



Quality report  
2020/21

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# Quality report

## Statement on quality from the Chief Executive 2020/21

Due to the impact of the Coronavirus (COVID-19) pandemic on the NHS, all NHS foundation trusts were advised by NHSI/E that inclusion of a quality report in this year's Annual Report and Accounts was optional.

This year's quality report has therefore been produced as a stand-alone document.

The report sets out the approach we have taken to improving quality and safety at Guy's and St Thomas' in the context of the pandemic.

We have included as much information as possible here and are confident in the accuracy of the data we have published. There are a number of areas where the data is not available, including where reporting was suspended or changed at a national level as a result of the pandemic.

On 1 February 2021, the Trust completed a merger with Royal Brompton & Harefield NHS Foundation Trust. In accordance with the guidance, they were not required to produce a quality report for the first 10 months of the year and we have not yet integrated their data into this report, so the information presented here relates to Guy's and St Thomas' pre-merger, including our adult community services and Evelina London children's services.

The Trust's governors, local Healthwatch organisations and the South East London Clinical Commissioning Group have all been consulted on our priorities for 2021/22.

However, due to the exceptional circumstances, these organisations were not invited to provide a formal response for inclusion in the report. Also, the report does not include the independent practitioner's limited assurance report to the Trust's Council of Governors.

Our priority is to provide high quality, safe care for all patients, and to learn from our mistakes if we fall short of these standards. We are committed to driving improvement and a culture of excellence throughout the organisation.

Despite the exceptional circumstances of the COVID-19 pandemic, we have also sought to deliver care in accordance with the quality priorities set out last year and we have continued to work with clinical audit, national audit and organisational learning teams.

Activities over the past year include:

- We have one of the lowest mortality rates in the NHS, a strong indicator of our relentless focus on quality and safety
- While hundreds of patients were successfully treated for COVID-19, and many others continued to receive vital treatment for urgent or life threatening conditions, our thoughts are with each and every family who lost a loved one to this terrible virus
- During the pandemic we continued to have some of the lowest mortality rates based on national and international comparators, including in our hugely expanded critical care units which provided care to over 200 patients at the peak. As a specialist centre for extracorporeal membrane oxygenation (ECMO) treatment we cared for some of the very sickest patients, again with very good outcomes, and we were also able to provide mutual aid to support other hospitals both locally and across London

## Quality report

- This year was dominated by our pandemic response, along with the recovery of planned (elective) care where possible. We learnt many lessons from the first wave in spring 2020 that we used to inform our response to the second wave in December and early 2021. A key component of this was support for our staff, initially with very practical things such as accommodation and emergency access to groceries, although this has now shifted and has a strong focus on psychological support, both for individuals and teams, as well as on training and rest and recuperation
- We achieved one of the highest engagement scores of all 'combined acute and community trusts' in the 2020 NHS Staff Survey and 90% of our staff would recommend the Trust to a friend or relative as a place to receive care. While we are not complacent, and are working hard to address areas where we need to improve, we are proud of these achievements as we know that an engaged workforce has a positive impact on the quality of patient care
- We are hugely grateful to all our staff for their incredible dedication and commitment, and for the sacrifices they made, to care for our patients at this extraordinary time. We also thank Guy's and St Thomas' Charity for so generously supporting our wellbeing programme

We are hugely proud to be playing an important role in the national response to COVID-19, not only through the delivery of essential healthcare, but also through the many research programmes that are helping us globally to understand and better treat the virus, and as the lead provider for the delivery of the COVID-19 vaccine programme to the population across south east London.

As part of our commitment to providing safe, high quality care to our patients, it is vital that we have a positive and supportive reporting culture that allows us to share and learn lessons from our mistakes so that we can improve safety for patients, visitors and staff.

Our serious incident assurance panel ensures that all never events and serious incidents are properly investigated and managed.

The Trust has a Quality and Performance Committee where all data and information relating to quality of care and patient experience is reviewed.

The Trust employs rigorous information assurance processes in the production of a monthly 'balanced scorecard', including local and Trust-wide validation of data and national benchmarking where available. The balanced scorecard is published as part of our Board papers and is available on the Trust's website.

We publish 'Quality matters', a regular newsletter which is sent to all staff and which supports the sharing of best practice.

Our 'Learning from excellence' system encourages staff to report examples of good practice and things that work well so that they can be recognised and shared across the Trust.

We encourage all our staff to 'speak up' if they have concerns about patient safety or the quality of care we provide and we have an active and well supported network of 150 'speak up advocates', a confidential email address and external phone line. This year we have also developed a new e-learning module, 'speaking up safely', which is being rolled out to all staff.

During the past year, issues of equality, diversity and inclusion have been brought into sharp focus by the tragic events in America and the 'Black Lives Matter' movement. Across the country, COVID-19 has had a disproportionate impact on black, Asian and minority ethnic communities and has

exacerbated existing health inequalities. We are determined to learn lessons from this, and from the 'Black Lives Matter' movement, and we will redouble our efforts to address concerns raised by our staff and to ensure we meet the needs of all of our patients, whatever their backgrounds. In response, we have been listening hard to the views and experiences of our black, Asian and minority ethnic staff, and developing a range of plans to tackle issues of inequity and concern to them.

Throughout the pandemic, our executive team has remained highly visible and spent time visiting all areas of the Trust. They have led weekly online briefing sessions for staff to keep them up-to-date with the Trust's pandemic response and recovery, with more than 3,000 members of staff joining the briefings at any one time.

Infection prevention and control has been an absolute priority, and we have ensured access to personal protective equipment (PPE) in accordance with national guidelines at all times. To ensure the safety of our patients and our staff, the Trust implemented an asymptomatic staff testing programme, and continues to require all staff and patients to comply with hand hygiene, follow social distancing rules wherever possible, and to wear appropriate PPE at all times.

Looking ahead, we will balance ongoing preparation for any future waves of the pandemic with the continued roll out of the vaccination programme and the urgent and ongoing need to recover our non-COVID-19 services.

We remain hugely concerned about the national growth in waiting lists for diagnosis and treatment, and for the people who may not have come forward for vital tests or treatment due to the pandemic. We will continue to do everything possible to maximise the number of patients that we can safely treat, and to ensure that patients on our waiting lists are regularly risk assessed and seen according to clinical priority. We will keep patients informed about any delays to treatment and ensure that they can contact us if their condition changes.

Finally, it remains to say that I am confident that the information in this quality report accurately reflects the services we provide to our patients.



**Dr Ian Abbs**  
Chief Executive

9 June 2021

# Our quality priorities for 2021/22

We aim to provide world-class clinical care, education and research that improves the health of the local community and of the wider populations that we serve. This ambition is reflected in our strategic objectives and is underpinned by our quality strategy and quality goals.

In February 2018 we published our five-year quality strategy which will help us to improve healthcare provision both in the community and hospital settings and also to mitigate any risks. Our view is that quality, safety and efficiency are intrinsically linked and are mutually beneficial. This principle underpins our quality priorities and our quality improvement work. The quality strategy is a central component of 'Together we care', the Trust's overall five-year strategy.

