



Guy's and St Thomas'  
NHS Foundation Trust



Quality report  
2022/23

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# 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' NHS Foundation Trust. As set out by NHS England, the 2022/23 quality account has been prepared as a separate stand-alone document to our annual report.

The Trust's Council of Governors, Board of Directors and the South East London Integrated Care Board have all been consulted on our quality priorities for 2023/24.

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 complex operational challenges and high demand for our services that the Trust has faced during 2022/23, we have sought to deliver care in accordance with the quality priorities set out last year. We have continued to work with clinical audit, national audit and organisational learning teams to drive quality improvement.

Some of our key highlights 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.
- Our emergency department is consistently amongst the best performing in London and the top 10 nationally. Work continues to ensure ambulance crews can handover patients quickly and that all patients requiring emergency care receive timely access to the services they need.
- Our plan to transition to the new patient safety incidents response framework has been approved by the Trust Board and shared with the South East London Integrated Care Board who support our approach. We continue to work with our quality leads across the Trust, as well as our new patient safety partners, to create improvement plans to support the delivery of our patient safety priority incidents listed within the Trust response plan.
- We are making good progress with the implementation of our new electronic health record system through our Apollo programme. We now plan to go live in October 2023, and look forward to the significant opportunities this will bring to further improve both the safety and quality of care for our patients across the Trust.
- Across the NHS there have been phenomenal efforts to restore planned (elective) care and diagnostic services to pre-pandemic levels, and we continue to work with our Integrated Care System partners and the South East London Acute Provider Collaborative to deliver equitable access to care and reduce waiting times for treatment.
- Once again our staff survey results show that our workforce is one of the most engaged in the country. Guy's and St Thomas' is ranked in the top 10 nationally for overall staff engagement, and we know that an engaged workforce has a positive impact on the quality of patient care. We were third nationally for staff agreeing the care of patients/service users is the organisation's top priority, however we are not complacent, and are working hard to address the areas where we need to improve.

- Our community services have continued to work closely with our health and social care partners, including local authorities, to meet the needs of the diverse communities we serve in Lambeth and Southwark and to reduce health inequalities.
- We also play a wider role locally and take our responsibilities seriously, whether that's to be a good employer or to protect the environment and support local business through our procurement policies.

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 an executive risk and assurance committee and a board-level 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, 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 around 300 'speaking up' advocates, a confidential email address and external phone line.

We very much regret the critical IT incident in our data centres during the heatwave in July, but pay tribute to the expertise and dedication of our staff who ensured that no patients came to serious harm as a result of the outage.

We are continuing to work extremely hard and in close partnership with King's College Hospital NHS Foundation Trust and Synnovis, our shared pathology partner, to safely implement our new electronic health record system. We are hugely excited about the opportunities it will provide to deliver a step change in the safety of our services and to improve the experience of our patients and staff.

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

29 June 2023

# Our quality priorities for 2023/24

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 five-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 five-year strategy.

Work has commenced on the development of our new Trust strategy for 2024 that will run until 2030 in which quality will continue to be a central component.

We have developed a set of quality priorities for 2023/24 and ensured that these are embedded across the Trust through our executive assurance committees.

## 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 the South East London Integrated Care Board, our Council of Governors, Board of Directors, Trust Executive and our five clinical and delivery groups. The final priorities for 2023/24 were agreed by the Trust Risk and Assurance Committee and the Trust's Quality and Performance Board committee in April 2023.

To support the Trust's new operating model, and the implementation of a new electronic health record system due to go live in October 2023, we have chosen quality priorities aligned with these and they are reflected under the following three key indicators of quality:

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

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

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

Progress in achieving our quality priorities will be monitored through the Trust's quality and performance committee.



## Our quality priorities for 2023/24

### Patient safety

#### Our quality priorities

**We will embed the new national patient safety incident response framework (PSIRF) and the patient safety incident response plan**

#### What success will look like

We will:

- Monitor and deliver the individual improvement plans for each prioritised patient safety incident profile.
- Continuously monitor the changing data surrounding patient safety across the Trust to identify any changes that are needed.
- Analyse the safety culture survey results to inform the Trust's culture and any improvement work.
- Seek approval from the South East London Integrated Care Board to sign off our Patient Safety Incident Response Plan (PSIRP).
- Create a transition plan to embed the PSIRF, and associated incident management policy into the Trust.
- Implement new ways of working to support the PSIRF.
- Set up quality improvement monitoring to proactively respond to areas where change is required.

### Clinical effectiveness

#### Our quality priorities

**We will complete an in-depth quality assessment of ourselves against the new quality statements and domains**

#### What success will look like

We will:

- Complete a quality assessment in every directorate within the clinical groups in quarters 1 and 2.
- Identify key themes and trends and develop improvement plans in response to the top themes.
- Receive feedback on evidence against the Care Quality Commission's (CQC) new quality statements and domains.
- Compare the themes and trends across all clinical groups to identify cross cutting issues, develop a Trust-wide quality improvement programme and Trust audit priorities.

