

contents

	page
1 Statement on quality from the Chief Executive	1
2 Our quality priorities for 2013-14	6
3 Progress against 2012-13 priorities	23
4 Annex – Feedback on our 2012-13 Quality Accounts	33
Statement of Directors' responsibilities	
Independent Auditors Assurance Report to the Council of Governors	

1 Statement on quality from the Chief Executive

This quality report sets out the approach we are taking to improve quality at Guy's and St Thomas' and how we are translating this into improvements in patient care.

We aim to provide high quality, safe care for all our patients and this commitment was recognised by a number of key achievements this year:

- We were named in the top five hospital trusts in England for low mortality rates by the Dr Foster Hospital Guide, an annual independent healthcare survey published in November 2012.
- Our 'Barbara's story' dementia training video for staff was highlighted as an example of good practice in the Department of Health's official response to the Francis Report and more than 10,000 of our 13,200 staff have attended a 'Barbara's story' training session.
- We met challenging targets to reduce the number of cases of both MRSA blood infections bacteraemias and *C.difficile* infections.
- The Trust met all essential standards of quality and safety assessed by the Care Quality Commission during unannounced inspections on both the Guy's and St Thomas' hospital sites in February 2013.
- 82% of our staff, compared to a national average of 60%, would recommend Guy's and St Thomas' to their family and friends as a place to be treated, according to the results of the national staff survey published in February 2013.

Our performance improved markedly this year especially in terms of reduced waiting times for treatment and in tackling infections, and it was 'business as usual' despite the London 2012 Games. But we are not complacent and there is still plenty of room for improvement, especially in terms of waiting times for cancer patients and for patients coming to our A&E.

The Francis Report into failings at Stafford Hospital was published in February 2013. It made shocking reading and should make all of us who work in the NHS reflect on how we can ensure that we provide the highest quality care. One of the key lessons from the Francis Report is that we must take the time to listen to and learn from the people who know the NHS best – patients and staff.

Following its publication, our Chief Nurse, Eileen Sills, led a series of listening events attended by more than 500 staff – and a further 1,300 staff took part in focus groups at ward and department level – to talk about the report's implications for the care that we provide.

I was proud that the Care Quality Commission (CQC) reported so many heartfelt comments from patients praising our staff and the care that they provide during unannounced visits to both Guy's and St Thomas' hospital sites in February 2013.

At Guy's, one patient said "Every member of staff involved in my care from the senior doctor to the person cleaning the ward are committed and friendly" while another patient said "I've been to a lot of hospitals and this is the best ward I've been on".

At St Thomas' a patient told the CQC inspectors "Staff always talk to me and explain things as they go" and another patient said "The staff are always there to help me".

We are pleased that patients and relatives who spoke to the CQC's inspectors clearly felt safe and well cared for in our hospitals which is heartening because the Francis Report must make people feel anxious about having to spend time in any hospital. The care we provide for our patients should be what we would expect for our loved ones, and I would like to thank all staff for making the CQC visits such a positive experience.

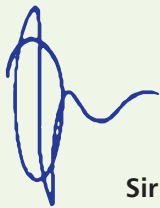
Statement on quality from the Chief Executive

Last year CQC and OFSTED inspectors also reviewed the services we provide for looked after children and other vulnerable children who fall under safeguarding arrangements, with very positive outcomes and feedback.

In these tough financial times we must ensure that the quality of our clinical services is not compromised by the need to work more efficiently and our *Fit for the Future* programme sets out how quality, safety and efficiency can be balanced. Our commitment to this principle underpins our quality priorities for the 2013-14 financial year.

I look forward to working with our patients, Foundation Trust governors, staff and others who take an interest in our work and the services we provide as we redouble our efforts to provide high quality care for all our patients.

Finally it remains to say that, to the best of my knowledge, the information in this Quality Report is accurate.

A handwritten signature in blue ink, consisting of a large, stylized 'R' followed by a wavy line.

Sir Ron Kerr, Chief Executive

Successes in 2012-13

- We consistently have one of the lowest mortality rates in the NHS in England, including out of hours and at weekends.
- We have very low levels of cardiac arrests on our wards – sustained year on year.
- We have seen a significant improvement in our inpatient experience as measured through the national inpatient survey.
- We launched 'Barbara's story', an innovative staff education programme aimed at raising awareness of patients living with dementia.
- We are one of the best performing Trusts for infection prevention – and we achieved our MRSA and *C.difficile* targets this year.
- We had no attributable grade four pressure ulcers in the last year, across our hospital and community services.
- Our community sexual health and Three Boroughs teams won a national award for their innovative outreach service to support vulnerable people.

Where we need to improve

- Despite improvements, we need to continue to reduce waiting times for some treatments.
- Although we have made progress, we want to do more to improve our response to patients or relatives if they are unhappy with our services.

Using our Quality priorities to drive continuous

2010/11

2011/12

Patient safety

Assess our patients for venous thromboembolism

Review unexpected deaths using the 'Global Trigger Tool'

Reduce harm from medicine errors, falls and MRSA infection rates

Reduce the number of pressure ulcers.

Achieve our *C.difficile* reduction targets

Reduce the number of patients who suffer a harmful fall in hospital

Reduce the number of patients who suffer a harmful fall in the community

Focus on high-risk medicine safety

Assess at least 90% of our patients for venous thromboembolism

Improve our childhood immunisation rates

Clinical effectiveness

Improve the discharge of older people

Establish a Trust-wide clinical outcomes group

Develop new ward-level safety information

Roll out 'releasing time to care' across our wards

Implement the year one Healthcare for London dementia goals.

Review and improve our nutrition and hydration practices

Improve communication between district nurses and GPs.

Roll out the 'productive series' to our operating theatres and community services

Develop a ward accreditation scheme

Increase new birth visits by our health visitors

Establish a group to reduce readmissions

Patient experience

Improve our patient experience in the five key areas highlighted by the Department of Health:

- 1 Patients being involved in their care
- 2 Patients being given enough privacy and dignity
- 3 Patients having someone to talk to about their worries and fears.
- 4 Patients being told about medicine side effects
- 5 Patients having enough information on discharge

Improve our end of life care

Renew our focus on dementia care

Improve women's satisfaction with maternity care

Improve our community patient information leaflets

Improve our performance against the five national patients experience questions (see 2010/11)

improvement

2012/13

Improve staff knowledge and understanding of patient safety

Reduce harm from falls, pressure ulcers and infection

Increase new birth visits in the community

Improve the efficiency of outpatient services

Enhance support for our ward sisters

Improve childhood immunisation rates

Improve communication between GPs and district nurses

Improve staff communication with patients

Improve the care of vulnerable patients

Increase patient satisfaction as measured by responses to the national patient surveys

2013/14

Keep our patients safe and reduce the risk of harm

Keep everyone informed about our performance

Capture how we are doing

Focus on quality standards from Board to ward

Improve communication between GPs and community nurses

Protect the future health of local children

Improve our complaints and PALs services

Improve our care for older people

Extend user involvement in our quality checks

Achieve our hospital and community patient experience CQUIN targets

Improve our outpatient department efficiency

2

Our quality priorities for 2013-14

We want to demonstrate our commitment to quality and to show where we intend to focus our efforts next year. We have come up with 11 quality priorities that we will focus on from 1 April 2013 to 31 March 2014.

We have selected areas that combine our hospital and community priorities, and each priority comes under one of our three quality themes:

Patient safety – having the right systems and staff in place to minimise the risk of harm to our patients and, if things do go wrong, to be open and learn from our mistakes.

Clinical effectiveness – providing the highest quality care, with world class outcomes, whilst also being efficient and cost effective.

Patient experience – meeting our patients' emotional as well as physical needs. This includes patients being treated with dignity and respect, in a comfortable, clean and safe environment; being given the right information about their care and discharge; and being treated without avoidable delays.

We agreed with our stakeholders to 'roll-over' some of last year's priorities as many of our priorities are major areas of work which will take several years to fully implement. In addition, the areas we have chosen this year are those that our stakeholders told us were where we needed to improve. Where appropriate, we have aligned our priorities with our 2013-14 Commissioning for Quality and Innovation (CQUIN) targets – a range of local and national quality priorities chosen by our commissioners and by the Department of Health.

Progress against these priorities will be regularly reported to the Trust's Board of Directors.

How we chose our priorities

At our 2012 King's Health Partners 'Safety Connections' conference we distributed questionnaires to our staff asking for their ideas about what should be included in this year's Quality Accounts.

Our list of quality priorities was then considered by our governors, Local Involvement Networks (LINKs), our commissioners, local GPs, local authority health Overview and Scrutiny Committees and our colleagues from King's College Hospital at two stakeholder events. We asked them to review, comment and add to the priorities.

The Chief Nurse and Medical Director informed the Board of Directors and the Trust Management Executive of our priorities in March 2013, and these were then agreed.

Patient safety

Our quality priorities and why we chose them

Keep our patients safe and reduce the risk of harm

A continued focus on reducing the major harms in hospital; with a particular emphasis on pressure ulcers, falls, infection and never events/serious incidents.

We have chosen this priority to support our trust objective to become a UK leader in reducing avoidable harm and provide our patients with an excellent experience.

Continually seeking areas where safety can be improved will ensure that we do not rest on past success but identify further improvement opportunities.

Keep everyone informed about our performance

Transforming how we publish and present our outcome data to our patients and the public. We want to make a wide range of information about our performance available.

We believe that being open and transparent about our safety record and our outcomes will ensure that our local community and patients are able to hold us to account and will strengthen how we continue to learn and improve.

Capture how we are doing

Continue to use the national safety thermometer¹ across our hospital and community services. We want to be able to compare our performance on safety with trusts across the country to achieve our goal of leading in the reduction of avoidable harms.

What success will look like

- We will reduce pressure ulcers in line with our CQUIN targets, with zero attributable grade 4 pressure ulcers across our hospitals and community services.
- We will reduce moderate and severe harm events associated with falls by at least 10% in our hospitals and inpatient community services.
- We will achieve our 2013-14 *C.difficile* target of no more than 47 cases during the year.
- We will have put in place an improvement programme to reduce the number of urinary tract infections associated with catheters.
- We will achieve 100% compliance with the WHO surgical safety checklist in all areas where our policy requires it to be used.
- We will have zero 'never events'.