Data and digital technology play a pivotal role in driving quality and improvement across the organisation. It has been key in the completion of the Trust quality priorities for 2020/21 and will continue to do so for 2021/22. Many parts of the engagement work with our patients and carers could continue throughout the pandemic as a result of technology, particularly services for our vulnerable patients and the dementia and delirium improvements. For those priorities where there is further improvement work to complete eg the deteriorating patient, the Acutely Ill Patients group have worked closely with Health Catalyst from NHS Improvement to study behaviour around the use of the SBAR tool to feed into this improvement work. They have also established a deterioration dashboard so that clinical areas have oversight of their observations in order to celebrate good practice and drive continuous improvement.

We have developed a set of quality priorities and ensured that these are embedded across the Trust through directorate business plans for 2021/22.

### How we chose our priorities

Each year the Trust is required to identify its quality priorities. We consulted on both the quality strategy and annual quality priorities. The draft priorities were shared with commissioners, Healthwatch, our governors, the Trust Executive Committee, the executive teams within the clinical groups and directorate management teams. The final priorities for 2021/22 were agreed by the Trust's Quality and Performance Committee.

The chosen priorities support a number of the five-year quality goals detailed in our quality strategy as well as three key indicators of quality:

**Patient safety** – having the right systems and staff in place to minimise the risk of harm to our patients and being open and honest and learning from mistakes if things do go wrong.

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

**Patient experience** – meeting our patients' emotional needs as well as their physical needs.

Progress in achieving our quality priorities will be monitored by quarterly reporting to the Trust's Quality and Performance Committee.

### Patient safety

#### Our quality priorities and why we chose them

#### What success will look like

##### **Mental health care for both adults and children**

###### **We will improve mental health care across the Trust including support for staff delivering care**

This priority supports delivery of our quality goal to make every contact count in supporting the prevention of poor health and builds on the achievements of our 2020/21 quality priority.

###### **We will create and pursue opportunities to better meet the mental health needs of our patients in Evelina London**

This priority supports delivery of our quality goal to improve the experiences of care for our most vulnerable patients and their carers, including children and those living with a learning disability, mental health issues and dementia.

We will:

- ensure the approach to mental health care is relevant to and meets the specific needs of the local population we serve, including those visiting the area for recreational or social reasons
- develop mental health care pathways for those attending the emergency department and who are in mental health crisis
- ensure that the workforce is knowledgeable and skilled in meeting the mental health needs of our patients
- embed a multi-disciplinary approach when responding to mental health emergencies.

We will:

- refresh of the terms of reference for the Evelina London Mental Health Group, Children's Mental Health Group and establish a Women's Mental Health Group
- review the current mental health needs of both children and women post COVID-19, including the opportunities to deliver services differently
- establish appropriate and safe facilities for child and adolescent mental health patients in the emergency department and on Mountain ward
- establish emergency pathways for women and children.

##### **Violence and aggression**

###### **We will improve the way in which we manage violence and aggression from patients**

This priority supports delivery of our quality goal to take positive action to ensure that staff feel valued, supported and safe.

We will:

- embed the Dynamic Assessment of Situational Aggression tool across the Trust
- ensure staff in patient-facing roles have received appropriate training in conflict resolution
- ensure clinical staff in patient-facing roles have an understanding of restrictive practice and the legal frameworks and legislation that apply to its use.

##### **Medication safety**

###### **We will reduce medicines-related problems at transfer including admission to hospital, discharge from hospital and during internal transfer.**

This priority supports delivery of our quality goal to reduce avoidable harm.

We will:

- implement a 'medicines discharge aid memoire' for nurses and midwives
- improve the quality of written medicines advice provided to patients and GPs in discharge letters
- re-engineer the process for generating electronic discharge letters for patients in women's services
- develop a process to support community pharmacists completing medicines reconciliation for complex patients following discharge from hospital
- improve the support from the opioid team for patients using opioids and their GPs.

## Clinical effectiveness

### Our quality priorities and why we chose them

### What success will look like

#### Learning from deaths

##### **We will improve our learning from deaths processes**

This priority supports delivery of our quality goal to learn from deaths and our quality goal to be a learning organisation.

We will:

- continue to increase reporting of mortality stage one reviews to 90%
- increase the completion of mandatory detailed case note reviews, to identify areas for learning, to 100%
- share areas for learning with clinicians through the local services review meetings and the mortality surveillance group.

#### End of life care

##### **We will promote holistic care for patients towards the end of their life, and those important to them in hospital and the community**

This priority supports delivery of our quality goal to improve end of life care.

We will:

- use service user feedback, to update our 'What to expect when someone is dying' leaflet
- track and report the number of fast track discharges, including those who die before they are able to leave hospital
- rollout Let's Talk materials and training
- expand the use of our family care pack across our wards and in the community.

#### Focus on safety in Evelina London

##### **We will establish a focus on safety through respectful inter-personal working in Evelina London**

This priority supports delivery of our quality goal to take positive action to ensure that staff feel valued, supported and safe.

We will:

- establish a small working group to identify areas of good practice and potential areas of improvement using clinical governance data
- pilot interventions to learn what works prior to wider adoption
- measure successes from pilot interventions to plan for next steps.

### Patient experience

#### Our quality priorities and why we chose them

#### What success will look like

##### Contacting the Trust

###### **We will improve patients' and carers' experience when contacting the Trust by telephone**

This priority supports delivery of our quality goal to improve experience and builds on the achievements of our 2020/21 quality priority.

We will:

- identify and act on key areas for improvement, including those identified by patients
- ensure contact numbers on the internal and external websites are up to date
- upgrade our customer call centre system to improve call handling
- monitor progress using the Trust outpatient survey and other sources of patient feedback.

##### Waiting times

###### **We will keep patients informed and regularly updated about waiting times in outpatient clinics**

This priority supports delivery of our quality goal to improve experience.

We will:

- ensure patients are kept informed about any delays in outpatient clinics in accordance with best practice
- as part of our outpatient transformation work, identify the best methods to keep patients informed and updated of any delays to their virtual appointments
- monitor progress using the Trust's outpatient survey.

##### Patients with learning disabilities

###### **We will monitor the patient experience of those with learning disabilities to improve our services**

This priority supports delivery of our quality goal to work collaboratively with patients in the co-production and design of our services.

We will:

- develop a tool/method, in partnership with patients with learning disabilities and their representatives, to capture their experiences
- undertake work to better understand the experience of patients with learning disabilities.

# Progress against priorities for 2020/21

## Patient safety

### Our quality priorities and why we chose them

#### Timely recognition of the deteriorating patient

We will ensure timely recognition of deterioration in patients.  
This priority supports delivery of our quality goal to reduce avoidable harm.

### What success will look like

- We will increase the number of patients receiving standard national early warning score (NEWS) evaluations to 95%.
- We will improve the number of observation sets which include all six parameters required for a valid NEWS score to 95%.

### How did we do?

Completion of NEWS remains excellent at 96%.  
Timeliness of observations has been consistently at 85.9% for Quarter 3 of 2020-21. Some areas within the Trust are achieving over 90%. As before, the main issues relate to gaps in observations in the overnight period and in the late afternoon and in higher acuity patients (NEWS $\geq$ 5).  
The Acutely Ill Patients Group have devised an action plan to drive continuous improvement in this area.

#### Mental health

We will improve mental health care across the Trust including support for staff delivering care  
This priority supports delivery of our quality goal to make every contact count in supporting the prevention of poor health and builds on the achievements of our 2019/20 quality priority.

- We will ensure that the Trust's mental health strategy is implemented and embedded in directorates.
- We will introduce a simulation-based training programme to reduce the use of restrictive practices.
- We will implement a joint programme of work, co-developed with South London and Maudsley NHS Foundation Trust, to improve proactive risk assessment and the integration of mind and body care.