**We will develop and embed the Maternity Early Warning Score within the Trust for all maternity inpatients**

We will:

- Develop an improvement plan to ensure Maternity Early Warning Score (MEWS) is safely rolled out with clear timelines for completion.
- Develop e-learning and face to face training packages to ensure 100% compliance with MEWS processes and documentation.
- Provide assurance through quality monitoring and audit via Trust-wide safety committees such as our acutely ill patient group.

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### Our quality priorities for 2023/24

#### Our quality priorities

**We will develop and embed a new sepsis working model in line with the recommended pathway**

#### What success will look like

We will:

- Carry out an impact analysis of the new sepsis guidance through the sepsis working group and deliver the new pathway across the Trust.
- Pilot and potentially implement sepsis trollies across the Trust to include all equipment for the treatment of sepsis and improve treatment for patients.
- Monitor data and provide assurance through the sepsis working group.

### Patient experience

#### Our quality priorities

**We will improve patient experience through better communication and ease of contacting us at the Trust**

#### What success will look like

We will:

- Launch 'Call if Concerned' across all our hospital sites to provide a phone number for relatives to call if they are unable to get hold of ward staff when concerned about patient care.
- Respond to these calls within 6 hours of having been to the ward and resolved any concerns wherever possible.
- We will monitor the calls and concerns through the acutely ill patient group for assurance.
- Develop a 'contacting us' continuous quality improvement project across the Trust to minimise the waiting times for patients contacting us by telephone.
- Monitor the volume of patient queries and complaints received about difficulties contacting a clinical area.

# Progress against priorities for 2022/23

## Patient safety

### Our quality priorities

### What success will look like

### How did we do?

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

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 patient safety 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 clinical risk.
- Recruit patient safety partners to further enhance a culture of openness, transparency and learning.

We have:

- Completed Trust-wide analysis to identify patient safety incident profiles that will inform the Patient Safety Incident Response Plan (PSIRP).
- Created a process map to identify a range of options and resources when responding to and learning from patient safety incidents.
- Proactively developed 8 improvement plans through Trust-wide quality committees to support each patient safety incident profile.
- Recruited 3 Patient Safety Partners who are now embedded within Trust-wide committees and will be embedded into clinical groups.
- Developed and approved our Patient Safety Incident Response Plan – a requirement of the National Patient Safety Strategy.

**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.

We have:

- Continued to contribute to the development of our new Trust strategy for 2024-2030, embedding quality actions within this.
- Focused on identifying patient safety improvement priorities (priority events) following an in-depth analysis of incidents, complaints and other quality data.
- Developed improvement plans for the priority patient safety events we will focus on in 2023/24.
- Included key metrics such as National Early Warning Score (NEWS) and sepsis recognition into monthly performance reports.



## 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.

### How did we do?

- We have:
- Launched the ward accreditation programme in adult inpatient areas with regular accreditation visits.
  - Developed an assurance framework to reassess clinical areas that fall below expected standards.
  - Added quality audit data and accreditation ratings to performance review meetings with the clinical directorates.
  - Strengthened processes to improve oversight of areas such as medicines management and estates and facilities assurance.

## 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 response on time 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.

### How did we do?

- We have:
- Contacted complainants to understand the outcome they are seeking and identify where early resolution is possible.
  - Revised the way complaints are categorised to provide more robust reporting on themes and trends, ensuring early recognition of similar concerns across multiple areas. This has enabled targeted actions to address these issues and improve the experience of patients.
  - Seen a reduction in overdue complaints, from over 300 in 2022 to under 100 in 2023.

# Statements of assurance from the Board of Directors

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

## A review of our services

Guy's and St Thomas' NHS Foundation Trust provides integrated hospital and community services for adults and children. We provide local health 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 2022/23 we saw 1,578,000 outpatients, 101,000 inpatients, 132,000 day case patients and 194,000 accident and emergency attendances. We also provided over 629,000 contacts in the community, bringing our total patient contacts to 2.6 million. We employ 25,300 staff. Further details about our services are available on the Guy's and St Thomas', Evelina London and Royal Brompton and Harefield Hospital 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 2022/23 represents 100% of the total income received for the provision of NHS services in 2022/23.

## 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.

Alongside this the Trust has developed a Trust-wide audit plan. This was developed to reflect themes identified through incident reporting, red risks on Trust risk registers and core areas for assurance on quality. The audits for 2023/24 are:

Audit title	Audit objective
<b>Mental health on the emergency floor</b>	Audit the quality of documentation and monitoring of patients with mental health needs attending our emergency department, and compliance with assigning Registered Mental Health Nurses.
<b>Consent</b>	Audit the quality of consent forms in documenting risk and potential complications in accordance with the Trust consent policy.
<b>Equipment and medical devices</b>	Audit planned preventative maintenance of medical devices and training of ward staff in line with the Trust medical devices safety policies.
<b>Do Not Attempt Cardio-Pulmonary Resuscitation and associated treatment escalation plans</b>	Audit the appropriate documentation and assessment of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders for inpatients.
<b>Safe discharge</b>	Audit compliance with the Trust discharge policy and managing patient choice in discharge.
<b>Duty of candour</b>	Audit compliance with the Trust duty of candour and being open policy in relation to incidents causing moderate or more severe harm to patients.
<b>Surgical safety checklists</b>	Audit completion of the 'Five steps to safer surgery' and compliance with the World Health Organisation surgical safety checklist.

