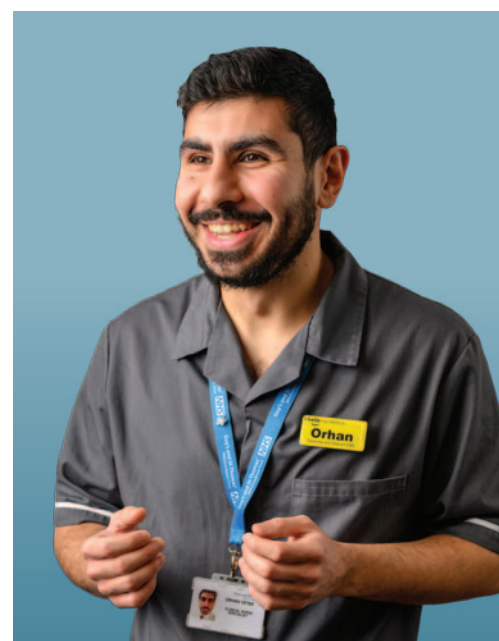
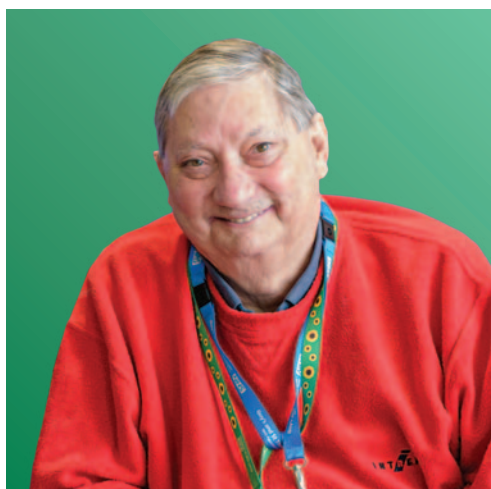




Guy's and St Thomas'  
NHS Foundation Trust

# Quality Report 2023/24



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The pictures of staff within this report were used as part of our 'No place for racism' campaign, which highlights Guy's and St Thomas' commitment to anti-racism.

Visit [guysandstthomas.nhs.uk/anti-racism](https://guysandstthomas.nhs.uk/anti-racism) to find out more.

# Quality report

## Statement on quality from the Chief Executive 2023/24

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 2023/24 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 2024/25.

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 the Trust has faced during 2023/24, we have sought to deliver care in accordance with the quality priorities we set ourselves last year. We have continued to work with clinical audit, national audit and organisational learning teams to drive quality improvement.

Some of our key achievements over the past year include:

- We successfully implemented our new electronic health record system through our Apollo programme in October 2023. We continue to optimise the system to further improve both the safety and quality of care for our patients across the Trust, including through our new patient portal, MyChart, which is supporting patient engagement in their care.
- 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.
- We transitioned to the new patient safety incident response framework in December 2023. We continue to work with our quality leads across the Trust, as well as our new patient safety partners, to implement our Trust Patient Safety Incident Response Plan, and improvement plans aligned to our patient safety priorities.
- We changed our incident reporting process through the introduction of the national Learning from Patient Safety Events (LFPSE) system. To achieve this, we implemented a new Local Risk Management System across our acute and community sites, bringing all our hospital sites and services together onto a single risk management system for the first time since the merger of Guy's and St Thomas' with Royal Brompton and Harefield hospitals.
- The number of patient safety incidents reported continues to reflect a positive culture for reporting of incidents, and we remain one of the top reporters of patient safety incidents in the NHS, with one of the lowest rates of incidents resulting in harm.
- We're proud of the diversity of both our staff and the communities we serve and are working hard to ensure our organisation is a truly welcoming place for all. In January 2023/24 we published our anti-racism statement and are committed to understanding and addressing the complex issues which lead to racism and discrimination in all its forms.

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 new Learning for Improvement Group ensures that the Trust Patient Safety Incident Response Plan is delivered through robust monitoring of incidents and their learning responses, trend and theme analysis, and oversight of progress with improvement plans. 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. Work to embed the use of data captured in our new electronic health record system, Epic, also continues. 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 250 'speaking up' champions, a confidential email address and an external phone line.

While there have been many achievements in 2023/24, we are not complacent and recognise that there are areas which require a relentless focus to improve the quality of care and experience of our patients. In particular, we are working extremely hard to reduce the length of time that some patients wait for diagnosis or treatment. This includes waits for cancer patients, where we are working to address complex challenges - both within the Trust and with our partners across south east London.

At the time of finalising this report, the Trust continues to respond to the criminal cyber-attack on Synnovis, our pathology provider, on 3 June 2024. This extremely serious incident affected the Trust and a number of partner organisations in south east London. Given the ongoing nature of the response, the full impact of the attack remains unknown at this stage.

I am confident that the information in this quality report accurately reflects the services we provide to our patients.



**Professor Ian Abbs**

Chief Executive Officer

28 June 2024

## Our quality priorities for 2024/25

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 priorities and quality goals.

In September 2024 we will launch our new Trust strategy that will run until 2030. This new strategy will include the Trust Quality Management System which outlines how we monitor quality and identify, prioritise and act on improvement areas.

We have developed a set of quality priorities for 2024/25 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. The priorities for 2024/25 were agreed by the Trust Risk and Assurance Committee in March 2024. To support the Patient Safety Incident Response Framework (PSIRF) and associated improvement plans, 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 Risk and Assurance Committee and reported to the Quality and Performance Committee.

