

Guy's and St Thomas'

NHS Foundation Trust



QUALITY
ACCOUNTS
2010|11



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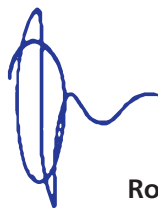
Statement on quality from the Chief Executive

For me, quality is about making sure that every member of staff at the Trust is equipped to provide excellent care that delivers the best possible outcomes for our patients. Whether that is around patient safety, the effectiveness of the treatments we provide, or the individual experience a patient has when using our services.

I hope that these Quality Accounts demonstrate our real commitment to quality, as well as explain clearly how we have progressed with our priorities to date and show where we feel we still have work to do.

The effort to achieve quality takes place across the Trust throughout the year – not just at reporting time. We try to make quality relevant to all our staff with a vision that means something to everyone, leadership that ensures a focus on quality from ‘ward to Board’, quality improvement plans, and learning and development opportunities. We are continually working to improve. There is always more to do and the focus on quality helps us to identify and work on the gaps between the level of care we want to provide, and what some of our patients may actually experience.

Both the Board of Directors and Council of Governors are involved in this work, and I can personally assure you that the contents of these Quality Accounts meet our rigorous data quality standards. We are all committed to continually improving quality within the organisation and look forward to building on our achievements and making progress in areas where we still need to improve.



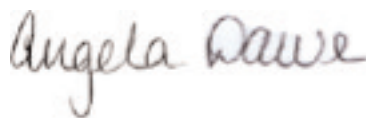
Ron Kerr, Chief Executive

Statement from the Director of Operations – Community

Quality and patient experience have always been fundamental to both Lambeth and Southwark community health services. Now that we have integrated, these values align us even more closely with Guy’s and St Thomas’.

Our previous targets around quality varied across the three organisations and one of the benefits of integration is that we can now focus on common areas of quality, such as improved communication with GPs and reducing pressure ulcers.

Looking forward, being part of an organisation such as Guy’s and St Thomas’ will provide community services staff with strengthened clinical leadership, an even greater focus on quality, and additional opportunities for professional development. For example, by taking part in the Trust’s ‘Clinical Fridays’, infection control measures and the *Showing we care* programme.



Angela Dawe, Director of Operations - Community

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Joint priorities for improvement – hospital and community services

Our quality priorities for 2011-12

The Trust has combined hospital and community service priorities for the coming year, choosing 17 areas to focus on which span the three domains of:

- **Patient safety** – having the right systems in place to effectively report, analyse and prevent errors, ensuring that our patients receive the safest possible care.
- **Clinical effectiveness** – providing treatment and care for our patients that produces the best possible outcomes with the most effective use of financial resources.
- **Patient experience** – meeting our patients' emotional as well as physical needs. This includes being treated with dignity and respect in a comfortable and safe environment, and being given the appropriate information about their care.

The areas we have chosen are priorities for the Trust and areas where we know our performance should be improved. Throughout the year we will report on our progress to the Board of Directors.

How did we choose these priorities?



In each of the three domains we have selected at least the top three priorities chosen by our public stakeholders.

In some cases we have aligned our priorities with targets that are still under negotiation with our commissioners. This explains why some priorities do not yet have a target figure included.

Table 1: Our quality priorities for 2011-12

Patient safety

Our quality priorities and why we chose them	What success will look like	How did our public stakeholders rank this initiative?
Pressure sore reduction Pressure sores are debilitating and largely avoidable injuries which cost the NHS millions of pounds every year. By working together across King's Health Partners we want to considerably reduce avoidable pressure sores for our patients.	<ul style="list-style-type: none"> - Have no avoidable grade 4 pressure sores this year, as these are the most debilitating and can lead to weeks or months of treatment - Also reduce grade 2 and 3 pressure sores by at least 10 per cent in our hospitals this year and 80 per cent over two years in the community. 	This was ranked number 1
Infection control We have made great progress tackling MRSA infection and want to build on this success by reducing the incidence of <i>C.difficile</i> .	<ul style="list-style-type: none"> - Reduce <i>C.difficile</i> cases that originate in our acute hospitals to no more than 155 this year. 	This was ranked number 2
Reducing falls Some falls are avoidable. We want to reduce the most serious falls that cause an injury in the community.	<ul style="list-style-type: none"> - Reduce the number of patients who suffer a fracture as a result of a fall in the community by at least 50 per cent, in line with our CQUIN target. 	This was ranked number 3
Reducing falls Although the Trust has done a lot of work on falls this year, we want to maintain this momentum and improve communication and collaboration between hospital and community services.	<ul style="list-style-type: none"> - Ensure we maintain at least 95 per cent compliance with our falls policy, which sets standards for reducing falls in the Trust - Establish a joint community/acute falls quality improvement group. 	This was ranked number 3
High risk medicine safety Overall reporting and sharing of learning following a medicines error is good. However, we have identified that our doctors report fewer errors than other staff. We want to improve this by encouraging this critical group of staff to report more. Based on the success of our medicines safety forum, a group that leads the drive for medicines safety and works on a programme of best practice for specific medicines, we want to roll the programme out to include additional high risk medicines.	<ul style="list-style-type: none"> - Increase the number of medical staff reporting medicine related errors by at least 10 per cent - Establish dedicated quality improvement groups for intravenous sedation and allergy medicines - Based on this year's national patient survey, improve satisfaction with the medicines information provided when patients leave hospital by at least three per cent. 	This was ranked number 4
Venous thromboembolism (VTE) VTE (a blood clot) is a major contributor to severe illness or death in the UK, accounting for up to 25,000 deaths a year. We have improved our patient assessment for VTE, and following this we want to ensure that the right patients are on the right treatment at the right time.	<ul style="list-style-type: none"> - Ensure at least 90% of adult inpatients have a documented VTE assessment and appropriate treatment, in line with our CQUIN target. 	This was ranked number 5
Childhood immunisations We can improve our current levels of childhood vaccination locally. Poor vaccination levels can lead to an increase in preventable illness, which has a devastating effect on children and families.	<ul style="list-style-type: none"> - Increase the number of children aged five years and under receiving vaccination, in line with our CQUIN targets. 	This was ranked number 6

Table 1: Our quality priorities for 2011-12 (continued)

Clinical effectiveness

Our quality priorities and why we chose them	What success will look like	How did our public stakeholders rank this initiative?
Nutrition and hydration We want to get the essentials of nutrition right for all of our patients, all of the time. This priority was ranked number one by our stakeholders and commissioners and is an area where we believe we can, and should, improve our performance.	Conduct a Trustwide review and develop an action plan to ensure that we are at the forefront of best practice when: <ul style="list-style-type: none"> - assessing our patients - assisting them with eating - weighing them appropriately - providing access to snacks 24 hours a day - documenting and communicating care. 	This was ranked number 1
Improve communication between district nurses and GPs As a result of the community/hospital integration, we have already begun significant work to improve communication between our hospital and community teams. Following GP and commissioner feedback, we have changed the focus of this priority to improve communication between district nurses and GPs.	<ul style="list-style-type: none"> - Community teams will confirm receipt of GP referrals - Community teams will communicate with a patient's GP after initial assessment and at discharge, in line with our CQUIN targets. 	This was ranked number 2
The Productive Series, also known as 'Releasing Time to Care' This aims to equip teams with methods to improve their environment, systems and processes. It helps clinicians to make decisions about using resources more efficiently. We have had considerable success with the 'Productive Ward' and now want to roll this national improvement scheme out to other areas such as operating theatres and community services.	<ul style="list-style-type: none"> - Roll out the 'Productive Operating Theatre' across selected specialities - Start the 'Productive Community' programme - Both programmes will have bespoke performance measures, such as increasing the number of operations that start on time. 	This was ranked number 3
Establish a dedicated hospital readmissions review group With many changes taking place in health and social care comes the potential risk of increased hospital readmissions. This can be a sign of poor quality care and we want to act early when we see subtle changes in readmission patterns across our specialities.	<ul style="list-style-type: none"> - Identify directorate leads - Review in detail emergency readmission trends across our hospitals, developing local and Trust/community wide action plans where necessary - Embed this process in monthly directorate performance reviews. 	This was ranked number 4
Develop an individual ward accreditation scheme We want to have the safest wards in the NHS. With our governors and other stakeholders we will independently review and score our wards for safety, and patient and staff experience.	<ul style="list-style-type: none"> - Develop an individual ward accreditation scheme based on Care Quality Commission assessment and rankings. 	This was ranked number 5
Increasing new birth visits Picking up issues early, and assisting mothers with newborn babies, is a crucial element of good healthcare in the community. We can improve in this area.	<ul style="list-style-type: none"> - Increase the percentage of new born babies who receive a new birth visit (or attempted visit) between 10 and 14 days after they are born. 	Not included in ranking exercise

Patient experience

Our quality priorities and why we chose them	What success will look like	How did our public stakeholders rank this initiative?
Improving end of life care We can do more to improve care in the community and our hospitals for patients nearing the end of their life. Better communication between hospitals, GPs and district nurses, along with the latest evidence-based care, can have a positive impact on patients and carers.	<ul style="list-style-type: none"> - Increase the number of patients with an advance care plan in place that includes details of their wishes - Increase the number of patients who, following referral to palliative care, are cared for on the Liverpool Care Pathway (national best practice) in the final stages of their illness, in line with our CQUIN targets. 	This was ranked number 1
A renewed focus on dementia care We have done some good work on dementia care in the past 12 months. We want to maintain the momentum and focus on this potentially devastating illness which is becoming increasingly common as the population ages.	<ul style="list-style-type: none"> - Embed the year one Healthcare for London dementia goals, which aim to improve quality of life for people with dementia and their carers - Review and roll out a work plan to deliver the year two goals. 	This was ranked number 2
Improve patient experience responses to the national survey These questions have been chosen by the Department of Health as key areas for all NHS Trusts in England to focus on.	<p>Improve percentage patient satisfaction scores by three per cent on questions covering the following areas:</p> <ul style="list-style-type: none"> - Privacy and dignity - Medicines information - Involvement in care - Information about concerns - Someone to talk to if worried <p>in line with our CQUIN targets.</p>	This was ranked number 3
Improve women's satisfaction with maternity care Our maternity survey results came out after the public engagement on our priorities for 2011/12. However, our results show that we need to improve satisfaction with our maternity service.	<ul style="list-style-type: none"> - Improve patient satisfaction scores across a number of key questions, in line with our CQUIN targets. 	Not included in the ranking exercise
Improve patient information leaflets Following the integration of hospital and community services we could have up to three different types of patient information leaflet. This could be confusing for our patients. We will rapidly review the current position and draw up a plan to standardise patient information leaflets across all our services.	<ul style="list-style-type: none"> - Review current position across Lambeth and Southwark - Update community information leaflets to reflect integration. 	Not included in the ranking exercise

2.1 Guy's and St Thomas' Hospital statements of assurance from the Board

Encouraging innovation from the bottom up

We appreciate that front-line junior doctors, nurses and therapists often have great ideas about how to make the systems that they work in every day better and safer for all our patients.

This year, with a donation from Guy's and St Thomas' Charity, we launched a 'Patient-Safety Dragon's Den' at the Trust. Front-line staff pitched ideas to senior clinicians and Trust managers to receive funding to kick-start their patient safety innovations. The response was overwhelming with a large number of initiatives funded to improve the care and experience of our patients.

Ideas included an integrated bedside communication aid for elderly patients, and a smart-phone patient safety 'app' for tech savvy junior doctors and nurses.

A review of our services

As well as providing care to patients at Guy's and St Thomas', we also provided NHS clinical services in 11 locations outside Trust estate last year. These were:

- five satellite dialysis units at Camberwell, Lewisham, New Cross, Tunbridge Wells, and Sidcup;
- four chemotherapy day units at Dartford, Sidcup, Bromley, and King's;
- plastic surgery services at Princes Royal University Hospital Bromley and a urology service at Lewisham Hospital.

We continue to regularly review all the data available on the quality of care for these services. The total income for these activities in 2010-11 was £16.2 million, which represented 1.7 per cent of our total income.

Our participation in clinical audits and national confidential enquiries

Clinical audits aim to improve patient care by reviewing current practice and introducing change where necessary. National confidential enquiries investigate an area of healthcare and recommend ways to improve it.

Last year we undertook 50 national clinical audits and four national confidential enquiries. By doing so, we participated in 70 per cent of the national clinical audits and 100 per cent of the national confidential enquiries that we were eligible to participate in. There were a small number of national audits that we chose not to undertake for various reasons, for example because we were performing other audit or research work in that area, or our patient case mix didn't meet the audit criteria. The clinical audits and confidential enquiries that we were eligible to participate in, participated in, and for which data was collected last year are listed on the following pages, along with the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required.