Each Directorate and Clinical Group have now submitted their first draft of how they will implement and embed the different aspects of the Trust's Mental Health Strategy.  
The Lily Steiner project regarding simulation training to reduce the use of restrictive practice is on target. The team are developing a two day training course to support its delivery.  
Trust Suicide Guidance is being updated in collaboration with King's College Hospital and a steering group is meeting regularly to complete this.

#### Dementia and delirium (DaD)

We will improve services for patients with dementia and delirium.  
This priority supports delivery of our quality goal to make every contact count by supporting the prevention of poor health.

- We will implement a memory service supported by the dementia and delirium team, including follow-up and signposting in the community.
- We will establish a network of professionals and services to provide care and support to patients with a dementia diagnosis to achieve optimum outcomes for these patients and their carers.
- We will develop an e-learning package for dementia level 2 training to ensure access to training and improve compliance.
- We will ensure we remain 'dementia friendly' hospitals, achieving a positive score in our assessment.

The memory service was fully established in January 2020. The Clinical Nurse Specialists (CNSs) have maintained this service during the pandemic and offering the majority of patients a telephone consultation as well as a small number of face to face appointment consultations.  
The DaD team have supported the Trust carers' strategy by providing 3 yearly educational support and advice to carers through the Carer Network Training Programme (CNTP).  
They have also carried out Dementia and Delirium reality rounds during the first wave of the pandemic and encouraged carer feedback through postal surveys.  
The team worked closely with the psychology team to produce a new leaflet which helps ward staff to support patients with delirium and dementia who have been struggling with feeling anxious, stressed, isolated and/or frustrated during the current COVID-19 pandemic.  
The 'DaD' champions have also developed a dementia checklist for staff to ensure appropriate adjustments and support is provided for patients with dementia when they are admitted to hospital.

### Patient safety

#### Our quality priorities and why we chose them

##### Vulnerable patients

We will ensure our vulnerable patients are kept safe.

This priority supports delivery of our quality goal to improve the experiences of care to our most vulnerable patients and their carers, including children and those living with dementia, a learning disability and mental health issues.

- We will develop and implement a training plan for safeguarding adults level 3 training by October 2020.
- We will work in collaboration with colleagues in South East London Liberty to implement a programme of liberty protection safeguards by July 2020.
- We will develop a clear process to obtain feedback from patients following a safeguarding investigation.
- We will have a clear process for verifying and documenting lasting power of attorney.
- We will work with clinical teams to raise the awareness of lasting power of attorney.

#### How did we do?

Staff have been identified for level 3 training and a full day workshop has been developed.

The liberty protection safeguards implementation date has now been delayed to April 2022. Preparation work has been halted while we await national guidance, including the publication of a Code of Practice.

Directorate leads for vulnerable adults have discussed the impact of COVID-19 on our most vulnerable patients and how best to meet their needs. Education and training is now planned to support and embed these actions.

##### Young people at risk of exploitation and violence

Through continued partnership working we will identify and act upon the needs of young people at risk of exploitation and violence.

This priority supports delivery of our quality goal to improve the experiences of care for our most vulnerable patients and their carers, including children and those living with dementia, a learning disability and mental health issues.

- We will develop and implement a bespoke safeguarding children level 3 training package by August 2020.
- We will provide enhanced training to specific staff groups where a need is identified.
- We will develop and implement risk assessment tools specific to this vulnerable group of children.
- We will obtain qualitative feedback from young people and service users.
- We will review services offered through emergency departments to ensure a consistent London-wide approach.

A level 3 training package is in place using learning based on nationally recognised training material supplied by the Royal College of Paediatrics and Child Health (RCPCCH).

Bespoke training to recognise risk indicators for abuse and exploitation, (including both child criminal and sexual exploitation), has been undertaken by all adult Emergency Department (ED) nursing staff and junior doctors. This is now embedded into annual training and is mandatory.

Safeguarding Nurse Specialists have also attended bespoke specialist external training.

Risk assessment tools have been created and rolled out within the safeguarding team to ensure consistency. All face to face assessments are now undertaken using these.

User feedback questionnaires for parents and young people have been trialled and are being rolled out more widely.

### Clinical effectiveness

#### Our quality priorities and why we chose them

##### Deteriorating patient

We will improve our response to deterioration through effective and timely escalation.

This priority supports delivery of our quality goal to improve the processes and pathways underpinning patient access to our services.

- We will increase the patients whose escalation for first acute review is preceded by a completed electronic communication support tool (eSBAR form) to 50%.
- We will increase the number of patients who are seen by the clinical response team within two hours of a NEWS score of 7 to 90%.
- We will increase the number of patients who are admitted to critical care within two hours of a decision to admit to 90%.
- We will increase to 100% the number of patients who are admitted to critical care within four hours of a decision to admit.

#### How did we do?

Staff have been identified for level 3 training and a full day workshop has been developed.

The liberty protection safeguards implementation date has now been delayed to April 2022. Preparation work has been halted while we await national guidance, including the publication of a Code of Practice.

Directorate leads for vulnerable adults have discussed the impact of COVID-19 on our most vulnerable patients and how best to meet their needs. Education and training is now planned to support and embed these actions.

### Clinical effectiveness

#### Our quality priorities and why we chose them

#### What success will look like

#### How did we do?

##### Learning from deaths

We will improve the learning from deaths processes.

This priority supports delivery of our quality goal to learn from deaths and our quality goal to be a learning organisation.

- We will increase reporting of mortality stage one reviews to 90%.
- We will increase the completion of mandatory detailed case note reviews, to identify areas for learning, to 100%.
- We will share areas for learning with clinicians through the local services review meetings and the mortality surveillance group.

Reporting of mortality stage one review unfortunately deteriorated but an improvement plan is being developed as part of our priorities for 2021/22. These figures will be included in the Quality Review Meetings for local monitoring.

The Trust continues to make good progress with completion of detailed case note reviews in a timely fashion. Of the 30 identified in quarter 2 and 3, 25 have been completed (83%).

Deep dives following Dr Foster risk alerts have been undertaken and the actions/learning from these reviews have been shared at the Trust Risk and Assurance Committee (TRAC) and the Trust Mortality Surveillance Group (TMSG).

##### Medication safety

We will improve the safe use of insulin for patients.

This priority supports delivery of our quality goal to improve medicines optimisation ensuring the right patient gets the right medicine at the right time.

- We will include the target range for blood glucose on e-noting, adjacent to the reported blood glucose.
- We will develop, test and implement an insulin transfer checklist for patients newly started on insulin.
- We will move variable rate insulin from paper into MedChart electronic prescribing for clearer visibility and ease of monitoring.

There was a delay to the e-noting project work but this has now commenced.

The transfer checklist has been successfully piloted and a Trust wide roll out is underway.

The variable rate insulin infusion audit has been completed and the variable insulin infusion prescription has been built into the test area of Medchart. Relevant guidelines have been updated and are currently being finalised.

##### Research

We will continue to be at the forefront of NHS research.

This priority supports delivery of our quality goal to measure outcomes and participate in research and our quality goal to be a learning organisation.

- We will continue to recruit participants into a broad range of national NIHR portfolio studies providing opportunities to participate in clinical research to more of our patients.
- We will achieve the recruitment target set by the local clinical research network (target to be confirmed).

