trust	76.5
15	Imperial College Healthcare NHS Trust	76.2
16	Kingston Hospital NHS Trust	76.1
17	The Hillingdon Hospital NHS Trust	76.0
18	The Whittington Hospital NHS Trust	75.6
19	Whipps Cross University Hospital NHS Trust	75.4
20	Homerton University Hospital NHS Foundation Trust	75.2
21	North Middlesex University Hospital NHS Trust	75.0
22	Barnet and Chase Farm Hospitals NHS Trust	74.6
23	The Lewisham Hospital NHS Trust	73.7
24	North West London Hospitals NHS Trust	73.6
25	Ealing Hospital NHS Trust	73.1
26	Barking, Havering and Redbridge Hospitals NHS Trust	72.6

London Academic Health Sciences Centre comparisons

King's Health Partners
 UCL Partners
 Imperial Healthcare

Table 12: 2009 National inpatient survey results – London Trust comparisons

Rank	Hospital	Overall score
1	The Royal Marsden NHS Foundation Trust	84.2
2	Royal Brompton and Harefield NHS Trust	82.6
3	University College London Hospitals NHS Foundation Trust	78.0
4	The Whittington Hospital NHS Trust	77.7
5	Chelsea and Westminster Hospital NHS Foundation Trust	77.4
6	Guy's and St Thomas' NHS Foundation Trust	76.6
7	Barts and The London NHS Trust	75.4
8	The Hillingdon Hospital NHS Trust	74.7
9	Imperial College Healthcare NHS Trust	74.5
10	King's College Hospital NHS Foundation Trust	74.3
11	Epsom and St Helier University Hospitals NHS Trust	74.1
12	Kingston Hospital NHS Trust	74.0
13	Newham Hospital	73.8
14	Homerton University Hospital NHS Foundation Trust	73.7
15	West Middlesex University Hospital NHS Trust	73.5
16	Whipps Cross University Hospital NHS Trust	73.5
17	Royal Free Hampstead NHS Trust	73.4
18	Barnet and Chase Farm Hospitals NHS Trust	73.3
19	St George's Healthcare NHS Trust	73.1
20	The Lewisham Hospital NHS Trust	73.1
21	South London Healthcare NHS Trusts	72.8
22	North Middlesex University Hospital NHS Trust	72.0
23	Barking, Havering and Redbridge Hospitals NHS Trust	71.5
24	North West London Hospitals NHS Trust	70.7
25	Mayday Healthcare NHS Trust	70.5
26	Ealing Hospital NHS Trust	70.1

Note: Excludes Hospitals which have no emergency admissions and two women's hospitals where scores are not comparable.

London Academic Health Sciences Centre comparisons

 King's Health Partners
  UCL Partners
  Imperial Healthcare

Case Study (7) Community services integration

Guy's and St Thomas', on behalf of our Academic Health Sciences Centre King's Health Partners, has been selected by NHS Lambeth and NHS Southwark as the preferred partner to manage community health services in the two boroughs. This is an unprecedented opportunity to improve the healthcare of our local patients in hospital, in the community and in their own home.

We look forward to working with our community health colleagues and local GPs and community groups in the coming year in preparation for the formal integration in 2011. Trust and community colleagues have begun a programme of establishing priorities, reviewing patient pathways, sharing best practice and joint working as we see this as a major opportunity to transform services for local people.

3.12 Showing we care campaign

The *Showing we care* programme was formally launched in July 2009 and brings together a number of key initiatives aimed at improving patient experience and staff satisfaction.

- The monthly **CARE awards**. This scheme is designed to recognise teams and individuals who exemplify the core values of the Trust, in particular those who have made a substantial contribution to the quality of care provided to patients and who deliver exceptional levels of performance.
- The ***In your shoes*** initiative which gives senior managers and directors first-hand experience of a variety of roles in the Trust as they work alongside other staff.
- The **Every patient, every day** initiative which ensures that each inpatient has a conversation with the nurse looking after them each day to discuss their care and longer term plans.
- **Beacon status**. This scheme encourages teams or departments to develop ways to improve the dignity of their patients and to ensure that care is compassionate and of the highest possible standard. It also allows them to share best practice with other parts of the Trust. To date 12 areas have been awarded Beacon status.