Table 2: National clinical audits in 2010-11

Audit title	Audit source	Compliance with audit terms
1. Peri and neonatal		
Perinatal mortality	Centre for Maternal and Child Enquiries	100%
Neonatal intensive and special care	National Neonatal Audit Programme	100%
2. Children		
Paediatric pneumonia	British Thoracic Society	Did not participate
Paediatric asthma	British Thoracic Society	Did not participate
Childhood epilepsy	Royal College of Paediatrics and Child Health (RCPCH) National Childhood Epilepsy Audit	March 2011
Paediatric intensive care	Paediatric Intensive Care Audit Network (PICANet)	100%
Paediatric cardiac surgery	National Institute for Clinical Outcome Research (NICOR) Congenital Heart Disease Audit	99%
Diabetes	RCPCH National Paediatric Diabetes Audit	Did not participate
Feverish children	College of Emergency Medicine	100%
Renal colic	College of Emergency Medicine	100%
3. Acute care		
Emergency use of oxygen	British Thoracic Society	Did not participate
Adult community acquired pneumonia	British Thoracic Society	100%
Non invasive ventilation	British Thoracic Society	100%
Pleural procedures	British Thoracic Society	100%
Cardiac arrest	National Cardiac Arrest Audit	100%
Vital signs in majors	College of Emergency Medicine	100%
Adult critical care	Case Mix Programme	Did not participate
Potential donor audit	NHS Blood & Transplant (NHSBT)	100%
4. Long term conditions		
Diabetes	National Adult Diabetes Audit	100%
Heavy menstrual bleeding	Royal College of Obstetricians and Gynaecologists National Audit of Heavy Menstrual Bleeding	100%
Chronic pain	National Pain Audit	Did not participate
Ulcerative colitis and Crohn's disease	National Inflammatory Bowel Disease Audit	Awaiting final compliance figure
Parkinson's disease	National Parkinson's Audit	Did not participate
Chronic Obstructive Pulmonary Disease	British Thoracic Society/European Audit	2013
Adult asthma	British Thoracic Society	Did not participate
Bronchiectasis	British Thoracic Society	Did not participate
5. Elective procedures		
Hip, knee and ankle replacements	National Joint Registry	100%
Elective surgery	National Patient Reported Outcome Measures (PROMs) Programme	100%

Table 2: National clinical audits in 2010-11

Audit title	Audit source	Compliance with audit terms
5. Elective procedures (continued)		
Coronary angioplasty	NICOR Adult Cardiac Interventions Audit	100%
Peripheral vascular surgery	Vascular Society of Great Britain and Ireland Vascular Surgery Database	30%
Carotid interventions	Carotid Intervention Audit	50%
Coronary Artery Bypass Surgery (CABG) and valvular surgery	Adult Cardiac Surgery Audit	100%
6. Cardiovascular disease		
Familial hypercholesterolaemia	National Clinical Audit of Management of Familial Hypercholesterolaemia	100%
Acute myocardial infarction and other acute coronary syndrome	Myocardial Infarction Audit Programme	100%
Heart failure	Heart Failure Audit	100%
Pulmonary hypertension	Pulmonary Hypertension Audit	Awaiting final compliance figure
Acute stroke	Stroke Improvement National Audit Programme	100%
Stroke care	National Sentinel Stroke Audit	100%
7. Renal disease		
Renal replacement therapy	Renal Registry	100%
Renal transplantation	NHSBT UK Transplant Registry	100%
Patient transport	National Kidney Care Audit	100%
Renal colic	College of Emergency Medicine	Did not participate
8. Cancer		
Lung cancer	National Lung Cancer Audit	56%
Bowel cancer	National Bowel Cancer Audit Programme	Did not participate
Head and neck cancer	Data for Head and Neck Oncology	34%
9. Trauma		
Hip fracture	National Hip Fracture Database	100%
Severe trauma	Trauma Audit and Research Network	Did not participate
Falls and non-hip fractures	National Falls and Bone Health Audit	100%
10. Blood Transfusion		
O-negative blood use	National Comparative Audit of Blood Transfusion	Did not participate
Platelet use	National Comparative Audit of Blood Transfusion	100%

Table 3: National Confidential Enquiries

National Confidential Enquiries	Compliance with audit terms
1. National Confidential Enquiry into Peri-operative Deaths:	
● Surgery in children study	100%
● Peri-operative care study	100%
● Cardiac arrest procedures study	100%
2. Confidential Enquiry into Maternal and Child Health (CEMACH) – peri-operative care study	100%

The Trust's clinical governance department continually reviews the quality of both national and local audit submissions.

Our clinical audit committee has responsibility for reviewing findings from clinical audits. It reports to the medical director via the Trust clinical governance and risk committee. The Board received dedicated reports detailing lessons learned and benchmarking the Trust against major enquiries and reports, including the Francis Report into services in Mid-Staffordshire, the Airedale Inquiry, the Oxford children's cardiac surgery inquiry, and the Health Service Ombudsman's 'Care and Compassion?' report.

The reports of 27 national clinical audits were reviewed last year and the following examples were identified as having improved the quality of our services:

- In 2009-10, the Trust was one of the pilot sites for the World Health Organisation's Surgical Site Safety Checklist. This work has continued into 2010-11, with regular observations and monthly feedback sessions.
- In December 2010, the Trust was made one of only four sites in England to offer extracorporeal membrane oxygenation (ECMO) to the most severely ill flu patients. This allowed us to provide invaluable audit information to the Intensive Care National Audit Research Centre, and other audits, which will help to inform the treatment of patients in future flu outbreaks.
- We also contribute regularly to the National Joint Registry, where information is collected on all hip, knee and ankle replacements, and the National Sentinel Stroke Audit, which monitors improvements in stroke care services.
- Audit played a key role in the Trust's achievement of NHSLA level 3 in June 2010 and this work now underpins a strong rolling programme of effective monitoring for key patient safety policies throughout the hospitals.
- Particular attention was given to patient identification, patient transfers, discharge arrangements, falls, safeguarding vulnerable patients and oxygen administration. All six of these audits are on the Trustwide forward clinical audit plan which is monitored on a regular basis.
- Detailed feedback is provided to relevant teams and services. Trustwide figures are routinely broken down to directorate, specialty and ward level to maximise awareness of the good work that is being undertaken, and of the improvements still to be made.

Last year, the reports of 128 local clinical audits were also reviewed and actions taken to improve the quality of our services. Examples are detailed overleaf.

Changes following audit

- Audits in the genitourinary medicine (GUM) clinic have helped reduce the time a new HIV patient has to wait for their results by an average of seven days.
- Allied health professionals now use a simple electronic referral system, which has decreased referral time and cut the amount of paperwork for clinical staff.
- A review of 'front-end' processes has led to a major piece of work to improve the experiences of patients using our hospitals. For example we have improved the telephone service for patients needing to change their appointments and reduced waiting times in clinics. Although we recognise we have more to do. See case study on page 31.

Guidelines

- The process of launching and promoting evidence-based clinical guidelines has been streamlined, making it easier for clinical staff to amend, review and update guidelines.
- A new guidelines database has been established for doctors and nurses to rapidly access the most up to date clinical information directly from computers on every ward, as close to where they are delivering patient care as possible.

Training

- The Trust's Simulation Centre uses simulated scenarios based upon real life incidents and outputs from safety audits to help clinical teams to improve their response.
- Root Cause Analysis training has been put in place for staff to rapidly review, learn and share Trustwide actions should a mistake occur.
- We have also started to roll out specialist communication training to help staff manage challenging situations.

Reducing falls

When a patient at the Trust became confused after her surgery and attempted to get out of bed in the night, she fell and severely fractured a bone, needing further surgery and an additional ten days in hospital. Although it is impossible to prevent all patients from falling in our hospitals or at home, a detailed review of this patient's case concluded that we could have done more to reduce her risk of falling.

Last year, we set ourselves ambitious targets to reduce the number of patients who come to serious harm following a fall in our Trust – we classify this as a fracture, as these are the most severe and debilitating injuries. We increased compliance with our Falls Policy, which sets standards for reducing falls, from 85 to 95 per cent and reduced the number of falls that resulted in a fracture by 19 per cent in the last six months.

The Patient Falls Group reviews in detail all falls that happen across our hospitals. Where clusters are observed, wards are reviewed by the group and actions put in place to improve care. Other initiatives include a review of specialist equipment across the Trust and the introduction of highly visible alerts for staff to help identify patients who are at risk of falling.

Audit quality assurance and follow-ups

- We have a rolling clinical programme of re-audit and follow-up. Topics include: blood transfusion, compliance with our falls policy, the quality of medicines prescribing and administration, patient identification and use of oxygen therapy.
- In light of the Human Tissue Act, we have also reviewed our consent procedure for the donation and transplantation of organs.

Our participation in clinical research

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to the wider health economy. It enables staff to remain up to date with the latest treatments. Active participation in research therefore contributes to achieving the best outcomes for our patients.

Last year 17,300 patients were recruited to participate in research approved by a research ethics committee (NRES).

As a Trust we participated in 796 clinical research studies from April 2010 to April 2011. We used the nationally recommended systems and protocols to manage these studies. In total, 246 NIHR (National Institute of Health Research) portfolio studies began in 2010-11, with an average approval time of 78 days.

During the year, 909 clinical staff across 13 clinical directorates participated in Trust ethics approved research, with a total of 102 research passports issued to external research staff.

Table 4: Our research studies by grouping within King's Health Partners

Studies split by group	Number of studies
Allergy, respiratory, critical care and anaesthetics	69
Cancer, haematology, palliative care and therapies	211
Cardiovascular	73
Child health	47
Dental	40
Diabetes, nutrition, endocrine, obesity and ophthalmology	36
Genetics, rheumatology, infection and dermatology	97
Imaging and biomedical engineering	26
Liver, renal, urology, transplant and gastro / GI surgery	66
Medicine	70
Orthopaedics, trauma, emergency, ENT and plastics	9
Pharmaceutical sciences	2
Women's health	50
Total number of studies	796

Bringing groundbreaking treatments to patients

Doctors and scientists from King's Health Partners have developed a new technique to perform heart surgery using an MRI scan rather than x-ray imaging. The technique has already been used successfully to widen a valve in a six-year-old patient's heart.

Using an MRI scan means that patients are not exposed to radiation, which is particularly important for children. The MRI scan also provides a clearer image, allowing doctors to assess the problem more accurately before the operation, and the degree of improvement afterwards.

Professor Reza Razavi, Professor of Imaging Science at King's College London and consultant paediatric cardiologist at the Trust, explains: "After years of research and development by a large team of scientists both here and in Germany, we have performed the procedure safely and successfully. Through collaboration between the hospital and university, we have been able to transfer research from the laboratory to the bedside and ensure that patients benefit from the latest developments as quickly as possible."

Table 5: Trust articles published in peer-reviewed journals as a direct result of involvement in National Institute for Health Research funded research

	2008/09	2009/10	2010/11	Total
Number of articles in peer-reviewed journals	47	107	194	348

Our use of Commissioning for Quality and Innovation (CQUIN) targets

Commissioners hold the NHS budget for their area and decide how to spend it on hospital and other health services. Our commissioners set us goals based on quality and innovation, and a proportion of Trust income is conditional on achieving these goals. This system is called the Commissioning for Quality and Innovation or CQUIN payment framework.

In 2010-11, 1.5 per cent of our income was dependent upon achieving quality improvement and innovation goals agreed with Lambeth, Southwark and Lewisham Primary Care Trusts through the CQUIN payment framework. This equated to around £10 million last year. At the end of the year, we are pleased to report that the Trust was set to receive over 90 per cent of this figure.

In 2011-12, 1.5 per cent of Trust income is again conditional on achieving similar goals negotiated with our commissioners. Further details are available online at www.monitor-nhsft.gov.uk.

Our registration with the Care Quality Commission

The Care Quality Commission (CQC) is the regulatory body which grants legal licences to practice healthcare in England. The CQC only issues licences to organisations that can rigorously prove they can offer safe high quality healthcare.

Guy's and St Thomas' NHS Foundation Trust is required to register with the CQC and our current registration status is 'registered without conditions or restrictions'. The CQC did not take any enforcement action against the Trust last year and we did not participate in any special reviews by the CQC during the year.

CQC mortality alerts

In the past year the Trust received two mortality alerts from the CQC. These requests related to PTCA (a cardiac investigation and treatment procedure) and to patients who have had a heart attack. The CQC was satisfied with our thorough investigation into the PTCA alert, and did not ask for further information. We have just recently submitted the investigation looking into the heart attack alert, and await the CQC's response. Our findings from this and other reviews conclude that we are confident that no safety systems have been breached and that no patients have come to harm.

Our data quality

Accurate and reliable data 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. It not only allows us to receive income to cover the cost of care, but it also anonymously informs the wider health community about illness or disease trends.