- We will create a 'hub' of quality and patient experience information on our website, increasing the frequency, content and quality of data that we publish, including links to information about our services published by other organisations.
- Each hospital ward and community inpatient service will publish its Family and Friends Test results and provide regular updates on other performance and patient safety measures, including the number of days since the last patient safety incident and what has been done to prevent it happening again.

- In line with our acute and community CQUIN; we will embed the national patient safety thermometer in the hospital and roll this out to our community services.

(1) The NHS safety thermometer is a national inpatient and community 'safety census' carried out each month. It looks at harm events related to falls, pressure ulcers, infection and blood clots. It observes and calculates a 'snapshot' rate of harm-free care for each department assessed.

Clinical effectiveness

Our quality priorities and why we chose them

Focus on quality standards from Board to ward

Assuring the Board of our quality standards and reducing the administrative burden on our front-line clinical staff.

Improve communication between GPs and community nurses

Reliable and consistent communication between GPs and community nurses is essential to ensure our local community receives high quality community healthcare. Improvements were made in 2012-13 but we believe we can do this even better and more consistently.

Protect the future health of local children

by improving childhood immunisation rates across Lambeth and Southwark. Poor immunisation rates can lead to an increase in preventable disease with the potential for devastating impact on children and their families. We want to increase our immunisation rates to improve the health of our local children.

What success will look like

- Weekly 'Board to Ward' quality reviews will be considered by the Trust's executive directors.
- Board to Ward quality improvement: Trust executive directors will 'use & test' systems as if they were a ward sister or junior doctor.
- Report progress via the quarterly Quality and Patient Safety Report.

- We will see further improvement in consistent communication between the community nursing teams and the patient's GP after initial assessment of a patient and following discharge.

- We will continue this improvement programme and will achieve our CQUIN target to increase the proportion of MMR1 and pre-school booster immunisation.

Our quality priorities for 2013-14

Patient experience

Our quality priorities and why we chose them

Improve our complaints and PALS services

Complaints provide us with valuable feedback from our patients and their families. We want to ensure that patients are satisfied with how we respond to their complaints and that we miss no opportunity to learn from what they tell us.

Improve the care of older people

A continued focus on patients with dementia and their carers. The majority of our patient contacts are with people over 65. We want to ensure that we are responsive to the needs of our most vulnerable patients and provide staff with the support they need to ensure that our patients are protected, safe and that their dignity is maintained.

Extend user involvement in our quality checks

Known as the ward accreditation assessment which we carry out on each hospital ward and in each community inpatient service each year. Providing high quality care for patients is a key priority. We want to have a responsive approach to monitoring the standards of care which reflects the views and experiences of our patients. Involving representatives from our local community, including Foundation Trust governor members and Healthwatch bodies in Lambeth and Southwark, in these assessments will help ensure the assessments and subsequent action plans are informed by feedback on what matters most to our patients.

Achieve our hospital and community patient experience CQUIN targets

The Trust is committed to listening to and learning from our patients. We want to ensure that as many of our patients as possible have a positive experience of care across all settings of care. We want to ensure that we have timely feedback from patients to ensure that we can respond promptly to any suggestions for improvement.

Improve our outpatient department efficiency

We have a brand new outpatient centre at St Thomas' but can do more to improve efficiency and the patient experience. We want our patients to have a good experience of our outpatient services. Patients tell us that their experience is generally good but we believe we can do even better by continuing to reduce waiting times. When patients do not attend an appointment an opportunity for another patient to be seen is lost. We therefore want to work with patients to make appointments that are convenient for them and they are able to keep.

What success will look like

- We will formally review both our complaints and PALS services and will recommend and consult on improvements to processes that will ensure rapid Trust-wide learning from the feedback we receive.
- We will improve the timeliness and quality of our responses to complaints.

- In line with our CQUIN target we will focus on individualised care for patients with dementia, including early assessment, identification and intervention, and we will also focus on 'caring for the carers' of patients with dementia.
- We will see an increase of 10% in referrals to the delirium and dementia team (DAD).
- We will achieve a 30% increase in use of the delirium bundle.
- We will build on the work we have done using Barbara's story to develop a culture of understanding, knowledge and empathy amongst all staff and will take forward the next phase of that project.

- We continually assess the quality of our care, including through the annual Safe in Our Hands ward accreditation assessment carried out by our staff and governors. We invite representatives from our local community to participate in the assessments and feedback sessions.
- Following our recent pilot, we will further develop our 'mystery shopper' programme and report our findings and actions to the Board.

- We will roll out and embed the Family and Friends Test across our hospital wards and the Accident and Emergency department at St Thomas'.
- We will achieve our community patient experience CQUIN and roll-out of the 'Near Patient Experience' system to our community services.

- We will reduce the number of patients who 'do not attend' for their appointment.
- We will reduce how long patients have to wait for their first appointment.
- We will reduce outpatient clinic waiting times.

2.1 Statements of assurance from the Board of Directors

This section contains the statutory statements concerning the quality of services provided by Guy's and St Thomas' NHS Foundation Trust. These are common to all trust Quality Accounts and can be used to compare us with other organisations.

2.2 A review of our services

During the reporting period 2012-13 Guy's and St Thomas' provided sixty NHS services, this number includes both hospital and community services. The detailed list of services is available in the Trust's Statement of Purpose.

The Trust has reviewed all the data available on the quality of care in all of these services through its performance management framework and its assurance processes.

The income generated by the services reviewed in 2012-13 represents 100 per cent of the total income received for the provision of NHS services in 2012-13.

2.3 Participation in clinical audits and National Confidential Enquiries

A clinical audit aims to improve patient care by reviewing services and making changes where necessary. National Confidential Enquiries investigate an area of healthcare and recommend ways to improve it.

We are committed to participating in relevant National Confidential Enquiries to help assess the quality of healthcare nationally and to make improvements in safety and effectiveness.

During 2012-13 we took part in 44 national clinical audits and three national confidential enquiries. By doing so, we participated in 95 per cent of national clinical audits and 100 per cent of National Confidential Enquiries in which we were entitled to participate.

The national clinical audits and National Confidential Enquiries that we were eligible to participate in during 2012-13 are shown in the table on the following pages, together with those that we participated in and for which data collection was completed during 2012-13. The information provided also includes the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits 2012-13

Audit title	Participation	% cases submitted
Women and children's health		
Child health programme (CHR-UK) (also known as the Child Health Clinical Outcome Review Programme)	Yes	100%
Epilepsy 12 audit (childhood epilepsy)	Yes	100%
Neonatal intensive and special care (NNAP) (subscription funded from April 2012)	Yes	100%
Paediatric asthma (British Thoracic Society)	Yes	100%
Paediatric fever (College of Emergency Medicine)	Yes	100%
Paediatric intensive care (PICANet)	Yes	100%
Paediatric pneumonia (British Thoracic Society)	Yes	100%
Acute care		
Adult community acquired pneumonia (British Thoracic Society)	Yes	100%
Adult critical care (Case Mix Programme – ICNARC CMP)	Yes	100%
Emergency use of oxygen (British Thoracic Society)	Yes	100%
National Joint Registry (NJR)	Yes	97% Q1, 100% Q2, Q3 & Q4 not yet available
Non-invasive ventilation – adults (British Thoracic Society)	Yes	100%
Renal colic (College of Emergency Medicine)	Yes	100%
Severe trauma (Trauma Audit & Research Network, TARN)	Yes	60%
Long term conditions		
Adult asthma (British Thoracic Society)	Yes	100%
Bronchiectasis (British Thoracic Society)	No relevant cases to report	No relevant cases to report
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes	100%
Diabetes (Paediatric) (NPDA)	Yes	100%
Inflammatory bowel disease (IBD) Includes: Paediatric Inflammatory Bowel Disease Services (previously listed separately in 2010-11 quality accounts)	Yes	100%
Pain database	No	We were not asked to participate
Renal replacement therapy (Renal Registry)	Yes	100%
Renal transplantation (NHSBT UK Transplant Registry)	Yes	100%
Heart		
Acute coronary syndrome or acute myocardial infarction (MINAP) (subscription funded from April 2012)	Yes	100%
Adult cardiac surgery audit (ACS)	Yes	100%
Cardiac arrhythmia (HRM)	Yes	100%
Congenital heart disease (Paediatric cardiac surgery) (CHD)	Yes	100%
Coronary angioplasty (subscription funded from April 2012)	Yes	100%
Heart failure (HF) (subscription funded from April 2012)	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	100%
National Vascular Registry (elements include CIA, peripheral vascular surgery, VSGBI Vascular Surgery Database, NVD)	Yes	100%
Pulmonary hypertension audit	N/A	We are an outreach centre for the Royal Free Hospital
Mental health		
National audit of psychological therapies (NAPT)	N/A	N/A
Prescribing Observatory for Mental Health (POMH) (Prescribing in mental health services)	N/A	N/A

National clinical audits 2012-13

Older people		
Carotid interventions audit (CIA) (subscription funded from April 2012)	Yes	100%
Fractured neck of femur	Yes	100%
Hip fracture database (NHFD)	Yes	100%
National audit of dementia (NAD)	Yes	85% STH site
Parkinson's Disease (National Parkinson's Audit)	Yes	100%
Sentinel Stroke	Yes	100%
National Audit Programme (SSNAP) – programme combines the following audits, which were previously listed separately: a) Sentinel stroke audit (2010-11, 2012-13) b) Stroke improvement national audit project (2011-12, 2012-13)		
Other		
Elective surgery (National PROMs Programme)	Yes	12/13 data not available from national programme at time of report
Cancer		
Bowel cancer (NBOCAP) (subscription funded from April 2012)	Yes	100%
Head and neck oncology (DAHNO) (subscription funded from April 2012)	Yes	100%
Lung cancer (NLCA) (subscription funded from April 2012)	Yes	100%
Oesophago-gastric cancer (NAOGC) (subscription funded from April 2012)	Yes	100%
Blood and transplant		
Intra-thoracic transplantation (NHSBT UK Transplant Registry)	N/A	N/A
National Comparative Audit of Blood Transfusion – programme includes the following audits, which were previously listed separately: a) O neg blood use (2010-11) b) Medical use of blood (2011-12) c) Bedside transfusion (2011-12) d) Platelet use (2010-11)	Yes	100%
Potential donor audit (NHS Blood and Transplant)	Yes	100%

National Confidential Enquiries 2012-13

Medical and surgical programme: National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (also known as Medical and Surgical Clinical Outcome Review Programme, or Patient Outcome and Death)	Yes	100%
National Review of Asthma Deaths (NRAD)	Yes	100%
Mental Health programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH) (also known as suicide and homicide in mental health, or the Mental Health Clinical Outcome Review Programme)	N/A	N/A
Maternal, infant and newborn programme (MBRRACE-UK)* (Also known as Maternal, Newborn and Infant Clinical Outcome Review Programme) * This programme was previously also listed as Perinatal Mortality (in 2010-11, 2011-12 Quality Accounts)	We are waiting to hear more about the pilot phase and currently collecting paper records in the Neonatal Intensive Care Unit (NICU) for calendar year 2013.	

