



REPORTING BACK

OUR SUMMARY QUALITY ACCOUNTS  
AND ANNUAL REPORT 2009

Guy's and St Thomas' is one of the largest and busiest Trusts in the country. During 2008/09, we saw 570,000 outpatients, 86,000 inpatients and 58,000 day case patients. On average we have 1,120 beds in use at any one time.

## Building on our success

*Guy's and St Thomas' NHS Foundation Trust has again enjoyed a very successful year and we continue to use our stable financial position to invest in service and quality improvements for our patients.*

### Creating an Academic Health Sciences Centre

A major focus during the past year has been to develop our proposals, with our partners King's College Hospital and South London and Maudsley NHS Foundation Trusts and our shared university partner, King's College London, to be amongst the UK's first Academic Health Sciences Centres (AHSCs) under the name *King's Health Partners*. This means creating an AHSC that combines the best of basic and translational research, clinical excellence and world-class teaching to deliver ground-breaking advances in physical and mental healthcare to our patients.

Following accreditation by the Department of Health, we are now finalising governance arrangements and developing the Clinical Academic Groups, where service delivery, teaching and research will come together around a particular clinical specialty. Collaborating in this way enables each organisation to build on their strengths so that our AHSC can attract the highest calibre of staff, maximise new funding opportunities and develop innovative treatments for our patients.

### Building for the future

The other area where we have made considerable progress in the past year is in implementing our ambitious estates strategy to transform the hospital environment and reorganise services to better meet the needs of our patients.

At St Thomas' we have completed a major internal and external refurbishment of East Wing to modernise wards, theatres and lifts and re-clad the building. We are also transforming the main entrance and catering facilities to improve wayfinding for patients and visitors.

At Guy's we have completed the £4 million refurbishment of the Assisted Conception Unit, funded by Guy's and St Thomas' Charity,

**Patient Stan Lane is pictured with staff nurse and dignity champion, Penny Minchin on Blundell Ward at Guy's.**



the Medical Research Council and King's College London. Guy's is also home to the new £4.2 million research unit funded by Breakthrough Breast Cancer and King's College London which will investigate triple negative breast cancer.

Improvements to the fabric of our buildings will require sustained investment over many years and will enable us to rival the best facilities elsewhere, improving the experience of patients and staff.

## Meeting national targets

We continue to achieve the targets expected of all NHS organisations and attain good outcomes in the many external assessments to which we are subject each year.

We place great importance on reducing hospital acquired infection, which is a source of concern to patients. This year, through a continued drive on cleanliness, the implementation of the national *Saving Lives* programme, and a zero tolerance approach to poor hand hygiene, we have seen dramatic reductions in rates of MRSA blood infection and *C.difficile* in line with both national and our own demanding internal targets.

Further information is provided on page 8 and our exceptional performance is thanks to the hard work and dedication of staff across the Trust. It reflects a shared commitment to high quality clinical care, improving the patient experience, reducing waste and increasing efficiency.

Many initiatives over the past year continue to support and enhance service delivery and, whilst it is impossible to mention them all, highlights include:

- continued progress with our **cancer strategy** to improve services for cancer patients at the Trust and across south east London;
- growing momentum in translational research as our National Institute for Health Research (NIHR) funded **comprehensive Biomedical Research Centre** completes its first full year of funding;
- new initiatives to improve services, including a further **Modernisation Initiative** to improve end of life care, and services at **Gracefield Gardens** Health and Social Care Centre;
- a major joint venture with Serco Group plc to improve and grow our pathology services under the name **GSTS Pathology**;
- further progress with a range of initiatives that reflect our commitment to **corporate social responsibility**, from reducing energy consumption and procuring goods and services locally to being a good employer and playing an active part in the regeneration of our local communities;
- a continuing **drive to promote dignity and respect**;
- further work to **engage patients**, as well as our Foundation Trust membership, and to secure feedback which can be reflected in future service developments.

Details about these and many other successes are described in our full *Annual report and accounts 2008/09*.

As we move into more challenging times, the Trust's strong financial position and committed workforce will ensure that we are able to continue to strive for excellence in care, service, research and teaching. The following pages summarise our annual plan and first quality accounts, including key priorities and investment plans, which I hope will be of interest.