Metrics around research recruitment were suspended during the pandemic.

The research team were required to focus on delivery of the COVID-19 treatment trials classified as urgent public health (UPH) trials by the Chief Medical Officer. The Trust is currently participating in 17 of these COVID-19 trials and has also established a local portfolio of 31 COVID-19 research studies.

The Trust participated in the Oxford vaccine study and the Novavax vaccine trial. There have been over 450 recruits for the Oxford study and 304 for the Novavax trial drawn from across King's Health Partners. The Trust also supported recruitment into the Janssen vaccine trial.

Since July 2020 the Research and Development team have opened over 85% of studies which have been prioritised in collaboration with the Clinical Directorates Research Leads and Managers.

##### Communication

We will keep patients informed and regularly updated on waiting times in outpatient clinics.

This priority supports delivery of our quality goal to improve experience.

- We will ensure that patients, families and carers have details of who to contact if they have a problem after leaving hospital.
- We will provide patients, families and carers with information to support self-care after leaving hospital.
- We will work with community staff to improve communication and improve support for patients, families and carers.

The Trust extended the contact card initiative from outpatient clinics to ward areas following feedback from the national inpatient survey.

Collection of patient feedback recommenced after wave one of the pandemic.

### Clinical effectiveness

#### Our quality priorities and why we chose them

#### What success will look like

#### How did we do?

##### End of life care

We will increase knowledge and understanding of decision making at end of life for patients and staff, and thereby increase patient and family engagement.

This priority supports delivery of our quality goal to improve end of life care and builds on the achievements of our 2019/20 quality priority.

- We will audit a sample of documented end of life care patients to identify areas for improvement.
- We will select a survey for bereaved carers to use in hospital and community setting from April 2020.
- We will develop an introductory film about end of life care for new staff.
- We will expand our 'do not attempt cardiopulmonary resuscitation' (DNACPR) e-learning package for Trust junior doctors.
- We will expand use of the 'Let's talk' digital resources for patients working with local champions.

The audit of end of life care has been undertaken and the analysis presented to the End of Life Care committee for action. Further data collection continues.

The hospital survey has been sent to bereaved carers retrospectively for those who died in April, May and June 2020 and a rolling programme agreed to survey four months after death. Thematic analysis is underway and will be reported quarterly to the End of Life Care committee.

A new film for corporate induction is in development to explain that end of life care is an important part of the work of many staff across the Trust.

The 'Let's Talk' e-learning module has been updated in response to feedback and it remains embedded in junior doctors' training as well as COVID-19 related redeployment training.

The end of life care champions' network was re-launched virtually in November 2020. The impact of visiting restrictions was a strong theme through feedback from the champions. They will be supported to drive local awareness of the 'Let's Talk' programme and use of the supporting resources.

##### Contacting the Trust

We will improve patients' and carers' experience of contacting the Trust by telephone.

This priority supports delivery of our quality goal to improve experience.

- We will identify and act on key areas for improvement, including those identified by patients.
- We will ensure contact numbers on the internal and external websites are up to date.
- We will upgrade our customer call centre system to improve call handling.

This work was paused due to the pandemic. The team have reviewed the Patient Advice and Liaison Service (PALS) and complaints data together with performance data from telephony to identify key areas for improvement. Colleagues within the telephony department have been invited to share their expertise and participate in the work to address these issues.

A number of clinics have changed location and contact details during the pandemic so a process of revalidating clinic contact numbers on the Trust website and in clinic letters is underway.

Work to upgrade the customer services centre has also been completed.

##### Virtual clinics

We will increase use of virtual clinics at Evelina London.

This priority supports delivery of our quality goal to improve the processes and pathways underpinning patient access to our services.

- We will retain the positive changes made to outpatient clinics during our response to COVID-19.
- We will establish a system to default to clinic appointments being offered virtually.
- We will sustain change and service improvements through a service transformation programme.

The significant work undertaken by teams during the COVID-19 pandemic to review and update pathways and move to virtual clinics wherever safe and possible has continued.

Having reviewed virtual vs face to face appointments, working closely with other specialist children's hospitals through the Civil Eyes Programme, Evelina London's balance between virtual and face to face is in line with both Great Ormond Street Hospital and Sheffield Children's Hospital and we are also the centres that have made the greatest shift.

Evelina London is currently part of a wider Trust review of patient experience of virtual clinics and this, along with a local audit will be used to inform how virtual clinics are managed in future.

# Statements of assurance from the Board of Directors

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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 quality accounts and can be used to compare us with other organisations.

## A review of our services

During 2020/21 Guy's and St Thomas' provided 102 hospital and community NHS services. A detailed list is available in the Trust's Statement of Purpose on our website <https://www.guysandstthomas.nhs.uk/our-services/services.aspx>

The Trust has reviewed 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 2020/21 represents 100 per cent of the total income received for the provision of NHS services in 2021/22.

## Participation in clinical audits and national confidential enquiries

A clinical audit aims to improve patient care by reviewing services against agreed standards of care 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 audits and national confidential enquiries to help assess the quality of healthcare nationally and to make improvements in safety and effectiveness.

During 2020/21, we took part in 51 national clinical audits and one national confidential enquiry. By doing so we participated in 95% of national clinical audits and 100% of national confidential enquiries which we were eligible to participate in.

The national clinical audits and national confidential enquiries that we were eligible to participate in during 2020/21 are shown in the table below. 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.

## Participation in national clinical audits 2020/21

Audit title	Participation	% of cases submitted
Antenatal and newborn national audit protocol 2019 to 2022	Yes	100%
BAUS Urology Audits	Yes	In progress
British Spine Registry	Yes	Not yet reported
Case Mix Programme (CMP)	Yes	100%
Child Health Clinical Outcome Review Programme	Yes	Not yet reported
Cleft Registry and Audit Network (CRANE)	Yes	Not yet reported
Elective Surgery (National PROMs Programme)	Yes	69%
Emergency Medicine QIPs	Yes	In progress
Falls and Fragility Fracture Audit Programme (FFFAP)	Yes	100%
Inflammatory Bowel Disease (IBD) Audit	Yes	100%
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	In progress
Mandatory Surveillance of HCAI	Yes	100%
Maternal and Newborn Infant Clinical Outcome Review Programme	Yes	100%
Medical and Surgical Clinical Outcome Review Programme	Yes	In progress
Mental Health Clinical Outcome Review Programme	Yes	Not yet reported
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Yes	100%
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	100%
National Audit of Cardiac Rehabilitation	Yes	Not yet reported
National Audit of Care at the End of Life (NACEL)	Yes	Postponed nationally due to COVID-19
National Audit of Dementia (NAD)	Yes	100%
National Audit of Pulmonary Hypertension	Yes	Not yet reported
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes	100%
National Bariatric Surgery Register	Yes	Not yet reported
National Cardiac Arrest Audit (NCAA)	Yes	Not yet reported
National Cardiac Audit Programme (NCAP)	Yes	100%
National Clinical Audit of Anxiety and Depression (NCAAD)	Yes	Not yet reported