The reports of 30 national clinical audits were reviewed in 2012-13 and we intend to take the following actions to improve the quality of the healthcare we provide:

- Following the National Diabetes Audit, the Trust continues to implement actions through the Safety and Quality Improvement Group in Diabetes. The Think Glucose campaign is targeting tighter glycaemic control for patients.
- The neonatal team continue to promote a number of standards in the NNAP project. Actions have included a review of individual circumstances where antenatal steroids were not given, the introduction in 2012 of transport incubators for transfers from the Birth Centre, the introduction of review forms for hypothermia and the continued promotion of breast milk feeds.
- The Trust's Organ Donation Committee, chaired by the Medical Director, looks at the data from the potential donor audit quarterly and addresses any concerns. They also discuss individual cases with the senior doctor involved. The committee use the data to develop an annual plan for promoting and facilitating organ donation in the Trust.

The reports of 231 local clinical audits were reviewed last year and the Trust intends to take the following actions to improve the quality of our services:

- A number of actions have been implemented following a pharmacy audit to improve prescribing accuracy. These include an amended list of abbreviations now available on the intranet, a promotional campaign for the revised inpatient drug chart, featuring the completion of the prescriber's printed name and registration number as key messages, and further reinforcement of messages around recording of pharmacist initials and time of review on the inpatient drug chart.
- Improving the traceability of all blood components from donor to recipient. A new procedure was devised by the blood transfusion team to mimic that used when administering controlled drugs. The new procedure has been audited and, over a six month period, compliance rose from 91 per cent to 97 per cent.
- A significant proportion of patients admitted to hospital require the administration of intravenous (IV) fluids as part of their treatment. A local guideline was put together by a multi-disciplinary team in acute medicine, based on national guidance, and has established seven local 'gold standards' surrounding IV fluid usage. Audits were carried out pre and post guideline implementation on 53 and 48 patients respectively. All seven local 'gold standards' showed improved compliance. In one standard, compliance increased to 100 per cent from a previous position of 29 per cent compliance.

Further detail on clinical audit and improvements can be found in the Annual Clinical Audit report 2012-13.

Trustwide audit projects

In addition to the national clinical audits, Trustwide projects also inform NHSLA compliance and compliance with the CQC Essential Standards of Quality and Safety. The clinical governance team work with senior clinicians to translate these monitoring exercises into quality improvement and patient focussed clinical audits.

This year has seen the introduction of quarterly snapshot audits of the quality of documentation. These review eight patients on every ward and look at whether their records meet the documentation standards of the Trust, along with other aspects of the record such as completion of falls documentation, consent information and discharge planning. By doing these smaller audits more frequently, we aim to achieve more targeted improvements in a shorter timescale.

Other projects include the Trustwide falls audit, which continues to show strong compliance with use of the STRATIFY falls assessment tool. The patient identification audit has led to improvements in ensuring all required information is included on identity bracelets, and audits of the nursing Patient Care Assessment Plan have shown an improvement in levels of completion.

Community audit projects

Every service in the community was asked to carry out a quality improvement project in 2012-13. Teams could choose whether to re-audit a project from a previous year, or to carry out a new clinical audit. There were a wide range of topics, many of them aligned to the quality priorities for 2012-13, such as new birth visits and pre-school immunisations.

Our community services took part in a local project to assess a quality tool which looked at how aware staff were of local governance arrangements. The inpatient community services also took part in the NHSLA documentation audit in December 2012.

The results of the foot health team's audits led to reduced waits for appointments and no overdue patients. The number of complaints received by this team has reduced by 50 per cent as a result.

Safety Connections Conference 2012

In October last year the Trust held its second Safety Connections Conference, which was, for the first time, a joint event across King's Health Partners. The event featured a mix of internal and external speakers covering a wide range of patient safety topics. These included safety lessons learned from the other industries, including the London 2012 Games and the construction of the Shard; care and compassion; and educating staff for safety.

Each afternoon the conference featured 30 different *Safety Connections workshops* – 45-90 minute sessions which covered topics such as turning complaints into service improvements, writing for publication and learning from medication safety incidents.

There was also a poster competition, showcasing quality improvement and patient safety initiatives over the past year which have made a difference to patients. There were eight categories, with the winners in each receiving a prize and a certificate. Over 50 entries were received, 22 of which were shortlisted into eight categories. Four categories were won by Trust staff. These were:

Category	Winning poster
Education and training in patient safety	Medicines safety lectures and posters for pharmacy staff
Technology and IT to improve patient safety	Wound care for Epidermolysis Bullosa
Patient involvement in patient safety projects	Patient empowerment for blood transfusion
Partnership working	Pre-printed electronic operation notes for transplant cases to improve access to vital information

Over a hundred conference attendees signalled their interest in joining a 'Safety Connections Network' and this is being taken forward by the steering group, with a series of network events to be held over the next year. It is proposed to hold the next Safety Connections Conference in February 2014.

2.4 Our participation in clinical research

Guy's and St Thomas' is committed to carrying out pioneering research to find the best treatments and cures for some of the most complex illnesses, with benefit for patients locally, nationally and internationally.

We are part of King's Health Partners; one of five accredited Academic Health Sciences Centres in the UK. A wide cross section of research was carried out last year, some of which focussed on the service areas we specialise in, including allergy, dental services, women's health, cardiovascular services and renal transplantation.

During 2012-13, 311 non commercial studies began, as well as 71 commercial studies. Last year, over 29,000 patients took part in research which was approved by our research ethics committee (NRES). During 2012-13, over 1,000 clinical research studies were active. We used the nationally recommended systems and protocols to manage these studies and to ensure that the results are passed into practice in a timely and safe manner.

Guy's and St Thomas' and King's Health Partners are at the cutting edge of national and international research. We managed over £7 million of research grants for the National Institute Health Research in 2012-13. More detail about the research we do at the Trust can be found in chapter five of the annual report.

Number of active non-commercial (portfolio) projects – 472

Number of active non-commercial (non-portfolio) projects – 634

Number of non-commercial studies registered – 311 (174 portfolio studies)

Commercial studies registered – 77 (41 portfolio studies)

Number of recruits in non-portfolio non-commercial trials – 18,000+

Number of recruits in portfolio non-commercial trials – 11,055

Number of recruits in commercial trials – 1,627

Our research studies by groupings within King's Health Partners

Studies split by group	Commercial active trial totals	Non-commercial active trial totals
Allergy, respiratory, critical care and anaesthetics, therapies	14	108
Cancer, haematology and palliative care	163	220
Cardiovascular	46	65
Child health	15	97
Dental	32	83
Diabetes, endocrine, nutrition, obesity, vision and related surgeries	34	71
Genetics, rheumatology, infection and dermatology	36	167
Imaging and biomedical engineering	3	51
Liver, renal, urology, transplant and gastro/GI surgery	17	86
Medicine	1	81
Orthopaedics, trauma, emergency, ENT and plastics	4	21
Pharmaceutical sciences	0	10
Women's health	3	45
Total	368	1,106

2.5 Our CQUIN performance

Around the country, commissioners hold the NHS budget for their area and decide how to spend it on hospital and other health services. Each year, our commissioners set us goals to improve quality and innovation; and a proportion of our income is conditional on achieving these goals. This system is called the Commissioning for Quality and Innovation (CQUIN) payment framework.

In 2011-12, 1.5 per cent of our clinical income depended on achieving these goals. This equated to £10 million of our income for 2011-12, and we secured 94.12 per cent of this.

In 2012-13, 2.5 per cent of our clinical income depended on achieving quality improvement and innovation goals agreed with Lambeth, Southwark and Lewisham Primary Care Trusts and the Specialist Services Commissioners. This equated to over £17 million of our total income for 2012-13, we have achieved virtually all the targets and secured more than 90 per cent of this income.

2.6 Statements from the Care Quality Commission

Guy's and St Thomas' NHS Foundation Trust is required to register with the Care Quality Commission and our current registration status is 'registered without conditions or restrictions'.

The Care Quality Commission has not taken enforcement action against Guy's and St Thomas' NHS Foundation Trust during 2012-13.

Guy's and St Thomas' NHS Foundation Trust is subject to periodic review by the Care Quality Commission and three sites were inspected in March 2013 – St Thomas' Hospital, Guy's Hospital and our renal satellite unit at Tunbridge Wells. The Trust was found to be fully compliant with the Essential Standards of Quality and Safety that were assessed.

The reports of these inspections are available on the CQC website.

2.7 Our data quality

It is essential that we produce accurate and reliable data about patient care. For example, how we code a particular procedure or illness is important as it not only allows us to receive the correct income, but also anonymously informs the wider health community about disease trends.

Last year we identified weaknesses in control in respect of the Trust's information assurance arrangements and commissioned an independent external review of our processes. Since then, we have sought further external review of our pathway management reporting arrangements from the Department of Health's Intensive Support Team, with very positive findings.

The quality of our clinical coding has been a concern and this is being addressed through an extensive education programme, linked to improved use of electronic record-keeping, and this is being led by the Medical Director.

As community sites are still not required to upload data, only our hospital sites have submitted records to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics.

The percentage of records in the published data that included a patient's valid NHS number was 98.1 per cent of inpatients, 98.2 per cent of outpatients, and 82.7 per cent of accident and emergency patients.

The percentage of records which had the patient's valid GP registration code was 97.9 per cent of inpatients, 96.2 per cent of outpatients, and 93.6 per cent of accident and emergency patients.

2.8 Information governance toolkit

Good 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 order to assess compliance.