## Our quality priorities for 2024/25

### Our quality priorities

### What success will look like

#### Patient safety

**We will share and embed best practice to support multidisciplinary teams to improve the use of the surgical safety checklist as part of the National Safety Standards for Invasive Procedures.**

- We will develop a working group to improve the sign-in, time-out, sign-out process within Epic – ensuring specialty specific checks are embedded and can be adapted in line with Local Safety Standards for Invasive Procedures.
- Success will be measured by monitoring the number and type of harm events associated with surgical safety checklist related incidents.

#### Clinical effectiveness

**We will implement Martha's Rule to ensure that patients, families, carers and staff have round-the-clock access to a rapid review from a separate care team, if they have a concern.**

- We will be one of the first trusts to implement Martha's Rule.
- We will optimise and standardise our processes for patient, family and carer-initiated escalation of a concern or an acute deterioration.
- Success will be measured by monitoring the number of concerns raised and the action taken as a result.

**We will develop and embed processes to ensure that diagnostic results are reported, reviewed, and responded to in Epic, our new health record system.**

- We will conduct assurance checks on test results acknowledgement focusing on high risk tests and specialty reviews to ensure that appropriate action has been taken.
- We will ensure department leads have access to in-basket management dashboards which highlight results that have not been actioned within recommended timescale.
- Success will be measured by monitoring compliance with results requested compared to results actioned.

#### Patient experience

**We will improve the experience of our patients through better communications and ways to contact the Trust.**

- We will develop a 'Contacting us' quality improvement project, phased over 2 years, with clear deliverables reflecting the multiple approaches that need improving for our patients.
- We will start the first phase of deliverables within the first year.
- Success will be measured by monitoring the volume of patient queries and complaints received about difficulties contacting a clinical area.

# Progress against priorities for 2023/24

## Our quality priorities

## What success will look like

## 2023/24 Summary

### Patient safety

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

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.

We have:

- Implemented the new PSIRF model for incident management (live from the 4 December 2023)
- Identified and established improvement groups to deliver on improvement plans aligned to each Trust Priority Incident within our Patient Safety Incident Response Plan (PSIRP).
- Continued monitoring patient safety data through our live PSIRP, our new Local Risk Management Systems and our quarterly patient safety reports.
- Implemented our new incident reporting system to further support PSIRF (live from 5 March 2024).

## Progress against priorities for 2023/24

### Our quality priorities

### What success will look like

### 2023/24 Summary

#### Clinical effectiveness

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

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 have:

- Re-designed our quality assessment tool in line with the new CQC regulatory approach.
- Completed directorate assessments aligned to the new CQC quality standards which are under review to identify Trust-wide themes.
- Worked with clinical groups to identify up to 3 areas of improvement from the quality assessment for each directorate which are tracked for progress via clinical governance meetings, with clinical group oversight.

**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 the 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.

We have:

- Launched the national MEWS tool within Epic, which is the default early warning score chart for maternity areas.
- Developed an improvement plan for MEWS which is under review by maternity stakeholders.
- Profiled national MEWS training as mandatory for maternity staff; assurance through quality monitoring and audit is provided via the Acutely Ill Patient Group; started the development of a dashboard in Epic to monitor MEWS related KPIs.

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

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.

We have:

- Embedded the Academy of Medical Royal Colleges sepsis pathway in Epic.
- Evaluated the sepsis trolley pilot project on 5 wards which did not show significant improvement in sepsis screening documentation compared to non-sepsis trolley sites, this led to a recommendation not to implement sepsis trollies Trust-wide.
- Continued to monitor processes and outcomes from sepsis identification and treatment via the Sepsis Working Group; work is on-going with Epic to stabilise and optimise the system and analytic functionality.



### Patient experience

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

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 having been to the ward and resolved any concerns where possible.
- 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.

We have:

- Rolled out 'Call if concerned' Trust-wide and all calls continue to be responded to within 6 hours which includes the team having been to the ward to resolve concerns.
- Launched the MyChart patient app and online service, allowing patients faster access to information about their care, including the option of 'proxy access' for parents and carers.
- Agreed that the 'Contacting us' improvement project should be carried forward as a quality priority for the new financial year (2024/25) with renewed focus and oversight.

# 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 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 2023-24 we saw 1,726,000 outpatients, 89,000 inpatients, 94,000 day case patients and 210,000 accident and emergency attendances. We also provided over 641,000 contacts in the community, bringing our total patient contacts to 2.8 million. We employ 23,600 staff. Further detail about our services are available on the Guy's and St Thomas', Evelina London and Royal Brompton and Harefield hospitals websites. Detail of the Trust's registered locations and regulated activities is available on our CQC provider page: <https://www.cqc.org.uk/provider/RJ1/services>.

## 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.

Trust-wide audits completed during 2023/24 include the following:

Audit title	The audit demonstrated that:
<b>Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR)</b>	<ul style="list-style-type: none"> <li>All DNACPR decisions were felt to be clinically appropriate.</li> <li>Senior clinicians were involved in all new DNACPR decisions with only a few examples of community DNACPRs or existing DNACPR decisions being reviewed and re-instated by junior members of the team without senior supervision.</li> </ul>
<b>Equipment and medical devices</b>	<ul style="list-style-type: none"> <li>Improvements were required relating to governance of implantable devices and consistency of documentation relating to equipment and medical devices across all Trust sites.</li> <li>Actions were required for implementation of a planned preventative maintenance compliance recovery plan.</li> </ul>
<b>Surgical safety checklists</b>	<ul style="list-style-type: none"> <li>More than 95% compliance with team brief, sign-in, time-out and sign-out stages of the surgical safety checklist.</li> <li>86% compliance with team de-brief stage of the surgical safety checklist with actions identified for improvement, including re-audit.</li> </ul>
<b>Safety culture assessment (aligned to the new Patient Safety Incident Response Framework)</b>	<ul style="list-style-type: none"> <li>67% of respondents reported a positive perception of the safety culture within the Trust.</li> <li>The national staff survey contains 4 specific questions related to safety culture that will be monitored as part of the Patient Safety Incident Response Framework.</li> </ul>