The Trust submitted records during last year to the Secondary Users Service (SUS) for inclusion in the Hospital Episode Statistics (HES). The percentage of records in the published data which included the patient's valid NHS number was 96.3 per cent for admitted patients, 96.3 per cent for outpatients, and 76.1 per cent for accident and emergency patients. This included the patient's valid GP registration code for 98.1 per cent of admitted patients, 94.7 per cent of outpatients, and 89.1 per cent of accident and emergency patients.

Information Governance Toolkit

Information governance means keeping the information we hold about our patients and staff safe. The Information Governance Toolkit is the way we demonstrate our compliance with information governance standards. All NHS organisations are required to make three annual submissions to Connecting for Health.

In 2009/10, we were 79 per cent compliant with information governance standards. Recently, the Toolkit against which we are measured underwent significant revisions. The latest version is no longer assessed on a percentage basis and is now divided into two broad categories 'satisfactory' and 'non satisfactory'.

Although we achieved an improved overall score of 80 per cent this year, we did not achieve one of the forty-five requirements relating to clinical coding, and we therefore received a 'not satisfactory' rating.

We are working hard to correct the area where we were not compliant and will also be taking actions to improve data quality including compulsory staff training on information governance, regular data quality audits, clinical audits of case note quality and establishing an NHS number quality improvement project group.

Clinical coding error rate

We were subject to the Payment by Results clinical coding audit by the Audit Commission. The error rate reported in the latest published audit for diagnoses and treatment coding (clinical coding) was nine per cent, this is a two per cent improvement on the same audit last year. The services audited this year were general medicine, maternity care, thoracic disorders and procedures, and gynaecological malignancies. Because of the nature of the sampling, the results should not be extrapolated further than the actual sample audited. Our performance is comparable to similar NHS trusts and we continue to make year on year improvements to our clinical coding.

Clinical coding error split by category:

- Primary diagnosis incorrect – 10.7%
- Secondary diagnosis incorrect – 16.4%
- Primary procedures incorrect – 17.8%
- Secondary procedures incorrect – 27.6%

Safeguarding children and adults

The Trust continues to be an active member of both our local Safeguarding Children Boards. In 2010, NHS London performed a series of detailed reviews of safeguarding children's services across the capital. The review commended our safeguarding practices and leadership.

A further external independent review of the Trust's children and adult safeguarding arrangements was conducted prior to our integration with community services. Once again, our structures were found to be satisfactory and we believe that community integration will further enhance the safeguarding services we provide to our local communities. Educating staff remains a priority, and compliance with mandatory training in safeguarding remains consistently above 80 per cent.

The Trust has a number of mechanisms in place to identify and support patients with learning disabilities, ensuring appropriate adjustments are made to meet their individual health needs. In addition, staff are regularly trained in caring for patients with learning disabilities. This includes communication, nutrition and multi-agency collaboration.

As with safeguarding, we believe that the integration of community learning disability services will further improve the patient experience for people with learning disabilities. In particular, through early identification and enhanced multi-professional communication when a local resident known to community services teams needs hospital care.

2.2 Lambeth Community Services

statements of assurance from the Board

A review of our services

Last year, Lambeth Community Health provided and/or sub-contracted the following NHS services:

Adult nutrition and dietetic service	HIV team
Blood borne virus health care team	Homeless team
Children and young people complex care nursing team	Intermediate care – Pulross Intermediate Care Centre
Children's nutrition and dietetics service	Intermediate care – Lambeth Community Care Centre
Children's occupational therapy	Musculoskeletal physiotherapy service
Children's physiotherapy	My Action service
Children's speech and language therapy service	Neurological rehabilitation service
Community nursing service and community matrons	NHS Health Checks team
Community paediatrics	Podiatric surgery
Complex rehabilitation service	Psychological wellbeing service
Continuing care for the elderly – Minnie Kidd House	Refugee health team
Expert patients programme	Reproductive and sexual health service
Family nurse partnership	Safeguarding children service
Foot health service	School health service
Gateway acupuncture service	Sickle cell and thalassaemia service
Health trainer service	Specialist health promotion
Health visiting service	Supported discharge and rapid response
Healthy bladder and bowel service	Tuberculosis team

Lambeth Community Health has reviewed all the data available on the quality of care in all of these services. The income generated by the NHS services reviewed in last year represents 100 per cent of the total income generated from the provision of NHS services by Lambeth Community Health for 2010-11.

Our participation in clinical audits

Last year, one national clinical audit and no national confidential enquiries covered NHS services that Lambeth Community Health provided. During that period, we participated in 100 per cent of the national clinical audits that we were eligible to participate in. The national clinical audit we participated in was the Royal College of Physicians National Audit of Falls and Bone Health in Older People. The report of the audit is expected in summer 2011. We will review the results and work closely with our colleagues at Guy's and St Thomas' and King's College Hospitals, who performed the audit with us, and implement any suggested changes.

Lambeth Community Health has continued to actively support clinicians to conduct local audits. Our teams are supported by a dedicated clinical audit team and regular training is available. We set a target for 2010-11 that all teams should conduct at least one local audit and we achieved this. In addition to clinical audit, we use quality tools to monitor and drive up quality in specific areas. All audit and quality work is overseen by our Clinical Audit and Quality Tools Working Group. This group is made up of senior clinicians and managers who review all audits and quality tools projects. The reports of ten local clinical audits were reviewed in 2010-11 and we intend to take the following actions to improve the quality of healthcare provided:

Table 6: Local clinical audits in Lambeth

What we audited and why	What we found	What we changed as a result
Health visitor new birth records - good quality records support high quality patient care and minimise risk. Records were audited against local and national standards.	Around 75 per cent of records audited were fully and correctly completed and were easy to understand and follow.	A selection of good and poor quality records were used in teaching sessions and all health visitors were reminded of their responsibilities around record keeping. Spot checks were introduced and regular record reviews were included in individual supervision sessions.
Nutrition - we run a continuing care unit that provides care to frail, elderly people in Lambeth who have complex needs. Good nutrition is important in this group, to help build up their strength and to avoid loss of independence, pressure ulcers and premature death.	All patients admitted to the unit were appropriately screened for risk of malnutrition. Where a risk was discovered, comprehensive care plans were devised for each patient.	No action was necessary. The audit confirmed the quality of the service being provided.
Wound care - high quality care for patients who have a wound, such as a surgical wound, pressure sores or ulcers, is essential to promote healing and prevent infection. An audit in 2009 highlighted some gaps in the care we provided.	This re-audit demonstrated that all of our adult nursing teams have made considerable improvements in the care they provide. There remain some areas for further improvement.	Each of our teams devised a further action plan, based on their individual results. These are being monitored by our head of service and a further audit will take place to ensure that standards are being met.
Clinical supervision - this supervision brings staff together to reflect on practice and encourages the development of professional skills. It enhances the quality of patient care through an evidenced based approach to maintaining standards. This audit focussed on our Allied Health Professionals such as physiotherapists, podiatrists, speech and language therapists.	The audit showed that 99 per cent of our therapists receive regular supervision, that the frequency and length of sessions meet the needs of 85 per cent of our staff, and that 84 per cent said that supervision meets their support, development and monitoring needs.	We have amended our supervision policy for these staff groups in response to the audit. Further training has been made available for supervisors to ensure that staff supervision needs are met. Our supervision steering group has also explored the supervision needs of our senior clinical staff.
Falls - we audited care in our inpatient units. Many patients admitted to these services are infirm and at risk of a fall that could adversely affect their health and delay discharge.	100 per cent of patients were assessed for risk of a fall. Where a risk was identified 89 per cent had a general falls assessment and care plans appropriately completed.	We are now working with our local hospital trusts via the falls benchmarking group to improve standards. We have introduced the STRATIFY screening tool to identify patients at risk and a falls pathway for those who are found to be at risk.
Clinical records - good quality clinical records support high quality patient care and minimise risk. Records were audited against local and national standards by all of our clinical teams.	86 per cent of records audited scored good or reasonable across the organisation.	The results of the audit have been sent to our clinical teams. Each service will reviewb their own performance and develop local improvement plans.
Maternal and child nutrition - adequate nutrition and appropriate vitamin supplements during pregnancy and in a child's early years promote maternal and child health.	The audit showed evidence of good practice both pre and post-natally. Areas for improvement included discussing the need for vitamin supplements with expectant mothers and reinforcing this after their baby is born.	We are arranging additional training for our health visitors around nutrition and will explore opportunities for using our IT systems to prompt staff. We have updated our health visiting practice standards to reflect the audit results.

What we audited and why	What we found	What we changed as a result
Safeguarding quality tool - safeguarding vulnerable adults and children is one of the most important things that we do. We audited to ensure that our teams are aware of and follow national and local guidelines, and that they are accessing training.	The audit revealed a lack of knowledge in some teams around raising adult safeguarding alerts and attending child safeguarding training.	Our adult safeguarding nurse has undertaken an extensive training exercise to raise awareness of procedures and 98 per cent of our staff have been trained. Managers have followed up with staff to ensure regular child protection training is undertaken and 93 per cent have had training.
Consent quality tool - ensuring that our staff are familiar with and follow national and local policies means that patients have their treatment options and risks and benefits fully explained, and are able to give proper consent.	This re-audit showed that our clinical teams have made considerable improvement from last year when the audit was first run. Areas for further improvement include providing written information to patients on consent, following the correct procedure for documenting consent, and attendance at Mental Capacity Act training.	The results of the audit have been sent to our clinical teams. Each service will review their own performance and develop local improvement plans. Our clinical audit and quality tools group will monitor action plans.
Records management quality tool - ensuring that our staff are familiar with and follow national and local policies means that community services, and our patients, can be confident that records remain confidential and are secure at all times.	This re-audit showed that our clinical teams have made considerable improvements since last year when the audit was first run. Areas for further improvement include being aware of our updated guidance on transporting patient records and knowing what to do if a patient asks to see their records.	The results of the audit have been sent to our clinical teams. Each service will review their own performance and develop local improvement plans. Our clinical audit and quality tools group will monitor action plans.

Our participation in clinical research

Last year the number of patients receiving NHS services provided or sub-contracted by Lambeth Community Health who were recruited to participate in research approved by a research ethics committee was 100.

Our use of the Commissioning for Quality and Innovation framework

Last year, 1.5 per cent (£685,073) of Lambeth Community Health's income was conditional on achieving quality improvement and innovation goals agreed with our commissioners, through the Commissioning for Quality and Innovation payment framework. We achieved 79.6 per cent of this, equating to £545,204.

Our registration with the Care Quality Commission

Lambeth Community Health is required to register with the Care Quality Commission (CQC) and our current registration status is registered without conditions.

In June 2010, CQC inspectors made unannounced visits to two of our inpatient units and inspected them for compliance with the code of practice on infection prevention and control. Of the 14 measures they inspected, they had no areas for concern about 12, and found areas for improvement in the remaining two. In relation to cleanliness, they found some commodes were stained and some storage cupboards that were cluttered, difficult to clean and containing dusty items. They also found that whilst pharmacists monitor prescribing on the wards, regular ongoing anti-microbial prescribing audits are not carried out. As a result they requested that we prepare a report showing how we will improve.

We devised a comprehensive action plan as a result of their inspection and this has been accepted by the CQC. Implementing the plan was monitored by our governance committee and has now been fully completed.

Lambeth Community Health has participated in one special review that the Care Quality Commission conducted during 2010-11. This was a national review of services for people who have had a stroke and their carers. We were found to be 'fair performing', which means we are a little below average. We are currently discussing the results of the review with our commissioners to develop a comprehensive improvement plan.

Our data quality

Our nurses, therapists and doctors need accurate and reliable information in order to provide safe and effective care for our patients. We use a clinical computer system (RiO) to record patient information and to manage clinics, referrals and treatment. Accurate information is used to improve services, monitor targets and provide anonymous information to public health teams.

To ensure data quality:

- The RiO computer system has templates and codes to ensure all data needed for a patient is collected in the correct form
- Information is matched with national databases to ensure it is correct
- Managers meet every month to review data and are held to account for poor data quality
- The management team uses a 'balanced scorecard' to highlight key areas for improvement
- Reports are produced regularly to identify areas of concern
- A 'tidy-up' project is underway to check that all team and clinic information on RiO is accurate and up-to-date.

Our current focus is on collecting ethnicity data for all patients. This year we increased the percentage of our patients who had their ethnicity recorded to 72 per cent. Our target is 85 per cent, as this will help us to make sure our services are provided fairly for all patients in Lambeth, regardless of their ethnic background. Another priority is making sure that all patients' NHS numbers are recorded. This year we increased the percentage of our patients who had their NHS number recorded to 95.5 per cent. In January 2011, 99.3 per cent of new patients had their NHS number recorded.

Hospital episode statistics

Lambeth Community Health did not submit records during 2010-11 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics as we are a community based service.

Information Governance Toolkit

Lambeth Community Health's Information Governance Assessment Report overall score last year was 40 per cent and was graded red from IGT Grading Scheme. We are working hard to improve this.