Our Information Governance Assessment Report overall score for 2012-13 was 74 per cent and was graded green.

2.9 Our clinical coding error rate

During 2012-13 we were subject to the Payment by Results clinical coding audit by the Audit Commission. The error rates reported in the draft audit for diagnoses and treatment coding (clinical coding) were 60 per cent higher than in the previous year. Because of the nature of the sampling, the results should not be extrapolated further than the actual sample audited.

The clinical coding error rate of the Payment by Results audit split by category was:

- primary diagnosis incorrect – 27 per cent
- secondary diagnosis incorrect – 39 per cent
- primary procedures incorrect – 33 per cent
- secondary procedures incorrect – 46 per cent.

We code our episodes based on our electronic patient record whereas the audit is based on the paper record. The audit concluded that we underestimated the complexity and value of our care. We have achieved significant improvements in the quality of our coding during 2012-13 and have a well established project to continue that improvement in 2013-14.

2.10 Mortality

The Summary Hospital-level Mortality Indicator, or SHMI, is a mortality measure that takes account of a number of factors, including a patient's condition. It includes patients who have died while having treatment in hospital or within 30 days of being discharged from hospital. The SHMI score is measured against the NHS average which is 100. A score below 100 denotes a lower than average mortality rate and therefore indicates good, safe care.

The Trust believes our excellent SHMI score is the result of the following:

- Our ongoing work focussed on patient safety and quality which aims to ensure that all our patients receive the highest quality care.
- We also have a low mortality rate at weekends; which is a marker of consistent, safe care both in and out of normal working hours, and contributes to our below average SHMI score.
- Our mortality rate has shown a significant improvement since 2010, and improvements in clinical coding during the past year have contributed to this.

We have taken the following actions to further improve the quality of our services:

- Ongoing quality improvement programmes focussed on how we treat patients with serious infection or acute kidney injury, and on the management of frail older patients, particularly those with dementia.
- Closely monitoring mortality data by ward, speciality and diagnosis, with detailed reviews if there are any trends that raise a concern.
- Systematic reviews of patients who suffer a cardiac arrest on our wards, to identify any factors that may have been avoidable so these can inform our future patient safety work.

Our low mortality rates were noted in the Dr Foster 'Is your hospital fit for the future' report published in 2012. The report can be found here: <http://drfosterintelligence.co.uk/thought-leadership/hospital-guide>

Summary Hospital-level Mortality Indicator	2010/11				2011/12				2012/13	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Guy's and St Thomas'	92.09	89.5	94.68	86.92	85.44	83.95	90.63	91.68	77.17	72.36
National average										100
Highest Trust Q2 2012/13										63.37
Lowest Trust Q2 2012/13										116.37

Data source: Health and Social Care Information Centre

2.11 Patient reported outcome measures

Patient reported outcome measures (PROMs) measure quality from the patient perspective, and seek to calculate the health gain experienced by patients following one of the following four clinical procedures:

- Hip replacement
- Knee replacement
- Hernia repair
- Varicose vein treatment.

Patients who have these procedures are asked to complete a short questionnaire which measures a patient's health status or health related quality of life at a single point in time. Patients are given the same questionnaire both before and after their surgery or treatment. The difference between the two sets of responses is used to determine the outcome of the procedure as perceived by the patient.

The health status information captured from patients in this way provides an indication of the quality of care delivered. In the table below a higher number shows that patients have experienced a greater improvement in their health.

Hip replacement	Adjusted average health gain		
	2009/10	2010/11	2011/12
Guy's and St Thomas'	0.366	0.377	0.411
2011/12 average			0.416
Lowest 2011/12			0.316
Highest 2011/12			0.469

Hernia repair	Adjusted average health gain		
	2009/10	2010/11	2011/12
Guy's and St Thomas'	0.067	0.052	0.082
2011/12 average			0.087
Lowest 2011/12			0.003
Highest 2011/12			0.143

Knee replacement	Adjusted average health gain		
	2009/10	2010/11	2011/12
Guy's and St Thomas'	0.261	0.281	0.248
2011/12 average			0.302
Lowest 2011/12			0.18
Highest 2011/12			0.371

Varicose vein treatment	Adjusted average health gain		
	2009/10	2010/11	2011/12
Guy's and St Thomas'	0.095	0.074	0.086
2011/12 average			0.094
Lowest 2011/12			0.047
Highest 2011/12			0.167

Data source: Health and Social Care Information Centre

Scores for the Trust show that the perceptions of health gain among patients across all four procedures are slightly below average. We believe this is because:

- The number of patients completing a PROMs questionnaire needs to be increased as the low response rate in some areas has an impact on the reported results.
- We are a specialist referral centre and so we often treat patients with complex treatment needs and whose perception of health gain may be influenced by other health factors.

We are taking the following actions to improve the quality of our services:

- Regularly reviewing scores at service and Trust level to increase our responsiveness to feedback from patients and so patient views can be incorporated into our quality improvement programmes.
- Increasing the involvement and understanding of staff in how we use the information received through PROMs, and working with staff to increase response rates.
- Providing better support from our central quality improvement team if patients need help to complete the questionnaire.

2.12 Readmission within 28 days of discharge

At the time of this report, the information available from the Health Information Centre does not include 2011-12 or 2012-13 data. We have therefore included Trust data for these periods.

The unplanned readmission rate for adult patients treated at Guy’s and St Thomas’ is similar to the NHS average. We believe our performance reflects that we are a large Trust that treats both local patients and patients with specialist or complex medical conditions.

Emergency readmissions to hospital within 28 days patients under 14 years	2009/10	2010/11	2011/12	2012/13
Total spells	13,215	14,201	14,775	14,866
Readmissions within 28 days	562	535	582	589
28 Day readmission rate	4.25%	3.77%	3.94%	3.96%

Emergency readmissions to hospital within 28 days patients 15 years and over	2009/10	2010/11	2011/12	2012/13
Total spells	44,568	48,820	51,668	50,689
Readmissions within 28 days	3,345	4,273	4,487	4,743
28 Day readmission rate	7.51%	8.75%	8.68%	9.36%

We are taking the following actions to reduce the number of patients requiring readmission:

- Our outcomes group continues to monitor readmissions on a monthly basis and identifies any areas where there is a trend or change which may be a cause for concern.
- Our elderly care team reviews all cases at multi-disciplinary team meetings, and is actively seeking to improve clinical practice.
- We are working with GPs and community teams to review patients who have been readmitted so that we can agree specific actions for these patients, and also plan and develop a better health care for the future.

2.13 Patient experience

Our composite score for the national inpatient survey's five questions relating to responsiveness to personal care is above the regional and national average when compared with the trend data in the Department of Health's 'A tool for patient responsiveness to inpatients' personal needs'.

A number of initiatives have contributed to this improvement. Over the past few years, our clinical directorates have developed individual patient experience action plans focussed on the five questions. In addition, Trustwide initiatives, such the development of a ward information pack and introduction of 'comfort rounds' on inpatient wards, have helped patients to feel more involved in their care and have provided increased opportunities for them to raise any concerns they may have.

When reviewing the responses to the individual questions that contribute to the overall score, as well as the Trust's local survey results, we recognise that there is room for further improvement. For example, we want to do more to involve patients in their care, to ensure patients know who to speak to if they have any worries or fears, and to explain their medication and any side effects more clearly.

We will continue to develop and implement action plans to respond to these issues. We are also planning further work to understand the issues that impact our patients' experience as they prepare to leave hospital. We will then develop plans to improve these aspects of their care.

Responsiveness to the personal needs of patients	2008/09	2009/10	2010/11	2011/12	2012/13
Guy's and St Thomas'	67.6	66.3	65.5	69.7	71.4
2011/12 national average	67.1	66.7	67.3	67.4	68.1
Highest 2011/12				85	
Lowest 2011/12				56.5	

Data source: Health and Social Care Information Centre

2.14 Staff recommendation to family and friends

The Trust has high levels of staff engagement and our results in the new Friends and Family Test show that staff perception of the Trust's services continues to be high. The Trust was in the top 20 per cent when compared to all hospital trusts nationally, and we believe the willingness of staff to recommend the Trust as a place to be treated is a strong and positive indicator of the standard of care provided.

Percentage of staff who would recommend the Trust to family or friends	2009/10	2010/11	2011/12	2012/13
Guy's and St Thomas'	82	85	85	82
2012/13 average (median)				60
Highest 2012/13				86
Lowest 2012/13				35

Data source: Health and Social Care Information Centre

2.15 Infection control

Our performance on infection prevention and control represents continued improvement. The significant change in the data since 2010 relates to the introduction of new testing regimes, as required by the Department of Health, with the new test having a significantly higher sensitivity than those previously used across the NHS. The peak of cases in 2011 relates to the reporting of all individuals in whom *C.difficile* was identified through the new test, not all of whom showed signs of infection. However, in accordance with the Department of Health reporting requirements, from January 2012, reporting of cases has been restricted to those with infection as identified by the presence of toxins, and demonstrates our improving performance.

The Trust will continue to implement a range of actions to tackle infection and improve the quality of our services. These include antibiotic stewardship and improved environmental hygiene, supported by continuous staff engagement and education.

<i>C.difficile</i> rates per 100,000 bed-days	2009/10	2010/11	2011/12	2012/13
Bed-days	303,658	304,692	304,843	346,706
<i>C.difficile</i> cases	72	120	107	48
<i>C.difficile</i> rate	23.7	39.4	35.1	13.8
2011/12 national average			21.8	
Highest 2011/12			51.6	
Lowest 2011/12			0	

Data source: Health and Social Care Information Centre

2.16 Patient safety incidents

Patient safety incidents resulting in severe harm or death

This is the first time that this indicator has been reported in our Quality Accounts, including comparative data, where available, from the Health and Social Care Information Centre.

The National Reporting and Learning Service (NRLS) was established in 2003. The system enables patient safety incident reports to be submitted to a national database on a voluntary basis and is designed to promote learning.

It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission registration process. To avoid duplication of reporting, all incidents resulting in death or severe harm should be reported to the NRLS who then report them to the Care Quality Commission. Although it is not mandatory, it is common practice for NHS Trusts to report patient safety incidents under the NRLS's voluntary arrangements.