4 audits have been carried forward and prioritised for completion in Quarter 1 of 2024/25. These are consent, mental health on the emergency floor, safe discharge and duty of candour. It was necessary to carry these Trust-wide audits forward while Epic, our electronic health record system, was embedded and clinical practice optimised within the system. The Trust-wide audits planned for 2024/25 are:

Audit title	Audit objective
<b>Consent</b>	Audit the quality of consent form completion in documenting risk and potential complications in accordance with the Trust consent policy.
<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>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 '5 steps to safer surgery' process and compliance with the World Health Organisation surgical safety checklist.
<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>Diagnostic and clinical results</b>	Audit compliance with the Trust clinical diagnostic and in-basket management policy for acknowledgement and action of urgent findings.

## Participation in national clinical audits 2023/24

During 2023/24, we took part in 38 national clinical audit programmes, 69 individual national clinical audits and 8 national confidential enquiries.

The national clinical audit programmes and national confidential enquiries that we participated in during 2023/24 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.

Submitting data to national audit programmes is an important responsibility for the Trust, however, the participation in these audits requires substantial clinical and administrative time. Plans to enhance the use of Epic, our new electronic health record system, including how 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 focus on the outcomes from our audit data to further improve patient care.

Audit programme title	Participation	% of cases submitted
Adult Respiratory Support Audit	Yes	100%
BAUS Urology Audits	Yes	100%
Breast and Cosmetic Implant Registry	Yes	100%
Case Mix Programme (CMP)	Yes	Awaiting publication
Cleft Registry and Audit Network (CRANE)	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Awaiting publication
Emergency Medicine QIPs	Yes	100%
Falls and Fragility Fracture Audit Programme (FFFAP)	Yes	100%
Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]	Yes	Awaiting publication
Kidney Audits	Yes	100%
Learning Disability and Autism Programme	Yes	Awaiting publication
Mothers and Babies: Reducing Risk through Audit and Confidential Enquires (MBRRACE)	Yes	100%
National Adult Diabetes Audit (NDA)	Yes	Awaiting publication
National Audit of Cardiac Rehabilitation	Yes	Awaiting publication
National Audit of Care at the End of Life (NACEL)	Yes	Data collection on-going

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Participation in national clinical audits 2023/24 (continued)

Audit title	Participation	% of cases submitted
National Audit of Dementia	Yes	Data collection on-going
National Cancer Audit Collaborating Centre (NATCAN)	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	Awaiting publication
National Cardiac Audit Programme (NCAP)	Yes	100%
National Child Mortality Database (NCMD) Programme	Yes	100%
National Clinical Audit of Seizures and Epilepsies for Children and Young People (Epilepsy12)	Yes	100%
National Comparative Audit of Blood Transfusion	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Joint Registry	Yes	Awaiting publication
National Maternity and Perinatal Audit (NMPA)	Yes	Awaiting publication
National Neonatal Audit Programme (NNAP)	Yes	100%
National Obesity Audit (NOA)	Yes	100%
National Ophthalmology Database Audit (NOD)	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	100%
National Respiratory Audit Programme (NRAP)	Yes	100%
National Vascular Registry (NVR)	Yes	73%
Paediatric Intensive Care Audit Network (PICANet)	Yes	100%
Perinatal Mortality Review Tool (PMRT)	Yes	Data collection on-going
Perioperative Quality Improvement Programme (PQIP)	Yes	Data collection on-going
Sentinel Stroke National Audit Programme (SSNAP)	Yes	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Yes	100%
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Data collection on-going



### Participation in national clinical audits 2023/24

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

#### National Pregnancy in Diabetes Audit part of the National Adult Diabetes Audit

This audit is focused on improvement in the quality of care provided to women with diabetes who are pregnant, or planning to get pregnant, through addressing 3 key questions:

- Were women with diabetes adequately prepared for pregnancy?
- Were adverse maternal outcomes during pregnancy minimised?
- Were adverse fetal/infant outcomes minimised?

Pregnancy outcomes have improved nationally, and also locally within the Trust, for women with type 1 diabetes.

However, women with type 2 diabetes now outnumber women with type 1 diabetes in pregnancy (nationally) and numbers are about equal locally. It is said that outcomes for women with type 2 diabetes in pregnancy are now worse than for women with type 1 diabetes. Therefore, the service is focusing on care of women with type 2 diabetes, as they are often not well prepared for pregnancy. Quality improvement work has commenced to further review data relating to outcomes for women with type 2 diabetes.

#### Children and young people asthma audit part of the National Respiratory Audit Programme

This audit is focused on children between the ages of 1 and 5 who had been admitted to a hospital paediatric service with a primary diagnosis of an asthma attack, or a primary diagnosis of a wheeze and secondary diagnosis of asthma. Generally, the Trust has performed better than the national average, however, the service is continually looking to improve compliance for key areas of good practice including discharge planning. For example, 37% of patients had a Personalised Asthma Action Plan issued or reviewed as part of discharge planning compared to a national average of 47%.

#### National Heart Failure Audit

This audit forms part of the National Cardiac Audit Programme run by the National Institute for Cardiovascular Outcomes and Research, NICOR, which collects and analyses the disease trajectory of patients admitted to hospital with heart failure in England and Wales.