Continues on next page

## Participation in national clinical audits 2020/21 (continued)

Audit title	Participation	% of cases submitted
National Clinical Audit of Psychosis (NCAP)	Yes	Not yet reported
National Comparative Audit of Blood Transfusion programme - 2020 Audit of the management of perioperative paediatric anaemia	Yes	Postponed nationally due to COVID-19
National Diabetes Audit – Adults	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Gastro-intestinal Cancer Programme	Yes	70%
National Joint Registry	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit	Yes	In progress
National Neonatal Audit Programme (NNAP)	Yes	100%
National Ophthalmology Database Audit	Yes	Not yet reported
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Prostate Cancer Audit (NPCA)	Yes	100%
National Vascular Registry	Yes	100%
Neurosurgical National Audit Programme	Yes	Not yet reported
NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections	Yes	100%
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	Yes	100%
Paediatric Intensive Care Audit (PICANet)	Yes	100%
Perioperative Quality Improvement Programme (PQIP)	Yes	Not yet reported
Prescribing Observatory for Mental Health UK (POMH-UK)	Yes	Not yet reported
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion Scheme (SHOT)	Yes	100%
Society for Acute Medicine Benchmarking Audit	Yes	100%
Surgical Site Infection Surveillance	Yes	73%
The Trauma Audit and Research Network (TARN)	Yes	100%
UK Cystic Fibrosis Registry	Yes	100%
UK Registry of Endocrine and Thyroid Surgery	Yes	100%
UK Renal Registry National Acute Kidney Injury programme	No <sup>1</sup>	N/A

<sup>1</sup> The Trust has one of the most comprehensive surgical site infection surveillance (SSIS) programmes in England. We conduct continuous surveillance and quality improvement in 11 surgical specialities with more in development. This audit was designed to assess local practice in the absence of surveillance and QI programmes such as are already in place at the Trust

## Participation in national confidential enquiries 2020/21

Audit title	Participation	% of cases submitted
Dysphagia in people with Parkinson's Disease study	Yes	100%

As a result of the COVID-19 pandemic, most national confidential enquiries expected last year were temporarily suspended, and more studies will commence in the coming year. The reports of all national clinical audits published were reviewed during 2020/21 and we intend to use the reports and findings to improve the quality of the services we provide.

**National Emergency Laparotomy Audit (NELA)** – We were pleased to note in the most recent report that our 30 day mortality remains one of the lowest in the country. We will implement a mandatory risk assessment for all emergency surgical cases prior to theatre, and recruit an NELA lead for the emergency department to design and implement NELA pathways of care, and to lead improvement work to ensure the best possible care for these high-risk patients.

**National Prostate Cancer Audit (NPCA)** – The latest report showed that our rate of readmission following prostate surgery is below the national average and that patients experiencing complications following treatment is also below the national average.

**National Hip Fracture Database (NHFD)** – The latest audit report shows that our performance is better than or in keeping with the national average for each key performance indicator. The key performance indicators include; prompt review, prompt surgery, NICE compliance, patient not delirious post-op and return to original residence.

**General** – Submitting data to the 50+ national audits is a significant burden for the Trust and often takes up a considerable amount clinical time. For example, one audit may involve over 100 separate items of data that have to be extracted from several different electronic systems for every patient in the audit and then manually uploaded to the national audit portal. As we plan the introduction of a new Electronic Health Record system for the Trust we are learning from early adopters of the same system to understand the benefits and opportunities to improve data collection for the wide range of national and local audits we undertake.

### Local clinical audit

Reports of 64 local clinical audits were reviewed over the last year. The Trust also held its first Clinical Audit Awareness week in November 2020. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality and safety of our services.

**Specialist Ambulatory Services** – An audit of 'Did Not Attend' (DNA) appointments was conducted in October 2020 to understand why patients were not attending for their appointments. Here was a 12.95% DNA rate. Patients were contacted via our Dr Doctor text messaging service and asked to complete a short survey. Two key reasons identified were that patients did not know when their appointment was, and that patients were unable to contact the service to cancel or reschedule their appointments. As a result services increased access to their call centres and actively monitored call volumes and emails, as well as increased reminders to patients. Another audit conducted in February and March showed an improvement with patients failing to attend appointments down to 8%. Monitoring is ongoing.

**Clinical Imaging and Medical Physics** – A review was undertaken of the radiographer's training in performing and reporting fluoroscopic studies. This is medical imaging that shows a continuous x-ray image on a monitor. The objective was to study 150 reports and to conduct six mini audits of 25 reports to review sensitivity, specificity and accuracy. Any discrepancies were discussed with mentors to improve the final result and support learning. The review showed that there was 100% diagnostic quality which meant that the radiographer's training is effective.

**Pharmacy** – Pharmacists undertook a project to transform the Inflammatory Bowel Disease (IBD) infusion unit from paper to electronic prescribing. Electronic prescribing began in May 2021, 365 patients were transferred to electronic prescribing over eight weeks. Prior to electronic prescribing, data showed that there was a 21% dose error rate, 5% incorrect brand and 2% missing drug charts. An audit following this change showed that there were no dose errors, and no brand errors or missing drug charts. This project also improved patient safety by enabling remote prescribing and screening, as well as access to administration records, and it saved three hours of nursing time each week.

**Dental** – An audit focusing on the standard operating procedures for Aerosol Generating Procedures (AGP) was conducted during the first lockdown as a result of risks associated with COVID-19. This started with a pilot study and a data collection sheet was formulated for the audit. The results showed that staff were following the standard operating procedure appropriately.

### 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 for the benefit of patients locally, nationally and internationally and is at the leading edge of national and international research.

We are part of King's Health Partners – one of eight Academic Health Sciences Centres in the UK. Although the metrics around recruitment were suspended for 2020/21 due to the pandemic, the Trust recruited 14006 participants to non-commercial research projects.

The research team were required to deliver the COVID-19 treatment trials which were classified as urgent public health (UPH) trials by the Chief Medical Officer. The team opened and are currently participating in 18 trials as well as having established a local portfolio of 31 COVID-19 research studies. The Trust has participated in the Oxford vaccine study, Novavax vaccine trial, Janssen vaccine trial, and a second trial with Oxford to compare vaccine combinations. There have been over 450 recruits for Oxford and 304 for Novavax and 255 recruits for Janssen. Between May and June 2021 the Trust will commence recruitment into the Pfizer and Janssen COVID-19 vaccine maternity trials, and Southampton COVID-19 vaccine BOOST trial.

The Research and Development team have re-opened over 92% of studies which had paused during the pandemic, and have opened 136 new studies as we work on recovery, resilience and growth programme.

### Our CQUIN performance

All CQUINs were suspended in 2020/21 due to the COVID-19 pandemic. National guidance stated that the operation of CQUIN targets would remain suspended for all providers until 31 March 2021 and trusts were therefore not required to gather or submit performance data.

### Statements from the Care Quality Commission

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

The CQC has not taken enforcement action against Guy's and St Thomas' NHS Foundation Trust during 2020/21.

The Trust's services were assessed by the CQC in 2019 and we were pleased to maintain a 'Good' overall rating in the CQC's report published in July 2019. We were delighted that the Trust also maintained its 'Outstanding' rating for being caring, and went from being 'Good' to 'Outstanding' for being well-led. Our ratings for being effective and responsive remain 'Good' and we also remain 'Requires improvement' for safety.



Our CQC inspection was split across three core services from 2-4 April 2019. Adult Community Services went from 'Requires Improvement' in the last inspection to 'Outstanding'. The Trust is delighted by this and demonstrates our commitment to providing the best possible local services to the people of Lambeth and Southwark. Improvements, compassionate care and good practice were also noted in our Maternity Services which raised its safety rating from 'Requires improvement' to 'Good', while maintaining an overall rating of 'Good'.