3.13 Feedback on our dignity campaign

In 2009/10, we continued to make good progress in promoting dignity and compassion in the care that we deliver. This was recognised by Sir Michael Parkinson's independent report 'My Year as Dignity Ambassador' in which he praised the Trust's clinical leadership in championing the dignity agenda from ward to Board.

We are proud of our achievements, but we also acknowledge that our patients tell us that we don't always get things right. As well as the conventional ways of listening to our patients, for example through PALS, surveys, patients interviews and forums, we also plan to 'buddy' a senior nurse and matron with community groups such as local elderly residents associations. This will allow us to gain direct feedback in a more proactive manner from groups who may find it difficult to access our feedback mechanisms.

3.14 Patient feedback activities

The Trust uses a range of methods to gather feedback from patients, including national postal surveys, a quarterly Ipsos MORI telephone survey, comments and suggestions cards, as well as PALS and complaints. These methods provide continuous and regular sources of feedback and help inform improvements both big and small.

One of the aims of our patient and public involvement strategy is to improve the information we provide to patients. Results of the 2009 national inpatient surveys show that we have made progress in providing patients with copies of letters sent by the hospital to their GP. In 2008, 30 per cent of inpatients said they did not receive copies of the letters and this has improved by 9 per cent so that in 2009, only 21 per cent of patients reported that they did not receive copies.

In response to patient suggestions, clinical imaging services, where patients go for x-rays and other diagnostic tests, have changed their reception opening hours. Patients also told the team about the problems they experienced with older hospital gowns that did not tie properly. These have now been replaced with new gowns that maintain a patient's privacy and dignity during their visit.

3.15 Patient and public engagement activities

The Trust is committed to involving patients and the public in the development and improvement of services. This year we have developed an involvement and consultation policy that aims to ensure a consistent and strategic approach to planning and undertaking patient and public involvement. Together with King's College Hospital NHS Foundation Trust, we have provided a bespoke training course for staff about our legal duty to involve patients and their representatives.

We have continued to involve patients in our work in many ways. For example, patients raised concerns about some aspects of our hospital patient transport service, in particular the assessment process and criteria that determine a patient's eligibility for the service. In response, we have re-established the Patient Transport User Group to learn more about the views of service users and to identify areas for improvement. Although it has not been possible to make all the changes that the user group would like, often because the Trust is following national guidance, we have improved the information patients receive to help them understand the assessment process. The group have also invited Trust dignity champions to their meetings to explore how we can improve patient dignity and respect when they are using hospital transport.

Patients and staff have worked together to redesign the Chemotherapy Day Unit and the views of patients have informed the architectural plans. Previously, cancer services had become aware of complaints and feedback from patients regarding delays and waiting times for treatment decisions and medication. In response, we investigated the cause of the problem which related to pathology, and we are working to overcome this.

When we involve patients, we need to make sure they have the support they need to be able to participate. With the help of LINks and members of our Council of Governors, we developed a policy which allows the reimbursement of reasonable expenses. We also produced a patient and staff information leaflet so that everyone is aware of the arrangements.

Areas for improvement in 2010/11

We know there is more we can do to involve patients and the wider community. In 2010/11, we will invite patients and other stakeholders to get involved in redesigning our outpatient department and the accident and emergency department at St Thomas' Hospital.

Lambeth Local Involvement Network (LiNK) and residents of Chaplin Close have identified areas of improvement in relation to the care of older people. In particular, community groups have identified the need to improve dignity in care when planning the discharge of older patients from hospital.

The Trust has also invited members of Local Involvement Networks to participate in Nursing Standards Audit Toolkit visits that audit key aspects of care and the patient experience in selected areas.

Feedback On Our 2010/11 Quality Accounts

This section contains the actual feedback on an earlier Quality Accounts draft from our local Scrutiny Committees, Commissioners and Lambeth LINKs. This information will be reviewed in detail and assimilated into the final version of the Trust accounts.