During 2022/23, we took part in 49 national clinical audit programmes, 74 individual national clinical audits and 4 national confidential enquiries.

The national clinical audit programmes and national confidential enquiries that we participated in during 2022/23 are shown in the tables which follow. The information provided also includes the number of cases submitted to each audit programme 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 2022/23

Audit programme title	Participation	% of cases submitted
BAUS Urology Audits	Yes	100%
Breast and Cosmetic Implant Registry	Yes	71%
British Spine Registry	Yes	Report not published
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	100%
Falls and Fragility Fractures Audit programme (FFFAP) <sup>1</sup>	Yes	100%
Improving Quality in Crohn's and Colitis (IQICC – previously Inflammatory Bowel Disease (IBD) Audit	Yes	100%
Kidney Audits (including UK Renal Registry)	Yes	Report not published
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	100%
Mandatory Surveillance of HCAI	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	Report not published
Medical and Surgical Clinical Outcome Review Programme	Yes	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Yes	Report not published
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Report not published
National Audit of Cardiac Rehabilitation	Yes	Report not published
National Audit of Care at the End of Life (NACEL)	Yes	Report not published
National Audit of Dementia (NAD)	Yes	100%
National Audit of Pulmonary Hypertension (NAPH)	Yes	Report not published
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	100%
National Bariatric Surgery Registry (NBSR)	Yes	Report not published
National Cardiac Arrest Audit (NCAA)	Yes	100%
National Cardiac Audit Programme (NCAP)	Yes	100%
National Comparative Audit of Blood Transfusion Programme	Yes	100%

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Participation in national clinical audits 2022/23 (continued)

Audit title	Participation	% of cases submitted
National Diabetes Audit – Adults	Yes	Report not published
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Gastro-intestinal Cancer Audit Programme (GICAP)	Yes	100%
National Joint Registry (NJR)	Yes	Report not published
National Lung Cancer Audit (NLCA)	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme	Yes	Report not published
National Obesity Audit	Yes	100%
National Ophthalmology Audit (NOD)	Yes	Report not published
National Paediatric Diabetes Audit (NPDA)	Yes	Report not published
National Prostate Cancer Audit	Yes	Report not published
National Vascular Registry	Yes	100%
NHS provider interventions with suspected/ confirmed carbapenemase producing Gram negative colonisations/ infections	Yes	100%
Paediatric Intensive Care Audit Network (PICANet)	Yes	100%
Perioperative Quality Improvement Programme (PQIP)	Yes	100%
Sentinel Stroke National Audit programme (SSNAP)	Yes	Report not published
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Yes	100%
Surgical Site Infection Surveillance Service	Yes	100%
Trauma Audit & Research Network (TARN)	Yes	Report not published
UK Cystic Fibrosis Registry	Yes	100%
UK Registry of Endocrine and Thyroid Surgery	Yes	100%
UK Parkinson's Audit	Yes	100%

<sup>1</sup> The Trust is 100% compliant with submissions for the National Audit of Inpatient Falls (NAIF) and National Hip Fracture Database (NHFD). Participation in the Fracture Liaison Service Database (FLS-DB) was paused when the Fracture Liaison Service was suspended. The team are re-building capacity and plan to fully participate for the next data collection period.

### Participation in national clinical audits 2022/23

Submitting data to 49 national audit programmes, which make up over 70 individual national audits, is an important responsibility for the Trust. However, the participation in these audits requires substantial clinical and administrative time. Plans to further enhance the use of information technology through our new electronic health record system, including to integrate national audit data collection continues. It will provide increased automation of data collection, validation and engagement, and reduce clinician time required to comply with national audits. This will enable the Trust to continue focusing on the outcomes from our audit data to further improve patient care.

Below are examples of national audit findings and improvement actions for our Trust:

#### National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)

This national audit was commissioned to improve the care of patients with acute exacerbations of COPD and asthma. The audit has been collecting real time data for patients discharged from acute hospitals since 2018 and the Trust has participated since its inception.

The audit findings highlighted areas of good practice, with the Trust scoring better than the national average: 99.4% of patients with COPD exacerbations received a timely respiratory review and 94.9% patients were provided with a discharge bundle consisting of high value interventions prior to leaving hospital. Additionally, the percentage of patients receiving non-invasive ventilation (NIV) within 2 hours of admission, behavioural and stop smoking medications for tobacco dependence and a NEWS score were higher than the national average.

The audit also highlighted areas for improvement, including in relation to oxygen prescribing and interventions offered for cardiovascular or mental illness, which were lower than the national average.

