



Guy's and St Thomas'
NHS Foundation Trust



Quality report
2021/22

Contents

Statement on quality from the Chief Executive	1
Our quality priorities for 2022/23	4
Progress against priorities for 2021/22	6
Statements of assurance from the Board of Directors	11
National core set of quality indicators	25
Statement of directors' responsibilities in respect of the quality report	34

Quality report

Statement on quality from the Chief Executive 2022/23

This 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. As set out by NHS England and NHS Improvement, the 2021/22 quality report has been prepared as a separate stand-alone document.

Following the Trust's merger with Royal Brompton & Harefield NHS Foundation Trust in February 2021, this report now includes data and information from the expanded Trust, including Royal Brompton and Harefield hospitals.

The Trust's governors, local Healthwatch organisations and the south east London Clinical Commissioning Group have all been consulted on our priorities for 2022/23.

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.

Some of our key achievements over the past year include:

- We continue to have one of the lowest mortality rates in the NHS and internationally, including in our critical care units, a strong indicator of our relentless focus on quality and safety.
- As the largest specialist centre for extracorporeal membrane oxygenation (ECMO) treatment in the country, we cared for some of the very sickest patients over the course of the COVID-19 pandemic, again with very good outcomes, and we were also able to provide mutual aid to support other hospitals both locally, across London, and beyond.
- As the lead provider for the delivery of the COVID-19 vaccine programme in south east London, we have delivered one of the largest COVID-19 vaccination programmes in the NHS, safely delivering nearly 900,000 doses of the vaccine to our patients, staff and local population.
- We have also established a new COVID-19 medicines delivery unit to provide the very latest treatments for COVID-19 to the most vulnerable people in south east London. Our team assessed over 3,000 patients in the first 6 weeks, preventing the need for hospital admission for many patients most at risk of serious illness from COVID-19.
- Once again we achieved one of the highest engagement scores of all 'combined acute and community trusts' in the 2021 NHS staff survey and one of the best scores in the country for our staff recommending 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.

- The wellbeing of our staff has remained an absolute priority for the Trust during what has been another very challenging year. We have expanded the support available, with a strong focus on psychological support, both for individuals and teams. We have also continued to provide additional training and facilities for rest and recuperation, and are grateful for the continued support from Guy's and St Thomas' Charity.
- We are making good progress with the implementation of our new electronic health record system through our Apollo programme. Go live is planned for April 2023, and we are excited about the significant opportunities this will bring to further improve both the safety and quality of care for our patients across the Trust and King's College Hospital NHS Foundation Trust.
- While we, along with the wider NHS, face an unparalleled challenge to diagnose and treat all those people whose care has been delayed as a result of the pandemic, we have made significant inroads into our waiting lists, developing innovative solutions to safely and quickly treat as many patients as we possibly can.

We are proud of our role in the local and national response to COVID-19, not only through the delivery of essential healthcare, but also through the many research programmes that are helping us nationally and globally to understand and better treat the virus. While hundreds of patients were successfully treated for COVID-19, and many others continue to receive vital treatment for urgent or life threatening conditions, our thoughts are with each and every family who lost a loved one during the pandemic.

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 mistakes, whenever they happen, and to use these to improve the safety of our services and experience of our patients.

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 new monthly integrated performance report, formerly known as the balanced scorecard, including local and Trust-wide validation of data and national benchmarking where available. This report is published as part of our public 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.

We remain focused on improving equality, diversity and inclusion at the Trust, particularly in light of the disproportionate effect that COVID-19 has had on black and other minority ethnic communities, in many cases amplifying existing health inequalities. As a Board we are determined to address these inequalities as we move forward. We have continued to listen to the concerns

raised by our staff and worked hard to engage with them on a range of issues, including their views about the safety and efficacy of the COVID-19 vaccines.

Throughout the past year, our executive team has remained highly visible and spent time visiting all areas of the Trust as well as leading regular online briefing sessions for staff.

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 where required, and to wear appropriate PPE at all times.

Looking ahead, we will naturally be mindful of the need to prepare for any future waves of the pandemic. We will be relentlessly focused on the urgent and ongoing need to recover our non-COVID-19 services across all specialties including our cancer services.

We will continue to do everything possible to maximise the number of patients that we can safely diagnose and 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

24 June 2022

Our quality priorities for 2022/23

The Trust aims 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 set out and published our 5 year quality strategy to 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 5 year strategy.

We have developed a set of quality priorities and ensured that these are embedded across the Trust through directorate business plans for 2022/23.

How we chose our priorities

Each year the Trust is required to identify its quality priorities. We have consulted on both the quality strategy and annual quality priorities. The draft priorities were shared with commissioners, Healthwatch, our governors, the executive sub-committees, and executive teams within the clinical groups and directorate management teams. The final priorities for 2022/23 were agreed by the Trust risk and assurance committee and the Trust's quality and performance committee.

To support the Trust's new operating model and the implementation of a new electronic health record system, due to go live in April 2023, we have chosen quality priorities aligned with these and they are reflected under the following 3 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 through the Trust's quality and performance committee.

Our quality priorities for 2022/23

Patient safety

Our quality priorities

We will implement the new national patient safety incident response framework and the patient safety incident response plan.

What success will look like

We will:

- Undertake further in depth analysis of the Trust incident profile to inform the Trust's patient safety response plan, aligned to the national strategy.
- Ensure the new framework reflects and supports a range of methods for responding to and learning from patient safety incidents, including increased involvement of patients and partners, with learning directly feeding into the Trust-wide quality improvement programmes.
- Ensure our framework includes a focus on Trust-wide quality improvement that will deliver a sustained reduction in risk.
- Recruit patient safety partners to further enhance a culture of openness, transparency and learning.

We will develop a new Trust quality strategy during 2022/23 to ensure readiness for implementation in 2023.

We will:

- Engage with all stakeholders and clinical groups to ensure alignment with the Trust's strategic objectives.
- Develop the new strategy in time to replace the current strategy that expires in 2023.
- Ensure we clearly articulate and monitor quality improvements that underpin patient care and experience.

Clinical effectiveness

Our quality priorities

We will develop and implement a ward accreditation programme across the Trust.

What success will look like

We will:

- Roll out the new ward quality accreditation programme across the Trust.
- Introduce a quality assessment framework to ensure directorate, clinical group and Trust oversight for key quality and safety priorities.
- Provide assurance through clear quality monitoring and identification of improvements at directorate, clinical group and Trust level.
- Drive quality improvement across all wards and identify any areas that may fall below the high standard required.

Patient experience

Our quality priorities

We will implement a new patient resolution process, ensuring a timely response to patient and family feedback to improve experience.

What success will look like

We will:

- Ensure we deliver a robust timely response as the new process (for managing complaints) will increase engagement with people providing feedback without delay.
- Develop and improve processes and systems for identifying trends, themes and subsequent actions from complaints and use these to improve services for our patients.

Progress against priorities for 2021/22

Patient safety

Our quality priorities and why we chose them

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.

What success will look like

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.

How did we do?