Clinical coding error rate

Lambeth Community Health was not subject to the Payment by Results clinical coding audit by the Audit Commission last year.

2.3 Southwark Provider Services

statements of assurance from the Board

A review of our services

During 20010-11, Southwark Provider Services provided and/or sub-contracted the following NHS services:

District nursing and community matrons	Paediatric audiology and newborn hearing screening
Specialist nursing tissue viability team	Bowley Close Rehabilitation Centre
Specialist nursing: multiple sclerosis nursing	Adult therapy and neurological rehabilitation services
Specialist nursing: diabetes nurses	Adults with learning disability
Specialist nursing: heart failure nurses	Health visiting
Specialist nursing: bowel and bladder	School nursing
Care home support team	Family nurse partnership
Foot health	Sexual and reproductive health services
Specialist paediatric services	

Southwark Provider Services has reviewed all the data available on the quality of care in all of these services. The income generated by the NHS services reviewed last year represents 100 percent of the total income generated from the provision of NHS services by Southwark Provider Services for 2010-11.

Our participation in clinical audits

Last year, one national clinical audit and no national confidential enquiries covered NHS services that Southwark Provider Services provided. During that period, we participated in 100 per cent of the national clinical audits that we were eligible to participate in.

The national clinical audit we participated in was the Royal College of Physicians National Audit of Falls and Bone Health in Older People. This was completed as an online organisational audit tool in September 2010.

The report of the audit is expected in summer 2011. We will review the results and work closely with our colleagues at Guy's and St Thomas' and King's College Hospitals, who performed the audit with us, and implement any suggested changes.

The reports of eight local clinical audits were reviewed in 2010-11 and we intend to take the following actions to improve the quality of healthcare provided:

Table 7: Local clinical audits in Southwark

What we audited and why	What we found	What we changed as a result
Hand hygiene audit – this audit observed staff when they washed their hands and their hand hygiene techniques, to ensure patient safety and reduce infections.	There is a good standard of hand hygiene practice amongst healthcare workers, with scores mainly in the 90 to 100 per cent range. Staff were knowledgeable, had skills in hand hygiene and were applying them consistently. Staff need to remember to use the correct procedure for hand hygiene every time and wash hands before and after using gloves.	There were intensive hand hygiene training and infection control spot checks last year, as well as an infection control conference. Audit shows that high standards are being met and improvements have been made where needed.
Consent quality tool – to improve how consent is obtained from patients in the community, a consent and confidentiality quality tool (QT) was designed and sent out to services.	Results of the audit support service managers' positive CQC self-test assessments: <ul style="list-style-type: none"> - staff understand the different circumstances when consent must be taken and how this should be recorded - teams are able to demonstrate how they gain consent. 	A small number of teams require training. This has been fed back to the learning and development manager with a recommendation that training is provided for these teams.
Wound care – an audit of district nursing team notes was performed by the tissue viability team to ensure that good practice is being followed in wound care.	Over 70 per cent of records met the following criteria: <ul style="list-style-type: none"> - wound assessment form present - care plan arising from the wound assessment form present - care plan followed - appropriate dressing used - Waterlow risk assessment tool for pressure ulcers completed - tissue viability specialist opinion sought where the wound was a complex one. 	Areas where improvements are being actioned include: <ul style="list-style-type: none"> - swab taken for suspected infection - wound photographed - consent to photograph wound documented - discussion with patient/carer regarding wound management - pain assessment form completed - discussion around the use of painkillers.
Records keeping re-audit – good quality record keeping is essential to provide effective and safe care for patients. This records re-audit for all services was extensive and checked what was written regarding the patient's views, not just the clinician's input.	Over 70 per cent of records continue to show good or reasonable evidence of the clinician recording: <ul style="list-style-type: none"> - presenting problem - assessment - treatment/intervention - discussion of risk/benefits of treatment - reviewing progress/success of treatment - self-management advice. The overall structure and standard of records continues to score well, but we need to improve our recording of the patient and their guardian's views.	Services are drawing up individual plans but all service managers are reminding staff to record the patient's views on their care in the clinical record.
Implanon audit - an audit of 137 patient case notes was conducted by the sexual and reproductive health service between August 2009 and October 2010.	Staff were found competent and well trained to carry out this procedure, and were recording the appropriate information in patient notes. There were improvements to be made around counselling patients and the information provided.	Staff need to ensure they counsel women before using Long Action Reversible Contraceptives (LARC) and that pre-implantation counselling includes information on the appropriateness of LARC and side effects.

What we audited and why	What we found	What we changed as a result
Safety alert audits - retrospective audit of MDA/2009/054 Clearview pregnancy tests. The alert was focussed on ensuring that staff wait at least three minutes for results from pregnancy tests.	It was found that staff do this as part of routine procedures.	No actions as the service was compliant but the audit acted as a useful reminder to staff about how to use the tests.
Family nurse partnership audit - the family nurse partnership audited their practice to see if the interventions work for the group they support.	An audit demonstrated some excellent outcomes, including very low numbers of premature deliveries, high rates of taking up and continuing breast feeding, use of long acting contraceptives, return to work or education (75 per cent of the group studied) and excellent engagement and retention of clients.	An action plan developed from the results of the audit included smoking cessation training to prescribe nicotine replacement therapies to support behaviour change, and strengthening local links with children's centres to facilitate earlier community integration of families.
Audit of nutrition in the under fives guidelines - NICE guidelines aim to equip health professionals working with the under fives to provide correct and consistent evidence-based information on nutrition. This audit sought to discover the level of knowledge our staff have of these guidelines.	<ul style="list-style-type: none"> - The guidelines are being accessed appropriately by staff - Family dynamics and attitudes towards food have become a focus for practitioners when working with families to prevent obesity in children - A small number of staff were lacking awareness around key features of the guidance, such as using cow's milk. 	<ul style="list-style-type: none"> - Guidelines to be updated and published/publicised - Highlight and encourage the use of the 2009 NICE 'diarrhoea and vomiting in children under five' guidelines within health visiting teams.

Our participation in clinical research

Last year the number of patients receiving NHS services provided or sub-contracted by Southwark Provider Services who were recruited to participate in research approved by a research ethics committee was 62.

Our use of the Commissioning for Quality and Innovation framework

Last year, 1.5 per cent as a proportion of Southwark Provider Services' income was conditional on achieving quality improvement and innovation goals agreed with our commissioners, through the Commissioning for Quality and Innovation payment framework. We achieved 100 per cent of this.

Our registration with the Care Quality Commission

Southwark Provider Services is required to register with the Care Quality Commission (CQC) and our current registration status is registered without conditions.

The CQC did not take any enforcement action against Southwark Provider Services last year. We carry out ongoing internal assessment, assurance and improvement work to ensure compliance with the CQC's Essential Quality Standards.

We participated in one special review that the CQC conducted during 2010-11. This was a national review of services for people who have had a stroke and their carers. Overall we were found to be 'fair performing'. We are currently discussing the results of the review with our commissioners to develop a comprehensive improvement plan for implementation this year.

Our data quality

This year we worked to improve the reliability and availability of the data we give to managers and commissioners.

Activity data validation

We validated the activity data currently being produced by our departments through RiO, our electronic patient record system, and other systems.

Improved reporting processes

We increased the usefulness of the 'balanced scorecard' by changing reporting from quarterly to monthly, where monthly data is available.

Quality reporting

This year we reviewed our performance reporting systems to ensure the requirements of the quality assurance framework were collected and reported on our systems.

Information management and technology work plan

This work plan focused on improving our data collection and quality and aligning current procedures to our Key Performance Indicators.

Hospital episode statistics

Southwark Provider Services did not submit records during 2010-11 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics as we are a community based service.

Information Governance Toolkit

Southwark Provider Services' Information Governance Assessment Report overall score last year was 33 per cent and was graded red from IGT Grading Scheme. We are working hard to improve this.

Clinical coding error rate

Southwark Provider Services was not subject to the Payment by Results clinical coding audit by the Audit Commission last year.

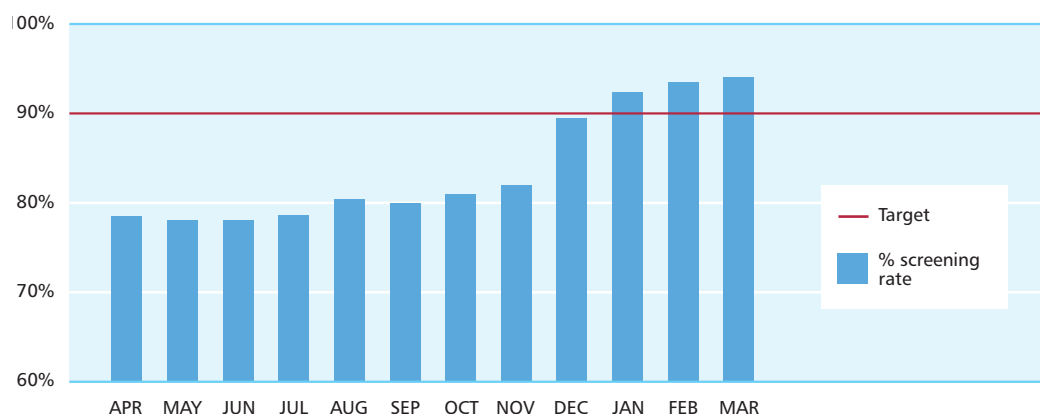
3.1 Guy's and St Thomas' Hospital progress against priorities

Our progress against 2010-11 priorities

The process of consultation to select our priorities began in the summer of 2009 and involved governors and staff, feedback from outside the Trust, particularly from our Local Involvement Networks (LINKs) and commissioners, as well as discussions with one of our local elderly residents' associations. We also used more traditional methods to gather intelligence such as NHS Litigation Authority audits, national drivers such as performance on blood clot prevention, and patient feedback and complaints.

We are pleased that of 15 priorities set, we have fully achieved ten and partially achieved one (infection). We are disappointed with our results for four of the five national patient experience questions. See pages 24 and 25 for a summary of our achievements.

Table 8: Percentage of adult patients assessed for risk of venous thromboembolism (VTE) on admission to hospital in 2010-11



Our standardised mortality ratio

Standardised mortality ratios show whether the death rate at a hospital is higher or lower than expected. It is an important marker of quality and safety. As well as internally reviewing all deaths that occur in the Trust every month, we use two external and independent benchmarking tools to monitor our mortality rates. We are pleased to report that the Trust's standardised mortality ratio continues to remain well below that expected of a Trust of our size and complexity.

Table 9: Our standardised mortality ratio

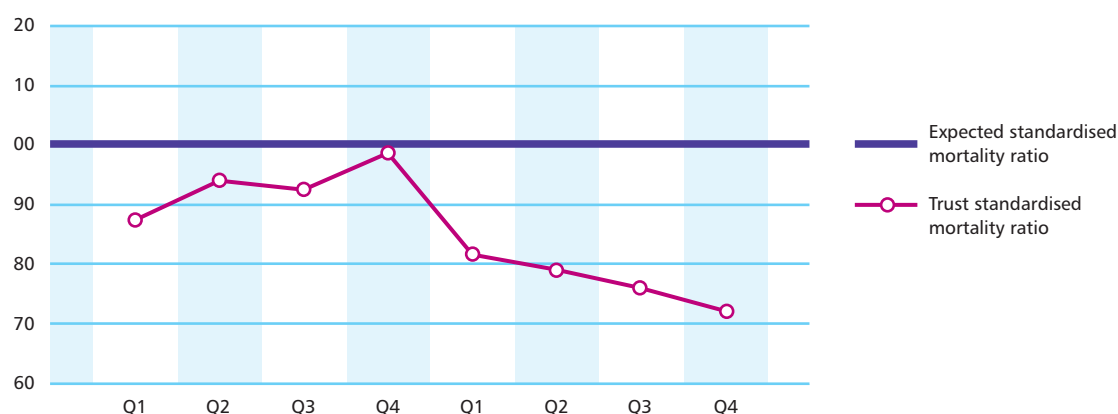


Table 10: Summary of our 2010-11 quality achievements

Patient safety

Quality indicator	We said we would...	How did we do?
Screen adult inpatients for venous thromboembolism (VTE).	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.	We achieved this and screened more than 90 per cent of inpatients at year end. We implemented a Trustwide education programme for junior doctors, and were one of the first Trusts in the UK to develop a bespoke online assessment tool for ward staff.
Review unexpected deaths across our hospitals by using the <i>Global Trigger Assessment Tool</i> .	In addition to the current 100 per cent review of all patients who die unexpectedly, 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.	We achieved this, and exceeded the separate CQUIN target by over 30 per cent.
Reduce the number of MRSA blood infections and <i>C.difficile</i> episodes at our hospitals.	Aim not to exceed nine cases of Trust-attributable MRSA bacteraemias and to have no more than 91 cases of <i>C.difficile</i> in 2010/11.	Partially achieved. We achieved the MRSA target and had just four cases in the year. We did not achieve our <i>C.difficile</i> target and had 118 cases in the year. This was due to the introduction of a new, more sensitive test during the year. See page 26.
Reduce the number of patients who come to harm following a fall.	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.	We achieved this and reduced the number of fractures in the last six months of the year by 19 per cent compared to the first six months. We maintained 95 per cent compliance with the Falls Policy.
Expand our successful 2009-10 Quality Accounts Medicine Safety Programme to include high risk medicines, strong opiates (strong analgesics like morphine) and insulin (a medicine for reducing blood sugar).	Establish high-level multi-professional groups to benchmark our current performance. Implement the recommendations of these groups and where appropriate set targets for reducing harm from these medicines.	We achieved this and while reporting of incidents remained high, we did not see an increase in harm events associated with these medicines in the year. We established quality improvement groups for both programmes who reviewed practice and launched high profile communications initiatives.