As there is no nationally established and regulated approach to the reporting and categorising patient safety incidents, different trusts may choose to apply different approaches and guidance when reporting, categorising and validating patient safety incidents. The approach taken to determine the classification of each incident, such as those 'resulting in severe harm or death', will often rely on clinical judgement. This judgement may, acceptably, differ between professionals.

In addition, the classification of the impact of an incident may be subject to a potentially lengthy investigation and this may result in the classification being changed. This change may not be reported externally and the data held by a trust may therefore differ from that held by the NRLS. This may make it difficult to explain the differences between the data reported by different trusts as the data may not be directly comparable.

The Trust's reporting rate for patient safety incidents is above the NHS average, and we believe this reflects a positive culture for reporting all patient safety incidents, including 'near misses' and any unexpected deaths. All incidents reported as resulting in moderate or severe harm, or death, are fully investigated and final classification may later be altered, depending on the outcome of the investigation. It is rare that a death or severe harm incident is confirmed as avoidable and the outcome of an error.

A high incident reporting rate is considered an indicator of an open and transparent organisation that uses incidents to learn and make improvements in care.

We are taking the following actions to improve our incident reporting rate and so the quality of our services:

- Our on-line incident reporting system, Datix, is being simplified to encourage timely and accurate incident reporting.
- Training in the reporting and investigation of incidents is being extended to more of our clinical teams.
- All managers are formally trained in 'root cause analysis' so that we learn from incidents and can improve our systems and knowledge where necessary.
- The outcomes of our investigations feed into our quality improvement work.

Number of patient safety incidents reported and rate per 100 admissions	Apr 11 - Sept 11	Oct 11 - Mar 12	Apr 12 - Sept 12
Total number of incidents reported	4,189	4,925	5,222
Incident report rate per 100 admissions	6.5	7.6	7.6
Reported incidents causing severe harm or death	19	15	19
Percentage of incidents causing severe harm or death	0.45%	0.30%	0.36%
April to September 2012 acute teaching trusts median reporting rate			6.8
April to September 2012 acute teaching trusts average % of incidents causing severe harm or death			0.50%
April to September 2012 lowest reporting rate			2.8
April to September 2012 highest reporting rate			12.1
April to September 2012 lowest % of incidents causing severe harm or death			0%
April to September 2012 highest % of incidents causing severe harm or death			2.10%

The data in this table comes from the National Reporting and Learning System (NRLS) and only provides information for six months of 2012-13. Data available from our internal incident management database gave figures for the entire year of 0.28% for incidents causing severe harm or death.

2.17 Venous thrombo-embolism

Venous thromboembolism – VTE, or blood clots – is a major cause of death in the UK. Some blood clots can be prevented by early assessment. Over the last year we have worked hard to improve our VTE assessment figures so that over 95 per cent patients are now assessed for their risk of thrombosis and bleeding on admission to hospital. We have exceeded the national target of 90 per cent. In addition we have exceeded our target for appropriate thromboprophylaxis, and we give all our patients written information about hospital acquired thrombosis before they leave hospital.

Our clinical staff remain at the forefront of venous thrombo-embolism care nationally and internationally, including through clinical research and service development. Over the coming year we are looking to further increase the number of patients assessed for VTE risk through improved education programmes across the Trust.

Rate of admitted patients assessed for VTE	2011/12				2012/13			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Assessed	48,687	51,365	51,098	52,486	51,743	52,253	51,984	51,664
Admitted	53,077	55,699	55,814	56,848	55,453	55,607	55,118	54,334
Guy's and St Thomas'	91.7%	92.2%	91.6%	92.3%	93.3%	94.0%	94.3%	95.09%
2012/13 Q3 average							94.1%	
2012/13 Q3 highest							100%	
2012/13 Q3 lowest							84.6%	
NHS target	90%	90%	90%	90%	92%	92%	92%	92%

Data source: Health and Social Care Information Centre

3

Progress against priorities for 2012-13

Of the 10 targets we set ourselves in last year's Quality Accounts, we have fully achieved six (60%), partially achieved three (30%) and did not achieve one (10%). Details of our progress against priorities are in the following tables. Where a priority is also a CQUIN target, our predictions are based on our submission to the Primary Care Trust in December 2012 (quarter 3). The final position will not be confirmed until June 2013.

All the data used to assess our success in achieving our objectives has been derived from the Trust performance management systems and all indicators used adhere to national definitions where applicable.

How did we do against last year's priorities?

Patient safety		
Our quality priorities and why we chose them	What success will look like	How did we do?
<p>Improving staff knowledge of patient safety</p> <p>Our staff are crucial in delivering safe, high-quality care. We want to ensure that they receive appropriate training to keep our patients safe.</p>	<ul style="list-style-type: none"> - In line with our CQUIN targets, we will introduce the national NHS safety thermometer tool¹ in our high risk wards and departments by the end of March 2013. - We will recruit 130 students to assist ward staff in collecting and analysing data for weekly safety reports. 	<p>We achieved this.² We rolled the national safety Thermometer out to over 40 clinical areas, and provided teaching to over 140 student nurses on data collection and patient safety methods.</p> <p>(based on Q3 CQUIN data)</p>
<p>Reducing severe harm events</p> <p>In line with our quality strategy, we will further reduce the most common and severe harm events in our hospitals and community settings by setting ourselves further targets for falls and pressure ulcers.</p>	<ul style="list-style-type: none"> - We will further reduce fall-related fractures in hospital by 10 per cent. - We will have zero attributable grade 4 pressure ulcers across our hospital and community sites. - In our hospitals, we will reduce hospital acquired grade 2 pressure ulcers by 10 per cent and hospital acquired grade 3 pressure ulcers by 50 per cent. - We will achieve our hospital MRSA and <i>C.difficile</i> targets. 	<p>We partially achieved this.³ Although the number of patients who suffer a falls related fracture continue to remain very low, we did not achieve the target that we set ourselves and we are working hard to improve this.</p> <p>We have achieved the hospital pressure ulcer target that we set ourselves.</p> <p>We have achieved our infection control targets for MRSA and <i>C.difficile</i>.</p> <p>These priorities will be 'rolled over' into this year's Quality Accounts.</p>
<p>Increase new birth visits</p> <p>Picking up issues early, and assisting mothers with newborn babies, are important in good community healthcare. There is scope to improve in this area.</p>	<ul style="list-style-type: none"> - We will increase the percentage of newborn babies who receive a visit within 14 days to at least 95 per cent by the end of March 2013. 	<p>We achieved this.⁴</p>

(1) The NHS safety thermometer is a national inpatient and community 'safety census' carried out each month. It looks at harm events related to falls, pressure ulcers, infection and blood clots. It observes and calculates a 'snapshot' rate of harm-free care for each department assessed.

(2) Data based on our NHS safety thermometer submissions to the Department of Health database in accordance with the national definitions.

(3) Falls and pressure ulcer data as per national definitions and *C.difficile* and MRSA as per our submissions to Health Protection Agency in accordance with national definitions.

(4) Data source from our community service performance information as per national definitions.

Clinical effectiveness		
Our quality priorities and why we chose them	What success will look like	How did we do?
<p>Improve the efficiency of outpatient services</p> <p>Patients tell us that their experience is generally good, but we know that we can do more to improve the experience, especially when it comes to waiting times.</p>	<ul style="list-style-type: none"> – We will reduce how long our patients have to wait for their first appointment. – We will reduce clinic waiting times. – We will reduce the number of patients who ‘did not attend’ or cancel their appointment. 	<p>We did not achieve this.¹ Although we have made many improvements during the year, including opening a new state-of-the-art outpatient department and making some progress against these targets, overall we did not deliver sustained improvement.</p> <p>These priorities will be ‘rolled over’ into this year’s Quality Accounts.</p>
<p>Supporting our ward sisters/charge nurses</p> <p>Our ward sisters/charge nurses are the key coordinators of care at our hospitals. We want to equip and empower them to lead efficient and safe services for our patients.</p>	<ul style="list-style-type: none"> – We will support staff and strengthen the voice, role and accountability of the ward sister across our hospitals and in the community. – We will establish a ward leaders expert group to drive quality improvements. – We will further strengthen the links between ward leaders and senior ward doctors (specialist registrars). 	<p>We achieved this.² We launched and evaluated an innovative sisters’ development programme.</p> <p>We have a dynamic expert sisters group, which reports directly to the Chief Nurse, advising on key quality issues at ward level.</p> <p>We established a new multi-professional patient experience group, this group includes sisters, doctors and managers from across the Trust, and has recently been supported by the Trust’s Dignity Champions.</p>
<p>Improving childhood immunisation rates</p> <p>We can increase the number of children we immunise locally. Poor vaccination rates can lead to an increase in preventable illnesses, which can have a devastating effect on families.</p>	<ul style="list-style-type: none"> – In line with our CQUIN targets we will increase the proportion of MMR2 and pre-school booster immunisations. 	<p>We have achieved this.³ (based on Q3 CQUIN data)</p>
<p>Improve communication between GPs and community nurses.</p> <p>Since community services were integrated into the Trust, we have improved communications between GPs and community nurses, but further improvements can be made.</p>	<ul style="list-style-type: none"> – Our community teams will confirm receipt of GP referrals. – Community teams will also communicate with a patient’s GP after an initial assessment and when a patient is discharged from their care. 	<p>We partially achieved this.⁴</p> <p>These priorities will be ‘rolled over’ into next year’s Quality Accounts.</p>

(1) Data sourced from Trust systems in accordance with national definitions.

(2) This is not governed by national definitions and has been measured locally using relevant subjective indicators.

(3) Data source from our community service performance information as per national definitions.

(4) Data source from our community service performance information using local indicators designed to measure this objective.