- Service level agreement with South London and Maudsley NHS Foundation Trust renewed to provide specialist mental health support to adult inpatients and outpatients under our care.
- Collaborative working achieved through the mental health board and working with external partners, including the development of guidance for substance misuse and care pathways for patients presenting to the emergency department in mental health crisis.
- Provision of crisis assessment unit for adult patients attending the emergency department.
- Ongoing improvement work for patients attending the emergency department with signs of mental health crisis.
- Education and training programme implemented across the emergency department (adult and children's services) providing support and guidance to staff caring for patients with mental health needs.
- A Trust-wide training needs analysis is being undertaken to identify mental health training needs across the organisation.

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:

- refresh 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

- Regular meetings with South London and Maudsley NHS Foundation Trust continued throughout the COVID-19 pandemic.
- Improved services include an increase in out of hours cover.
- Facilities in the children's emergency department reviewed and assessed as safe.
- Emergency pathway introduced for children's services.
- Launch of the Evelina London clinical group mental health committee is scheduled for the summer of 2022.

Our quality priorities and why we chose them

What success will look like

How did we do?

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.

- Pilot of the dynamic assessment of situational aggression tool will be evaluated in June 2022.
- Monitoring and shared learning from all violence and aggression incidents discussed at the supporting positive behaviour group meeting.
- Staff training in conflict resolution/de-escalation delivered across the emergency department areas (across adult and children services) through the 'reducing restrictive practice' and the Mindworks programme.

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 aide-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.

- The 'medicines discharge aide-memoire' was implemented along with staff training.
- Changes to the electronic prescribing and medicines administration system are improving written medicines advice.
- The medchart and e-noting discharge processes are being used across all of women's services
- A standard operating procedure has been developed to support community pharmacists with medicines reconciliation for complex patients. Initial scoping work being undertaken by the acute pain council, in response to a national initiative to provide more support to patients using high dose opioids.
- Initial scoping work being undertaken by the acute pain council, in response to a national initiative to provide more support to patients using high dose opioids.

Focus on medication safety across Royal Brompton and Harefield Hospitals

We will reduce medicines-related problems at transfer, including admission to hospital, and discharge

Priority added following our merger with Royal Brompton & Harefield NHS Foundation Trust.

We will:

- Use a software package (PharmOutcomes) to share patient information with community pharmacists and to identify patients who require medication counselling.

- Ongoing work to increase utilisation of the PharmOutcomes software package.
- Introduced staff training to improve written medicines information on discharge.

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 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.

- Changes to reporting process implemented. Now called reporting of deaths mortality stage 1, all deaths are reported on the Trust mortality system. Monitoring of compliance rate continues.
- Process changes for Learning from Deaths mean reporting of deaths can now be completed by junior medical staff at the same time as completing a death certificate.
- Completion of structured judgement reviews improved to 53.8%. Compliance overseen by the Trust mortality surveillance group and clinical group quality performance meetings.
- Improvement plan in place to address areas of non-compliance.

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 in 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.

- Update of the 'What to expect when someone is dying' leaflet has been completed.
- The advanced care planning project facilitator has developed a work plan to respond to the 2021 CQC 'Do not attempt resuscitation' report and to roll out the 'Let's Talk' materials.
- Working group set up for a Trust-wide 'respectful awareness' pilot.
- Increased use of the family care pack achieved in across our hospital wards.

Focus on end of life care across Royal Brompton and Harefield hospitals

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

Priority added following our merger with Royal Brompton & Harefield NHS Foundation Trust.

We will:

- establish a working group to develop an adult treatment escalation plan
- establish local champions to lead on end of life care
- set up a working group to review the bereavement information and audit tool
- join up with the end of life committee to review the end of life strategy.

- Working group established for the development of an adult treatment escalation plan for use across the sites.
- Palliative care champions relaunched. Training to support all clinical areas having local champions as a lead for end of life care.

Our quality priorities and why we chose them

Focus on safety in Evelina London

We will establish a focus on safety through respectful interpersonal 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.

What success will look like

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.

How did we do?

- A working group has been established and regular meetings have identified areas of improvement, including work undertaken with security, human resources and psychology teams.
- Staff training sessions around teamwork and communication 'Civility saves lives' have been undertaken at all levels across the clinical group.
- Pilots completed in theatres and maternity demonstrate improved safety with staff empowered to speak up as part of the new management structure and through listening and reflection sessions.

Patient experience

Our quality priorities and why we chose them

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.

What success will look like

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.

How did we do?

- Customer call centre system upgraded and call handler training provided to enable staff to use the new system effectively and also improve the quality of the call experience.
- Work commenced to develop standards for call handling.
- Contact details update underway as part of Trust website upgrade.
- Data on call handling is reviewed in detail to identify services in most need of improvement support.
- Patient feedback data from the Trust's patient advice and liaison service and surveys are regularly reviewed to identify improvement opportunities.

Continues on next page

Progress against priorities for 2021/22

Our quality priorities and why we chose them

What success will look like

How did we do?

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

- Observational work and analysis of call forward data undertaken.
- A pilot data dashboard has been developed to enable teams to gain greater insight into the time spent waiting from registration to going into the appointment.
- Mystery shopping has restarted to provide additional insight into waiting times and patient experience in clinic areas.
- Improvement ideas for reducing waiting times and keeping patients informed of delays in clinic are underway.
- The 15 steps approach, a toolkit used to support staff, patients and others to work together to identify improvements, has been successfully tested.
- Patient feedback data from the Trust's patient advice and liaison service and surveys are regularly reviewed to monitor progress.

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

- Big health week event held in December 2021; to focus on the experience of people with learning disabilities.
- Telephone contact feedback process implemented in community services to promote feedback from patients, families and carers.
- Ongoing improvement work for Service User Involvement project: to enhance the level and quality of service user feedback.
- Communication matters event held, which focused on the needs of people with severe communication impairments.

Statements of assurance from the Board of Directors

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

A review of our services

Guy's and St Thomas' NHS Foundation Trust provides integrated hospital and community services for adults and children. We provide local health services including community services, to people in Lambeth and Southwark, and specialist services to patients from across north and south London, south east England and further afield.

We are one of the largest trusts in England and Wales and during 2021-22 we saw 1,470,000 outpatients, 101,000 inpatients, 127,000 day case patients and 186,000 accident and emergency attendances. We also provided over 641,000 contacts in the community, bringing our total patient contacts to 2.5 million. Following our merger with Royal Brompton & Harefield NHS Foundation Trust, we employ 23,500 staff. Further details of the services provided by the expanded Trust are available on the Guy's and St Thomas', Evelina London and Royal Brompton and Harefield hospitals websites. Details of the Trust's registered locations and regulated activities are available on our CQC provider page: <https://www.cqc.org.uk/provider/RJ1/services>.