The Trust's outpatient services were also inspected, which span multiple directorates and services across the organisation. While areas of outstanding practice were highlighted, such as staff caring for our patients with compassion and promoting a positive culture within the workplace, our outpatient services have been rated as 'Requires improvement' overall. Our overall rating for being safe also remains as 'Requires improvement'. The CQC were clear in their report that the Trust is providing safe care and confirmed we have enough staff, with the right skills and experience to keep people safe and deliver their care. However it does mean that the CQC found we were not compliant with some of their key lines of enquiry under the safety domain.

Previous reports and full details of our 2019 inspections of St Thomas' Hospital and Guy's Hospital are available on the CQC website ([www.cqc.org.uk](http://www.cqc.org.uk)).

### Our data quality

We place a very high priority on the accuracy and reliability of the descriptions of the care we provide. How we code a particular procedure or illness is important as it helps inform the wider health community about disease trends and enables us to assess the effectiveness of interventions.

The Trust has identified significant opportunities to improve existing clinical coding processes. These are being addressed through our quality improvement work.

The Trust continues to achieve high completeness scores on its external data flows. The percentage of records in the published Secondary Uses Service doc up to the end of February 2021 that included a patient's valid NHS number was 99.5% of inpatients, 99.5% of outpatients and 96% of accident and emergency patients. These figures are similar to the previous year. The percentage of records which had the patient's valid GP registration code was 100% of inpatients, 100% of outpatients and 99.7% of accident and emergency patients.

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

### Data security and protection toolkit

Good information governance means keeping the information we hold about our patients and staff safe. The 'Data Security and Protection Toolkit' (DSPT) is the way we demonstrate our compliance with national data protection standards. All NHS organisations are required to make an annual submission in order to assure compliance with data protection and security requirements. The audited self-assessment against the 2019/20 Data Security and Protection Toolkit showed compliance in all areas, with a status of 'Standards Met'. The self-assessment for 2020/21 is due for submission at the end of June 2021, delayed by NHS Digital due to the COVID-19 pandemic.

### Clinical coding error rate

The Trust was not subject to the Payment by Results clinical coding audit, carried out by the Audit Commission during 2020/21.

### Learning from deaths

Deaths at the Trust are recorded in line with the national approach using a Datix mortality review module. This enables review and discussion at service and directorate morbidity and mortality meetings. A proportion of deaths also undergo a more detailed review.

Our 'Learning from Deaths' policy for identifying deaths for detailed case review is based on the framework set out in the National Quality Board's (NQB) publication 'National guidance on learning from deaths' published in March 2017 and was agreed with NHS Improvement.

Detailed case record review is undertaken using the Royal College of Physician's Structured Judgement Review (SJR) methodology for any death meeting one of the defined categories below.

- Patients with learning disabilities, as part of the National Learning Disability Mortality Review (LeDeR) project.
- Patients with severe mental illness.
- Patients where concerns about the quality of care have been raised by the patient, families/carers and/or staff during or after the episode of care.
- Patients where the death was not expected, for example following certain elective procedures or low risk admissions or where the patient suffered a sudden unexpected cardiac arrest.

The Trust mortality surveillance group also agreed case record reviews should take place for:

- deaths in a particular service or specialty, or a particular diagnostic or treatment group where an 'alarm' has been raised either internally or externally
- deaths where learning will inform planned improvement work, for example we are currently focussing on cases where a death occurs in an individual who is known to be street homeless
- cases where there have been external concerns about previous care at the Trust.

Services may also undertake additional detailed case record reviews as part of their own mortality review processes and feed any lessons learned from these back to the central team. In addition, while the Royal College of Physicians SJR methodology and the NQB guidance on learning from deaths only relate to the episode of care where their death occurred, services may include previous episodes of care in their case review if they feel that this will add to the learning. Paediatric and maternal or neonatal deaths are reviewed using the Child Death Overview Panel (CDOP) and MBRRACE tools respectively.

## Sharing of learning

Learning from reviews of deaths, including those reviewed by detailed case record review, is discussed and shared through local service and directorate mortality meetings. Themes from these meetings are shared at the Trust Mortality Surveillance Group as well as presented to the Trust Board and shared with NHS Improvement.

During the period April 2020 to March 2021

	Q1	Q2	Q3	Q4	Total
Number of patients who died	296	181	231	342	1050
Number of deaths subjected to case review or investigation	15	10	26	14	65
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	3	4	5	Pending	Pending

Themes that have emerged from reviews of deaths at the Trust include: anticoagulation, adherence to the National Early Warning Score (NEWS) protocol, end of life care and communication within departments. Actions to address these issues are presented in the below table:

Thematic learning	Summary of completed action(s)	Summary of planned actions and/or sharing thematic learning
Anticoagulation: learning was identified in relation to monitoring patients on anticoagulation	<ul style="list-style-type: none"> <li>A new policy has been written in relation to the monitoring of the effect of low molecular weight heparin on patients</li> </ul>	<ul style="list-style-type: none"> <li>Learning has been shared locally, at clinical governance half days and at the Trust Thrombosis Committee</li> </ul>
Adherence to NEWS2 monitoring and associated escalation protocols	<ul style="list-style-type: none"> <li>Learning is shared regularly with the Acutely Ill Patients Group where utilisation of NEWS2 and escalation is monitored</li> <li>A dashboard is available within clinical areas monitoring NEWS2 adherence to enable continuous improvement</li> </ul>	<ul style="list-style-type: none"> <li>Continued collaborative working with the Trust Acutely Ill Patients Group</li> </ul>
End of life care	<ul style="list-style-type: none"> <li>Earlier alerting of patients to the palliative care team</li> <li>Earlier use of AMBER care bundle</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing collaboration work with the End of Life Care Committee</li> <li>Learning also shared at the Trust Patient Safety Action Group</li> </ul>
Communication and documentation	<ul style="list-style-type: none"> <li>Correct recording of patient's next of kin details</li> <li>Improved communication across specialties</li> </ul>	<ul style="list-style-type: none"> <li>Learning shared at the Trust Mortality Surveillance Group</li> <li>Themes and learning presented locally and at the Trust Patient Safety Action group</li> </ul>

### Seven day hospital services

In November 2019, the Trust submitted its Autumn/Winter 2019/20 self-assessment to NHSEI. This self-assessment described our continued compliance with the clinical standards, and in particular, the four priority standards. The Trust was due to undertake its next audit in the spring of 2020 but, as a result of the pandemic, the audit was postponed. The next audit is likely to take place during in 2021.

### Speaking up

At Guy's and St Thomas' we are committed to creating a culture where everyone feels able and confident to speak up. The Trust's 'Showing we care by speaking up' initiative was established in 2015 to encourage all staff to speak up about concerns they may have about patient safety or the way the Trust is run. The initiative is led by the 'freedom to speak up' guardian, supported by a large network of 150 'speaking up' advocates across the Trust.

The guardian plays an active and visible role in raising awareness, developing staff and dealing with concerns, while ensuring that our governance processes are robust and effective. This year the organisation has developed and is rolling out an e-learning module, 'Speaking up safely'.

The Trust scores above the national average in the NHS Staff Survey in relation to staff feeling safe and confident in raising concerns about unsafe clinical practice, which demonstrates a positive speaking up culture. This is also supported by an above national average Freedom to Speak up Index.