#### Sentinel Stroke National Audit Programme (SSNAP)

This programme comprises of a 2 to 3 yearly organisational audit reporting on 10 key domains of stroke services, of which 8 domains are relevant to the acute Trust. Key indicators include staffing, 7 day working, access to specialist treatment and support and patient and carer engagement.

Ongoing participation in this audit involves quarterly recording of key process metrics in stroke care, including access to imaging and treatments, multidisciplinary assessments and onward referrals. For the latest reported period (October to December 2022), the Trust maintained SSNAP level 'A' including for case ascertainment and overall audit compliance.

The audit findings highlighted areas of good practice, which showed good compliance against key interventions such as 7-day therapy and psychology, access to community therapy, appropriate brain imaging and ability to seek data and respond to it.

The audit also highlighted areas for improvement, including the need to recruit to a vacant psychology post and staffing challenges during the pandemic.



## Participation in national confidential enquiries 2022/23

Audit title	Participation	% of cases submitted
Crohn's Disease	Yes	100%
Community Acquired Pneumonia	Yes	61.5%
Testicular Torsion	Yes	87.5%
Transition from child to adult health services	Yes	93.1%

We participated in 4 national confidential enquiries in 2022/23, and await the final reports and recommendations for review.

### Local clinical audit

Reports of 276 local clinical audits were reviewed in 2022/23. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality and safety of our services following audit findings.

#### Surgery

An audit was undertaken to look at post-operative notes within the plastic surgery department to assess compliance with The Royal College of Surgeon's guidance on good operative notes. The audit involved reviewing notes from 60 patients across 3 domains: elective, emergency and minor operative procedures.

Findings showed non-compliance in key areas such as deep vein thrombosis (DVT) prophylaxis and antibiotic therapy post-operatively. As a result of the findings, a decision was made to design new operative notes with headings within each suggested topic area as identified by the Royal College as good practice for operative notes.

This change has been implemented within the plastic surgery department. The Trust Surgical Safety Group will re-audit in 2023 to evaluate the implementation and to consider adopting this approach more widely across the Trust.

#### Therapies

A quality improvement project was undertaken within Integrated Specialist Medicine to assess a post COVID-19 clinic and the associated referral pathways. This focused on assessing how patients self-managed their referral with the aim of improving clinical risk management and identifying potential pathway efficiencies, while ensuring the patient is informed and leads their journey.

The team carried out the audit using Plan-Do-Study-Act (PDSA) cycles with the objective of establishing if all patients need a face to face follow-up appointment, or if a telephone call would provide the same level of reassurance. The development of self-efficacy confidence questionnaires was also considered.

PDSA cycle 1 showed that 84% of patients in the service were risk assessed and happy to receive a phone call, where a clinician carried out 100% of these calls. By cycle 2, 100% of the patients

### Participation in national confidential enquiries 2022/23

were risk assessed with support workers leading 100% of patient interactions, and 20% of interactions required further clinical input. For cycle 3, a text messaging service was trialled, with a 55% response rate, and this was completely managed by the support workers, therefore freeing up more clinician time.

The Therapies team plan to follow-up the text messaging service to try and improve the response rate, and to establish whether the service needs to use a hybrid of calls and text messages, and whether the service could be provided by administrative staff rather than a support worker.

### 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 8 Academic Health Sciences Centres in the UK.

During 2022/23, the Trust had 1,886 studies open across its research portfolio comprising 1,282 non-commercial clinical studies and 604 commercial clinical studies. We have recruited 26,822 participants to these research studies. The Trust has continued to deliver an ongoing programme of COVID vaccine trials, extending our portfolio to include non-COVID vaccines; we have developed links with primary care, partnering with 22 General Practice Hubs for delivery of the COVID trial called PANORAMIC which looks at the use of antivirals in the community to reduce hospital admissions.

We have undertaken 3 projects aimed at improving the inclusion of underserved groups in research. The projects have evaluated representation of different groups in our research in 2 clinical specialties and we have engaged members of our local community through interviews and focus groups to understand perceptions. We are part of the South London Clinical Research Network Inclusivity Forum which aims to actively engage underserved groups and provides support to meet the needs of underserved communities through research.

## Our CQUIN performance

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. The table below shows Trust performance against the CQUINs set for 2022/23.

CQUIN	Target	Performance			
Staff flu vaccinations <sup>1</sup>	70-90%	40%			
Recording of NEWS2 score	20-60%	Q1: 75%	Q2: 68%	Q3: 74%	Q4: 70%
Anaemia screening and treatment for all patients undergoing major elective surgery	45-60%	Q1: 68%	Q2: 64%	Q3: 71%	Q4: 65%
Supporting patients to drink, eat and mobilise after surgery <sup>2</sup>	60-70%	Q1: 80%	Q2: 85%	Q3: 98%	Q4: 96%
Cirrhosis and fibrosis tests for patients over 16 years and diagnosed as alcohol dependent <sup>3</sup>	20-35%	Q1: 33%	Q2: 38%	Q3: 40%	Q4: 36%

<sup>1</sup> The low flu vaccination updates was linked to the high uptake in COVID-19 vaccinations nationally, which limited the effectiveness of communication on the importance of flu vaccination, and contributed towards vaccination fatigue.