The Trust has reviewed data available on the quality of care for all of these services through its performance management framework and assurance processes. The income generated by the services reviewed in 2021/22 represents 100% 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 2021/22, we took part in 83 national clinical audits and one national confidential enquiry. By doing so we participated in 100% 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 2021/22 are shown in the tables overleaf. 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 2021/22

Audit title	Participation	% of cases submitted
Antenatal and newborn national audit protocol 2019 to 2022	Yes	100%
BAUS Urology Audits	Yes	100%
British Spine Registry	Yes	Not reported
Case Mix Programme (CMP)	Yes	100%
Cleft Registry and Audit Network (CRANE)	Yes	Report not published
Elective Surgery (National PROMs Programme)	Yes	100%
Emergency Medicine QIPs	Yes	Report not published
Falls and Fragility Fractures Audit programme (FFFAP)	Yes	100%
Inflammatory Bowel Disease (IBD) Audit	Yes	86%
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	98%
Mandatory Surveillance of HCAI	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100%
Medical and Surgical Clinical Outcome Review Programme	Yes	Report not published
Mental Health Clinical Outcome Review Programme	Yes	Data collection ongoing
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Yes	Data collection ongoing
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Not reported
National Audit of Cardiac Rehabilitation	Yes	Not reported
National Audit of Care at the End of Life (NACEL)	Yes	Not reported
National Audit of Dementia	Yes	100%
National Audit of Pulmonary Hypertension (NAPH)	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	100%
National Bariatric Surgery Registry (NBSR)	Yes	Not reported
National Cardiac Arrest Audit (NCAA)	Yes	Not reported
National Cardiac Audit Programme (NCAP)	Yes	100%
National Clinical Audit of Anxiety and Depression (NCAAD)	Yes	Not reported
National Clinical Audit of Psychosis	Yes	100%
National Comparative Audit of Blood Transfusion programme	Yes	100%
National Diabetes Audit - Adults	Yes	Report not published
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%

Continues on next page

Participation in national clinical audits 2021/22 (continued)

Audit title	Participation	% of cases submitted
National Gastro-intestinal Cancer Audit Programme (GICAP) (previously separate NBOCA and NOGCA audits)	Yes	Data collection ongoing
National Joint Registry (NJR)	Yes	99%
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Yes	Data collection ongoing
National Ophthalmology Audit (NOD)	Yes	Data collection ongoing
National Paediatric Diabetes Audit (NPDA)	Yes	99%
National Prostate Cancer Audit	Yes ³	50%
National Vascular Registry	Yes	100%
Neurosurgical National Audit Programme (Source: HES)	Yes	<65%
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 Network (PICANet)	Yes	100%
Perioperative Quality Improvement Programme (PQIP)	Yes	Report not published
Prescribing Observatory for Mental Health (POMH-UK)	Yes	100%
British Thoracic Society - Sentinel Stroke National Audit programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion (SHOT):	Yes	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA) UK National haemovigilance scheme	Yes	100%
Surgical Site Infection Surveillance Service	Yes	100%
Trauma Audit & Research Network (TARN)	Yes	100%
UK Cystic Fibrosis Registry	Yes ¹	NA
UK Registry of Endocrine and Thyroid Surgery	Yes	100%
UK Renal Registry	No ²	NA
National Smoking Cessation Audit	Yes	100%

¹ Royal Brompton Hospital has cystic fibrosis services so participation in this audit is undertaken at that site. We expect this to allow for increased participation in future audits into specialist services provided at this site.

² 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 quality improvement programmes such as those already in place at the Trust.

³ Data entry for the National Prostate Cancer Audit has been limited due to admin staff capacity. There is a project plan in place to address improvements to the process for this going forward to provide dedicated admin support for data entry.

Participation in national clinical audits 2021/22

Submitting data to the 80+ national audits is a major undertaking for the Trust although we remain committed to, and have registered for, all applicable national audit programmes as a key source of quality assurance for our clinical services. We have been working with the Apollo programme team to develop and integrate national audit data collection to automate this process as far as is possible for the launch of the new electronic health record system in 2023. This will automate/simplify data extraction for national audits resulting in significant savings in staff time, better quality data being submitted and improvements in our case ascertainment rates. Below are a few examples of national audit findings and improvement actions

National Inpatient Diabetes Audit (NADIA)

The Trust is in the highest quartile for the number of patients with diabetes (23.6%), with 44% of this group treated with insulin, compared to 36% nationally, indicating a higher complexity of patients. This is also reflected in the number of patients admitted with foot disease (18%) compared to 9% nationally. The Trust average is 4.3 'good diabetes days' per week, compared to the national average of 4.4 days per week, which has reflected continued improvements over successive years; in 2010 we had 3.3 good diabetes days per week and were in the bottom quartile. Insulin infusions have been an area of focus and there was no inappropriate use of insulin infusions on the day of the audit. The audit results also demonstrate that nearly 50% of patients had seen the inpatient diabetes team on admission, placing the Trust in the top quartile.

Taking part in this audit has been a very positive experience and helped to raise awareness and improve diabetes care. Areas of good practice are reduction in hypoglycaemia and in the inappropriate use of intravenous insulin.

National Inpatient Diabetes Audit - harms

Data collection for this audit does not allow comparison between trusts. The report identifies groups of patients at highest risk of harm, eg type 1 diabetes, chronic kidney disease, low body mass index, white ethnicity, smoker, long duration of diabetes, emergency and medical admissions and complications. The Trust has participated since its inception in 2018. All incidents reported relating to diabetes are reviewed to determine if the incident meets the criteria of the audit. Those submitted are investigated using the after action review template and reviewed by the Trust diabetes committee, to ensure Trust-wide learning and lessons are shared and used to improve care. The Trust diabetes committee is also supporting ongoing improvement work around drug safety, insulin infusions, hypoglycaemia, staff education, and perioperative diabetes care.

Sentinel stroke national audit programme (SSNAP)

The sentinel stroke national audit programme is a continuous, longitudinal audit which measures the quality and organisation of stroke care across all NHS providers. It measures the processes of care provided to stroke patients, as well as the structure of stroke services against evidence based standards, including the 2016 national clinical guideline for stroke. Data is published on a quarterly basis with over 90% of expected stroke cases now submitted to the audit programme, making the results disseminated meaningful and robust.

The Trust was able to maintain delivery of specialist stroke services despite the challenges of the pandemic; and performed well against a number of measures. This included maintaining the seven day physiotherapy service, speech and language and occupational services, along with improved communication with patients and relatives through the use of technology notably for clinic activity.

Work is currently being undertaken to review standards of care at discharge from hospital, which is focused on reducing variation in speech and language therapy and psychology support. A strategic approach to improve length of stay through efficient flow of patients through the stroke unit, refining the discharge to assess process and expediting use of level 1 and 2 beds where appropriate, has been adopted.

National emergency laparotomy audit (NELA)

The Trust has been a participant in this audit since year 2 of the NELA Audit which is in its 7th year for data collection and has currently achieved a 100% identification and reporting of cases meeting the audit criteria. The results show that the 30 day mortality rate has fallen from 7.5% in year 6 to 5.5% for year 7 audit data, which compares favourably against the national average of 8.7%. Given the high risk nature of this surgery, we are pleased to report that the consultant surgeons were involved in all cases reported. Support for elderly patients through the Trust POPS (proactive care of older people going to have surgery) team has also been very positive and compares well with other trusts, with 87% of patients receiving dedicated support compared to the national average of 27%.

The Trust has responded to the national office regarding the increase to the expected target case ascertainment, as it is felt that it does not fit clinically. There are issues of coding which pose a risk for correct data capture for NELA case ascertainment. As the Trust prepares to roll out the Apollo programme, work is underway to ensure maximum integration and a full dataset has been shared with the Apollo development team to support the upload of data for the NELA audit, along with other national audits from within the patient electronic record (Epic). Quality improvement work is being undertaken on length of stay for NELA cases as it acknowledged that the Trust is currently an outlier for this.