**Ron Kerr**, Chief Executive



**Sangeetha Rajendran**, senior biomedical scientist pictured in the GSTS Pathology blood bank.

The Trust's vision for the future is to expand its activities to benefit a wider population, delivering services that are accessible to patients and their families, and to provide high quality care and excellent treatment outcomes.

## Our annual plan

*Each year the Trust is required to submit an annual plan to the independent regulator for Foundation Trusts, Monitor. This three year forward plan is agreed by the Board of Directors and takes account of valuable comments from the Council of Governors.*

The annual plan sets out our objectives for this year (2009/10) which are described below, along with some examples of the work that we will be focusing on to deliver these.

In our annual report and accounts we explain that we achieved a surplus of £25.5 million in 2008/09, against a target of £20 million. This surplus builds on our success in previous years and reflects the fact that the Trust delivered a significant programme of cost reduction and increased efficiency, whilst continuing to improve services and achieve all the key NHS targets. In the annual plan we set out an ambitious three year investment plan to reinvest our surpluses in a wide range of service developments and in our estates strategy.

### Our goals

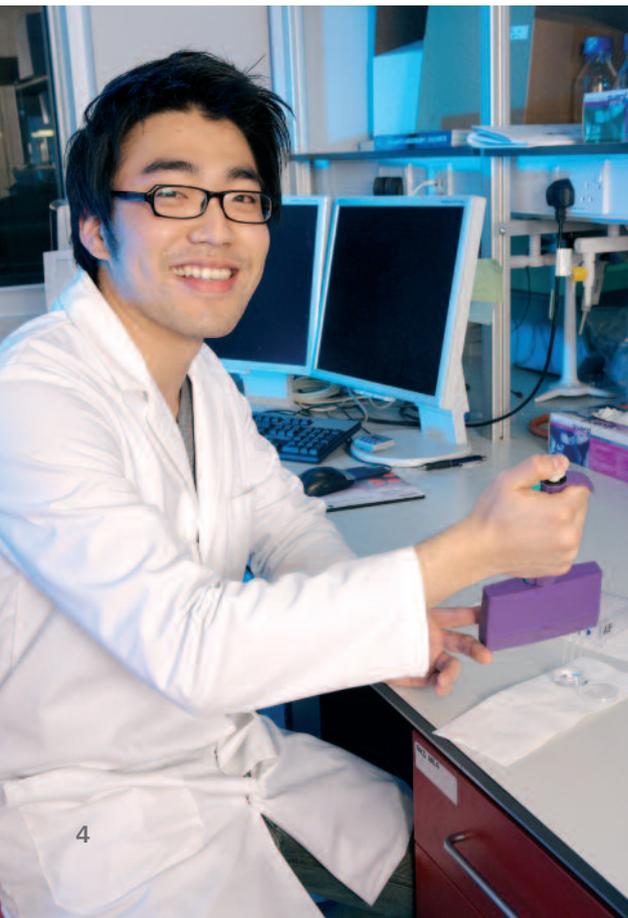
#### **To lead an outstanding local healthcare system**

The Trust is committed to improving the quality of our services in each of the three areas identified in Lord Darzi's report, *High Quality Care for All* – patient safety, clinical effectiveness and patient experience. More information on our work to improve quality can be found on pages 6-9.

In the coming year, we will develop a Trust-wide strategy for out of hospital care, building on the success of developments such as the Gracefield Gardens Health and Social Care Centre in Streatham which has enabled us to take our services into the community, closer to the patients we serve.

We will continue our work to eliminate unnecessary delays in pathways of care for our patients and aim to achieve a maximum waiting time of 18 weeks from referral to start of treatment across all services. We are also committed to widening access to clinical services for patients and their families by assessing service developments in terms of equality, diversity and human rights issues.

**MSc student Youngmin Park working in the comprehensive Biomedical Research Centre.**



We are working with our local Primary Care Trusts to identify local health priorities and the measures we can take to address them. Through the introduction of Commissioning for Quality and Innovation (CQUIN), we have identified a number of areas of focus including smoking cessation among pregnant women and reducing caesarean rates.