It reports on the characteristics of patients admitted to hospital with acute or sub-acute heart failure and describes their in-hospital investigation and care, treatment administered, discharge planning and follow-up offered. NICOR interprets the data collected to form a set of quality improvement metrics with the aim of increasing standards of care during the acute admission phase to achieve better patient well-being, safety and outcomes.

The review showed that, since 2014, the Trust has exceeded the 90% benchmark for heart failure patients receiving an echocardiogram every year, which contributed to a 26% decrease in the overall number of heart failure patients admitted to the Trust.

However, despite the positive work being under taken, the team found areas for improvement, which include ensuring that all stable heart failure patients who are fit for discharge are recommended for cardiac rehabilitation.

### Participation in national confidential enquiries 2023/24

Audit title	Participation	% of cases submitted
Juvenile Idiopathic Arthritis	Yes	100%
Testicular Torsion	Yes	86%
Community Acquired Pneumonia	Yes	70%
Crohn's Disease	Yes	100%
End of Life Care	Yes	100%
Endometriosis	Yes	100%
Epilepsy	Yes	100%
Rehabilitation following critical illness*	Yes	Data collection on-going

\*This study has just started, there have been no submissions as the deadline is 17 May 2024.

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

### Local clinical audit

A total of 508 local clinical audits were registered in 2023/24. These audits were proposed by clinical and non-clinical staff for various reasons including measurement of compliance against guidelines and to support quality improvement initiatives. Prior to undertaking a project, the audit proposer will discuss their plan with their local audit lead, following which the project is registered and approved via the Trust's audit database. 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.

#### Gastrointestinal medicine and surgery

An audit was undertaken exploring nutritional and functional related outcomes following pre-habilitation in patients undergoing colorectal cancer surgery. Findings showed that the Patient-Generated Subjective Global Assessment (PG-SGA) tool can accurately identify the level of dietetic input required in prehabilitation, preventing weight loss prior to surgery. Regular recording of weight prior to surgery was identified as an area for improvement and for further assessment of the methodology used.

### Participation in national confidential enquiries 2023/24 (continued)

#### Pharmacy

A quality improvement project was undertaken within pharmacy which involved setting up an inflammatory bowel disease medication helpline, to potentially enhance the service following an evaluation of patient satisfaction.

The helpline received on average 112 patient contacts per week, and the type of queries varied greatly. 29 (97%) of respondents felt that the service was very good, and 28 (93%) felt their queries were answered and would use the helpline again.

#### Paediatric audiology

An audit of Auditory Brainstem Response (ABR) testing improvement indicators was undertaken, as accurate and safe ABR testing of referrals from the new-born hearing screening programme is imperative to ensure timely identification of permanent hearing loss.

The results of the audit showed positive performance in maintaining continuity of care, peer review and taking cytomegalovirus (CMV) swabs as needed. The overall quality of testing and interpretation of results was good, and there were only two cases that required further review.

### 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. A number of our teams are leading national and international research.

During 2023/24, the Trust had 1,836 studies open across its research portfolio comprising 1,259 non-commercial clinical studies and 577 commercial clinical studies. We have recruited 21,181 participants to these research studies.

We continue to be 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 these communities through research. The Trust has exceeded its target for the patient research experience survey carried out on behalf of the Clinical Research Network, with 661 participants completing the survey during 2023/24. The report will be published later in 2024.

Our research infrastructure has been enhanced during the year with the launch of the King's Health Partners' Centre for Translational Medicine, a partnership between the Trust, King's College London and Guy's & St Thomas' Foundation, which aims to improve health and healthcare by accelerating research that improves the detection, prevention and treatment of disease and tackles health inequalities.

We have also worked closely with King's College London to support the development of the London Institute for Healthcare Engineering which opened a state-of-the-art facility at St Thomas' in March 2024. Both will combine our outstanding clinical and scientific expertise to deliver excellent outcomes for patients and develop the next generation of clinical-academic leaders.

## 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 2023/24. The implementation of Epic has impacted on data availability and reporting for the CQUIN programme during 2023/24, resulting in a significant amount of manual data processing and validation. Data for Q4 has been submitted to NHS England, however data validation is on-going and the final figures for Q4 are subject to change.

CQUIN	Target	Performance			
		Q1:	Q2:	Q3:	Q4:
Supporting patients to drink, eat and mobilise after surgery	70-80%	96%	94%	82%	81%
Identification and response to frailty in emergency departments	10-30%	81%	61%	30%	44%
Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	10-30%	58%	66%	31%	30%
Achieving high quality shared decision-making conversations in specific specialised pathways to support recovery <sup>1</sup>	65-75%		88%		Unavailable
Malnutrition screening for community hospital patients	70-90%	88%	84%	78%	92%

<sup>1</sup>Achieving high quality shared decision-making conversations in specific specialised pathways to support recovery did not require a data submission in Q1 or Q3.

## 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 2023/24.

The Trust's last full inspection and assessment by the CQC was in April and May 2019. 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.

### Summary of ratings from the last Trust-wide inspection, April - May 2019:



The Trust has not had a full inspection 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 has moved to a more frequent service-specific inspection model and assesses 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. This was the last service inspection the Trust has received. The maternity 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. We have increased both midwifery and medical staffing levels at the Maternity Assessment Unit, and are finalising a business case to improve the environment for women, families and the staff who provide them with care. The plan continues to be monitored by our Evelina London Women's and Children's Clinical Group, with oversight by our Trust Executive. Improvement actions aim to be completed in financial year 2024/25.