Participation in national confidential enquiries 2021/22

Audit title	Participation	% of cases submitted
Transition from child to adult health services	Yes	18% (ongoing audit)

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 2021/22 and we intend to use the reports and findings to improve the quality of the services we provide. One of the reports: Dysphagia in Parkinson's disease was published during 2021/22, under the title 'Hard to swallow?' and has 11 recommendations to improve the quality of care provided to people who have had dysphagia, which the Trust has reviewed with due care and consideration against current policies and guidance for assurance.

Local clinical audit

Reports of 304 local clinical audits were reviewed in 2021/22. A second clinical audit awareness week was held by the Trust in November 2021. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality and safety of our services.

Pharmacy

Electronic prescribing was launched at the amputee rehab unit located in the Lambeth community care centre in February 2020. This was the first community unit to use an e-prescribing system. Following its introduction an evaluation was undertaken to determine staff satisfaction with the Medchart launch process 6 months after its introduction.

The survey results looked at themes and learning, as well as areas of improvement that could be shared with other services across the Trust. The second section of the questionnaire focused on how Medchart had benefited patient care including medication safety and efficiency.

The results demonstrated an overall positive transition from paper prescription charts to electronic documentation, although some respondents did highlight initial issues relating to equipment and IT network issues

Surgery

An audit was undertaken as part of a quality improvement project aiming to reduce variation in the management of adhesive small bowel obstruction. The aims of the project were to improve accuracy of Gastrografin prescriptions and ensure imaging after Gastrografin is appropriately timed. A review was undertaken for each patient where Gastrografin was required. Initial management was reviewed to confirm if imaging was performed on admission and, if it was, had Gastrografin been prescribed and administered correctly? Was imaging performed after Gastrografin? And if so, how long after Gastrografin?

The timing of investigations being carried out after administering Gastrografin reflected an improvement from 77% to 88% and the time between administering the Gastrografin and the patient having their investigation dropped from an average of 9 hours to 7 hours 47 minutes. The findings reflect that the MedChart Protocol for Gastrografin prescription has improved prescription accuracy from 79% to 100% and the time between Gastrografin administration and AXR is now approaching 6 hours. A new Acute Bowel Obstruction Guideline has also been developed as part of this improvement project to embed best practice.

Critical care

The audit was undertaken to determine 'How frequently are we currently communicating with families of patients within critical care?'

Good communication is essential to high quality critical care and caring for family members is an important part of overall care. Most studies suggest that the communication within the intensive care unit (ICU) frequently does not meet family needs.

An audit was undertaken from November 2021 to February 2022 and included a consultant survey and a review of 110 patient records. A short questionnaire was circulated to 40 critical care consultants with a focus on expectations and practice for family discussions. The results of the survey reflected that the 46% of consultants felt the family discussion/update should be with the consultant and 58% of consultants responded that this should be within 1 day of admission.

On review of patient records, documentation reflected that the frequency of updates declined as length of stay increased. The main issues identified as barriers to family updates were time pressures for consultants (92.3%), appropriate space for discussion (84.6%), altered visiting, due to COVID-19 (76.9%) and language barriers (61.5%).

Future action is needed to agree the standards and key quality indicators for monitoring.

Our participation in clinical research

Guy's and St Thomas' is committed to carrying out pioneering research to find the best treatments for some of the most complex conditions, to benefit patients locally, nationally and internationally and our teams are leading national and international research. We are part of King's Health Partners – one of eight Academic Health Sciences Centres in the UK.

During 2021/22, the Trust had 1,956 studies open across its research portfolio comprising 1,371 non-commercial clinical studies and 585 commercial clinical studies. We have recruited 35,147 participants to these research studies. The Trust has continued to deliver the COVID-19 treatment trials and vaccine trials as part of our ongoing research portfolio. We have participated in the Oxford vaccine study, Novavax vaccine trial, Janssen vaccine trial, a second trial with Oxford to compare vaccine combinations, the Pfizer and Janssen COVID-19 vaccine maternity trials, and Southampton COVID-19 vaccine BOOST trial.

We have participated in the Managed Recovery programme as part of the National Institute for Health Research's Recovery, Resilience and Growth programme, which aims to recover the UK's clinical research portfolio following the pandemic.

Our CQUIN performance

All CQUINs were suspended for 2020/21 and 2021/22 due to the COVID-19 pandemic. National guidance stated that the operation of CQUIN targets would remain suspended for all providers until 31 March 2022 and trusts were therefore not required to gather or submit performance data. CQUIN targets will recommence in 2022/23.

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 2021/22.

The Trust's services were last 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' but it is disappointing that our rating for being safe remains 'requires improvement' as we have not had the opportunity for this to be re-inspected. While the inspection team commented positively on many factors that underpin safe care, including our staffing levels, they found issue with a number of our processes, which we have worked hard to address, including completion of mandatory training and staff compliance with relevant policy.



Although the Trust was not fully inspected or re-rated in 2021, the CQC did undertake smaller more focused inspections. The CQC radiation safety team inspected the Trust’s nuclear medicine department and radiotherapy services at Guy’s Hospital in April 2021, to review compliance with the ionising radiation (medical exposure) regulations (IRMER).

Rather than an inspection under the Health and Social Act, the review provided strong assurance on the Trust’s compliance and highlighted excellent practice in both departments. However, the CQC did issue the radiotherapy service with an improvement notice as a result of some out-of-date protocols that required review. The Trust responded with a detailed action plan and the matter was closed with no action taken in July 2021.

The CQC carried out an unannounced visit to the emergency department at St Thomas’ Hospital on 21 June 2021 and this was followed up by an announced visit on 28 June 2021. This was a focused visit looking at the quality of care for patients with mental health needs being treated in the emergency department. The service was inspected but not rated and the inspectors focused on five key lines of enquiry relating to critical care, infection prevention and control, patient flow, workforce, and leadership and culture. The CQC found the emergency department had met the required standards and demonstrated outstanding practice. They also provided useful feedback to help improve services for these vulnerable patients further, and the team is working hard to implement these.

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)

Following our last CQC inspection, the Royal Brompton & Harefield NHS Foundation Trust has merged with Guy’s and St Thomas’ NHS Foundation Trust. These sites have not yet been re-inspected since the merger in February 2021. Reports relating to services at these hospitals are available on the CQC website.

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 up to the end of December 2021 that included a patient's valid NHS number was 99% of inpatients, 99% 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 99% of inpatients, 100% of outpatients and 99% of accident and emergency patients.

Only our hospital sites submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics because community sites are not required to upload data.

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' is the way we demonstrate our compliance with national data protection standards. All NHS organisations are required to make an annual submission to assure compliance with data protection and security requirements. The audited self-assessment against the 2020/21 Data Security and Protection Toolkit showed compliance in all areas, with a status of 'Approaching Standards' in the self-assessment that was carried out at the end of June 2021. The submission dates for 2021/22 has now been moved to the end of June 2022, so data is not yet available for submission.

Learning from deaths

Deaths at the Trust are recorded in line with the national approach using a 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 Physicians Structured Judgement Review (SJR) methodology for any death meeting one of the defined categories on the page following.