Patient experience

Quality indicator	We said we would...	How did we do?
Question 1 Were you as involved as much as you wanted to be in decisions about your care?	Achieve 74.2 per cent based on the national inpatient postal survey.	We did not achieve this and scored 70.2 per cent. Score last year: 74 per cent.
Question 2 Did you find someone to talk to about worries and fears?	Achieve 62.4 per cent based on the national inpatient postal survey.	We did not achieve this and scored 56.9 per cent. Score last year: 59 per cent.
Question 3 Were you given enough privacy when discussing your condition or treatment?	Achieve 83.1 per cent based on the national inpatient postal survey.	We did not achieve this and scored 81.1 per cent. Score last year: 81 per cent.
Question 4 Were you told about the side effects to watch out for when you went home?	Achieve 53.3 per cent based on the national inpatient postal survey.	We did not achieve this and scored 45.1 per cent. Score last year: 47 per cent.
Question 5 Were you told who to contact if you were worried about your condition after you left hospital?	Achieve 73.6 per cent based on the national inpatient postal survey.	We achieved this and exceeded the target, scoring 74 per cent. Score last year: 71 per cent.

Clinical effectiveness

Quality indicator	We said we would...	How did we do?
Improve the discharge care of our older and more vulnerable patients.	Perform a thorough and independent review of older people's nursing care, including discharge. 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.	We achieved this. Our external independent review reported to the Trust Board in the summer of 2010. Providing the best possible care for older people remains a Trust priority. Our discharge group is well established and highlights areas for quality improvement to senior staff.
Establish a Trustwide Clinical Outcomes Group.	Establish a Clinical Outcomes Group, chaired by an Associate Medical Director who oversees mortality trends in detail across the Trust. The group will highlight any issues or concerns at the earliest opportunity and report to the Medical Director/Chief Nurse. The group will report to the Trust Clinical Governance Committee and to the Board via the Quarterly Patient Quality and Safety Report.	We achieved this. This group is now well established and consists of senior respected clinicians from across the Trust. This independent group raises alerts to clinical directors based on any subtle changes in mortality trends and commissions reviews based on Care Quality Commission or Dr Foster alerts.
Develop ward level quality and safety information.	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 patients' experience where it matters most – on the ward and in the outpatient department.	We achieved this. Ward-level scorecards went live in late 2010 and are now embedded in the performance monitoring of wards and directorates in the Trust.
Roll out <i>Releasing Time to Care</i> .	Roll out this comprehensive programme to all eligible wards by March 2011. Establish a monitoring system to review progress and the time freed up for nurses to spend on direct care.	We achieved this, as part of our CQUIN target. Based on this success we are rolling out the programme to our operating theatres and the community.
Implement the year one goals in the Healthcare for London Dementia Care Pathway.	Implement the year one goals for the London Dementia Care Pathway. These include: <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. 	We achieved this. Amongst the achievements are a dedicated named dementia consultant and specialist nurse, and a training package for high-risk areas. We have greatly enhanced the collaboration between hospital and community dementia services.

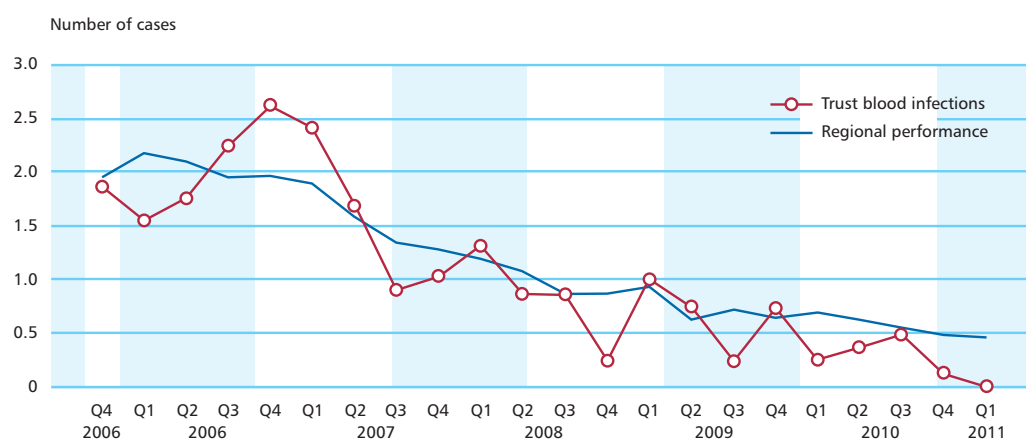
Although we are disappointed with our responses against four out of the five nationally chosen patient experience questions, it is important to recognise that our overall position in the national patient survey remains favourable, and represents an improvement on our position last year. We also achieved better scores in our quarterly Ipsos MORI telephone survey, which uses the same questions. In this survey, we exceeded the targets for four out of the five questions, and we continue to work hard across the Trust to improve the experience of our patients.

Infection prevention and control

MRSA blood infections

During the year there were four Trust 'attributable cases' of MRSA blood infection known as MRSA bacteraemias. This means that we achieved the target we were set, which was to have no more than nine cases throughout the year. We have worked hard to reduce our infection rates and this year we were the only acute hospital Trust in London to achieve this.

Table 11: Our MRSA blood infections



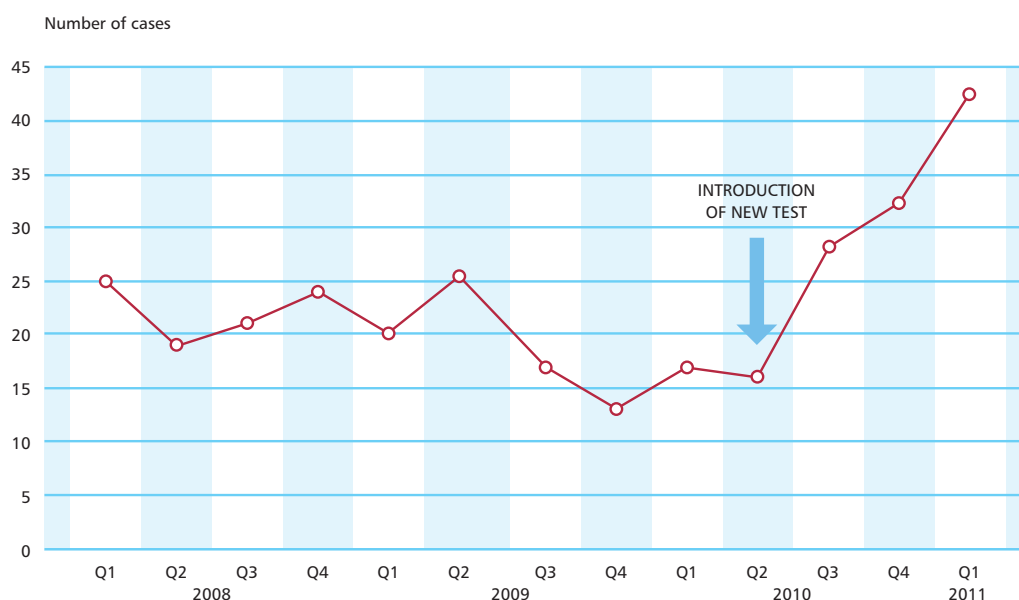
C.difficile

We were set a target of no more than 91 cases of *C.difficile* during last year, but failed to achieve this because we introduced a more sensitive test for *C.difficile* during the year. The new test is up to 38 per cent more accurate and a positive benefit to patients, but has also increased our number of positive results.

The introduction of the new test has affected our performance against the previously agreed targets. We have therefore agreed with our commissioners that our target for 2011-12 will be recalculated and increased to 155 cases based on the extra sensitivity of the new test.

During the year, we also introduced another technique to combat the spread of *C.difficile*. All positive samples are now DNA tested, which allows us to look at specific strains of the virus. This gives us information about how particular strains are spreading and shows how well our staff are controlling the spread of infection. The DNA testing has shown us that, despite the increased number of cases, there have been no outbreaks of *C.difficile*.

Table 12: C.difficile cases



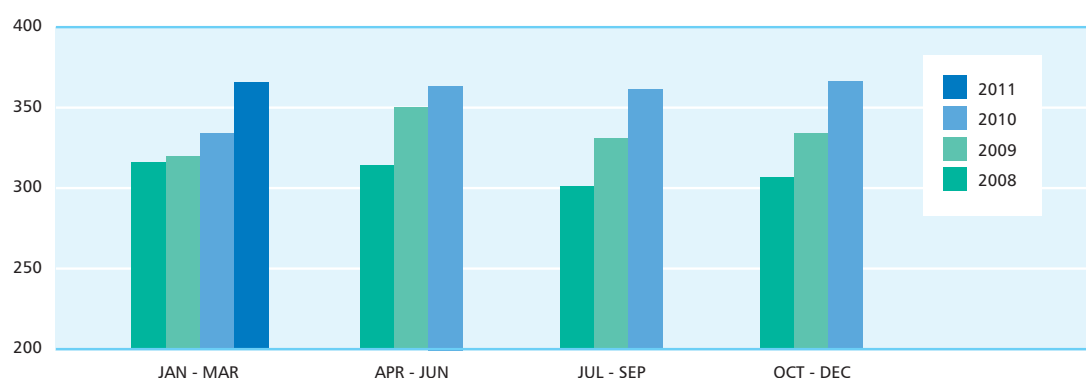
National targets

The Trust has continued to experience a significant increase in the number of patients attending our A&E department. On a number of days last year we saw more patients in A&E than ever before.

We experienced difficulties achieving the national target to diagnose, treat, discharge or admit 98 per cent of patients within four hours, and we asked the Department of Health Intensive Support Team for advice. They reviewed our practices and suggested how we might improve our performance.

At the end of the year, we did achieve the new national target with 95 per cent of patients diagnosed, treated, discharged or admitted within four hours. As new targets are introduced, we continue to review our processes and seek to learn from other hospitals.

Table 13: Daily A&E attendances by quarter



National standards require that after being referred to the Trust, no patient should wait longer than 18 weeks to be treated. Initially we expected to achieve this in all areas except orthopaedics. However, this changed for a number of reasons, including discussions with our commissioners about funding, the impact of winter pressures and our designation as a centre offering advanced support to the most critically ill flu patients.

We continue to treat more patients than ever in our orthopaedic department. Both the Department of Health Intensive Support Team and our commissioners have acknowledged this and, despite increasing our operating theatre capacity, demand is still greater than our current ability to meet it. We have robust plans in place to address this, but these will take time to implement. We are pleased that our commissioners also recognise this and have agreed that we should not face any financial penalties in the first six months of the current year.

Cancer

Last year we faced some particular problems in urology with the target that patients diagnosed with cancer should be treated within 31 days.

Whilst we were back on track with this target by the end of the year, we did not achieve the target that 85 per cent of patients referred to the Trust by their GP with suspected cancer should wait no longer than 62 days for their first treatment. This was mainly due to delays with referrals reaching the Trust, as well as other factors such as patients choosing to delay their treatment.

We have consistently achieved the target that all patients urgently referred by their GP with suspected cancer should wait no longer than two weeks for their first appointment. We also met the new target from January 2011 that no patient should wait longer than 31 days for radiotherapy after a decision to treat them.