<sup>2</sup> The target covers the period from 1 September 2022 to 28 February 2023.

<sup>3</sup> This CQUIN only applies to the Guy's and St Thomas' hospital sites.

## 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 2022/23.

The Trust's last full inspection and assessment by the CQC was in March and April 2019. As reported in last year's quality account, we were pleased to have maintained an overall rating of 'good' and that our community services for adults were rated as 'outstanding'. This was a significant achievement given the size and complexity of the Trust, and reflects the dedication of our staff. The Trust was rated 'outstanding' for caring services and for being well-led, 'good' for effective and responsive services, and 'requires improvement' for safe services.

Royal Brompton and Harefield Hospitals were last assessed by the CQC in October and November 2018, when they were rated as 'good' overall.

The Trust has not been fully inspected since the merger of Guy's and St Thomas' NHS Foundation Trust with Royal Brompton and Harefield NHS Foundation Trust in 2021.

The CQC’s quality inspection framework is undergoing strategic change, whereby the CQC will be moving to a more frequent service-specific inspection model and assessing trusts against new ‘quality statements’. This will result in more frequent inspections of NHS services, but fewer Trust-wide service inspections.



The CQC carried out an inspection of the Trust’s maternity services at St Thomas’ Hospital in September 2022. The service was rated ‘Good’ overall with positive findings, and there were no immediate actions required or changes to the Trust’s overall CQC ratings as a result. It is disappointing that our maternity services were rated ‘requires improvement’ under the safe domain, and improvement actions are underway – specifically in relation to the triage process in the Maternity Assessment Unit, as well as to address issues identified with staffing and the environment. The maternity improvement plan includes physical improvements to the assessment unit, and a recruitment and retention strategy for midwives. The plan will be monitored through the Evelina London Women’s and Children’s Clinical Group Board.

As the Trust has not had a full well-led inspection, or Trust-wide inspection since 2019, the Trust Board commissioned an external mock Well-Led inspection in 2022 to support readiness for a future CQC inspection, reflecting the new regulatory model.

We continue to focus on a range of actions to meet the well-led requirements and to provide assurance of our compliance with the Health and Social Care Act 2008 (Regulated Activities) and Regulations 2010, as set out in the CQC’s guidance for providers. These include a well-established programme of multidisciplinary quality visits to services, peer-to-peer reviews, and quality self-assessments that align to the CQC domains and are overseen through our executive performance review meetings. The Trust has also developed a ward accreditation scheme to further enhance quality assessment, assurance and oversight.

Previous reports and full details of our 2019 inspections of Guys and St Thomas’ NHS Foundation Trust are available on the CQC website ([www.cqc.org.uk/provider/RJ1](http://www.cqc.org.uk/provider/RJ1)).

## Our data quality

Our last full audit against the Data Security and Protection Toolkit was completed in July 2022. A summary of the findings includes:

- Overall quality of coding exceeds the standards required for the NHS Digital Data Security and Protection Toolkit.
- Despite this, there is a 15% error rate in Healthcare Resource Groups (HRG) generation which is driving a 3.4% undercharge for elective care and a 1.6% undercharge overall.
- Current contract arrangements negate any immediate financial loss, though accurate reflection of activity remains a priority and is being addressed.
- The undercharge is mainly driven by omission of secondary diagnoses.

## Data Security and Protection Toolkit assessment

	Elective	Non-Elective	Overall	Quality of coding
Primary diagnosis	96%	98%	97%	Standards exceeded
Secondary diagnosis	87%	95%	91%	Standards exceeded
Primary procedure	98%	94%	96%	Standards exceeded
Secondary procedure	93%	91%	92%	Standards exceeded

## Healthcare Resource Groups (HRG) error rate

	Number of episodes where HRG would change as a result of auditor's coding.	Error rate
Overall	24	12%
Elective	15	15%
Non-Elective	9	9%

### 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 used to evidence our compliance with national data protection standards. All NHS organisations are required to make an annual submission to demonstrate compliance with data protection and security requirements. The audited self-assessment against the 2021/22 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 2022. The submission date for the review period 2022/23 is now end June 2023, so data is not yet available.

### Learning from deaths

Deaths at the Trust are recorded in line with the national approach through a local risk management system and using our mortality review process. 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.

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

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

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

- deaths in a particular service or specialty, or a particular diagnostic or treatment group where an 'alarm' has been raised either internally or externally
- deaths where learning will inform planned improvement work, for example we are currently 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 quality and assurance 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 enhance learning. Children's and maternal or neonatal deaths are reviewed using the child death overview panel for 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 England.