- 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 focusing 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. Children's and maternal or neonatal deaths are reviewed using the child death overview panel and mothers and babies: reducing risk through audits and confidential enquiries (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 2021 to March 2022

	Q1	Q2	Q3	Q4	Total
Number of patients who died	173	233	289	242	937
Number of deaths subjected to case review or investigation	25	27	31	19	102
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	4	2	1	0	7

Themes that have emerged from reviews of deaths at the Trust include: delays in escalation and admission to critical care, patient work up and counselling for high risk/complex procedures, delays reviewing investigation results, sepsis management, probable/definite hospital onset of COVID-19 infection related deaths and communication with family. Actions to address these issues are presented in the tables overleaf.

Thematic learning

Thematic learning	Summary of completed action(s)	Summary of planned actions and/or sharing of thematic learning
Delays in escalation and admission to critical care following multiple ward reviews	<ul style="list-style-type: none"> • Thematic learning shared and discussed at the Trust mortality surveillance group, the acutely ill patient group and the patient safety committee. 	<ul style="list-style-type: none"> • Acutely ill patient group, supported by the patient safety committee, leads on escalation of patients to the clinical response team and critical care teams.
Importance of appropriately “working-up” and counselling patients and family for high-risk procedures, and continued effective communication if complications occur, particularly for patients in critical care	<ul style="list-style-type: none"> • Thematic learning shared and discussed at the Trust mortality surveillance group, the surgical safety group and the patient safety committee. 	<ul style="list-style-type: none"> • Issues relating to surgical procedures have been followed up by the surgical safety group.
Delay in reviewing/checking results that are not available during an outpatient clinic appointment	<ul style="list-style-type: none"> • New e-noting ‘results acknowledgement’ function to alert clinicians to outstanding results has gone live and been shared at the Trust risk and assurance committee and patient safety committee. 	<ul style="list-style-type: none"> • Usage of the ‘results acknowledgement’ function is being monitored by clinical groups including the impact on junior doctor workload. • Apollo decision groups will be responsible for the design of the system for reviewing and acknowledging results in the Trust’s new electronic health record.
Out of hospital hypothermic cardio-respiratory arrests and equipment for rewarming of the patient	<ul style="list-style-type: none"> • Emergency department review of equipment used for rewarming patients brought in following hypothermic cardio-respiratory arrest has been undertaken, to ensure appropriate for use. 	<ul style="list-style-type: none"> • Data from surveillance and thematic learning is shared and discussed at the Trust mortality group.
Sepsis management and delays in antibiotic treatment due to discussions around the choice of antibiotics	<ul style="list-style-type: none"> • Thematic learning shared and discussed at the Trust surveillance group. • Emergency department delays to antibiotic management discussed within the clinical team. • Issues with delays in antibiotic treatment in and out of hours overseen by the acutely ill patient group and discussed at both meeting and the Trust medicines safety committee. 	<ul style="list-style-type: none"> • Acutely ill patient group to lead on work on stocking and availability of antibiotic treatment, supported by the patient safety committee and the medicines safety committee.
Sickle cell disease and liver complications/crises	<ul style="list-style-type: none"> • The thematic learning was shared and discussed at the Trust mortality surveillance group. • Emergency department have received training from the haematology sickle cell team on potential live complications seen in patients with sickle cell disease and sickle cell crises. 	<ul style="list-style-type: none"> • Training from the haematology sickle cell team to be delivered to other specialties where these patients may be managed, such as acute/general medicine and renal medicine. • The Trust mortality surveillance group will monitor delivery.

Thematic learning	Summary of completed action(s)	Summary of planned actions and/or sharing of thematic learning
Probable/definite hospital onset COVID-19 infection	<ul style="list-style-type: none"> Retrospective monthly review of deaths undertaken by the chair of the Trust mortality surveillance group to determine if any meet the NHS England and NHS Improvement criteria to be a probable/ definite hospital onset COVID-19 Infection related death. Identified deaths are then escalated to the infection prevention control team, the medical director, chair of Trust risk and assurance committee, chair of patient safety committee and director of quality and assurance. 	<ul style="list-style-type: none"> Clinical groups are responsible for ensuring that duty of candour and appropriate investigation has been undertaken for any probable/ definite hospital onset COVID-19 infection related deaths. Reviews continue on a case by case basis by a manual review process. At present the Trust's current information technology systems do not automatically identify the deaths.
Storage/ uploading of completed consent forms in patient records	<ul style="list-style-type: none"> Thematic learning was shared and discussed at the Trust mortality surveillance group. The issue of uploading and storage of consent forms will be dealt with in the medium term by the implementation and roll out of Epic across the Trust. 	<ul style="list-style-type: none"> The identified issue about the different places where consent forms can be uploaded has been escalated to the Trust quality assurance cluster. Longer term aspiration is for electronic consenting, and this is being followed up by surgical safety group (for surgical procedures) to review the feasibility of this and potential implementation; and patient safety committee (for Trust-wide oversight).
Junior medical staff awareness and confidence in contacting seniors for advice out of hours.	<ul style="list-style-type: none"> Thematic learning was shared and discussed at the Trust mortality surveillance group. Escalated and discussed at the Trust patient safety committee and quality assurance cluster. 	<ul style="list-style-type: none"> clinical groups and patient safety committee will be responsible for determining how to ensure junior medical staff are aware of which senior(s) is available for advice and/or escalation and how they can be contacted.
The coroner's prevention of future deaths report from the death of a patient at another Trust identified miscommunication during verbal orders leading to excessive drug dosing. This report does not relate to a death at Guy's and St Thomas' sites.	<ul style="list-style-type: none"> The content of the coroner's prevention of future deaths report has been shared and discussed at the Trust mortality surveillance group, patient safety committee and the medicine safety committee. 	<ul style="list-style-type: none"> Further actions relating to this report will be delivered through the patient safety committee and the medicine safety committee.
Communication with relatives when patients are managed by multiple teams including in a critical care environment	<ul style="list-style-type: none"> Role and benefits of communication facilitators used in Evelina London Children's Hospital discussed at the Trust mortality surveillance group meeting. Issues of documenting of visiting opinions and/or medical reviews in carevue (electronic patient record currently used in critical care) rather than e-noting (used outside of critical care) to ensure visibility of this to critical care teams has been raised at patient safety committee. 	<ul style="list-style-type: none"> Critical care are reviewing the possibility of implementing appropriately trained communication facilitators to facilitate discussions with clinical teams and families/ patients.

Seven day hospital services

The Trust previously completed and submitted its Autumn/Winter 2019/20 self-assessment to NHS England/Improvement, which demonstrated our continued compliance with the clinical standards, and in particular, the four priority standards. The four priority standards were selected to ensure that patients have access to: consultant-directed assessment (Clinical Standard 2); diagnostics (Clinical Standard 5); interventions (Clinical Standard 6); and ongoing review (Clinical Standard 8).

Freedom to Speak 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 over 200 '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 Trust is seeking to roll out new training models developed by Health Education England and the National Guardian's Office.

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.

During 2021/22, 237 contacts were made to the guardian although many more staff were supported by advocates. 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.

Junior doctor rota gaps

Junior doctors (post graduate doctors/doctors in training) are allocated to the Trust by Health Education England. 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 97% 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. We are dependent on Health Education England 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 was introduced. 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. The key indicators are detailed below.