Table 14: Percentage of urgent GP referrals seen within two weeks

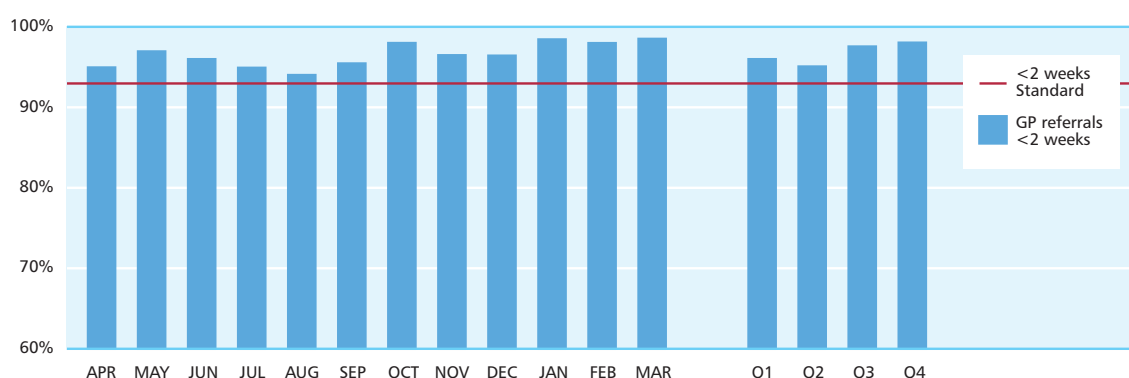
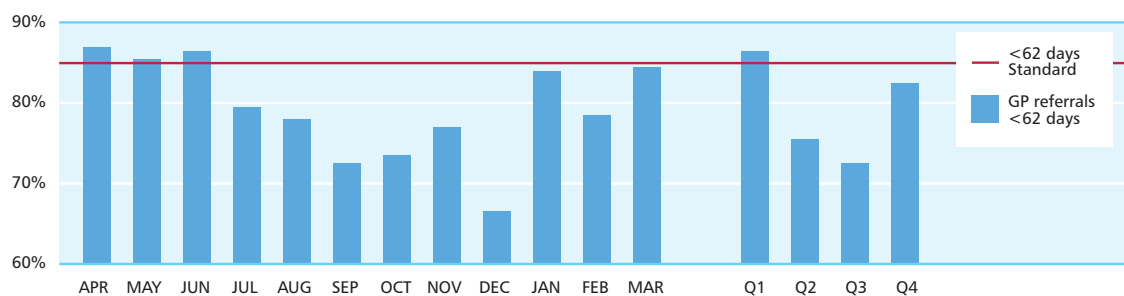


Table 15: Percentage of urgent GP referrals receiving first treatment within 62 days



Patient experience

As part of the national patient survey programme required by the Care Quality Commission, we undertook postal surveys of adult inpatients, maternity patients and cancer patients.

We are pleased that the results of these surveys demonstrate that patient satisfaction with our services remains high, with 94 per cent of patients reporting that overall care was either 'good or excellent'. This is a two per cent increase on last year's survey. Of the 86 questions asked in the inpatient survey, the Trust improved its scores in eight questions, held its position in 77 and deteriorated in one question.

Table 16: 2010 National inpatient survey results – London comparisons

London teaching hospitals	Scores (out of 100)	Ranking against peers
University College London Hospitals NHS Foundation Trust	79.2	1
Guy's and St Thomas' NHS Foundation Trust	77.1	2
St George's Healthcare NHS Trust	76.1	3
King's College Hospital NHS Foundation Trust	75.3	4
Imperial College Healthcare NHS Trust	75.2	5
Chelsea and Westminster Hospital NHS Foundation Trust	74.0	6
Barts and The London NHS Trust	73.1	7
Royal Free Hampstead NHS Trust	72.7	8

Maternity survey 2010

Overall, 78 per cent of women rated the care they received during labour and birth as excellent (49%) or very good (29%). Ninety four per cent stated they were always (73%) or sometimes (21%) treated with dignity and respect during labour and birth. National survey results published by the CQC indicate that our performance is about the same as other NHS trusts.

Although we were joint third amongst London hospitals we are not satisfied with this result and appreciate that overall London hospitals scored lower than those outside London. We are committed to improving the experience of women who use our maternity services, and have included this as a key priority in our Commissioning for Quality and Innovation (CQUIN) targets and Quality Accounts this year.

Table 17: National maternity survey ranking against London peers

London teaching hospitals	Scores (out of 50)	Ranking against peers
King's College Hospital NHS Foundation Trust	37.1	1
Chelsea and Westminster Hospital NHS Foundation Trust	36.8	2=
Imperial College Healthcare NHS Trust	36.8	2=
Guy's and St Thomas' NHS Foundation Trust	35.7	3=
St George's Healthcare NHS Trust	35.7	3=
University College London Hospitals NHS Foundation Trust	34.0	4
Barts and The London NHS Trust	33.9	5
Royal Free Hampstead NHS Trust	33.5	6

Our Aspire Network

Aspire is the Trust's equality and diversity staff network which brings together all Trust employees, including senior managers, to discuss and lead on workforce initiatives and equality and diversity issues. Aspire aims to ensure that the Trust is employing and supporting a diverse workforce that can provide excellent services that meet the needs of patients and the local community.

The Network has three specialist staff forums – BAME (Black, Asian and Minority Ethnic), LGBT (Lesbian, Gay, Bisexual and Transgender) and Disability. These forums meet regularly to lead on specific projects and provide an advisory and support service for staff.

The LGBT staff forum has worked closely with Stonewall, a charity that works to address the needs of lesbians, gay men and bisexuals in the wider community, to promote equality and diversity and meets with them regularly to discuss issues and initiatives that will support staff working in the Trust.

Cancer survey 2010

The results of the national cancer survey showed that:

- Seven per cent of our responses were in the top 20 per cent of Trusts
- Sixty per cent of indicators were in the mid-range
- Thirty two per cent were in the bottom 20 per cent of Trusts

Although the Trust performed well compared to other London Trusts, coming second highest against our peer teaching hospitals, it is important to note that the overall performance in London hospitals, including Guy's and St Thomas', was significantly poorer than hospitals outside London. We plan to make contact with the highest performing Trusts in England to learn from their experiences, with a view to improving our performance.

Other patient feedback and patient involvement activities

Surveys are just one of the ways we find out what our patients and the local community think about our services. We regularly monitor a range of information, including patient and carer workshops, complaints and enquiries to our Patient Advice and Liaison Service (PALS). The majority of patients are satisfied with the care they receive but our patients also tell us about their frustrations, for example, difficulties getting through on the telephone to book, cancel or rearrange appointments.

Improving the patient experience

A patient told us: "I am an outpatient and require three monthly follow ups. I had an appointment in January cancelled and rescheduled to February. Following my appointment in February I was told I would receive an appointment in the post. I didn't. So I contacted appointments who said they only had an available date in June. The appointment was then cancelled and rescheduled. I have tried calling to see the reason for this but have not been able to speak to anyone."

Although this patient received her appointment within the recommended time, we know from complaints like this that the Trust's appointments system causes much frustration. People often find it difficult to get through to us on the telephone and, when they do, they can't always get the information they need.

In January 2011, we started to looking at how we can improve our 'front end' processes for our patients. Improvement initiatives include a dedicated appointment cancellation line, work to improve patient letters and to reduce call answering times. We have a lot more to do, but have had some success to date, including significantly increasing our telephone answering rate.

Safe in Our Hands

We take the results of all our surveys extremely seriously, and embed the results into individual directorate and specialty performance management structures.

In February 2011, we launched the 'Safe in Our Hands' programme across the Trust. This aims to enhance the Trust's 'Clinical Fridays', expanding these beyond nursing staff to include directorate management teams. Directorate teams will be expected to review the findings of Clinical Fridays and

Guy's and St Thomas' Hospital progress against priorities

other sources of patient feedback as part of their performance framework which aims to ensure they monitor and are accountable for improving the patient experience in their area.

Same sex accommodation

We are fully compliant with the Government's requirement to ensure that our patients do not share sleeping accommodation with members of the opposite sex, unless it is in the overall best interests of the patient, for example, in critical care.

In all but two areas of our hospitals patients do not have to walk past or through an area occupied by patients of the opposite sex to get to same sex toilets and bathrooms. The two exceptions are the endoscopy unit at St Thomas' and a two-bedded area on Dorcas Ward at Guy's. We have arrangements in place to protect patients' dignity and have an action plan agreed to resolve Dorcas Ward within six months and another to improve the endoscopy facilities within 18 months.

Our dignity campaign

The Trust has over 200 'dignity champions' across many clinical and non-clinical staff groups. Champions are charged with identifying three local priorities for maintaining dignity, compassion and treating people with respect. This is the third year of our successful Beacon Awards, where teams who consistently go the extra mile are recognised, to promote dignity and respect for patients. Nominees are robustly assessed by an independent team and this year we awarded six clinical areas and teams. Next year we plan to put all our wards through the assessment, raising the standard consistently across the Trust.

Listening and acting when things don't go well

We take a zero tolerance approach to any lapse in dignity or compassion and are committed to listening and acting upon the information that our patients and carers tell us.

Recently, an elderly patient's discharge wasn't managed as well as it should have been. The case was immediately escalated to the Chief Nurse and, with the patient's consent, the Deputy Chief Nurse and Matron for the ward visited the patient in their home the next day.

Senior staff apologised personally and gained essential information from the patient that informed a Trust investigation which sought to prevent the same thing happening again. That same afternoon the Chief Nurse fed back the case and preliminary learning points to 60 senior nurses and general managers from across the Trust.

Patient Safety Week

The Trust's Patient Safety Forum organised Patient Safety Week in November 2010. This included a variety of innovative daily events culminating in a Safety Connections Conference, which attracted 200 clinical staff from across our Academic Health Sciences Centre, King's Health Partners.

The Trust Medicines Safety Forum, Penicillin Allergy Action Group, and Patient Safety Week were all recognised as best practice inpatient safety, with each of the initiatives being nominated for a national patient safety award in 2010-11.

- Target fully achieved
- Target partially achieved
- Target not met

Table 18: Our performance against national and core quality standards

Existing commitments		National standard	2010/11	2009/10	2008/09
A&E access	% patients discharged within 4 hours in A&E and MIU	>95%	*95.9% ●	97.6% ●	98.2%
Cardiac access	Patients seen within 2 weeks for rapid access chest pain	>99%	100.0% ●	100.0% ●	99.7%
	Patients waiting more than 3 months for revascularisation	<1%	0.3% ●	0.0% ●	0.0%
Cancelled operations	% elective operations cancelled on day of operation	<0.8%	0.67% ●	0.70% ●	1.17%
	% cancellations not re-admitted within 28 days	<5%	0.0% ●	0.9% ●	1.2%
Transfers of care	Inpatients with delayed transfer of care (monthly average)	<2%	0.5% ●	0.5% ●	0.3%
Health and well-being	Patients seen within 48 hours of referral to GUM clinic	>99%	100.0% ●	100.0% ●	99.8%
	Ethnic coding of inpatients	>90%	91.7% ●	91.9% ●	91.2%
Clinical quality	Call to balloon time for primary angioplasty – % under 150 minutes	>80%	87.2% ●	58.1% ●	n/a
MRSA screening	% compliance with MRSA screening for elective admissions (Jan-Mar)	100.0%	99.0% ●	93.4% ●	n/a

National priorities		National standard	2010/11	2009/10	2008/09
Infection control	MRSA bacteraemia reduction (to 9 for 2010-11)	<9	4 ●	16 ●	24
	C.difficile acquisitions in over 2s reduction (to 91 for 2010-11)	<91	118 ●	73 ●	84
18 week referral to treatment times	% admissions within 18 weeks	>90%	90.4% ●	90.6% ●	90.2%
	% non-admissions within 18 weeks	>95%	95.6% ●	96.2% ●	96.1%
Cancer access	Urgent GP referrals seen within 2 weeks	>93%	96.6% ●	97.0% ●	n/a
	Breast symptomatic referrals seen within 2 weeks	>93%	96.2% ●	93.2% ●	n/a
	Cancer treatments started within 1 month of decision to treat	>96%	96.1% ●	99.4% ●	99.5%
	Cancer treatments started within 2 months of urgent GP referral	>85%	79.2% ●	85.2% ●	n/a
	Treatments started within 2 months of screening programme referrals	>90%	96.5% ●	99.0% ●	n/a
	Subsequent surgical treatment within 1 month	>94%	93.3% ●	97.8% ●	n/a
	Subsequent chemotherapy treatment within 1 month	>98%	99.9% ●	99.6% ●	n/a
	Subsequent radiotherapy treatment within 1 month (Jan-Mar)	>94%	*94.3% ●	n/a	n/a
Infant health	Smoking during pregnancy	<5%	3.8% ●	4.8% ●	5.0%
	Breastfeeding initiation	>90%	90.6% ●	87.0% ●	90.8%
Clinical quality	Stroke care – patients with more than 90% of their stay in a stroke unit	>90%	94.5% ●	82.1% ●	n/a

* New targets in 2010/11

- Target fully achieved
- Target partially achieved
- Target not met

Table 19: Our performance against local targets

Clinical quality		Local target	2010/11	2009/10	2008/09
Infection control	% clinical staff compliant with hand hygiene (monthly audit)	>98%	97.7% ●	97.5% ●	99.0%
	MRSA screening of non-elective admissions (Jan-Mar)	>97%	*95.7% ●	n/a	n/a
	MRSA acquisitions from clinical specimens	<80	27 ●	28 ●	67
	GRE bacteraemias (per month)	<2 / mth	0.0 ●	0.4 ●	0.8
Clinical indicators	Hospital mortality – unadjusted counts of deaths (monthly average)	<100	91 ●	93 ●	99.8
	Standardised mortality ratio	<85	81.0 ●	82.6 ●	79.6
	Readmission rate (all emergency readmissions within 28 days)	<4.5%	5.4% ●	4.7% ●	4.6%
	Venous thromboembolisms – % patients screened (Jan-Mar)	>90%	*92.7% ●	n/a	n/a
	10% reduction in patient slips trips and falls with harm (per month)	<5	*3.1 ●	n/a	n/a
	Pressure ulcer acquisitions – 10% reduction (per month)	<22.5	*13.0 ●	n/a	n/a
	Smoking cessation referrals per month	>150	150.4 ●	120.0 ●	n/a
Maternity	% Caesarean births	<27%	27.6% ●	28.4% ●	n/a
	Health assessments completed within 12 weeks	>80%	93.0% ●	87.0% ●	n/a
	Dedicated midwife during labour	>90%	98.0% ●	99.0% ●	n/a

* New targets
in 2010/11

3.2 Lambeth Community Services progress against priorities

Our progress against 2010-11 priorities

Lambeth Community Health was not covered by the regulations regarding Quality Accounts last year, so we did not set priorities for quality improvement in the same way as we have for the current year. There were, however, other mechanisms in place that were used to drive quality. Our priorities for improvement were largely set through our Quality Schedule and the Commissioning for Quality and Innovation (CQUIN) framework, as well as the results from clinical audits and quality tools run.