#### During the period April 2022 to March 2023

	Q1	Q2	Q3	Q4	Total
Number of patients who died	214	246	281	263	1004
Number of deaths subjected to Structured Judgement Review or investigation	22	35	39	25	121
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	2	1	1	0	4

Themes that have emerged from reviews of deaths at the Trust include: sepsis recognition and management, missed referrals due to unmonitored inboxes and failure to recognise and escalate the deteriorating patient. Actions to address these issues are presented in the table overleaf:

## Thematic learning

Thematic learning	Summary of completed action(s)	Summary of planned actions and/or sharing of thematic learning
Sepsis identification and management	<ul style="list-style-type: none"> <li>• Formation of the sepsis working group as a sub-committee of the acutely ill patient group with membership from all clinical groups.</li> <li>• Cases discussed and shared across the patient safety committees.</li> <li>• Smart page messaging used to raise the awareness of sepsis.</li> <li>• Trust-wide sepsis study day completed with learning across directorates and patient involvement.</li> </ul>	<ul style="list-style-type: none"> <li>• The sepsis trolley pilot has been implemented on 5 inpatient wards; effectiveness is to be assessed in 6 months prior to a decision on Trust wide roll-out.</li> <li>• Change in sepsis management in line with national guidelines from the Royal Colleges endorsed by NHS England is currently being piloted in the Emergency Department.</li> <li>• Plans for data analysis is to be expanded to include information from Evelina London, Royal Brompton and Harefield hospitals in 2023/24.</li> </ul>
Missed referrals in unmonitored inboxes	<ul style="list-style-type: none"> <li>• Formation of the administration safety group.</li> <li>• All inboxes are being reviewed to ensure the owner is still within the Trust (Guy's and St Thomas' acute sites only).</li> <li>• All inboxes that have been discovered with unanswered emails are having all emails reviewed and actions taken where required.</li> </ul>	<ul style="list-style-type: none"> <li>• Closing inboxes where appropriate.</li> <li>• Ensuring robust arrangements to monitor all inboxes in future.</li> <li>• Quality improvement plan to support these actions, with ongoing assurance through the Trust Risk and Assurance Committee.</li> </ul>
Failure to recognise the deteriorating patient	<ul style="list-style-type: none"> <li>• Use of ward view on e-Noting during handovers to identify patients who are triggering escalation through a higher NEWS score.</li> <li>• Improvement plan developed through the acutely ill patient group to increase compliance with observation standards and NEWS scoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Standardisation of early warning scores to improve compliance with sepsis pathways.</li> <li>• Data relating to acutely ill patients to be included in the directorate performance reports.</li> </ul>

### 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 around 300 'speaking up' advocates across the Trust. The guardian plays an active and visible role in raising awareness, developing staff and dealing with concerns. They ensure that our governance processes are robust and effective, and report their work and key themes to the Quality and Performance Committee and Trust Board on a regular basis.

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 2022/23, 290 contacts were made to the guardian, indicating that staff are aware of the service and are confident in raising concerns. The number of contacts and key themes are shared with the National Guardian's Office on a quarterly basis and published on the public website.

The Speak Up service works closely with the medication services now available to staff, which may be able to resolve concerns without the need to raise a formal grievance or initiate a disciplinary process. The team is collaborating with the Equality, Diversity and Inclusion team to support the training and education offered to staff to increase the awareness of bias, impact of micro incivilities and frameworks for calling out inappropriate behaviour safely and effectively.

### Junior doctor rota gaps

Junior doctors (post graduate doctors/ doctors in training) are allocated to the Trust by Health Education England. In the past year the Trust has averaged a 'fill rate' of approximately 90% of training grade posts. This is a reduction by 7% compared with the previous year and reflects the recruitment issues now experienced in a number of specialties including anaesthetics, paediatrics and paediatric intensive care units which is an issue in these specialties.

Any unfilled posts are recruited to with local Trust grade posts. The Trust does not keep a central record of rota gaps but any specific issues are reviewed. Paediatrics remains a particular area of concern in London and while the Trust supports initiatives such as flexible working, the need for staff to achieve better work/life balance continues to present a problem in some specialties.

## National core set of quality indicators

In 2012 a statutory core set of quality indicators was introduced. 8 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 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

	Oct 17 - Sep 18	Apr 18 - Mar 19	Jul 18 - Jun 19	Apr 19 - Mar 20	Nov 20 - Oct 21	Apr 21 - Mar 22
SHMI	70	71	73	76	75	71
Banding	3	3	3	3	3	3
% deaths with palliative care coding	53.30%	56.18%	56.20%	56.1%	53.02%	54%

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 (PROMs) 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.

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; and 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.