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 ward accreditation programme, multidisciplinary quality visits to services, peer-to-peer reviews and quality self-assessments, and these are overseen through our executive performance review meetings. Self-assessments and local improvement priorities are being identified by clinical group services, in line with the new CQC quality statements, which replaced the former 'Key Lines of Enquiry' in 2023/24.

Previous reports and full details of the inspections of Guy's 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

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 final results will be submitted to NHSE at the end of June 2024.

Our last full audit against the clinical coding element of the overall Data Security and Protection Toolkit was completed in May 2024. A summary of the findings includes:

- Overall quality of coding meets the standards required and exceeds the standards in two criteria for the NHS Digital Data Security and Protection Toolkit.

### Data Security and Protection Toolkit assessment

	Score	Quality of coding
Primary diagnosis	93.5%	Standards met
Secondary diagnosis	90.9%	Standards exceeded
Primary procedure	92.6%	Standards met
Secondary procedure	90.3%	Standards exceeded

At the time of finalising this report, the Trust continues to respond to the criminal cyber-attack on Synnovis, our pathology provider, on 3 June 2024. This extremely serious incident affected the Trust and a number of partner organisations in south east London. Given the ongoing nature of the response, the full impact of the attack remains unknown at this stage.

### 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 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 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	291	291	294	292	1,168
Number of deaths subjected to Structured Judgement Review or investigation	29	42	40	25	136
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	4	4	3	0	11

Themes that have emerged from reviews of deaths at the Trust include: vascular access and line management; cross-site escalation and management; and bereavement support. Actions to address these issues are presented in the below table:

## Thematic learning

Thematic learning	Summary of completed action(s)	Summary of planned actions and/or sharing of thematic learning
Vascular access line management	<ul style="list-style-type: none"> <li>Cases discussed and shared across multi-disciplinary team meetings.</li> <li>Monthly audits of Visual Infusion Phlebitis (VIP) and infiltration scores carried out.</li> <li>Quality improvement project relating to implanted vascular access devices.</li> </ul>	<ul style="list-style-type: none"> <li>Equip staff with an interventional bundle and suite of resources.</li> <li>Develop a new function in Epic to record and report on the prevalence of vascular access devices.</li> <li>Introduce a 4-week period of auditing vascular access devices on nominated pilot wards.</li> </ul>
Cross-site escalation and management	<ul style="list-style-type: none"> <li>Multi-disciplinary review of current guidance for managing acute pericardial pathology and provision of acute cardiology advice and support for Guy's Hospital.</li> <li>Review of existing guidance for urgent transfer of patients following formation of the ACCESS team.</li> <li>Review of the Guy's site escalation processes.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure availability of clinical guidance on Trust intranets.</li> <li>Enhance induction training using new and revised clinical guidance.</li> <li>Share learning via governance meetings.</li> </ul>
Bereavement support	<ul style="list-style-type: none"> <li>Review of available resources for families and carers relating to bereavement support and learning from deaths processes.</li> <li>Working group formed in collaboration with the Trust Mortality Surveillance Group and End of Life Care Committee to identify improvement actions and next steps.</li> </ul>	<ul style="list-style-type: none"> <li>Share good practice for bereavement support within palliative care, paediatrics, cardiovascular and critical care with some concerns around lack of dedicated resource in some areas.</li> <li>Provide information to families and carers about the mortality review and the learning from deaths process.</li> </ul>

### Freedom to Speak Up

At Guy's and St Thomas' NHS Foundation Trust 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 a team of 3 full-time and 2 part-time 'freedom to speak up' guardians, supported by a large network of around 250 'speaking up' champions across the Trust. The guardians play 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 on their work and key themes to the Quality and Performance Committee; the People, Culture and Education 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 2023/24, 248 contacts were made to the guardians, and key themes are shared with the National Guardian's Office on a quarterly basis and published on the public website. Additional metrics are recorded to help understand which services and staff groups contact the service. Ethnicity and other diversity data are also used to help target the promotion of the service to ensure an open and transparent culture where all staff feel able to raise concerns.

The National Guardian's Office training modules are available on our College of Healthcare Learning Hub, and Trust guardians encourage all staff to complete their relevant training. The Speak Up service works closely with the mediation service, which may be able to resolve concerns without the need to raise a formal grievance or initiate a disciplinary process. The speak up guardians also work with the Equality, Diversity and Inclusion team to promote the training and education offered to staff and to increase awareness of bias, including the impact of micro aggressions 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 2023/24 the Trust has averaged a 'fill rate' of approximately 90-92% of training grade posts, which is consistent with the previous year.

The Trust continues to experience recruitment difficulties in common with the rest of the NHS, particularly for middle-grade posts and in a number of specialties - including anaesthetics, paediatrics and paediatric intensive care roles. However, the Trust medical workforce and anaesthetics teams have implemented a Certificate of Eligibility of Specialist Registration rotation with partners University College London Hospitals NHS Foundation Trust, and Lewisham and Greenwich NHS Trust, in order to attract and retain middle grade doctors.

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 by the medical workforce, the local clinical group human resources team and the office of the Guardian of Safe Working teams. Paediatrics and anaesthetics remain a particular area of concern across 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, and 8 of these 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 mortality indicator 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	Apr 22 - Mar 23
SHMI	70	71	73	76	75	71	78
Banding	3	3	3	3	3	3	3
% deaths with palliative care coding	53.30%	56.18%	56.20%	56.1%	53.02%	54%	50%

Source: NHS Digital (data updated quarterly on a rolling basis)  
SHMI Banding 3 = mortality rate is lower than expected



### 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 either a hip replacement or knee replacement. The most recent publication of these measures in England is April 2021 to March 2022.