4.1 Lambeth OSC Response (received by email 30th April 2010)

Thank you for inviting Lambeth Council's Health and Adult Services Scrutiny Sub Committee to comment on the quality priorities proposed for inclusion in the Guy's and St Thomas' NHS Foundation Trust 2010 Quality Account.

In view of the difficult timeline associated with the QA process this year, including the late issue of guidance and the May local council elections, I regret that the committee is not in a position to formally consider the draft priorities. However I am sure that the scrutiny committee will welcome early engagement on the development of Trust's Quality Account next year.

Tom Barrett

Scrutiny Manager
London Borough of Lambeth

4.2 Southwark OSC Response (received by email 29th April 2010)

Thank you for forwarding a copy of Guy's and St Thomas' first draft 2010 Quality Account (QA), received 12 April.

Unfortunately, the DoH prescribed timescale for the 2009/10 QAs prevents a Southwark OSC review and comment on this year's QA from being feasible. In view of the need to provide feedback by 30 April, this affords only a small window of time in which the sub-committee could review the QA; agree and prepare a response.

Under more ordinary circumstances, a request for swift feedback may be manageable by the committee agreeing to a special meeting. During the current Purdah period, however, this is not viable. In accordance with Southwark's Purdah rules, and advice from the council's Monitoring Officer, no scrutiny meetings have been scheduled between 29 March and the 6 May election. Moreover, in view of the constitutional formalities required post elections and new member induction, scrutiny members are not likely to consider actual scrutiny issues and papers until late June.

Thank you for offering to attend a future OSC meeting to discuss consultation for next year's accounts; for informing us that GSTT will endeavour to begin the 2010/11 consultation process by December 2010; and that you will provide regular updates throughout the coming year. It should certainly be reasonable to integrate a review process into the committee's existing work programme (subject to members' approval) for future annual QA cycles.

In order to ensure that members can provide meaningful feedback on future QAs, we will want to discuss, for example, the state of completion of the submitted draft account: It would not be appropriate to present a draft QA to members that predominantly comprises the improvements aspired to and omits the key performance data from the previous year. We recognise again that the imposed timescale for the 2010 QAs has compelled NHS providers to try to collate and process data considerably earlier than is customary for annual reports, and that in cases it has not been feasible to

complete the requisite QA data set within this timeframe. Members are likely to strongly object, however, if requested to review a QA with such omissions.

As we understand that the imposed QA timescale is not something that you have been able to control, we are forwarding a copy of this letter to the Department of Health. We would similarly welcome you to refer to our concerns in feedback that you may provide to the DoH on the 2010 QA process.

In view of the reasons outlined above, Southwark's OSC will not be submitting a statement on the GSTT Quality Account for 2010.

Yours sincerely,

Shelley Burke

Head of Scrutiny

cc. Julie Gifford, Programme Manager, External Partnerships, King's Health Partners;
Professor Sir Bruce Keogh, NHS Medical Director, Department of Health

4.3 Lambeth, Southwark and Lewisham PCT Alliance (received by email 30th April 2010)

It would be useful if the document could provide an overview of how GST performs across the board in terms of quality and why these particular projects have been prioritised over other alternatives. Additionally the document details 5 out of the 12 CQUINs agreed this year and it would be good to have some acknowledgement to the wider quality programme. Some of the projects detailed are rolled over from last year and in these areas it would be helpful to understand the benefits of continuing the focus in these areas.

Some concerns raised that at this stage the document could be more aspirational and that it may be hard to measure success as there were few measurable objectives.

GST have achieved a range of successes in maternity, the AHSC, the Evelina, PPI (Dignity and Privacy) etc- which were not mentioned.

The document also does not mention Healthcare for London priorities, Children's services, HEICs, the role of CAGS in leading quality, collaboration with primary care etc, which would be helpful in broadening the focus of the document.

There was also no reference to the significant performance problems with AandE (in Part 3) and this is being addressed.

The section on Older and vulnerable adults p7 does not mention Adult safeguarding at all.

PCT has shared Quality Account with trust. Would be keen to work together to ensure alignment.