Patient experience

Our quality priorities and why we chose them	What success will look like	How did we do?
<p>Improving staff communication with patients</p> <p>Communicating with patients is extremely important. We will launch a major staff communications campaign aimed at improving our patients' experiences.</p>	<ul style="list-style-type: none"> - We will introduce a new ward welcome pack for every inpatient. - We will launch an initiative giving patients and their carers direct access to senior staff 24 hours a day, seven days a week. - We will launch a staff training campaign to improve the experience of elderly or vulnerable patients. - We will roll out ward 'comfort rounds'¹ for all inpatients by the end of March 2013. 	<p>We achieved this.²</p> <p>New ward welcome packs are offered to all adult inpatients on admission.</p> <p>As part of the new welcome pack we have introduced a 'please ask us' card, whereby patients or family can phone to speak directly to a senior nurse 24/7.</p> <p>We have rolled out 'comfort rounds'¹ across all inpatient wards.</p>
<p>Improving the care of vulnerable patients</p> <p>This will focus on patients with dementia and delirium.</p>	<ul style="list-style-type: none"> - We will achieve our dementia CQUIN objectives, including better assessment and early intervention of patients with dementia or delirium. - We will launch a training initiative so that all staff are equipped to deal with vulnerable patients, including those with dementia. 	<p>We achieved this.³ (based upon Q3 CQUIN data).</p> <p>We have launched Barbara's story training programme for staff, aimed at improving the experience of patients with dementia and other vulnerable patients and their carers.</p> <p>To date 10,000 staff have attended the programme.</p>
<p>Increasing patient satisfaction, as measured by responses to the national patient surveys.</p> <p>We also have our own local systems to get near-time (close to immediate) feedback from patients.</p>	<ul style="list-style-type: none"> - As agreed with our commissioners and reflected in our CQUIN targets, we will improve our hospital and community performance in the national patient experience surveys. - We will roll out our near-time patient feedback to key community services. 	<p>We partially achieved this.⁴ (based upon Q3 CQUIN data)</p> <p>Although we did not fully meet the targets set by commissioners in relation to the five CQUIN patient experience questions; we have made significant improvements in the CQC national inpatient survey.</p> <p>In line with the community CQUIN, the community directorate has successfully met their target to pilot the near patient experience system in selected services.</p>

(1) Comfort rounds: a member of the ward team reviews each patient on a regular basis to ensure that they are comfortable and that their essential nursing needs are met, checking, for example, that items each patient needs are always within easy reach.

(2) This is not governed by national definitions and has been measured locally using relevant subjective indicators.

(3) Indicators measured on dementia in accordance with national or London definitions.

(4) Data from national and local surveys.

National targets

In carrying out their formal audit of these Quality Accounts, the auditors conducted a detailed review of two areas of the Trust's performance against national indicators as required by Monitor. These were our performance against:

- 62 day cancer waits;
- *C.difficile*.

We have included details about our performance against both these indicators here.

Cancer targets

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

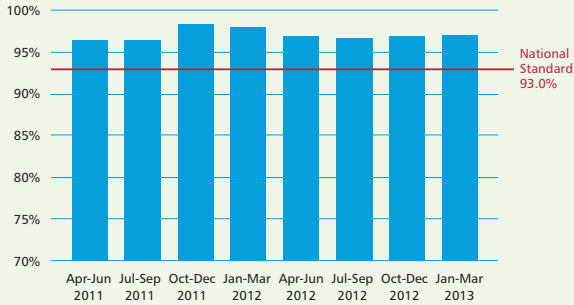
Last year we continued to achieve most of the national cancer targets, despite increasing numbers of patients requiring fast track investigations and treatment.

In 2012-13, the Trust achieved the 62 day cancer referral to treatment target 82 per cent of that time, against a target of 85 per cent. Performance in 2011-12 was 83.5 per cent.

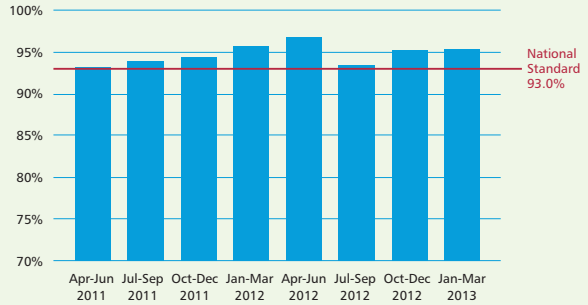
In common with trusts receiving referrals from other hospitals, we struggled to achieve the maximum 62 day referral to treatment target. We met this target for patients already registered at Guy's and St Thomas', but we did not meet this for patients referred to us later in their pathway from other hospitals. We are working with the hospitals that refer patients to us to ensure that delays are minimised for these patients.

To support our drive to reduce cancer waiting times further, we are investing in new equipment and our ability to provide access to the very latest cancer diagnosis and treatments for our patients so they receive the best possible care as quickly as possible.

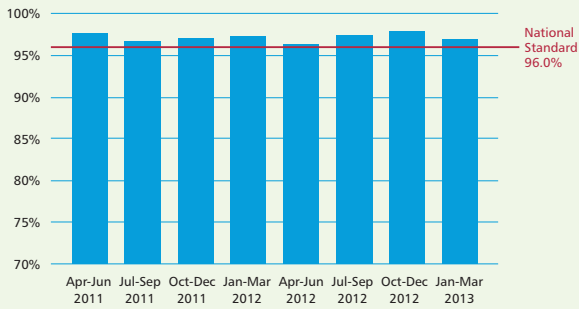
Urgent GP referrals seen within two weeks



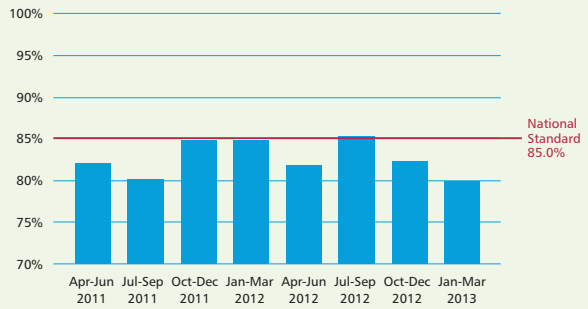
Breast symptomatic referrals seen within two weeks



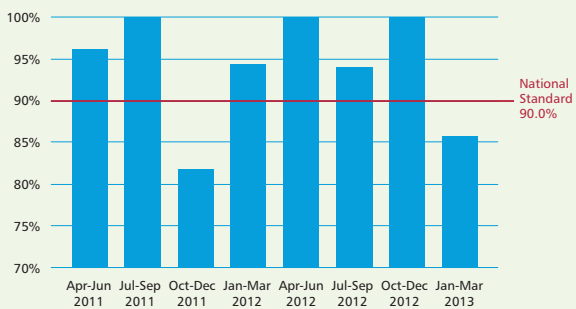
First treatment within 31 days



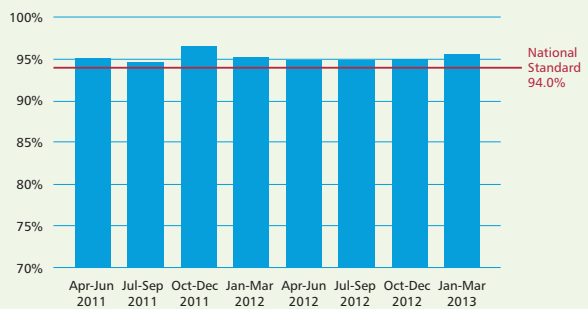
Treatment within 62 days of an urgent GP referral



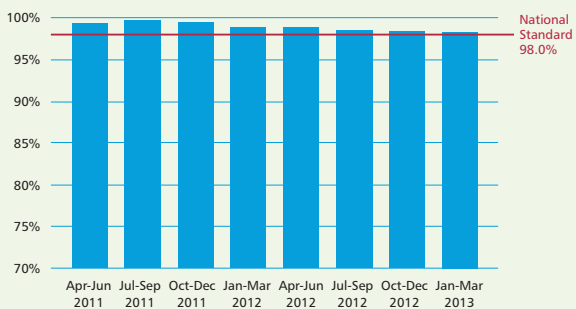
Treatment within 62 days of referral from screening



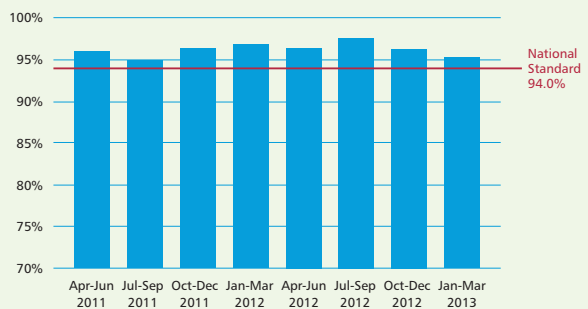
Subsequent treatment (surgery) within 31 days



Subsequent treatment (chemotherapy) within 31 days



Subsequent treatment (radiotherapy) within 31 days



Progress against 2012-13 priorities

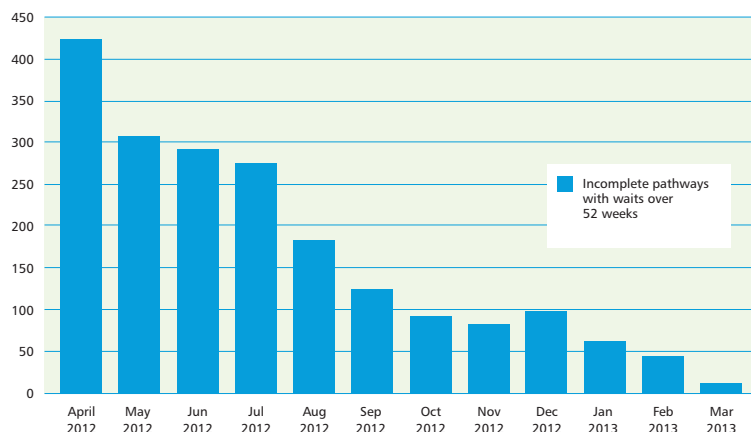
Healthcare acquired infection

The Trust has continued to successfully reduce *C.difficile* infection in our patients and the number of cases reduced to 48 against a target of 58. In 2012-13, we had only one attributable MRSA blood infection, an outstanding achievement for an organisation of our size and complexity.

Waiting times for treatment

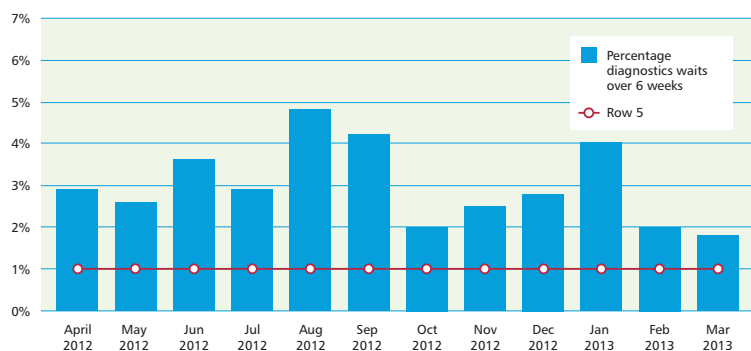
Since October 2012, we have consistently achieved all of the national 18 week standards, and most of our patients are seen much more quickly than 18 weeks. The numbers of patients waiting over a year from referral has fallen from over 400 in April 2012 to just three at the end of March 2013. We do not want any of our patients to have a long wait for treatment. We are working hard to ensure that all our patients are seen as soon as possible by our highly skilled and often very specialised staff.