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.

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. We recognise that our scores show the Trust having one of the lowest perceptions of health gain for patients having primary hip and knee replacements. Local department PROMs data demonstrates that the Trust has higher than reported positive health gains for the same time period. This has highlighted that patients are being contacted at different times to complete the PROMs questionnaires. The Trust are renewing efforts to collect PROMs data for the new financial year to improve national scores in line with local PROMs data.

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.

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 and overleaf.

Primary hip replacement	2017/18	2018/19	2019/20	2020/21	2021/22
Guy's and St Thomas'	0.46	0.44	0.45	0.43	0.37
National average	0.47	0.46	0.45	0.47	0.46
Highest	0.56	0.55	0.53	0.57	0.53
Lowest	0.39	0.33	0.37	0.39	0.37

Primary knee replacement	2017/18	2018/19	2019/20	2020/21	2021/22
Guy's and St Thomas'	0.29	0.29	0.31	Data unavailable	0.26
National average	0.34	0.34	0.33	0.32	0.32
Highest	0.42	0.41	0.45	0.40	0.42
Lowest	0.22	0.25	0.21	0.18	0.25

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 2022/23 and, due to a pause in reporting as a result of the Epic implantation, for the first 5 months of 2023/24, April to August 2023. The data system 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.
- As part of the Trust's business as usual practice 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 [1].

Readmissions	2021/22			2022/23			2023/24 April – August		
	Under 16	16 & Over	Total	Under 16	16 & Over	Total	Under 16	16 & Over	Total
Discharges	32,594	279,051	311,645	33,127	283,089	316,216	14,674	118,524	133,198
28 day readmissions	1,888	14,656	16,544	1,865	14,616	16,481	803	6,680	7,483
28 day readmission rate	5.8%	5.3%	5.3%	5.6%	5.2%	5.2%	5.5%	5.6%	5.6%

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, an approach which is being adopted by the broader general medical team with online dashboards to support this process.
- 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.

[1] the Trust had an agreed break in reporting in a number of areas following Epic implementation which included the Secondary Uses Service (SUS) dataset and therefore this has not been reported from 5 October 2023. This is due to be reinstated from May 2024.

## Patient experience

The NHS Outcomes Framework Indicator is a composite of several questions from the Adult Inpatient Survey. The NHS Outcomes Framework indicator for responsiveness to inpatients' personal needs has not been published since 2020/21.

The Care Quality Commission (CQC) publish results from each question individually but the composite cannot be calculated from this data.

A summary of results from individual questions from the Adult Inpatient Survey 2022 is included below. The Trust scores for each of the questions was ranked as 'about the same' as other trusts of a similar size and type.

Adult Inpatient Survey 2022	Question 24 To what extent did staff looking after you involve you in decisions about your care and treatment?	Question 26 Did you feel able to talk to members of hospital staff about your worries and fears?	Question 27 Were you given enough privacy when being examined or treated?	Question 39 Thinking about any medicine you were to take at home, were you given any of the following information?	Question 41 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
Guy's and St Thomas'	7.1	7.8	9.5	5.0	7.8
Highest	8.2	9.1	9.9	6.1	9.7
Lowest	6.4	6.7	9.0	3.3	5.7

Source: Care Quality Commission

## 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	2021	2022	2023
Guy's and St Thomas'	86%	82%	81%
Average for combined acute/community trust	67%	62%	63%
Highest combined acute/community trust	90%	86%	89%
Lowest combined acute/community trust	44%	39%	44%

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 2023/24 the Trust has provided a breakdown of the Friends and Family Test for maternity, emergency care, inpatient 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 the majority of positive and negative scores
- scores for the maternity postnatal ward are markedly below the national average; inconsistent capture of responses has affected the scores for 2023/24. As a result, increasing the volume of feedback captured from women, and making improvements based on their feedback, is a core element of the Good to Outstanding Programme being delivered by our maternity services in 2024/25.

Friends and Family Test		2023/24					
Guy's and St Thomas'	A&E	In-patient	Out-patient	Maternity Antenatal	Maternity Birth	Maternity Postnatal Ward	Maternity Postnatal Community
% Positive response	82.7%	94.2%	92.7%	86.7%	93.1%	83.3%	97.7%
National Average	79.5%	94.3%	93.9%	91.4%	93.8%	92.3%	92.3%
% Negative response	10.1%	1.9%	3.9%	7.3%	3.0%	7.6%	0.0%
National Average	13.5%	2.8%	3.0%	4.9%	3.7%	3.9%	3.7%

Source: Trust information system and NHSE website

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

## Venous thromboembolism

Venous thromboembolism (VTE) or blood clots, are a major cause of death from hospital admission. Over 50% of blood clots due to hospital admission can be prevented by early assessment of the risk for each 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 to manage the COVID-19 pandemic and was reinstated in April 2024. Over this period the Trust has continued to report and monitor our compliance with VTE assessments and the previous years' performance and benchmarking has been provided for reference.

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	2018/19	2019/20	2020/21	2021/22	2022/23
Guy's and St Thomas'	96.2%	96.6%	97.9%	97.7%	97.4%
National average	96%	96%	Data not available – national reporting suspended		
Best performing Trust	99%	99.7%			
Worst performing Trust	89%	87.5%			

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 (BSIs)*, 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 2023/24 was no more than 47 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 62 healthcare-associated cases for 2023/24. However, the Trust has the lowest *C. difficile* rate in the Shelford group for the 11th consecutive year, and we have not declared any 'lapse in care' in 2023/24.