At the time of finalising this publication, the 2021/22 data was unavailable. We believe our performance reflects 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	2017/18	2018/19	2019/20	2020/21	2021/22
Guy's and St Thomas'	0.46	0.44	0.45	0.47	Data unavailable
National average	0.47	0.46	0.45	0.47	Data unavailable
Highest	0.56	0.55	0.53	0.55	Data unavailable
Lowest	0.39	0.33	0.37	0.39	Data unavailable

Primary knee replacement	2017/18	2018/19	2019/20	2020/21	2021/22
Guy's and St Thomas'	0.29	0.29	0.30	0.33	Data unavailable
National average	0.34	0.34	0.33	0.32	Data unavailable
Highest	0.42	0.41	0.45	Data unavailable	Data unavailable
Lowest	0.22	0.25	0.21	Data unavailable	Data unavailable

Source: NHS Digital

## Readmission within 28 days of discharge

Using data from the Healthcare Evaluation Data system, we are able to access full year information for 2021/22. 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	2019/20			2020/21			2021/22		
	Under 16	16 & Over	Total	Under 16	16 & Over	Total	Under 16	16 & Over	Total
Discharges	34,142	271,916	308,972	27,187	234,896	262,083	32,594	279,051	311,645
28 day readmissions	1,943	14,188	16,131	1,587	11,995	13,582	1,886	14,653	16,539
28 day readmission rate	5.7%	5.2%	5.2%	5.8%	5.1%	5.2%	5.8%	5.3%	5.3%

Source: Healthcare Evaluation Data

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 5 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.

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

Publication of data for 2021/22 via the NHSE National Outcomes Framework has been delayed due to on-going review and there is no indication of a future publication date.

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

## Staff recommendation to friends and family

We value the feedback we receive from our staff survey, including whether our staff would recommend our Trust to their friends and family. The Trust has high levels of staff engagement and our results in both the NHS Staff Survey and the 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 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	2018	2019	2020	2021	2022
Guy's and St Thomas'	87%	88%	90%	86%	82%
Average for combined acute/community trust	71%	71%	74%	67%	62%
Highest combined acute/community trust	90%	91%	92%	90%	86%
Lowest combined acute/community trust	40%	40%	50%	44%	39%

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 2022/23 the Trust has provided detailed breakdown of the Friends and Family Test for maternity and outpatient 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 NHS Digital
- data is compared to our own previous performance
- data is comparable to the national average for positive and negative scores, but improvement is noted in the Trust's positive scores for emergency department, maternal birth and postnatal community care in 2022/23.

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 also including a don't know option.

Friends and Family Test		2022/23					
Guy's and St Thomas'	A&E	In-patient	Out-patient	Maternity Antenatal	Maternity Birth	Maternity Postnatal Ward	Maternity Postnatal Community
% Positive response	81.6%	95.3%	91.9%	86.0%	95.5%	92.0%	97.8%
National Average	76.0%	94.2%	93.0%	89.7%	93.0%	92.0%	90.8%
% Negative response	9.8%	1.9%	4.4%	5.6%	1.3%	3.6%	2.2%
National Average	16.2%	2.9%	3.3%	6.1%	4.0%	3.8%	4.8%

Source: Trust information system and NHSE website

Friends and Family Test		2021/22					
Guy's and St Thomas'	A&E	In-patient	Out-patient	Maternity Antenatal	Maternity Birth	Maternity Postnatal Ward	Maternity Postnatal Community
% Positive response	84.7%	95.1%	91.6%	87.5%	94.6%	85.1%	99.1%
National Average	78.3%	94.5%	93.0%	89.9%	93.9%	92.0%	90.7%
% Negative response	8.8%	2.2%	4.5%	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 and NHSE website

## 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.

In 2020/21, the national VTE data collection and publication was suspended to release capacity by providers and commissioners to manage the COVID-19 pandemic. The Trust continues to report and monitor our compliance with VTE assessments, but publication has yet to resume at a national level. Previous years' performance and benchmarking has therefore been provided for reference and data will be re-submitted for the new financial year.

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	2017/18	2018/19	2019/20	2020/21	2021/22
Guy's and St Thomas'	95.4%	96.2%	96.6%	97.9%	97.7%
National average	96%	96%	96%	Data not available	Data not available
Best performing Trust	99%	99%	99.7%	Data not available	Data not available
Worst performing Trust	86%	89%	87.5%	Data not available	Data not available

Source: : HED and Trust information system

## 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 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 (BSI)*, 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* for 2022/23 is no more than 48 cases (set by the Trust and ICS based on Trust data from the preceding 12 months). The Trust has exceeded this threshold, reporting a total of 66 healthcare-associated cases for 2022/23. However, the Trust has the lowest *C. difficile* rate in the Shelford group of peer trusts for the 10th consecutive year, and we have not declared any 'lapse in care' in 2022/23.

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	2017/18	2018/19	2019/20	2020/21	2021/22 <sup>1</sup>	2022/23 <sup>1</sup>
Hospital Onset cases	40	28	30	30	58 <sup>2</sup>	66 <sup>2</sup>
Rate per 100,000 bed-days	7.9	6.4	8.1	10.2	15.7	Data not yet available
National average	13.5	12	14.1	15.8	25.2	Data not yet available
Best performing trust	0	0	0	0	0	Data not yet available
Worst performing trust	92.8	80.5	63.3	80.6	78.6	Data not yet available

<sup>1</sup> 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.