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) via the Secondary Uses Service. The SHMI is then calculated by NHS Digital, with results reported quarterly on a rolling year basis.

Summary hospital-level mortality indicator

	Jul 17 - Jun 18	Oct 17 - Sep 18	Apr 18 - Mar 19	Jul 18 - Jun 19	Apr 19 - Mar 20	Nov 20 - Oct 21
SHMI	70	70	71	73	76	75
Banding	3	3	3	3	3	3
% deaths with palliative care coding	52.14%	53.30%	56.18%	56.20%	56.1%	53.02%

Source: NHS Digital (data updated quarterly on a rolling basis)
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, specialty 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 look to measure quality from the patient's perspective, and seek to calculate the health gain experienced by patients following one of two clinical procedures; hip replacement or knee replacement.

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 patient reported outcome measure scores and send these to NHS Digital
- data is compared to peers, highest and lowest performers, and our own previous performance, as set out below.

Primary hip replacement	2016/17	2017/18	2018/19	2019/20	2020/21
Guy's and St Thomas'	0.45	0.46	0.44	0.45	0.47
National average	0.44	0.47	0.46	0.45	0.47
Highest	0.53	0.56	0.55	0.53	0.55
Lowest	0.30	0.39	0.33	0.37	0.39

Primary knee replacement	2016/17	2017/18	2018/19	2019/20	2020/21
Guy's and St Thomas'	0.30	0.29	0.29	0.30	Data unavailable
National average	0.32	0.34	0.34	0.33	Data unavailable
Highest	0.40	0.42	0.41	0.45	Data unavailable
Lowest	0.24	0.22	0.25	0.21	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. This provides a score between 0 and 1 based on how improved the patient's health is post-operation; a score closer to 1 (or 100%) is best.

Scores for the Trust show that the perceptions of health gain among patients having hip or knee replacement are broadly consistent with the national average. We are a specialist referral centre and 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 system, we are able to access full year information for 2020/21. 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. 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	2018/19			2019/20			2020/21		
	Under 16	16 & Over	Total	Under 16	16 & Over	Total	Under 16	16 & Over	Total
Discharges	34,283	273,550	307,833	34,142	271,916	308,972	27,187	234,896	262,083
28 day readmissions	2,087	13,910	15,997	1,943	14,188	16,131	1,587	11,995	13,582
28 day readmission rate	6.1%	5.2%	5.2%	5.7%	5.2%	5.2%	5.8%	5.1%	5.2%

Source: Trust information system

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

- The Trust's performance management framework monitors readmissions 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	2016/17	2017/18	2018/19	2019/20	2020/21
Guy's and St Thomas'	78.3%	70.8%	72.6%	69.5%	77.8%
National average	76.7%	68.6%	67.2%	67.1%	74.5%
Highest	87.3%	85.0%	85.0%	84.2%	85.4%
Lowest	66.1%	60.5%	58.9%	59.5%	67.3%

Source: NHS Digital

From the 2021/22 survey, changes have been made to the wording of the 21 questions, as well as the corresponding scoring regime, which underpin the indicator. As a result, 2021/22 results are not directly comparable with those of previous years.

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

Source: NHS staff surveys

Patient recommendation to friends and family

We believe that patient recommendation to their friends and family is a key indicator of the quality of care we provide. For 2021/22 the Trust has provided detailed breakdown of the Friends and Family Test for maternity and out-patient services, as well as comparison to the national average. We believe our performance reflects that:

- the Trust has a process in place for collating data from 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
- data is comparable to the national average for positive and negative scores, but notably improvement is required in the Trust's positive scores for emergency department in 2021/22.

Please note that the Friends and Family Test question changed in 2020/21, from asking patients whether they would recommend the Trust to friends and family if they needed similar care or treatment; to asking patients to rate their overall experience of care and treatment on a 6 point scale ranging from Very good (positive response) to Very poor (negative response) and including a Don't know response option.

Friends and Family Test	2019/20		2020/21		2021/22*						
	A&E	In-patient	A&E	In-patient	A&E	In-patient	Out-patient	Maternity Antenatal	Maternity Birth	Maternity Postnatal Ward	Maternity Postnatal Community
Response rate	18.6%	20.5%	17.0%	18.4%	-	-	-	-	-	-	-
% Positive response	83.7%	95.4%	90.3%	95.6%	84.7%	95.1%	91.6%	87.5%	94.6%	85.1%	99.1%
National Average	-	-	-	-	78.3%	94.5%	93%	89.9%	93.9	92%	90.7%
% Negative response	7.7%	1.6%	4.7%	1.6%	8.8%	2.2%	4.4%	6.9%	3.4%	7.5%	0.9%
National Average	-	-	-	-	14.1%	2.7%	3.4%	5.6%	3.6%	3.9%	4.9%

Source: Trust information system

* Trust response rate was not available at time of publishing

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. The Trust continues to achieve over a 95% completion rate for assessment of patients' 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	2016/17	2017/18	2018/19	2019/20	2020/21
Guy's and St Thomas'	96.6%	95.41%	96.23%	96.6%*	97.9%*
National average	96%	96%	96%	96%	Data not available
Best performing Trust	99%	99%	99%	99.7%	Data not available
Worst performing Trust	85%	86%	89%	87.5%	Data not available

Source: : HED and Trust information system

*2020/21 data provisional for Guy's and St Thomas' Hospital sites
 Service providers were notified on 28 March 2020 that national VTE data collection and publication would be suspended to release capacity by providers and commissioners to manage the COVID-19 pandemic and it has yet to resume at a national level. Previous year's performance and benchmarking has therefore been provided for reference and data will be re-submitted for the new financial year.

Infection control

The Trust continues to implement a range of measures to tackle infection and to improve the safety and quality of our services. These include a strong focus on the prevention and antibiotic stewardship and improved environmental hygiene, supported by continuous staff engagement and education. The Trust has continued to report mandatory data via UK Health Security Agency. The NHS has published a document, *Minimising Clostridioides difficile and Gram-negative Bloodstream Infection*, as part of the 2021/22 Standard Contract in July 2021. This document sets out annual thresholds for healthcare-associated C. difficile infection and key Gram-negative BSIs. The Trust is below the threshold for all Gram-negative BSIs, but above the threshold for C. difficile. The threshold for healthcare-associated cases of C. difficile (C diff) for 2021/22 is no more than 42 cases (set by the Trust and CCG based on Trust data from the preceding 12 months). The Trust has exceeded this threshold, reporting a total of 58 healthcare-associated cases for 2021/22. However the Trust has the lowest C. difficile rate in the Shelford Group for the 10th consecutive year, and we have not declared any 'lapse in care' in 2021/22.

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 UK Health Security Agency
- effective systems are in place to review cases and improve practice to reduce the risk of C. difficile

Infection prevention and control	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 ¹
Hospital Onset cases	48	40	28	30	30	58 ²
Rate per 100,000 bed-days	10.9	7.9	6.4	8.1	10.2	Data not yet available
National average	13.0	13.5	12.0	14.1	15.8	Data not yet available
Best performing trust	0	0	0	0	0	Data not yet available
Worst performing trust	82.7	92.8	80.5	63.3	80.6	Data not yet available

¹2021/22 data is not comparable with previous years due to a combination of:

- Changing national definitions over time.
- The merger with Royal Brompton and Harefield Hospitals, which has affected shared data repositories locally and nationally.