All of the quality improvement work that we have undertaken, and indeed our entire governance structure, is focused on the three quality domains: patient safety, clinical effectiveness and patient experience. The areas that we focused on last year are detailed on the following pages:

Working with young people with learning disabilities

The Sexual Health Outreach Team is working with Lambeth College to provide Sex and Relationship Education for young people. The College has many students with learning needs and the outreach team has developed special sessions to engage them and raise awareness.

The outreach team uses a needs assessment tool to help focus on particular areas of sexual health where students would like more information, such as relationships, boundaries and how to say no. The sessions use a multi-sensory approach involving vision, hearing and touch, including games and different interactive tools.

The feedback from both students and teachers has been very positive. Students were interested and enthusiastic, saying they enjoyed the session and had a better understanding of sexual health afterwards. Teachers scored the sessions as outstanding.

"It was brilliant, the way you kept the young people engaged throughout."

"I found out a lot that I didn't know."

Developing end of life care skills

To improve end of life care in Lambeth, three new specialist posts were created in the district nursing service. In addition, end of life care was made a core clinical objective for all staff providing this service by including it in their objectives.

An extensive education programme was introduced with sessions on the Liverpool Care Pathway (national best practice), syringe drivers (a small pump used to deliver medicines), advance care planning and symptom control. All staff were assessed and areas for improvement were highlighted.

To find out whether these training and improvement plans have been translated into practice, a clinical examination was trialled with fifteen staff nurses. The examinations were well received by the nurses, and nurses who did not take part are keen to do so in the future.

We plan to build on this and have made improving end of life care a priority for this year, both in our hospitals and in the community.

Table 20: Summary of our 2010-11 quality achievements

Patient safety

Quality indicator	We said we would...	How did we do?
Learn from incidents	Ensure that incidents are reported and thoroughly investigated, and that the learning from incidents is effectively shared with our staff to prevent them happening again.	We achieved this. We have provided incident reporting training for our staff and our rate of reporting has risen through the year. Incidents are analysed for trends and patterns by our Significant Event Learning Working Group and a quarterly safety bulletin is published and distributed to all staff.
Patient nutrition	Screen all patients admitted to our inpatient units for nutritional risk and develop care plans where a risk is identified.	We achieved this. Audit data shows that all admissions were screened and that all patients identified at risk had a care plan in place.
Pressure ulcers	Implement best practice in relation to the prevention and treatment of pressure ulcers to reduce the incidence of grade two or higher pressure ulcers.	We achieved this. Audit data shows that there were two pressure ulcers in quarter 1, zero in quarter 2 and one in quarter 3. All patients are screened on admission and assessed for their risk of developing a pressure ulcer. Where a risk is identified, a care plan is put in place.
New birth visits	Ensure that all new birth visits take place within 10-14 days of birth.	We did not achieve this. However, we did increase the number of new birth visits completed on schedule from 41.2 per cent to 88.9 per cent.
Safeguarding vulnerable adults	Ensure that 85 per cent of our eligible staff receive training in protecting vulnerable adults.	We achieved this. We managed to train 98 per cent of our eligible staff.
NHS Litigation Authority (NHS LA) accreditation	Achieve level 1 accreditation.	We achieved this.
Self assessment against the findings and recommendations of the Francis Report into services in Mid Staffordshire	Complete a self assessment to provide assurance that we are making services safe for our patients.	We achieved this. The findings of our self assessment were developed into an action plan that was monitored to implementation by our Governance Committee.

Clinical effectiveness

Quality indicator	We said we would...	How did we do?
National Institute for Clinical Effectiveness (NICE) guidance	Ensure that all NICE guidance, where appropriate, is promptly implemented by our services.	We achieved this. NICE guidance is reviewed by our Clinical Effectiveness Committee and, if relevant, a senior clinician reviews the guidance and develops an implementation plan. These plans are monitored by our Clinical Effectiveness Committee.
End of life care	Assess 90 per cent of our staff against the end of life care core competency framework and ensure that they have development plans in place when required. Roll out advance care planning to a further 12 GP practices.	We achieved this. 100 per cent of our adult nurses have been assessed and have development plans in place. Advance care planning has been rolled out to a further 21 practices. Audit data shows that of those patients with an advance care plan in place, 92 per cent died in the place of their choosing.
Clinical audit	Ensure that all of our clinical services conducted a clinical audit.	We achieved this. Details of the audits undertaken are outlined earlier in this report.
Breastfeeding	Improve breastfeeding rates at 12-14 weeks (target 57 per cent).	We did not achieve this. We improved breastfeeding rates from 39.2 per cent to 45.5 per cent. There is ongoing work via our breastfeeding cafés to improve this.
District nurse contacts	90 per cent of routine referrals to the district nursing service will result in a contact being made with the patient within 24 hours.	We did not achieve this. We did increase the contacts made on schedule from 14.2 per cent to 67.2 per cent.
Childhood immunisation	Increase childhood immunisations carried out by health visitors to five per cent of all immunisations given.	We achieved this.

Patient experience

Quality indicator	We said we would...	How did we do?
Complaints	Ensure compliance with complaints regulations and that lessons are learned from complaints.	We achieved this. 100 per cent of complaints received were acknowledged within the three day target. All complaints were analysed for themes and trends and these were communicated to staff via the quarterly safety bulletin.
Surveys	Undertake an annual patient satisfaction survey and ensure that each of our services acted on the results. Additionally, each service to undertake their own patient feedback activity.	We partially achieved this. 100 per cent of our services developed service specific action plans in response to our annual survey and 94 per cent of these action plans are on target to be completed on time. 92 per cent of our services have developed and undertaken their own piece of patient feedback work.
Learning disability	Each of our services to provide two case studies on a patient with a learning disability, to demonstrate appropriate treatment is being provided to this group of patients.	We achieved this. All of our services have demonstrated that they take account of the needs of this group and make adjustments to the way the service is delivered.
Same sex accommodation	Ensure that there are no instances of mixed sex accommodation in our inpatient units.	We achieved this.
National 18 weeks waiting time target	Achieve the 18 weeks waiting time target for our paediatric audiology service.	We achieved this. This is the only service that is subject to this national target. The service has adapted its working practices to ensure an efficient and effective response.

3.3 Southwark Provider Services progress against priorities

3.31 Our progress against 2010-11 priorities

Southwark Provider Services has a contract with commissioners. Part of this contract is based on performance targets/quality indicators, the Commissioning for Quality and Innovation (CQUIN) framework and a quality schedule. The contract requires that a certain level of quality and safety standards be achieved.

The priorities we set ourselves in 2010-11 were aligned with the contract, CQUIN framework and the quality schedule, as well as local and national quality and safety initiatives and indicators. Regular contract meetings during the year monitored quality and safety. During 2010-11 we had an overarching priority, which we achieved, to develop a quarterly performance scorecard and quality schedule report, so we can track and performance manage key quality and performance indicators. The main 2010-11 priorities are shown on the following pages:

Table 21: Summary of our 2010-11 quality achievements

Patient safety

Quality indicator	We said we would...	How did we do?
Effective support and monitoring of infection control	Hand washing audit, infection control audit, spot checks and more than 90 per cent of all staff up to date with yearly infection control training.	We achieved this. 91 per cent of staff are currently trained. Our infection control advisor has undertaken a number of announced and unannounced visits to ensure good infection control measures are in place.
Develop a baseline for pressure ulcer incidence in the community	Introduce a pressure ulcer track and trigger system to monitor all pressure ulcers across the four locality areas.	We achieved this. A pressure ulcer track and trigger system has been introduced. The service is part of the Safety Express initiative to reduce pressure ulcers.
Self assessment against the findings and recommendations of the Francis Report into services in Mid Staffordshire	Complete a self assessment to provide assurance that we are making services safe for our patients.	We achieved this. The findings were fed back to the Board.
Review community nursing workforce competencies	Develop competency appraisal tool and review competencies to ensure staff are meeting these competencies.	We achieved this.
Achieve NHS Litigation Authority (NHS LA) accreditation at level 1	Achieve level 1 accreditation to demonstrate we have the necessary procedures and policies in place to support safety for patients.	We achieved this.

Clinical effectiveness

Quality indicator	We said we would...	How did we do?
End of life care	Put end of life care policies and implementation plans in place, including a clear 'do not attempt cardiopulmonary resuscitation' (DNAR) policy. Roll out of the Liverpool Care Pathway (national best practice) across all community services – 90 per cent of all nurses to be trained.	A policy is in place. We are currently on target to achieve 90 per cent training rates for nurses using the Liverpool Care Pathway. The service provides an end of life nurse consultant who supports, advises and trains staff. The pathway has been rolled out across all community services.
Every service to take part in clinical audit	Ensure that all of our clinical services conducted a clinical audit.	We achieved this. Further details of eight key audits can be found on page 20.
Breastfeeding	Support mothers to take up and sustain breastfeeding via breastfeeding cafés in the local community and health visitor support and advice.	We achieved this. Breastfeeding cafés have supported this, as well as the work of our specialist health visitor who is a breastfeeding counsellor.
Increase uptake of childhood immunisation in line with national targets	To increase uptake of immunisations and vaccinations for under fives.	We did not achieve this, but we have improved, and intend to prioritise this area again this year. The steps being taken to improve immunisation uptake include working with colleagues in primary care to further follow up children who have not been immunised and to set up immunisation clinics led by health visiting teams.
Smoking cessation	To increase the number of people quitting smoking.	We achieved this.
Development of the clinical effectiveness page for staff on the intranet	Develop an intranet page and get teams to add information on local clinical effectiveness projects and initiatives.	We achieved this.

Patient experience

Quality indicator	We said we would...	How did we do?
Meet paediatric audiology services waiting times target	To reach the national target of 18 weeks or less for paediatric audiology waiting times.	We achieved this.
Carry out an annual patient survey	Undertake an annual patient satisfaction survey.	We achieved this. As a result a number of actions have been taken to improve patient experience.
To respond to all complaints on time	To improve our response times to complaints.	We have improved our response times.
National 18 weeks waiting time target	Achieve the 18 weeks waiting time target for our paediatric audiology service.	We achieved this. This is the only service that is subject to this national target. The service has adapted its working practices to ensure an efficient and effective response.

4 Feedback on our Quality Accounts

Statements from primary care trusts, Local Involvement Networks and Overview and Scrutiny Committees

This section contains the actual feedback on an earlier Quality Accounts draft from our local Scrutiny Committees, Commissioners and local LINKs.

NHS South East London Response

The draft Guy's and St Thomas's Hospitals NHS Foundation Trust (GSTT) Quality Report 2010/11 was reviewed by a number of local commissioning stakeholders, including representatives from NHS Lambeth, NHS Southwark and NHS SE London. The coordination of feedback has been undertaken by NHS SE London, which welcomes the opportunity to respond to this document.

Local commissioning organisations have excellent relationships with GSTT and are committed to working closely to ensure the ongoing delivery of high quality services. NHS SE London has processes for regularly reviewing quality issues with GSTT, via regular Clinical Review Meetings (GSTT 'Quality' meetings), as well as a number of other quality review mechanisms.