Incomplete pathways with waits over 52 weeks – reductions during 2012-13



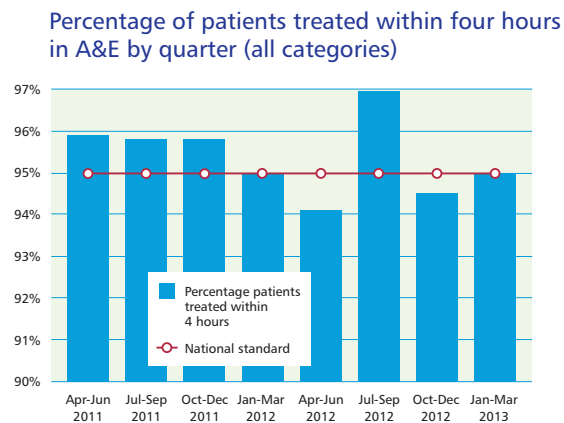
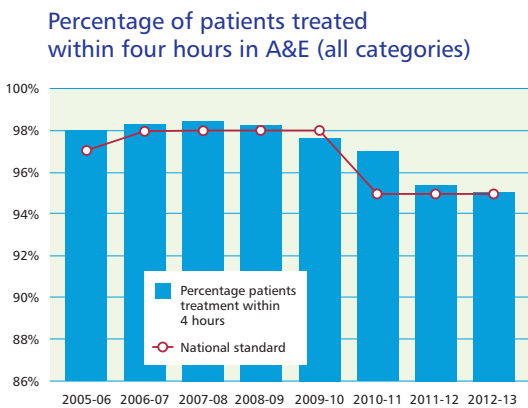
The timely completion of diagnostic tests is an important part of ensuring that patient waiting times are kept to a minimum, and so the Trust has been implementing improvements to shorten the time taken to complete a range of diagnostic tests. We are committed to ensuring that less than one per cent of patients wait more than six weeks, in accordance with the national standard.

Percentage diagnostic waits over six weeks during 2012-13



Accident and emergency

We continue to experience significant pressures on our accident and emergency service at St Thomas', and we have not met the national target of diagnosing, treating, discharging or admitting 95 per cent of patients within four hours consistently during the past year.



We are reviewing in detail how patients move through our accident and emergency department and beyond to see how best we can meet future demand. We have been implementing a number of schemes to reduce the waiting time for patients and to offer alternative to A&E attendance, supported by our commissioners, and we hope that we will be able to achieve the national target in 2013/14.

In summer 2012, an Urgent Care Centre opened at Guy's Hospital, managed by local GPs, to treat patients with minor injuries and urgent medical problems. The GPs are supported by emergency nurse practitioners and the centre offers x-rays and a range of other diagnostic tests and treatment.

Patient waiting times in A&E may be dependent on how many patients and ambulances arrive and how many staff we have available. Many of the actions we have been implementing seek to improve the readiness of the department and the whole hospital to respond to these peaks in demand. We have appointed new staff and have reviewed rotas. We are also working hard to reduce the time patients spend in hospital so that they can leave hospital safely as soon as they are ready to do so as this enables the hospital to accommodate more patients needing admission.

Thanks to robust planning, strong partnership working and the hard work of all our staff, we were able to continue treating patients as usual during last year's Diamond Jubilee celebrations and the London 2012 Games. Our staff also had the opportunity to celebrate and create an Olympic legacy focussed on health and well-being.

Community services

During 2012/13 our community services have been striving to increase the proportion of patients contacted within 24 hours who have been referred to our district nursing service. This has been 85-90 per cent throughout the year and the service continues to work hard to improve this further and achieve the national target of 95 per cent.

We have also been seeking to maintain and improve the proportion of babies who receive a visit from a health visitor within 14 days of birth, and this has improved to over 96 per cent in March across Lambeth and Southwark, exceeding the national standard of 95 per cent.

Our health visitors have successfully exceeded locally agreed targets to follow up children who are more than four months overdue with their MMR2 or pre-school booster immunisations. These results contribute to the national COVER data.

We have consistently achieved the key indicators on community care data completeness.

Patient experience

We have consistently met the requirements for access to healthcare for people with a learning disability.

Patient and public involvement

We are committed to engaging and involving our patients, the public and our stakeholders in the development of our services. This is to ensure that patient's views are represented and that we build our services around their needs. We have had active public participation across our major building and service projects, including the design of our new Cancer Centre at Guy's and planned improvements to our Accident and Emergency department at St Thomas'.

Safeguarding children

The Trust has been involved in two inspections carried out jointly by Ofsted and the Care Quality Commission looking at the services that are delivered across partner agencies in Lambeth and Southwark to keep children and young people safe in 2012. Both the inspections generated positive results.

The contribution of health agencies in keeping children and young people safe was deemed good. The inspectors identified many areas of excellent leadership, performance and partnership working across all services in regard to safeguarding of children. The Trust was noted to have demonstrated good governance arrangements and systems in place to keep children and young people safe. Most importantly, the inspectors noted positive outcomes for children and young people, and found that children and young people in the boroughs generally felt safe. While the inspection highlighted many achievements, the report also provided some recommendations to further improve our safeguarding and services for looked after children. These include reviewing school nurse capacity to deliver the full healthy child programme; addressing health care needs for young people in preparation for leaving care; and increasing immunisation rates for children who are looked after.

Progress has also been made in policy development. A revised safeguarding children policy and procedures have been produced, with some new additions including sections on chaperoning, restraint, the prevent agenda and gang association. In addition, a safeguarding children supervision policy has been agreed. There is an ongoing commitment to ensure that the workforce has the right skills and knowledge in relation to the safeguarding of children through the delivery of safeguarding training. Safeguarding children training is provided through in-house and multi-agency provision.

Partnership working continues with both Lambeth and Southwark's Safeguarding Children Boards. A new initiative between Lambeth Council, the Metropolitan Police and health organisations has been created to strengthen efforts to protect children in Lambeth from harm. It is called the Multi Agency Safeguarding Hub (MASH) and involves bringing professionals from a number of agencies together in one place to share information on any referrals or contacts where concerns have been raised about a child's welfare. By centralising professionals from different agencies in one place, referrals can be investigated and decisions made more quickly, resulting in better outcomes for vulnerable children. A similar approach will be undertaken within Southwark during 2013.

Safeguarding adults

The safeguarding adults team has been considerably enhanced with a trainer, an administrator, and a safeguarding lead for hospital and for community services, together with a dementia and delirium clinical nurse specialist for the community.

Referrals to the team are continuing to increase, with a considerable rise in the referrals from the community. There have been huge efforts to support the community staff with safeguarding adults at risk training and this is now at nearly 80 per cent compliance. Our hospital services are 82 per cent compliant. The team were very involved in the making of the Barbara's story film which has been used to provide dementia awareness training.

A clinical nurse specialist for learning disabilities was successfully recruited and now works very closely with safeguarding colleagues. This post has raised the profile of learning disabilities within the organisation and has received a huge number of referrals within a short period of time.

Caring for patients with dementia

We have over two million patient contacts each year and two-thirds of these patients are over the age of 65. A quarter of patients in UK hospitals have a dementia, and this number is growing. At present one in 14 patients over the age of 65 have this diagnosis.

Nationally the focus on dementia has increased considerably and, across the NHS, we are expected to have services that are responsive to the needs of our most vulnerable patients. To achieve this we must ensure that our staff have the right level of skills and the right level of understanding to ensure our patients are protected and safe. We are completely committed to ensuring that all of our patients, especially those who are most vulnerable, are treated with the utmost respect, are always protected and receive outstanding care.

In September, we embarked on a campaign to raise awareness of dementia amongst all staff working in our hospitals and in the community. All of our 13,200 staff are required to attend an innovative training session. As part of this they watch Barbara's story – a powerful film that was created by the Trust about the experiences of a woman with dementia during a hospital visit.

The training is presented in a way that reinforces the Trust's values of putting patients first, taking pride in what we do, respecting others, striving to be the best and acting with integrity.

When we have shown this to the whole workforce we would like Barbara's story to evolve into a further set of scenarios as we follow her progress.

Through this initiative we have focussed on the care of older people and those with dementia. However these principles apply to all of our patients. We want our staff to do one small thing differently everyday for our older patients which will help to make their experience even better.

Barbara's story is already having an impact, with clinical services thinking about how they can make their services more friendly, and many of our staff have signed up as volunteers to support patients at meal times or as activity coordinators.

Learning from complaints

We take complaints very seriously. They form a crucial part of our learning from patient feedback. We receive complaints related to clinical care and to other aspects of patient experience including transport, catering and the attitude of staff. We are working hard to learn from the feedback and to reduce complaints further across all areas.

We know we can do more to improve the quality and timeliness of our complaint responses. This year we have included this as a key priority area in our quality account, with a focus on combined learning from complaints, PALs and other patient feedback.

Statement of Directors' responsibilities in respect of the Quality Report

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

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that 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 2012/13;
- 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 2012 to June 2013
 - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
 - Feedback from the commissioners dated 20/05/2013
 - Feedback from governors dated 24/04/2013
 - Feedback from Local Healthwatch organisations dated 13/05/2013
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31/05/2013;
 - The 2012 national patient survey April 2013
 - The 2012 national staff survey 28/02/2013
 - The Head of Internal Audit's annual opinion over the trust's control environment dated March 2013
 - CQC quality and risk profiles dated 04/04/2013.
- 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.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)

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

By order of the Board



Sir Ron Kerr, Chief Executive
29 May 2013

Independent Auditor's 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 Council of Governors of Guy's and St Thomas' NHS Foundation Trust to perform an independent assurance engagement in respect of Guy's and St Thomas' NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

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 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and 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

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 62 day cancer waits
- *C.difficile*

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has

come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in *Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

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

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the documents specified within the detailed guidance. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

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

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:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.
- Reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality of non-mandated indicators which have been determined locally by Guy's and St Thomas' NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

Deloitte LLP

Chartered Accountants
Reading

29 May 2013

Lambeth CCG statement on Guy's and St Thomas' NHS Foundation Trust 2012 Quality Accounts – received 20 May 2013

On behalf of NHS Lambeth, Southwark and Lewisham Clinical Commissioning Groups

The draft Guy's and St Thomas' NHS Foundation Trust (GSTT) Quality Report 2012/13 was reviewed by a range of local commissioning stakeholders, including representatives from NHS Lambeth, NHS Southwark and NHS Lewisham Clinical Commissioning Groups (CCGs). The coordination of feedback has been undertaken by NHS Lambeth CCG, which welcomes the opportunity to respond to this document.