During 2020/21, 169 contacts were made through the speaking up services. The number of contacts and their nature are openly and transparently shared on a quarterly basis with the National Guardian's Office and published on their public website.

### Rota gaps

Junior doctors are allocated to the Trust by Health Education England (HEE). The Trust is an attractive place to work and train, and this is reflected in the fill rates for training posts. In the past year the Trust has averaged a fill rate of approximately 95.5% of training grade posts. Any unfilled posts are recruited to with local Trust grade posts. The Trust does not keep a central record of rota gaps, but there are no specialties that have consistent difficulties in recruiting to vacant positions. As we are dependent on HEE providing details of vacant posts, the systems for informing Trusts of rotations are being reviewed and improved.

## National core set of quality indicators

In 2012 a statutory core set of quality indicators came into effect. Eight indicators apply to acute hospital trusts. All trusts are required to report their performance against these indicators in the same format with the aim of making it possible for a reader to compare performance across similar organisations.

For each indicator our performance is reported, together with the national average and the performance of the best and worst performing trusts where this data is available.

### Mortality

The summary hospital level mortality indicator (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.

We believe our performance reflects that:

- the Trust has a process in place for collating data on hospital admissions, from which the SHMI is derived
- data is collated internally and then submitted on a monthly basis to NHS Digital (formerly the Health and Social Care Information Centre - HSCIC) via the Secondary Uses Service (SUS). The SHMI is then calculated by NHS Digital, with results reported quarterly on a rolling year basis.

#### Summary hospital-level mortality indicator

	Jan 17 - Dec 17	April 17 - Mar 18	Jul 17 - Jun 18	Oct 17 - Sep 18	Apr 18 - Mar 19	Jul 18 - Jun 19	Apr 19 - March 20
SHMI	72	70	70	70	71	73	76
Banding	3	3	3	3	3	3	3
% deaths with palliative care coding	51.06%	50.94%	52.14%	53.30%	56.18%	56.20%	56.1%

Source: Healthcare Evaluation Data (HED)  
SHMI Banding 3 = mortality rate is lower than expected

To further improve the quality of our services, we continue to deliver quality improvement programmes focused on how we treat patients with serious infection or acute kidney injury, and on improvements to the way we care for frail older patients, particularly those with dementia. We continue to monitor mortality data by ward, speciality and diagnosis. Reviews of deaths in hospital are carried out to identify any factors that may have been avoidable so that these can inform our future patient safety work.

## 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 four clinical procedures. We are reporting on patients who have had a hip replacement or a knee replacement. We have not carried out a statistically significant number of varicose vein treatments or hernia repairs (defined as fewer than 30 cases) so they are not reported here.

We believe our performance reflects the following, that:

- the Trust has a process in place for collating data on patient reported outcomes;
- data is then sent to Capita on a monthly basis who collate and calculate PROMS scores and send it on to Health and Social Care Information Centre (HSCIC);
- data is compared to peers, highest and lowest performers, and our own previous performance, as set out in the table below.
- data for 2019/20 is currently unavailable due

Primary hip replacement	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Guy's and St Thomas'	0.45	0.47	0.45	0.46	0.44	Data unavailable
National average	0.44	0.44	0.44	0.47	0.46	Data unavailable
Highest	0.52	0.51	0.53	0.56	0.55	Data unavailable
Lowest	0.33	0.32	0.30	0.39	0.33	Data unavailable

Primary knee replacement	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Guy's and St Thomas'	0.29	0.31	0.30	0.29	0.29	Data unavailable
National average	0.32	0.32	0.32	0.34	0.34	Data unavailable
Highest	0.42	0.40	0.40	0.42	0.41	Data unavailable
Lowest	0.20	0.20	0.24	0.22	0.25	Data unavailable

Source: NHS Digital

Patients who have had these procedures are asked to complete a short questionnaire which measures a patient's health status or health related quality of life at a moment in time. The questionnaire is completed before, and then some months after surgery, and the difference between the two sets of responses is used to determine the outcome of the procedure as perceived by the patient. In the table above the greater the number, the greater the perceived improvement in health.

Scores for the Trust show that the perceptions of health gain among patients having hip or knee replacement are slightly below average, we consider that a factor contributing to this may be that as a specialist referral centre we often treat patients with complex treatment needs whose perception of health gain may be influenced by other health factors.

Clinicians regularly review scores at a service and Trust level to ensure that what we learn from patient feedback is incorporated into our quality improvement programmes.

## Readmission within 28 days of discharge

Using data from the Healthcare Evaluation Data (HED) system, we are able to access full year information for 2019/20. The former provides national average performance rates, and the capacity to benchmark our performance against peers.

We believe our performance reflects that:

- the Trust has a process in place for collating data on hospital admissions, from which the readmissions indicator is derived
- data is collated internally and then submitted on a monthly basis to NHS Digital via the Secondary Uses Service (SUS). This data is then used by the Healthcare Evaluation Data system to calculate readmission rates. Data comparing our performance to peers, and highest and lowest performers, is not available for the reporting period.

Readmissions	2017/18			2018/19			2019/20		
	Under 16	16 & Over	Total	Under 16	16 & Over	Total	Under 16	16 & Over	Total
Discharges	33006	256793	289799	34283	273550	307833	34142	271916	308972
28 day readmissions	1736	12091	13827	2087	13910	15997	1943	14188	16131
28 day readmission rate	5.3%	4.7%	4.8%	6.1%	5.2%	5.2%	5.7%	5.2%	5.2%

Source: Trust information system

We continue to take the following actions to reduce the number of patients requiring readmission:

- the Trust Risk and Assurance Committee monitors readmissions on a quarterly 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 multidisciplinary team meetings and is actively seeking to improve clinical practice
- we are also working with GPs and community teams to review patients who have been readmitted so that we can agree specific actions for these patients.

## Patient experience

Our score for the five questions in the national inpatient survey relating to responsiveness and personal care is above the national average as shown below. The data is compared to peers, highest and lowest performers and our own previous performance as set out in the table below.

Patient experience	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
<b>Guy's and St Thomas'</b>	<b>77.3%</b>	<b>78.3%</b>	<b>70.8%</b>	<b>72.6%</b>	<b>69.5%</b>	<b>Data unavailable</b>
National average	77.3%	76.7%	68.6%	67.2%	67.1%	Data unavailable
Highest	88.0%	87.3%	85.0%	85.0%	84.2%	Data unavailable
Lowest	70.6%	66.1%	60.5%	58.9%	59.5%	Data unavailable

Source: NHS Digital

## Staff recommendation to friends and family

The NHS Staff Friends and Family Test Survey was put on hold due to the COVID-19 pandemic. The following data is the updated and confirmed performance from 2019/20.

The Trust has high levels of staff engagement and our results in both the NHS staff survey and our Friends and Family Test show that staff perception of the Trust's services continues to be high. 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. We believe our performance reflects that:

- the Trust outsources the collection of data for the NHS Staff Survey
- data is collected by Quality Health and submitted annually to NHS England
- data is compared to peers, highest and lowest performers, and our own previous performance, as set out in the table below.

Staff recommendation	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
<b>Guy's and St Thomas'</b>	<b>89%</b>	<b>89%</b>	<b>88%</b>	<b>87%</b>	<b>88%</b>	<b>Data unavailable</b>
Average for combined acute/community trust	70%	68%	69%	70%	71%	Data unavailable
Highest combined acute/community trust	93%	95%	89%	90%	91%	Data unavailable
Lowest combined acute/community trust	46%	48%	48%	49%	49%	Data unavailable

Source: : NHS staff surveys

## Patient recommendation to friends and family

The NHS Staff Friends and Family Test Survey was put on hold due to the COVID-19 pandemic. The following data is the updated and confirmed performance from 2019/20. We believe that patient recommendation to their friends and family is a key indicator of the quality of care we provide.