²2021/22 data contains community onset-healthcare associated (COHA) and hospital-onset healthcare-associated (HOHA) cases.

Patient safety incidents

The National Reporting and Learning System 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 National Reporting and Learning System, 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 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 overleaf.

The way we receive this data has changed and data is only available yearly now as opposed to six monthly, with the last update in September 2021. The figures below have therefore been updated for April 2020 to March 2021 only (one year in arrears). We expect to receive another confirmed dataset from the National Reporting and Learning System in September 2022, which will provide the data for the full financial year 2021/22.

The Trust will be working to embed the new Learning from Patient Safety Events system as the replacement for NRLS in 2022/23. This will provide automatic upload of all incidents reported at the Trust for timelier, validated patient safety data to NHS Improvement.

Patient safety incidents	Apr 19 – Sep 19	Oct 19 – Mar 20	Apr 20 – Mar 21
Guy's and St Thomas'			
Total reported incidents	10,628	10,670	23,443
Rate per 1,000 bed days	64.7	63.8	79.8
National average (acute non-specialist)	49.8	51.5	58.4
Highest reporting rate	103.8	110.2	118.7
Lowest reporting rate	26.3	27.5	27.2
Guy's and St Thomas'			
Incidents causing severe harm or death	30	20	70
% incidents causing severe harm or death	0.4%	0.3%	0.3%
National average (acute non-specialist)	0.3%	0.3%	0.4%
Highest reporting rate	1.3%	1.3%	2.8%
Lowest reporting rate	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 broadly 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 to ensure that any changes made to incident classifications following a root cause investigation are reported to NHS Improvement and that data provided to the National Reporting and Learning System 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, but these were reviewed and updated by NHS England for 2021/22, with a focus on delivery of the priorities as set out in the NHS System Oversight Framework 2021/22.

Statements

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 2021/22 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 2021 to March 2022
 - papers relating to quality reported to the Board over the period April 2021 to March 2022
 - feedback from commissioners dated 18/05/2022
 - feedback on the quality priorities sought from governors on 24/05/2022
 - feedback from local Healthwatch organisations dated 17/05/2022
 - feedback from Lambeth OSC dated 03/05/2022
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12/08/2021
 - the 2020 national patient survey published October 2021
 - the 2021 national staff survey published March 2022
 - CQC inspection reports dated July 2019 for Guy's and St Thomas' Hospitals
 - CQC inspection reports dated February 2019 for Royal Brompton and Harefield Hospitals (pre-merger with the Trust in February 2021)
- 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 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

24 June 2022



Ian Abbs, Chief Executive

24 June 2022



Thank you for letter of 30 March 2022 inviting Lambeth Overview and Scrutiny to comment on the Guy's and St Thomas' NHS Foundation Trust Quality (GSTT) proposed quality priorities. Lambeth Scrutiny Members welcome the opportunity to respond and received the above documents in good time. However, it would be beneficial in future years – particularly during election periods – that even greater time is given for responses from local authorities to properly consider reports so that we are able to provide more detailed input.

Lambeth has worked well with the GSTT across a number of its health and wellbeing work-strands – as was particularly evident at our last Committee meeting when we reviewed health inequalities in our borough with attendees from GSTT giving evidence and answering questions – and looks forward to future co-working across these partnerships to deliver for our citizens.

Significant interests and focuses for our borough include the development of the Apollo Programme, moves to interact remotely with patients, the upcoming Integrated Care Partnership and systems, and on data collection.

The roll-out of the Apollo Programme of clinical pathway transformation, powered by Epic, warrants further scrutiny prior to deliver – as the Chair of the GSTT Board of Governors has also noted. The issue of the staff being versed in this new way of working was of keen interest to Members to ensure a smooth transition, and it was noted that trials were currently underway at the Royal Brompton and Harefield Trust and should be examined for lessons learnt for GSTT. There was also concern over public engagement for this new way of working as proportionately few respondents were from black or minority ethnic communities.

Additionally, the move to encourage patients to interact via, and relay more information on, smartphones with hospital consultants; and sending more tests to do at home and report back via your phone or post back should also be reviewed. And equally, the lack of clarity of patients being able to opt out of this type of service, and the impact on healthcare standards particularly when viewed through a lens of digital poverty was of concern. It was surmised that this would also impact upon the loneliness of patients, particularly an issue more apparent after recent lockdowns, who benefitted from the hospital experience, had their needs better met in person, and concerns over the difficulty of diagnosis and treatment when using remote working.

Lambeth, and other UK Trust Governors, had continuing concerns with the implementation of integrated boards, including on their composition, powers of governors on oversight, and gaps with local authorities. Increased clarity on these plans was needed.

Data collation and presentation would also need improvement to better adjudge the impact on diverse communities, particularly relevant in Lambeth, who often had varied experiences across departments compared to white persons. This would better enable the Trust to adjudge progress against the Patient and Carer Race Equality Framework (PCREF).

A handwritten signature in black ink, appearing to read "D Rose", with a horizontal line underneath.

David Rose
Senior Democratic Services Officer
Legal and Governance
London Borough of Lambeth
Lambeth Town Hall
Brixton Hill
London
SW2 1RW

www.selondonccg.nhs.uk

18th May 2022

South East London Clinical Commissioning Group Statement on Guy's and St Thomas' NHS Foundation Trust Quality Priorities 2022/23.

South East London Clinical Commissioning Group was formed in April 2020 from a merger of the six-borough based Clinical Commissioning Groups in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark and is grateful to Guy's and St Thomas' NHS Foundation Trust for the opportunity to comment on its 2022/23 Quality Priorities. The South East London Clinical Commissioning Group wishes to acknowledge the enormous amount of work undertaken by Guy's and St Thomas' NHS Foundation Trust during and following the pandemic and would like to thank staff for their continued endurance, compassion and commitment shown by all the staff.

The CCG recognises the work undertaken to achieve the quality priorities set in 2021/2022 and acknowledged that some were affected because of the pandemic. The Transformation and Quality Improvement work that commenced during this time continues and the CCG would like to acknowledge the work undertaken to roll out of the APOLLO/EPIC Electronic Health Record by 2023 and the updating and merging of policies following the acquisition of the Royal Brompton and Harefield Trust. The CCG values their risk-based approach to quality and to ensuring high risk to items are escalated and scrutinised in appropriate internal committees and in the strengthening of their quality and patient safety in their divisions.

The CCG also acknowledges the work the Trust is undertaking to establish and implement the Patient Safety Incident Response Framework in line with the national initiative and roll out and the underpinning programmes that are being implemented to ensure patient safety and clinical effectiveness.

The Quality Priorities demonstrates a continuum of improvement at the Trust. We commend the work undertaken to date and look forward to their continued determination in providing a quality service and endorse the new quality priorities for 2022/2023. The CCG would like to thank the Trust for including us in relevant meetings following the disbanding of the Clinical Quality and Risk Group and we look forward to continuing our collaborative approach to quality improvement via attendance at both formal and informal meetings in the year ahead.