<sup>2</sup> 2021/22 data contains community onset-healthcare associated (COHA) and hospital-onset healthcare-associated (HOHA) cases.

## Patient safety incidents

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

There is no nationally established and regulated approach to the reporting and categorising of patient safety incidents, so different trusts may choose to apply different approaches and guidance when reporting, categorising and validating patient safety incidents. 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 below.

The way we receive this data has changed, and data is only available annually now as opposed to 6 monthly. The figures below have therefore been updated for April 2021 to March 2022 only (one year in arrears). We expect to receive another confirmed dataset from the NRLS in September 2023, which will provide the data for the full financial year 2022/23.

The Trust will be working to embed the new Learning from Patient Safety Events (LFPSE) system as the replacement for NRLS in September 2023. This will provide automatic upload of all incidents reported at the Trust for timelier, validated patient safety data to NHS England.

Patient safety incidents	April 2020 – March 2021	April 2021 – March 2022
Total reported incidents	23,443	25,871
Rate per 1,000 bed days	79.8	71.3
National average (acute non-specialist)	58.4	57.5
Highest reporting rate	118.7	120.6
Lowest reporting rate	27.2	23.7
Incidents causing severe harm or death	70	53
% incidents causing severe harm or death	0.3%	0.2%
National average (acute non-specialist)	0.4%	0.4%
Highest reporting rate	2.8%	1.7%
Lowest reporting rate	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 NRLS to ensure that any changes made to incident classifications following a root cause investigation are reported to NHS England and that data provided to NRLS is reviewed and validated against Trust data to ensure it is consistent.

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

### **Our performance against NHS England Single Oversight Framework Indicators**

NHS England uses a number of national measures to assess access to services and outcomes, and to assess 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 3 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 and again in 2022/23. The Trust continues to report to our Integrated Care Board on all required NHS oversight metrics and our performance is outlined in our annual report.

## Statements

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### 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 England 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 2022/23 and supporting guidance
- the content of the quality report is consistent with internal and external sources of information including (non-exhaustive):
  - Board minutes and papers for the period April 2022 to March 2023
  - papers relating to quality reported to the Board and the Trust executive over the period April 2022 to March 2023
  - national audit publications for the period April 2022 to March 2023
  - feedback from the South East London Integrated Care Board dated 09/06/2023
  - feedback from governors dated 28/03/2023
  - feedback from executive and non-executive committee members in March and April 2023
  - the 2022 national staff survey published March 2023
  - CQC inspection reports dated July 2019 for Guy's and St Thomas' NHS Foundation Trust
  - CQC inspection reports dated February 2019 for Royal Brompton and Harefield Hospitals (pre-merger in February 2021)
  - CQC inspection reports dated September 2022 for maternity services at St Thomas' Hospital
- the quality report presents a balanced picture of the NHS Foundation Trust's quality performance over the period covered. Some quality indicators have been delayed or suspended from external sources and have been stated where non-available and why.
- 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 England'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.

## Quality report

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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



**Charles Alexander**, Chairman  
29 June 2023



**Dr Ian Abbs**, Chief Executive  
29 June 2023



**South East London Integrated Care Board**

**Quality Account Statement for Guy's and St Thomas' NHS Foundation Trust 2022/23**

South East London Integrated Care Board (SEL ICB) was formed in July 2022 serving the populations of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

SEL ICB wishes to thank Guy's and St Thomas' NHS Foundation Trust for sharing their 2022/2023 Quality Account with us and welcomes the opportunity to provide a commissioner statement. We are pleased that the working relationship between SEL ICB and the Trust continues to flourish particularly around quality and have demonstrated improved processes to test their quality priorities. We confirm that we have reviewed the information contained within the Quality Account and, where possible, information has been cross referenced with data made available to commissioners during the year.

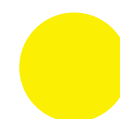
The ICB commends the Trust for their hard work in a year that has had its challenges and their continuous efforts being geared towards quality healthcare delivery despite the pressures on staff and services as a consequence of the Covid-19 pandemic and the recent industrial action.

The ICB recognises the work undertaken to deliver against the quality priorities identified for 2022/23 against a backdrop of ongoing national and local challenges with Covid-19 still having a huge impact on workload and staff, the onset of industrial action and the response to the IT outage in the heatwave of July 2022. The ICB supports the priority areas identified for 2023/2024 with the focus aligning to the Trust's new operating model and the extensive preparation for the introduction of a new electronic health record system due to go live in autumn 2023.

The ICB would like to acknowledge the work the Trust has played in developing a south east London approach to quality through participation in the SEL System Quality Group and in turn was pleased to participate in the mock CQC well-led inspection in 2022. The ICB welcomes the commitment of the Trust at the System Quality Group to develop a shared quality priority across the south east London system during 2023/24.



**Angela Helleur**  
Chief Nurse  
SEL ICB June 2023







## **Guy's and St Thomas' NHS Foundation Trust**

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

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