We believe our performance reflects that:

- the Trust has a process in place for collating data on the Friends and Family Test
- data is collated internally and then submitted on a monthly basis to the Department of Health and Social Care
- data is compared to our own previous performance, as set out in the table below.

Friends and Family Test	2016/17		2017/18		2018/19		2019/20		2020/21
<b>Guy's and St Thomas'</b>	<b>A&amp;E</b>	<b>Inpatient</b>	<b>A&amp;E</b>	<b>Inpatient</b>	<b>A&amp;E</b>	<b>Inpatient</b>	<b>A&amp;E</b>	<b>Inpatient</b>	<b>Data unavailable</b>
Response rate	15.3%	23.6%	21.9%	20.4%	19.8%	19.8%	18.6%	20.5%	Data unavailable
% would recommend	87.3%	97%	83.8%	95.7%	85.6%	95.4%	83.7%	95.4%	Data unavailable
% would not recommend	7.0%	1.3%	7.0%	1.6%	6.3%	1.6%	7.7%	1.6%	Data unavailable

Source: Trust information system

## Venous thromboembolism

Venous thromboembolism (VTE) or blood clots, are a major cause of death in the UK. Some blood clots can be prevented by early assessment of the risk for a particular patient. Over 95% of our patients are assessed for their risk of thrombosis and bleeding on admission to hospital.

Our clinical staff remain at the forefront of venous thromboembolism care nationally and internationally, including through clinical research and service development.

We believe our performance reflects that:

- the Trust has a process in place for collating data on venous thromboembolism assessments
- data is collated internally and then submitted on a monthly basis to the Department of Health and Social Care
- data is compared to peers, highest and lowest performers, and our own previous performance, as set out in the table below.

VTE assessments	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Guy's and St Thomas'</b>	<b>97.1%</b>	<b>97.2%</b>	<b>96.6%</b>	<b>95.41%</b>	<b>96.23%</b>	<b>96.6%*</b>
National average	96%	96%	96%	96%	96%	96%*
Best performing Trust	100%	100%	99%	99%	99%	99.71%*
Worst performing Trust	88%	79.9%	85%	86%	89%	87.5%*

Source: : HED and Trust information system  
\*2019-20 data provisional

## Infection control

Venous thromboembolism (VTE) or blood clots, are a major cause of death in the UK. Some blood clots can be prevented by early assessment of the risk for a particular patient. Over 95% of our patients are assessed for their risk of thrombosis and bleeding on admission to hospital.

Our clinical staff remain at the forefront of venous thromboembolism care nationally and internationally, including through clinical research and service development.

We believe our performance reflects that:

- the Trust has a process in place for collating data on C.difficile cases
- data is collated internally and submitted on a regular basis to Public Health England

Infection control	2015/16	2016/17	2017/18	2018/19	2019/20
Trust apportioned cases	51	36	27	22	31
Trust bed-days	324,000	331,097	338,235	343,750	388,030
Rate per 100,000 bed-days	15.7	10.9	7.9	6.4	8.1
National average	14.9	13.0	13.5	12	14.09
Best performing Trust	0	0	0	0	0
Worst performing Trust	66	82.7	92.75	80.5	63.3

## Patient safety incidents

The National Reporting and Learning System (NRLS) was established in 2003. The system enables patient safety incident reports to be submitted to a national database 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. To avoid duplication of reporting, all incidents resulting in severe harm or death are reported to the NRLS, who then report them to the Care Quality Commission.

There is no nationally established and regulated approach to the reporting and categorising of patient safety incidents, so 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. These judgements may differ between professionals, and data reported by different trusts may not be directly comparable.

We believe our performance reflects that:

- the Trust has a process in place for collating data on patient safety incidents
- data is collated internally and then submitted on a monthly basis to the National Reporting and Learning System
- data is compared to peers, highest and lowest performers, and our own previous performance, as set out in the table below.
- the way we receive data has changed and data is only available up to March 2020 and we expect to receive another confirmed dataset from the National Reporting and Learning System in September 2021.

Patient safety incidents	Apr 17- Sep 17	Oct 17- Mar 18	Apr 18- Sep 18	Oct 18- Mar 19	Apr 19- Sep 19	Oct 19- Mar 20	Apr 20- Sep 20
<b>Guy's and St Thomas'</b>							
Total reported incidents	10,171	9,986	10,526	11,449	10,628	10,670	9,447
Rate per 1,000 bed days	63.1	57.7	62.6	68.8	64.7	63.8	-
National average (acute non-specialist)	42.8	42.5	44.5	46.4	49.8	51.45	-
Highest reporting rate	111.7	124	107.4	95.9	103.8	110.2	-
Lowest reporting rate	23.5	24.1	13.1	16.9	26.3	27.5	-
<b>Guy's and St Thomas'</b>							
Incidents causing severe harm or death	40	43	47	42	30	20	16
% incidents causing severe harm or death	0.4%	0.4%	0.4%	0.4%	0.4%	0.3%	-
National average (acute non-specialist)	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	-
Highest reporting rate	2.0%	1.5%	1.3%	1.9%	1.3%	1.3%	-
Lowest reporting rate	0	0	0	0	0	0	-

Source: NHS Digital

The number of patient safety incidents reported continues to reflect a positive culture for reporting all patient safety incidents, including near misses. For the periods where comparators are available, the number and percentage of incidents resulting in severe harm or death remains consistent with the national average. All serious incidents are investigated using root cause analysis methodology. We continue to work closely with commissioners and the National Reporting and Learning System (NRLS) to ensure that any changes made to incident classifications following a root cause investigation are reported to NRLS and that data provided to NRLS is reviewed and validated against Trust data to ensure it is consistent.

We continue to use the outcomes of root cause investigations of patient safety incidents to develop quality improvement projects which aim to improve the quality and safety of our services.

## Our performance against NHS Improvement single oversight framework indicators

NHS England uses a number of national measures to assess access to services and outcomes, and to make an assessment of governance at NHS foundation trusts. Performance against these indicators acts as a trigger to detect potential governance issues and we are required to report on most of them every three months. Traditional measures of performance were not reported in 2020/21 due to the COVID-19 pandemic, consistent with the revised requirements from NHS England.

## 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.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support 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 2019/20 and supporting guidance
- 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 2020 to March 2021
  - papers relating to quality reported to the Board over the period April 2020 to March 2021
  - feedback from commissioners dated 27/05/2021
  - feedback from governors dated 27/05/2021
  - feedback from local Healthwatch organisations dated 27/05/2021
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 01/08/2019
  - the 2018 national patient survey published June 2019
  - the 2019 national staff survey published February 2020
  - CQC inspection reports dated July 2019
- the quality report presents a balanced picture of the NHS Foundation Trust's performance over the period covered. Some quality indicators have been delayed or suspended due to the pandemic
- the report does not reflect the Royal Brompton and Harefield, with whom we merged on 01/02/2021
- 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 NHS Improvement's annual reporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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 Hugh Taylor**, Chairman  
9 June 2021



**Ian Abbs**, Chief Executive  
9 June 2021

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