### **To build on our strengths as a provider of specialist services**

The Trust will continue to develop and deliver services which meet the needs of our diverse local communities, as well as the many patients from further afield who use our specialist services. This year we will implement the first phase of our cancer strategy in conjunction with King's Health Partners, for example by co-locating all chemotherapy services at the Trust and establishing 24/7 palliative care services to improve patient care.

We will also continue our work to secure the future of existing specialist services and seek opportunities to grow. We will achieve this by working with the relevant service commissioners and with our AHSC partners.

### **To make research and education integral to innovative patient care**

The Trust works closely with our partner organisations to develop and deliver a shared vision of clinical, teaching and research excellence. We will continue to drive forward with our plans for the AHSC through the development, piloting and wider roll-out of Clinical Academic Groups across all the Trust's clinical services.

We are also developing an education strategy which we will align with the emerging education strategy of the AHSC.

We remain committed to increasing the dedicated time that clinical staff have to engage in research activities, and we are implementing a programme of training and support to develop research and writing skills and improve external funding applications.

The comprehensive Biomedical Research Centre (BRC) continues to add real value to our work to integrate research into the development of innovations in patient care. This year, the BRC will launch its Faculty of Translational Medicine, providing facilities and training programmes for staff involved in translational medicine – taking medical discoveries from the laboratory into clinical settings to benefit our patients.

### **To create a workforce and an environment that deliver high quality and efficient services**

A number of key objectives underpin our goal to develop a workforce and environment which supports the delivery of high quality, efficient services. Examples include:

- improving dignity and respect for our patients and colleagues through a co-ordinated programme of initiatives under the banner *Showing we care*;
- reducing our expenditure and dependency on bank and agency staff;
- developing and implementing a recruitment strategy that incorporates our commitment to secure and create jobs for local people;
- developing a reward, benefits and recognition strategy to identify excellence within our workforce, and attract and retain the best staff;
- continuing to improve the hospital environment, including wards and outpatient clinics, corridors and main entrances, staff changing facilities and staff and visitor catering.



**Pictured at home with her son Andrew, Michelle Hewer benefited from preimplantation genetic diagnosis after suffering a number of miscarriages.**

We are committed to providing services of the highest quality, with patient safety at their heart, designed to be responsive to the needs of the individual patient and their family.

## Our commitment to quality

*This year, the Trust published its first 'quality accounts', as part of the annual report and accounts. This reflects our commitment to high quality care and to report back on the initiatives and programmes of work we have in place to deliver this. Actions range from the new Trust-wide campaign **Showing we care** to improvements in the way that we engage with patients, the public, staff and members of our Foundation Trust.*

The Trust is working hard to bring these areas of work together into a coherent, overarching strategy which will drive improvements in the quality of clinical care and the patient experience at our hospitals. Both our Board of Directors and Council of Governors are taking a keen interest in this work and we look forward to building on the achievements to date and reporting back on progress.



### Our performance in 2008/09

In addition to the national targets and external assessments, we have chosen to focus on a number of further areas to drive quality improvements spanning clinical effectiveness, patient safety and patient experience – see page 9 for full details. Progress has been made in the following areas:

- **Achieving low mortality rates** – the Trust has consistently achieved low standardised mortality rates in recent years. Government statistics published in May 2009 show that we have one of the lowest mortality rates in the country, with patient survival rates nearly 25 per cent better than the national average.
- **Improving care for seriously ill patients** – our active patient safety and quality improvement programme focuses on issues including rapid access to medical assessment by senior clinicians and effective monitoring of patients' progress.
- **Improving medicines safety** – our new medicine safety forum co-ordinates programmes including the safe use of anticoagulant drugs, antibiotics prescribing and allergy recognition.
- **Reducing hospital associated infections** – this year we have exceeded national and local targets for reducing MRSA and *C.difficile*, recording a 48 per cent fall in MRSA blood infections and a 37 per cent drop in *C.difficile* cases.
- **Ensuring that we treat all patients, especially older patients with dignity, compassion and respect** – with over 120 dignity champions driving the delivery of compassionate care throughout our hospitals, our commitment to improving dignity for patients is embedded throughout the Trust.