Concerns raised that at this stage the document is not very easy to read for public – hoped that this may be resolved as the document evolves into a similar format as last year.

We noted that 4 items have been detailed under patient safety, 4 under clinical effectiveness but only 1 under patient experience.

4.4 Lambeth Local Involvement Network (received by email 4th April 2010)

Written Statement from the Lambeth LINK on the Draft Guy's and St Thomas' 2010-2011 Quality Account Proposals

This report has been prepared in response to Guy's and St Thomas' Draft Quality Account Proposal by the Lambeth LINK. We know that all Trusts are required to seek feedback from LINKs on these Quality Accounts. This report is now the formal written statement from Lambeth LINK on these accounts which we would like the board to consider.

Firstly, we would like to thank Andrea Winkley and Eamonn Sullivan for attending a meeting to facilitate a discussion between the LINK and Guy's and St Thomas' on these accounts. The meeting helped to develop a joint understanding between our organisations on these Quality Accounts. The meeting has built on previous discussions and has helped develop an improved working relationship.

Timescale for feedback on the Quality Accounts

We recognise that a major national problem with this year's Quality Accounts has been the tight deadlines to which Guy's and St Thomas' Hospital has been working. The deadline has not enabled proper consultation on the full document. However, we do appreciate being able to make recommendations on the draft at this early stage, which allows for some changes to be made as a result of our feedback.

Chief Executive Overview and Strategy

We recognise that one of the problems of the deadline is that we have not had the benefit of seeing the draft overview of quality across the Trust or an understanding the strategy behind the choices made.

Quality Accounts Indicators

We appreciate that you would wish to include some areas where you are already award winning and leaders in field.

However ideally we would like the board to consider adding the following issues of concern under the main Quality Accounts Indicator sections of the report. If this is not possible then we would ask that the issues are highlighted in the Quality Account's Chief Executive Summary. These issues could then be continuously monitored and set as next year's Quality Account priorities.

The issues of concern that we would like to see covered in the report are;

Integration of services - Could you ensure that some of the indicators include improving the quality of the integration of services around the patient so that acute, community, primary and council services are better integrated which will improve the patient experience.

Sickle Cell Anaemia – We would wish you to include at least one indicator which will specifically address the quality of services for the diverse Lambeth population, for example the quality of service provision for those with Sickle Cell Anaemia. We know this issue has been raised with Lambeth Council's Health and Adult Services Scrutiny Committee and they are taking steps to improve the quality of their council service.

Improved patient experience in out patients – improvements to the quality of patient experience in reference to the recent results of CQC's Outpatient Survey, where on several indicators Guy's and St Thomas' were in the lowest scoring 20% of the NHS Trusts

Improve the quality of diabetes services for children and young people – we have established a Task and Finish Working Group that is working in partnership with Southwark LINK and a Guy's and St Thomas' governor to improve the quality of services. We will be working with the Modernisation Initiative and believe this is an area where for the management of the initiative could have considerable public and patient engagement.

Comments on the Quality Account Priorities:

(PS2) Review Unexpected Deaths Using the WHO (World Health Organisation) Global Trigger Tool

Section states "ensure that at least 65% of all unexpected deaths are reviewed". Why not 100%?

(PS5) Reducing Patient Harm from Infection

Why not highlight the good work that you told us that is already in place and ensure whatever you write is in a language that is easy to understand.

(CE1) Improve the Discharge Care and Experience of Our Older and Other More Vulnerable Patients.

We were pleased to hear from Andrea Winkley that this section had been driven by the "powerful dignity in care" message that came out of our recent public meeting on dignity in care and an Older Persons Discharge Group had now been set up. It is important that this new group looks at the provision of transport.

(CE3) Develop Ward Level Safety and Quality Information (for display on each ward)

We would like this section to include the introduction of real time feedback from patients.

(CE4) Roll out 'Releasing Time to Care Initiative' (RTTC) – Trust Wide

Implement the Agreed Year 1 Goals Dementia Care Pathway

We would like you to ensure that carers and preventative measures are included in this section. We would be happy to comment on later drafts of this report, and to work with you on these from an earlier date for next year's accounts.