GSTT are to be commended on a comprehensive document which highlights not only areas of excellence but those areas where extra work has been undertaken during the year e.g. health visitor new birth visits and immunisation targets and patient views concerning the delivery of inpatient personal care.

It is good to see how the Quality Account priorities have developed over the past three years and in the past year, the active participation of members of the public in the major building and service projects is welcomed. These Quality Accounts clearly set out how the Foundation Trust has prioritised its key delivery areas for 2012/13 across both acute and community services, and the involvement of stakeholders in determining these. It would have been helpful to include more information about why some of the priorities were chosen for this year.

In respect of the Patient Safety priorities we would be keen to see the publication of patient safety incident issues, lessons learned and actions taken to prevent these happening again within the success criteria for the priority, 'keeping you informed of how we are doing'. Additionally, within the priority, 'keeping our patients safe and reducing the risk of harm', it would be helpful to include a specific measure building on work already commenced within the Foundation Trust to fully implement the WHO surgical safety checklist across the organisation and reduce Never Events.

The CCGs recognise the work being undertaken across the Trust to involve patients and the public but would welcome the addition of a specific patient

feedback measure under the Clinical Effectiveness priority, 'improve our out-patient department efficiency'. Additionally, under the 'Patient Experience' priority, 'improve our complaints and PALs services', the inclusion of specific metrics to establish the satisfaction of users of the service and to improve timely response rates would be welcomed.

Good progress in the National Inpatient Survey results are to be commended and the excellent work being undertaken implementing the internal Foundation Trust survey is helping to identify actions for improvement.

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 and *C.difficile* infections, which are national priorities. Achievement in full Accident and Emergency and 18-week standards were, and continue to be, particularly challenging. The implementation of action plans is ongoing. The rate of unplanned readmissions within 28 days of discharge is similar to the NHS average and the CCG welcomes the South London Integrated Care Programme work being undertaken with secondary, primary and social care colleagues to develop a better health system to reduce readmissions.

It is very encouraging to see where clinical audits have led to improved quality of services within the Foundation Trust. Reference to the GSTT Annual Clinical Governance Report where further audit detail can be found would be welcomed. It would be helpful to understand how the Board have been involved in national and local audit reviews, particularly given the national Quality Account guidance requirement for information on the proportion reviewed by the Board.

GSTT participate in a significant amount of excellent clinical research which is not included within the Quality Accounts. A link to more detailed information could be included.

It is very positive to see the progress against last years' priorities and we welcome the ongoing excellent relationship we have as local commissioners with GSTT. We remain committed to working closely to ensure the ongoing delivery of high quality services throughout this next year. NHS Lambeth CCG has processes for regularly reviewing quality issues with GSTT through our regular Clinical Quality Review, as well as a number of other quality review mechanisms. These will

continue over 2013/14 and we will work in partnership to ensure the learning from the Francis Review informs how we can best assure the quality of the Foundation Trusts services

Dr Adrian McLachlan,

Chair, NHS Lambeth Clinical Commissioning Group

Andrew Eyres,

Chief Officer, NHS Lambeth Clinical Commissioning Group

Joint response from Healthwatch Southwark and Healthwatch Lambeth to Guy's & St Thomas' Foundation Trust Quality Accounts – received 13 May 2013

Guy's and St Thomas' Foundation Trust (GSTT) is one of three Acute Providers to provide health services to the residents of Lambeth and Southwark borough. We share similar issues and therefore welcome the opportunity to jointly respond to your Quality Accounts.

Where appropriate or possible, Healthwatch Southwark and Healthwatch Lambeth will work together to ensure our limited resources are best placed towards monitoring the quality of local services and having an effective and influential patient and public voice.

General comments

- We appreciate that GSTT has listened to our comments on previous accounts relating to our concerns and become more 'user and reader friendly' through your simplified 'success scenario'. It would be helpful for responses to our previous comments if not addressed in the published edition. *How widely accessed are the Quality Accounts by members of the public?*

- We believe it would be beneficial to have **regular feedback on these priorities** throughout the year, similar to our quarterly meetings with South London and Maudsley Foundation Trust.

- We welcome the achievements and successes achieved including the low mortality rate achieved. For us to analyse the data effectively, completeness, problems and improvements also need to be mentioned. Huge developments including the possibility of **King's Health Partners merger** and the building of the **Integrated**

Cancer Centre which is being developed at Guy's should be mentioned including how it could affect current and future priorities.

- We appreciate the progress against the 'big areas' relating to Cancer, A & E and referral to treatment time. However, we do have some concerns relating to experiences of disjointed cancer care pathway.

Progress against 2012-2013 priorities

- We would like to commend your innovation in introducing the Welcome pack for inpatients and the "Please ask us" initiative.

- We have heard good things about "Barbara's story" and it is excellent it is seen by so many – contributing to dementia awareness.

- There is a general lack of specific 'whys' relating to the achievements, especially relating to where the priority was not achieved.

2013-2014 priorities

- Keeping you informed on how we are doing – 'hub project' sounds interesting and could be helpful if it is joined up with Healthwatch websites and communication strategies.

- It might be helpful to put 'specific targets' on the – reduction of patients on '**Do Not Attend**' and reducing the wait for their first appointment. Do these numbers include those people that are asked not to attend Outpatient Clinics such as Ear, Nose and Throat because they have a cold.

- We support the **review with the Complaints and PAL service**. This is timely given the transfer of NHS PCT PALs service to new Healthwatch organisations and the recent gaps this has highlighted for Healthwatch. We are keen for Healthwatch organisations to work more closely with the Trust so that our signposting service complements or is part of a seamless communication/support channel for patients and public. We would wish to see this enlarged through adding a target to promote more general feedback from Healthwatch and other sources.

- Improve the care of older people. This section mentions treating patients with "**dignity and respect**". What examples of work have been done to ensure the hospital is following The Dignity Code, which sets out the minimum standard of treatment required for older people in hospitals or in the community.

Further comments

- We recommend inclusion of at least one specific equalities target.
- We commend your work in response to the *Francis Report*, and in ensuring that staff at the front line is involved in discussions. Healthwatch Lambeth in their response to Francis recommended that the Health and Wellbeing Board bring together all NHS bodies in Lambeth to make a joint response. This was agreed and we would welcome GSTT involvement.
- Developing **greater training, development and co-working** between GSTT Governors and Healthwatch.
- The Account has **little clear references to Carers and Families**. The role carers and families play are integral to the maintenance or wellbeing and support of patients and should be widely recognised and supported.
- **More visual presentation** such as graphs and tables could help the public understand the Trust's real achievements i.e. Data comparison on group mortality on page 17.
- **Re-admission** could be broken down via age groups as it assumes Older People are being re-admitted
- **Lack of data is an issue** and the timing of these reports for consultation may need to be reconsidered for future years.
- We would welcome some record of how choices for **research** are made and how far decisions are made locally and how far nationally, or even internationally?
- We welcome future discussion on the *Trust Wide Falls Audit*. It would be helpful for older people to understand what it means and reassure them on the care given in this.
- Breaking down the CQUIN and what the Trust did to achieve the amount might help members of the public understand what the NHS PCT/CCG commissioned them to do.

Nicola Kingston and **Aisling Duffy**

Healthwatch Lambeth Co-Chairs

On behalf of Healthwatch Southwark Interim Board

Feedback from Health and Adult Services Scrutiny Committee, London Borough of Lambeth – received 16 May 2013

Lambeth Council's Health and Adult Services Scrutiny Sub Committee would like to thank Guy's and St Thomas' NHS Foundation Trust for the invitation to submit a statement on the Trust's draft Quality Account 2012/13. The committee would also wish to acknowledge the earlier invitation to the Quality Account Stakeholder event to develop the QA and draft priorities which was attended by a member of the committee.

It has not been possible to formally consider the draft QA within the timeline requested and the Committee is not therefore submitting a response. However the Committee would wish to acknowledge the good working relationship that exists between the Scrutiny Committee and the Foundation Trust.

Elaine Carter,

Lead Scrutiny Officer, London Borough of Lambeth

Feedback from Southwark Council's Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee – received 20 May 2013

Southwark Council's Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee met on 25 March 2013 to consider an earlier draft. This session also considered additional information on Serious Incidents and a summary of GSST complaints. Following this session the committee asked for follow up information on Pressure Sores. A previous meeting, on 6 March 2013, received Southwark's annual Vulnerable Adults Safeguarding report.

Following the 25 March meeting the committee asked for more assurance that community acquired Pressure Sores are followed up by GSST, particularly when patients have acquired these at home or in a social care setting and that referral mechanisms are adequate and an agency will take appropriate action. The committee also asked for more analysis of why Pressure Sores are increasing generally.

When the committee considered the Southwark Vulnerable Adults Safeguarding report it was noted that there were no safeguarding alerts for GSST. The committee requested more assurance on the Safeguarding process, and that there are adequate systems in place for reporting alleged abuse, investigation, Safeguarding training and effective whistle-blowing procedures.

Cllr Mark Williams,

Chair, Southwark Council's Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee

Feedback from Guy's and St Thomas' Trust Governors – received 24 April 2013

Staff are to be congratulated on some outstanding achievements during a challenging year.

Noteworthy recognition should go to the successful launch of 'Barbara's story' which has had a powerful and emotional impact upon all of us – helping to underpin the values in everything we strive to achieve on a daily basis in the most positive way possible.



contacts

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 7188 extension 53186

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:

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www.guysandstthomas.nhs.uk

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