## Priorities for 2009/10

We have identified priorities for the coming year, which complement the external assessments against which we are measured by organisations such as the new Care Quality Commission and the introduction of Commissioning for Quality and Improvement (CQUIN).

In keeping with national guidance on the development of quality accounts our priorities are grouped into clinical effectiveness, patient safety and patient experience and are listed in full on the table overleaf.

Highlights include:

- **Fluid balance reporting** – accurate recording of a patient’s fluid balance helps healthcare professionals to monitor kidney and heart function, as well as how a patient is responding to medicines and treatment. This year, we will redesign our fluid balance charts to build in clear guidance for nursing and medical staff. We will also implement an education and training programme to ensure compliance with best practice.
- **Unplanned readmissions** – unplanned readmission to hospital within 28 days of discharge may indicate that a patient has been discharged too soon. However, this indicator should be treated with care as it may also demonstrate that we are responding to a patient’s wish to return home or receive care outside a hospital setting even if there is a risk of readmission. This year, we will extend the best practice model devised by our elderly care team to ensure effective monitoring of unplanned readmissions, enabling us to identify areas for improvement.
- **Dignity and respect** – we are launching a series of initiatives under the banner *Showing we care* to ensure that all patients and visitors benefit from the best possible patient experience, from how we talk to patients and their families, to how we involve them in decisions about their own care.

Housekeeping assistant, Amelia Alipio is pictured in Borough Wing at Guy’s Hospital.



Consultant gastroenterologist, Dr Jude Oben is pictured with weight loss patient Vivian Kusi.



## Performance against national and local targets 2008/09

### National targets

Existing commitments		National standard	2008/09	2007/08
<b>A&amp;E access</b>	% patients discharged within 4 hours in A&E and MIU	>98%	98.2% ●	98.3%
<b>Inpatient and outpatient access</b>	Outpatients waiting more than 13 wks (GP referrals only)	<3 / mth	0.2 ●	0.1
	Inpatients waiting more than 26 weeks	<2 / mth	2.3 ●	1.2
<b>Cardiac access</b>	Patients seen within 2 weeks for rapid access chest pain	>99%	99.7% ●	100.0%
	Patients waiting more than 3 months for revascularisation	<1%	0% ●	0%
<b>Cancelled operations</b>	% elective operations cancelled on day of operation	<0.8%	1.17% ●	1.58%
	% cancellations not re-admitted within 28 days	<5%	1.2% ●	0.0%
<b>Transfers of care</b>	Inpatients with delayed transfer of care (monthly average)	<5	1 ●	2
<b>Health and well-being</b>	Patients seen within 48 hours of referral to GUM clinic	>99%	99.8% ●	99.5%
	Ethnic coding levels of inpatients	>90%	91.2% ●	88.5%
<b>Clinical quality</b>	Door to needle times for thrombolysis – % under one hour	Primary angioplasties used		

### National priorities

<b>Infection control</b>	MRSA bacteraemia reduction (to 41 for 2008-9)	<41	24 ●	46
	<i>C.Diff</i> acquisitions in over 2's reduction (to 112 for 2008-9)	<112	84 ●	124
<b>18 week referral to treatment times</b>	% admissions within 18 weeks in month (Jan-Mar)	>90%	90.2% ●	86.8%
	% non-admissions within 18 weeks in month (Jan-Mar)	>95%	96.1% ●	91.4%
	% direct access audiology within 18 weeks in month (Jan-Mar)	>95%	99.2% ●	n/a
<b>Cancer access (April – Dec)</b>	Urgent GP referrals seen within 2 weeks	100%	100% ●	100%
	Cancer treatments started within 1 month of decision to treat	>98%	99.5% ●	100.0%
	Cancer treatments started within 2 months of urgent GP referral	>95%	96.6% ●	96.5%
<b>Cancer access (revised definitions Jan – Mar)</b>	Urgent GP referrals seen within 2 weeks	>95%	95% ●	n/a
	Cancer treatments started within 1 month of decision to treat	>98%	99.8% ●	n/a
	Cancer treatments started within 2 months of urgent GP referral	>85%	79.5% ●	n/a
<b>Cancer access (new targets from from Jan 2009)</b>	Subsequent treatments within 1 mth of decision to treat	>98%	99.6% ●	n/a
	Treatments started within 2 mths of screening programme referrals	>96%	100% ●	n/a
	Treatments started within 2 mths of consultant upgrade referrals	>96%	100% ●	n/a
<b>Infant health</b>	Smoking during pregnancy and breastfeeding initiation		●	
<b>Clinical quality</b>	Participation in heart disease audits – 5 audits		●	
	Stroke care – national sentinel audit of stroke		●	
	Engagement in clinical audits		●	
	Maternity statistics – data quality indicator	Comparators not available		
<b>Staff satisfaction</b>	NHS staff satisfaction – results from National Staff Survey	Comparators not available		
<b>Patient experience</b>	Results of patient survey – 5 domains	Comparators not available		