Yours sincerely

Kate Moriaty Baker
Chief Nurse

GSTT Quality Account 2021/22

Healthwatch Southwark Comments

As the independent champion of the patient voice in Southwark and close partners of Guy's and St Thomas' Trust (GSTT), we appreciate the opportunity to comment on GSTT's Quality Account for 21-22. Our responses are based on the experiences and views of our residents and service users which have been shared with us.

Whilst we are gradually emerging out of the pandemic and returning to more business-as-usual practices, we recognise the ongoing impact that COVID-19 has on GSTT and its capacity to respond to the diverse needs of its patients.

We would like to highlight the positive relationship that the Trust has built with us. We particularly commend the Patient and Public Involvement Team for their proactive collaboration with us, reaching out to us for feedback on their projects, sharing patient involvement opportunities and accommodating us as we scope engagement activities with GSTT patients.

In recent months, we have received feedback about GSTT's inpatient, outpatient, maternity care, and patient transport services and have commented on these in our review of the priorities below. Nevertheless, our sample of feedback specific to GSTT services is limited and therefore we plan to organise upcoming feedback workshops focusing on specific NHS trusts and services to provide a more representative sample.

Due to the capacity constraints of our small team, our comments are not exhaustive however, we have tried to highlight some of the key aspects of GSTT's priorities that align with our own and respond to the issues we are hearing from our residents and service users.

Priorities for 2022/23

Patient Safety

- We endorse the plans to develop and implement a 'Patient Safety Incident Response Framework' and plans to improve understandings of incident profiles and reduce risk to patients. It is great to hear that this will include involvement with the patient and their family/ next of kin and focus on learning from incidents.
- We support the development of a new Trust Quality Strategy to ensure that quality improvements are clearly defined and monitored. We would welcome the opportunity to review the strategy when it is ready to offer our feedback.
- We have recently received feedback about concerns over health and safety (fire extinguishers and medical equipment used as door stops, fire escape route obstructions, lack of bars on large windows) and infection control in inpatient care (bed side or end rails not cleaned, bags of soiled linen being left for several days). This feedback suggests a need for GSTT to prioritise patient safety in inpatient wards and across the Trust to ensure patients feel safe and reassured that all health and safety and hygiene regulations are being followed.

Continues on next page

Progress against the priorities for 2021/22

- We support the partnership working with SLAM, the Mental Health Board and external partners in the development of guidance for caring with patients in mental health crisis and in delivering specialist care for them. We support the launch of a mental health training needs analysis for staff and look forward to hearing about the outcomes of this.
- We endorse the launch of the Evelina and Women's Clinical Group Mental Health committee and would welcome updates on the agendas and outcomes of the meetings.
- It is great to hear that staff are being trained in conflict resolution/ de-escalation and that the Trust is planning to recruit a Violence and Aggression Lead.

Clinical Effectiveness

- The ward accreditation programme for the trust will be a great opportunity to identify and monitor areas for improvement. We would like to hear more about how the quality monitoring will be implemented and if baseline data will be used to measure achievements against.

Progress against the priorities for 2021/22

- We welcome the use of service user feedback to update the leaflets on end-of-life care.
- We support the establishment of a working group to review bereavement information and audit tool and a working group on safety in Evelina and would welcome updates on the ongoing improvement work being undertaken.
- The pilots in theatres and maternity to empower staff to speak up and a new management structure focusing on listening and reflecting on safety concerns are positive developments.

Patient Experience

- We endorse the continued commitment to improving patient experience. We have been attending GSTT's Patient Experience Committee meetings which have provided us with a useful insight into the Trust's developments in this area and an opportunity to collaborate.
- We strongly support the plan to deliver a new complaints process and tackle the delays in providing responses to patients and their families/ carers. We receive a lot of feedback from service users about long waits for complaints responses across the hospital Trusts in the borough and recognise that this initiative will improve patient experience if complaint timescales are upheld
- We have recently received feedback about loud noise in wards during the night, uncomfortable beds and unhealthy food in inpatient care and suggest the need to improve patient experience.
- We have received feedback in relation to poor/ lack of communication between staff and between staff and patients. Outpatients have expressed concerns about not feeling listened and receiving confusing information about their conditions and contradictory instructions about the isolation requirements before treatment. Likewise, we have heard about a lack of communication with patients when patient transport arrangements have been changed or cancelled last minute and difficulty accessing phone appointments. We recommend that improving communications between departments and services and with patients is prioritised to improve patient experience.

- We have received feedback about distressing experiences during prenatal and birthing care at GSTT relating to lack of communications, delays in being allocated a midwife, staff rudeness, and no debrief following traumatising experience during birth. We suggest a focus on improving patient experience in maternity care.
- We would like to receive an update on the Trust's progress in achieving last year's quality priorities for Patient Experience which included improving patients' and carers' experience when contacting the Trust by telephone, keeping patients informed about wait times in outpatient clinics and monitoring the experience of those with learning disabilities to improve the service.

Progress against priorities for 2021/22

- We are glad to hear about improvements in the quality of call experience as we hear a lot of negative feedback from service users about call handling across all the NHS trusts in Southwark.
- We endorse the regular review of patient feedback data from PALS to ensure that improvements are being made in priority areas of patient experience. It would be helpful if GSTT could share the feedback they gather with us and if we could have the opportunity to review quarterly reports on improvements being made.
- We welcome the development of a pilot data dashboard to monitor time spent waiting from registration to going into the appointment and a mystery shopping programme as we receive a significant number of complaints about hospital wait times.
- It is great to see that GSTT is engaging in ongoing work to improve service user involvement through gathering feedback including from those with moderate and severe/ profound learning disabilities and we would be keen to support this.
- We strongly support the 'Matters Day' event focusing on needs of people with severe communication impairment and require reasonable adjustment. We are hearing concerns about health services failing to accommodate the communication support needs of patients with a disability, impairment, or sensory loss. Whilst this event will raise awareness, we would like to hear more about how GSTT is meeting the Accessible Information Standard in practice by providing accessible communications that meet patient's diverse needs.

Some areas that need further clarification or inclusion:

- Targets VS Outcomes. We would like to see some indicators that show certain aims are achieved. The Trust could also consider including some baseline data against which to measure the achievements.
- Communication between services and departments: We support GSTT's commitment to improving communications between healthcare professionals and patients and their families however we encourage the prioritisation of improvements in communications between services and departments within the Trust. We regularly receive feedback about a lack of communication between services such as GPs, mental health services and NHS trusts and between hospital departments.

We would like to highlight the immense hard work and dedication of all staff at GSTT in supporting the Trust to thrive in the face of the ongoing challenges of the pandemic. We hope to sustain and develop our close relationship with the Trust as we jointly plan to improve service users' experience of health and care and share learning.

Guy's and St Thomas' NHS Foundation Trust

Guy's Hospital Great Maze Pond London SE1 9RT

St Thomas' Hospital Westminster Bridge Road London SE1 7EH

Evelina London Children's Hospital Westminster Bridge Road London SE1 7EH

Tel: 020 7188 7188

www.guysandstthomas.nhs.uk

www.evelinalondon.nhs.uk

Royal Brompton Hospital Sydney Street London SW3 6NP

Tel: 020 7352 8121

Harefield Hospital Hill End Road Harefield UB9 6JH

Tel: 01895 823 737

www.rbht.nhs.uk