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	2020/21	2021/22 <sup>1</sup>	2022/23 <sup>1</sup>	2023/24 <sup>1</sup>
Hospital Onset cases	30	58 <sup>2</sup>	60 <sup>2</sup>	62 <sup>2</sup>
Rate per 100,000 bed-days	10.2	15.7	14.7	Data not yet available
National average	15.8	25.2	26.7	Data not yet available
Best performing trust	0	0	0	Data not yet available
Worst performing trust	80.6	78.6	92.8	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 in February 2021.

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

## Patient safety incidents

The National Reporting and Learning System (NRLS) is a national database 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 provide information 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, so data reported by different trusts may not be directly comparable.

The way we receive analysis from NHS England on our patient safety incident data changed in 2022. Data is now available annually, as opposed to 6 monthly. Our figures below have therefore been updated with published benchmarking data for April 2022 to March 2023 only (one year in arrears).

In March 2024 the Trust moved to the new 'Learning from Patient Safety Events' (LFPSE) system, which replaces the NRLS and provides an automatic upload of patient safety incidents to NHS England the day after they are reported. As a result of the move to the new system, the Trust submitted 11 months of patient safety incident data to the NRLS in 2023/24. NHS Digital's official benchmarking data on the NRLS was not available at the time of publishing this report. 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, where our reporting rates have remained consistent to previous years
- data is compared to peers, highest and lowest performers, and our own previous performance, as set out in the table below.

Reported patient safety incidents	April 2021 – March 2022	April 2022 – March 2023	April 2022 – March 2024
Total reported incidents	25,871	26,740	24,218
Rate per 1,000 bed days	71.3	74.5	–
National average (acute non-specialist)	57.5	58.2	–
Highest reporting rate	120.6	120.2	–
Lowest reporting rate	23.7	21.5	–
Incidents causing severe harm or death	April 2021 – March 2022	April 2022 – March 2023	April 2022 – March 2024
Total incidents causing severe harm or death	53	73	42
% incidents causing severe harm or death	0.2%	0.3%	0.2%
National average (acute non-specialist)	0.4%	0.4%	–
Highest reporting rate	1.7%	2.3%	–
Lowest reporting rate	0	0	–

Source: NHS Digital

The number of patient safety incidents reported continues to reflect a positive reporting culture and we remain one of the top reporters of patient safety incidents in the NHS, with one of the lowest rates of incidents resulting in harm. For the periods where comparators are available, the number and percentage of incidents resulting in severe harm or death remains consistently lower than the national average.

From April 2022 to March 2023, all serious incidents identified were investigated using root cause analysis methodology. We worked 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.

## 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 2023/24 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 2023 to March 2024
  - papers relating to quality reported to the Board and the Trust Executive over the period April 2023 to March 2024
  - national audit publications for the period April 2023 to March 2024
  - feedback from the South East London Integrated Care Board dated 4/06/2024
  - feedback from governors dated 26/03/2024
  - feedback from executive and non-executive committee members in March and April 2024
  - the 2023 national staff survey published March 2024
  - 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 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
- 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.

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  
28 June 2024



**Professor Ian Abbs**, Chief Executive Officer  
28 June 2024

**SEL ICB's Guy's and St Thomas' NHS Foundation Trust 2023/2024 Quality Account Statement.**

SEL ICB wishes to thank Guy's and St Thomas' NHS Foundation Trust for sharing their 2023/2024 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 the development/implementation of the national Patient Safety Incident Response Framework (PSIRF). 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.

Firstly, SEL ICB would like to congratulate the Trust on the implementation of the Epic electronic patient record in October 2023 which demonstrates the collaborative working between two of our Acute Trusts and is the largest electronic patient record project across the NHS. We do not underestimate the huge undertaking for the Trust and the benefits the system will have on patient care and recognise the dedication of the teams who worked tirelessly to achieve success.

The ICB also recognises the work undertaken by staff to ensure patients are receiving high quality, compassionate and effective care during a year which has seen increased demand, financial pressures and ongoing industrial action. The Trust has implemented the Patient Safety Incident Response Framework which will assist in guiding their patient safety improvement work over the coming year as they continue to drive improvements through learning.

The Trust has continued with its improvement journey, as highlighted in previous years Quality Accounts. It is to be commended on the roll out of 'call if concerned' Trust wide programme which will improve patients experience through better communication and ease of contact with the Trust.

The ICB acknowledges the achievements made against the quality priorities set for 2022/2023.

The Trust is to be congratulated on retaining its CQC rating of Good overall. It is recognised that since the merger with the Royal Brompton and Harefield NHS Foundation Trust in 2021 the Trust has not been inspected however, it is pleasing to note that the Trust will continue to focus on a range of actions to meet CQC requirements.

The ICB would like to acknowledge the part the Trust has played in developing a SEL approach to quality through participation in the SEL System Quality Group (SQG). The ICB welcomes the ongoing commitment of the Trust at the SQG to develop a shared quality priority across the system during 2024/25 and looks forward to our continued partnership over the coming year.



Paul Larrisey  
Acting Chief Nurse  
Caldicott Guardian  
NHS South East London Integrated Care System



### **GSTT proposed Quality Priorities 2024-25: Healthwatch Lambeth Response**

Healthwatch Lambeth is the independent local health and social care champion for Lambeth residents. We work in close partnership with GSTT to improve the health services it provides to our residents. We are therefore pleased to be given the opportunity to comment on GSTT's proposed quality priorities for 2024-5.

We have a strong working relationship with GSTT through attendance at the GSTT/Healthwatch Liaison meetings where we update each other on our work and share information, insight and feedback. We find the liaison meetings a very useful forum for sharing information on the work we are doing, the feedback we are receiving, and to highlight any issues or challenges residents are bringing to our attention.