NHS SE London believes the content of this draft document is accurate. The document clearly sets out how the Trust prioritised its key delivery areas and this includes good stakeholder engagement.

GSTT has made good progress against last years' targets and quality priorities and is to be congratulated on progress, particularly in the area of MRSA infections and screening for blood clots, which are national priorities. Accident and Emergency and 18-week targets were — and continue to be — particularly challenging. The implementation of action plans is ongoing.

The Trust is to be commended for clearly identifying priorities for both the acute and community services and the integration of Lambeth and Southwark community and acute services from April 2011 will support delivery. Trust plans for 2011/12 include areas of concern to commissioners including End of Life Care, falls and pressure ulcer reduction and we would strongly support this plan.

Jane Fryer

Medical Director
NHS SE London.

Southwark LINK response

1. Acknowledgment of LINK Involvement

LINK Southwark would like to thank Guy's and St Thomas' Hospital Foundation Trust (GSTFT) for inviting the LINK to the two Stakeholder Events in November 2010 and January 2011. We can confirm that via year long engagement with GSTFT regarding other areas of work including the QA that the organisation is committed to improving quality.

2. Data Provided in the Quality Account

The LINK realises that the production of a Quality Account takes much time and effort from a wide range of people working within GSTFT and externally. Having engaged and worked with GSTFT, we believe the information contained within the QA accounts to be accurate.

However, LINK Members did comment on the fact that substantial data was missing from the draft report. Several pieces of data, information and policy decisions on specific targets were yet to be confirmed which made it difficult for the LINK to be fully informed and ascertain its accuracy, as our role as an independent monitoring and scrutiny body.

It is noted that statistics without a context, i.e. a comparison from last year's targets or relative to something, are commonly referred to throughout the report. Use of statistics in an abstract way will not allow us to be fully informed of its impact or meaning, diminishing the use and appreciation of these statistics in this context.

3. Format of Quality Accounts

As the Department of Health has stated that QAs are public facing documents, LINK Southwark recommends that the report should be produced in different formats including a brief "easy-to-read" booklet which summarises the contents of the larger QA. This would increase the readership accessibility to all local residents.

4. Quality Account Priorities 2011-12 (Tables 1,2 & 3)

The LINK would like to state that it agrees with the priorities and would like to make the following comments:

- Staff involvement and training is essential when increasing patient safety and we assume/hope that there are mechanisms and procedures in place that will reflect this as a top priority. While this is not mentioned in the QA, perhaps this could be a future consideration.
- We appreciate the focus on improving patient satisfaction regarding medical information provided to the patients, however we would like clarification as to how you intend to carry this out.

5. Previous Targets 2010-2011 / Additional comments

a) We would welcome the GSTFT taking part in the Royal College of Paediatrics and Child Health (RCPH) National Paediatric Diabetes Audit especially in light of the presence of the Diabetes Modernisation Initiative in Lambeth and Southwark.

b) From data collected by the LINK, discharge issues with coordinated community follow-up are of local concern. Patients who have been discharged from hospital sometimes find it difficult to liaise with Adult Social Care at the London Borough of Southwark. The LINK would welcome that this issue undergo a system review in collaboration with LINKs and other service-user groups.

c) We appreciate the shift towards community services/ hospital integration to streamline patient care pathways, however strict monitoring is needed during the integration process to ensure that existing high standards that have been achieved (or recently achieved), in certain areas (i.e. Safeguarding), do not decrease. As well as increasing efforts to work at streamlining integration that will have an impact, especially on cancer targets, partly attributed to referrals delays between GPs and Trusts.

Note: GSTFT has involved the LINK in the Community Services Stakeholder Reference Group.

d) From data collected by LINK, issues have been raised repeatedly by staff and patients on the 'muddles' and 'delays' over appointments, notes or letters being on the wrong site/obtainable. We welcome the review on front end services that should improve these frontline services, and look forward to seeing the effects of these.

Lambeth LINK Response

1. Improved involvement of LINK and joint work with governors

Lambeth LINK would like to thank Guy's and St Thomas' Hospital Foundation Trust (GSTFT) for inviting the LINK to the Stakeholder Events in November 2010 and January 2011.

These were useful events, where we were given more detailed information about comparative performance than in the previous year, and it is clear that there is an ongoing commitment to improving quality.

We would like this improvement and increased information sharing to continue and build in the forthcoming year too.

2. Data Provided in the Quality Account

The LINK realises that the production of a Quality Account takes much time and effort from a wide range of people working within GSTFT and externally. However, LINK Members in both Lambeth and Southwark commented on the fact that some data was very thorough and well presented, while other substantial data was missing from the consultation report which made it difficult for the LINK to carry out its role as an independent monitoring and scrutiny body.

We do also point out that the datasets submitted are not audited. The LINK would like more substantial data on outpatient areas.

We appreciate the listing this year of clinical audits to which the Trust did not submit data. It is an improvement to include enough information to allow these to be identified.

3. Format of Quality Accounts

As the Department of Health has stated that QAs are public facing documents, LINK Lambeth recommends that some of the narrative could be prepared in a more accessible format, and the opportunity could be taken to align these to include information which includes equalities targets.

4. Quality Account Priorities 2011-12 (Tables 1,2 & 3)

The LINK would like to state that it was involved in the priority setting process, and agrees with the priorities set out.

5. Additional comments

- a) GSTFT should plan to take part in the National Paediatric Diabetes Audit and other paediatric audits in future years.
- b) Discharge from hospital remains an area of concern for Lambeth LINK and we would hope to see improvements in this area due to the integration of community services.
- c) We would recommend that there is quality monitoring of community services to ensure that standards are maintained or improved following integration,
- d) There are basic issues over outpatient appointments, waiting times and telephone problems, together with problems with notes not being available across sites, which we would wish to see addressed in future years.

Lambeth OSC response

Thank you for inviting Lambeth Council's Health and Adult Services Scrutiny Sub Committee to provide a statement on the (draft) Guy's and St Thomas' Quality Account 2010/11. Unfortunately the timeline for submission of comments has meant that the committee has not been able to formally consider the QA. However the committee was represented at one of the stakeholder events and welcomed the opportunity to participate in discussions and appreciates the effort the trust has made to engage on the development of the QA this year.

As a general point the committee would wish to emphasise the importance of early and ongoing public engagement if scrutiny and other stakeholders are to have real influence about service priorities and the design and delivery of services.

Elaine Carter

Lead Scrutiny Officer
London Borough of Lambeth

Governors' response

1.	Public governor	Regarding domain 1 Patients Safety. 1 – 6 are excellent choices, especially for example, where stressing the community involvement and working across King's Health Partners to reduce pressure sores
2.	Public governor	Regarding Statements of assurance from the Board: 2a Information on review of services that GSTT provides in locations outside Trust estate
3.	Public governor	"The total forecast income for these activities in 2010/11 is £16.2M which was 1.7% of our total forecast income" – I find this statement misleading – unless you include a full statement of the charges and costs incurred in running these services at these 11 locations why mention a figure?
4.	Stakeholder governor	"There is much in it which I commend but there are a few omissions which I think ought to be referred to, to help it seem a balanced, honest, and patient/public centred document, to those who work within the trust and those who don't".
5.	Stakeholder governor	The headline issues in the complaints received and briefly what has been done about them, broken down by division and by issue as is most relevant
6.	Stakeholder governor	The never events and the actions to try to prevent these in the future
7.	Stakeholder governor	The key areas of improvement needed as revealed by the national and confidential audits [with a view to reporting on these again in 12 months time]
8.	Stakeholder governor	Quality improvement issues in which the involvement of patients or the public or the governors and members has been helpful

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 2010 to prepare Quality Accounts for each financial year.

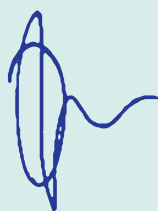
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- 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 2010 to June 2011
 - Papers relating to quality reported to the Board over the period April 2010 to June 2011
 - Feedback from the commissioners dated 19/05/2011
 - Feedback from governors dated 11 and 15/05/2011
 - Feedback from Lambeth LINKs dated 16/05/2011
 - Feedback from Southwark LINKs dated 12/05/2011
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 19/05/2011;
 - The latest national patient survey 21/04/2011
 - The latest national staff survey 03/2011
 - The Head of Internal Audit's annual opinion over the trust's control environment dated 04/2011
 - CQC quality and risk profiles dated 06/04/2011;
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.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.



Ron Kerr Chief Executive On behalf of the Board of Directors
June 3 2011

Independent Auditor's Assurance Report to the Council of Governors of Guy's and St Thomas' NHS Foundation Trust on the Quality Report

We have been engaged by the Board of Governors of Guy's and St Thomas' NHS Foundation Trust to perform an independent assurance engagement in respect of the content of Guy's and St Thomas' NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the "Quality Report").

This report, including the conclusion, has been prepared solely for the Council of Governors of Guy's and St Thomas' NHS Foundation Trust as a body, to assist the Council of Governors in reporting Guy's and St Thomas' 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 2011, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. 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 Guy's and St Thomas' NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

We read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and considered the implications for our report if we become aware of any material omissions.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 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 content of the Quality Report is not in accordance with the *NHS Foundation Trust Annual Reporting Manual* or is inconsistent with the documents.

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

- Board minutes for the period April 2010 to June 2011
- Papers relating to Quality reported to the Board over the period April 2010 to June 2011
- Feedback from the Commissioners dated 19/05/2011
- Feedback from Governors received in April 2011
- Feedback from LINKS received in April and May 2011
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 for 2010/11
- The national patient survey for 2010/11
- The national staff survey for 2010/11
- The Head of Internal Audit's annual opinion over the Trust's control environment for 2010/11
- CQC quality and risk profiles for 2010/11.

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

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – '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:

- Making enquiries of management;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents.

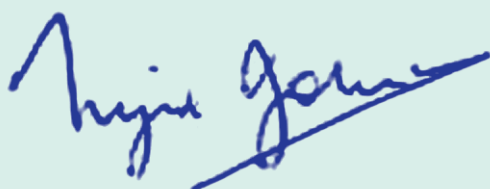
A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

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 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.



Deloitte LLP
Chartered Accountants
St Albans
June 3 2011

Summary of our CQUIN initiatives

CQUIN programme 2010-2011

Value (£'000s)

Venous thromboembolism (VTE) screening	£1,295
Improvements in patient experience – inpatient survey results	£647
Application of Global Trigger Tool	£423
Enhanced recovery programme for surgical procedures	£423
Electronic discharge summaries to GPs	£339
Effective discharge arrangements	£339
Effective clinic letters to GPs	£339
Implementation of dementia recommendations	£508
Chronic condition management – reduction in readmissions	£1,016
Demand management of consultant-to-consultant referrals	£353
Reduction in follow-up to new outpatient ratio	£353
Provision of outpatient sub-specialty information	£353
Effectiveness of A&E communication to GPs	£565
Referrals to local smoking cessation services	£565
Extension of Releasing Time to Care to other wards	£565
Reducing patient falls	£565
Specialist services – haemophilia	£494
Specialist services – HIV	£247
Specialist services – PICU / NICU	£247
TOTAL	£9,636

CQUIN programme 2011-2012

Venous thromboembolism (VTE) screening and treatment
 Improvements in patient experience – inpatient survey results
 Improvements in patient experience – maternity survey results
 Decrease caesarean section rate
 Roll out the Enhanced Recovery Programme for selected surgical procedures
 Improve GP discharge letters content/responsiveness
 Improve end of life care
 Increase HIV screening rates in certain high risk groups
 Reduce pressure ulcers
 Cancer – febrile neutropenia: reduce the time that these unwell patients wait for an antibiotic
 Increase smoking cessation referral rates
 Bone marrow transplant outcomes audit/data
 Specialist services – HIV quality improvement
 Specialist services – PICU quality improvement
 Specialist services – haemophilia quality improvement

Contact information

Chief Executive

If you have a comment for the Chief Executive, contact:

Ron Kerr, Chief Executive

Tel: 020 7188 0001

Email: chief.executive@gstt.nhs.uk

Patient Advice and Liaison Service (PALS)

If you require information, support or advice about our services, contact:

PALS

Tel: 020 7188 8801 (St Thomas')

or 020 7188 8803 (Guy's)

Email: pals@gstt.nhs.uk

Membership

If you are interested in becoming a member of our NHS Foundation Trust, contact:

Tel: 020 7188 0012

Email: members@gstt.nhs.uk

Recruitment

If you are interested in applying for a job at Guy's and St Thomas', contact:

The Recruitment Centre

Tel: 020 7188 0044

<http://jobs.gstt.nhs.uk>

Further information

If you have a media enquiry or require further information, contact:

Anita Knowles, Director of Communications

Tel: 020 7188 5577

Email: anita.knowles@gstt.nhs.uk

www.guysandstthomas.nhs.uk

Guy's and St Thomas' NHS Foundation Trust

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