Best Wishes

Lambeth LINK

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4.5 Statement from NHS Lambeth (received by email 7th June 2010)

In line with the NHS (Quality Accounts) Regulations 2010 (1/4/2010), the draft Guy's and St Thomas' Hospital NHS Foundation Trust (GSTT) Quality Report 2009/10 was considered by NHS Lambeth. We welcome the opportunity to feed back on this document.

NHS Lambeth enjoys an excellent relationship with GSTT and are committed to working closely with sector colleagues to ensure the ongoing delivery of high quality services. NHS Lambeth has defined monitoring arrangements agreed with GSTT which currently consist of contract and quality monitoring meetings. NHS Lambeth also has a process for regularly reviewing quality issues at Board level with each of our main providers through our Quality and Governance Committee meetings.

NHS Lambeth has checked the information contained in the draft document and can confirm the accuracy of the data provided. The Trust made good progress against all improvement targets in 2009/10 recognising that more work is required to examine caesarian rates to see if these can or should be reduced and increasing patient experience targets. The national acclaim GSTT received for their initiative around the Acute Ill Patient Pathway programme is to be commended.

GSTT showed good performance in the A&E 4 hour target for the first three quarters but this dipped significantly in quarter 4 and therefore the target overall was missed in 2009/10. This remains a significant problem for 2010/11 where based on the first months the Trust is also unlikely to achieve. GSTT achieved the overall 18 weeks target in 2009/10. There remains a problem of 18 weeks in certain specialties, in particular T&O, which is a key issue for 2010/11. GSTT attained the cancer targets overall but dipped in quarter 4 on 62 day waits so needs to ensure this is picked up in 2010/11.

The proposed patient experience priorities for 2010/11 will be used to improve patient feedback and the development of quality services. This is of particular relevance given the feedback from patients attending outpatients, as identified in the recent Care Quality Commission (CQC) Outpatient survey and communications at discharge as identified in the CQC Inpatient survey. The development of ward level quality and safety information will also support positive communications with patients and visitors.

The Medicines Safety Programme will build on the work started last year. The focus on clinical outcomes as another priority will ensure that patients remain central to service developments. This will be particularly important given the planned alliance with Lambeth Community Health.

GSTT has participated well in national clinical audits and national confidential enquiries with some good examples of resulting actions. It is encouraging to see the additional participation with outstanding national clinical audits in 2010. The Trust demonstrates commitment to improving quality through a keen participation in clinical research and involvement with King's Health Partners Academic Health Science Centre supports this commitment.

Marion Shipman,

Assistant Director Clinical Quality and Governance, NHS Lambeth

Paul Munkenbeck,

Assistant Director Commissioning, Lambeth, Southwark & Lewisham Alliance

7th June 2010

Appendix 1

Summary of CQUIN initiatives

(A) – 2009-2010

Never Events – achieving no ‘never events’ as classified by the National Patient Safety Agency (NPSA)

A&E Handover Times – improving our handover times with the London Ambulance Service in the accident and emergency department

Smoking cessation – increasing referrals to Community Smoking Cessation Services

Patient experience – improving our patient experience metrics as agreed with our Commissioners and as recorded in our Ipsos MORI Quarterly Telephone Survey

Maternity services – reducing caesarean rates, improving maternal access, reducing smoking at time of delivery

Other specialist services CQUINs (Haemophilia).

(B) – 2010-2011

Venous thromboembolism screening

Patient experience indicators

Global Trigger Tool indicator

Improving Inpatient discharge summaries

Improve Outpatient care planning

Introducing the Year One dementia targets

Reducing Readmissions for long term conditions (heart failure, diabetes and COPD)

Improving A&E discharge summaries

Increasing smoking cessation referrals

Reducing consultant to consultant referrals (outpatients)

Reducing new to follow up ratios (outpatients)

Provide outpatient polyclinic informatics

Roll-out the *Releasing Time to Care* initiative

Reduce the number of harm events following a patient fall

Other specialists services including haemophilia and paediatric intensive care CQUINs

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