● Target fully achieved

● Target partially achieved

## Local targets

Clinical quality		Target	2008/09	2007/08
<b>Infection control</b>	% clinical staff compliant with hand hygiene (mthly audit)	>98%	99% ●	n/a
	MRSA acquisitions from clinical specimens	<80	67% ●	74
	GRE bacteraemias (per month)	<2 in mth	75% ●	1.3
	Readmission rate (emergency readm. within 28 days)	<4.5%	4.6% ●	n/a
	Standardised mortality ratio (for quarter)	<80	79.6% ●	n/a
	Hospital mortality – unadjusted counts of deaths (mthly averages)	<100	99.8% ●	n/a
<b>Cleaning</b>	% compliance vs national target for cleaning	>90%	94% ●	91%
<b>Complaints</b>	% of complaints with response within 25 working days	>80%	92% ●	78%

## Patient satisfaction

<b>Patient survey findings</b>	% patients who “would speak highly of GST”	>80%	83% ●	83%
	% patients satisfied with the quality of care	>90%	92% ●	94%
	% inpatients describing ward as “clean”	>90%	95% ●	95%

## Summary of the Trust’s quality measures for 2009/10

Quality measure	2008/09 performance	2009/10 targets
<b>Patient safety</b>		
Observation of acutely ill adults	96% compliance with Trust policy	Maintain minimum 95% compliance
Medicines safety reporting	Identified best practice	Roll out best practice to increase reporting of ‘near misses’ by 10%
Fluid balance reporting	75% compliance with Trust policy	Minimum 95% compliance
Nasogastric tube management in adults	No data available. New target for 2009/10	100% compliance with new Trust policy
<b>Clinical effectiveness</b>		
Access to maternity assessment in 13 weeks	57% of mothers assessed within 13 weeks	80% of mothers assessed within 13 weeks
Reduce overall caesarean rate	28% of total deliveries by caesarean	Reduce total caesarean rate below 27%
Reduce smoking during pregnancy	5% of women smoking at delivery	Reduce number smoking at delivery below 5%
Monitor and reduce unplanned readmissions	Identified best practice	Roll out best practice to achieve 100% monthly monitoring
<b>Patient experience</b>		
Treat patients with dignity and respect	82.5% satisfied that staff did not ‘talk in front of them as if they were not there’	Improve 2008/09 result by 4%
Improve staff attitude and communication	62% of patients ‘very satisfied’ that they were listened to and supported	Improve 2008/09 result by 4%
Involve patients in their care	59% ‘very satisfied’ that they were involved in their care	Improve 2008/09 result by 4%
Single sex accommodation	100% compliance with pre-2009 guidance	Minimum 98% compliance with latest guidance

## Becoming a Foundation Trust member

Our members help us to:

- be more open and accountable
- strengthen our links with local people
- continue to make our services more sensitive to the needs of our patients
- elect our Council of Governors, and can stand for election if they wish to become a governor

Membership is free and it is completely up to you how much you get involved. To become a member of our Foundation Trust, you need to live in Lambeth or Southwark or have been a patient at either hospital in the last three years.

If you are interested in joining, please:

- call 0870 703 0159
- email [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)
- visit [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk) to join online

To receive a copy of the full Annual report and accounts 2008/09 or our Annual plan May 2009: please call 020 7188 5577 or email [communications@gstt.nhs.uk](mailto:communications@gstt.nhs.uk)

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