#### **Quality priority – Embed the Maternity Early Warning Score (MEWS) within the trust for all maternity inpatients**

This priority is of particular importance to us having carried out an engagement project looking at the maternity care experiences of seldom asked groups which included pregnant and newly birthed women Black, Asian and Minority Ethnic communities, refugees and migrants, women living in areas of high deprivation and those with learning disabilities. Our findings demonstrated less positive experiences of maternity care from these groups which could potentially impact on health outcomes. Some women experienced particularly traumatic births and felt less well cared for postnatally whilst in hospital. We hope that embedding MEWS will help identify where additional care is needed to protect pregnant and newly birthed women and baby and therefore improve care experiences overall for these groups who are particularly vulnerable to poorer maternal and neonatal outcomes. We will continue to share feedback we receive through our service where women feel care needs were not met during their engagement with maternity services.

#### **Quality priority – Improve patient experience through better communication and ease of contacting the trust**

This priority is of particular importance to our residents. Poor communication is often behind patients and carers having less positive experiences of care when engaging or trying to engage with hospital services. We are pleased to see that the GSTT are introducing measures 'call if concerned' to ensure that patients and carers are able to have a contact access point across all hospital sites and that a time frame will be put in place to resolve concerns and that continual monitoring of this service will be carried forward to the new financial year.

We are very keen to continue to work alongside GSTT on this priority to ensure good quality communication with patients and carers is at the heart of everything that is done. We will continue to share any feedback we get through our engagement work where patients express difficulties with contacting GSTT sites alongside other issues that they may raise with us concerning GSTT services.





## Healthwatch Southwark Response to GSTT Quality Account 2023-24

As the independent champions of patient voice in Southwark and partners of Guy's and St Thomas' Trust (GSTT), we appreciate the opportunity to comment on their Quality Account for 2023-24.

We value the positive relationship that the Trust has built with us and would like to commend the Patient and Public Involvement Team for their proactive efforts to liaise with us regularly to gather patient feedback through continuous communication, our Quarterly Liaison meetings in addition to our research and project work.

Unfortunately, we are limited in our ability to fully comment on GSTT's Quality Accounts 2023-24 due to capacity constraints of our small team and prioritisation of our end of year priority setting, current research and project work underway.

We aim to gather more focused, local feedback about GSTT through restarting our presence in the trust by holding feedback stalls in waiting areas. This will enable us to offer more extensive commentary next year. Our comments on the GSTT Quality Accounts 2024-25 are therefore inexhaustive but offer a brief response to priorities and previous year achievements.

### **Priorities for 2023/24**

*Priority 1: We will embed the new national patient safety incident response framework (PSIRF) and the patient safety incident response plan.*

- We are pleased to be informed that this priority has been fully achieved and that there is an effective reporting and monitoring systems in place for the patient safety incident response plan.
- We would be interested to know more about the baseline data, themes and trends coming from the incident reporting system relative to directorates and clinical groups across the Trust.
- We are interested to know more about how the Trust manages its proactive incident responsiveness and the patient outcomes achieved from this approach since the PSIRP rollout.

*Priority 2: We will complete an in-depth quality assessment of ourselves against the new quality statements and domains*

- We would like to commend the Trust in its forward-thinking efforts to align internal quality assessments with the changes being implemented by the new CQC single assessment framework.
- We would be interested to know more about the three areas of improvement identified by the directorates and the progress made against the improvement and monitoring plans
- We would be interested to know what cross-cutting Trust-wide themes were discovered during this piece of work

*Priority 3: We will develop and embed the Maternity Early Warning Score within the Trust for all maternity inpatients*

- We commend the Trust with its efforts to fully roll out the improvement plans for Maternity Early Warning Score (MEWS) alongside the EPIC platform
- We are pleased to learn that there are mandatory training plans in place for all maternity staff which is being monitored by the Acutely Ill Patient Group.
- We would be interested to know if the training will be shared wider than maternity staff to ensure all staff that encounter patients requiring maternity care provisions will be effectively equipped to identify patient deterioration and appropriately escalate concerns of care using national and local guidance. Particularly for addressing maternal health inequalities for historically underrepresented communities within Southwark.

*Priority 4: We will develop and embed a new sepsis working model in line with the recommended pathway.*

- We are pleased to learn that the Trust achieved the target of piloting the sepsis trollies in 5 wards. It would have been helpful to have shared the findings from this exercise, regardless of there being no significant difference between sepsis and non-sepsis trolley sites
- Despite there being no recommendation to implement this initiative trust-wide, we are pleased to know that the Sepsis Working Group will continue to monitor sepsis identification and treatment across the Trust and utilise digital methods deployed via EPIC.
- We would be interested to learn what percentage of staff have completed sepsis training relevant to professional groups

*Priority 5: We will improve patient experience through better communication and ease of contacting us at the Trust*

- We are pleased to know that this was a priority for the Trust for 2023-24 as we continue to receive feedback about the difficulties patients experience with contacting various departments across the Trust.
- It was unclear which aspects of this priority were partially achieved and what remains to be areas of focus for continuous achievement, some clarity around this would have been helpful.

#### **Priorities for 2024/25**

*Priority 1: We will share and embed best practice to support multidisciplinary teams to improve the surgical safety checklist elements of National Safety Standards for Invasive Procedures (NatSSIPs 2).*

- We are pleased to be informed that the Trust are seeking to improve the surgical safety checklist elements of NatSSIPs 2. However, we do question whether this quality priority is challenging enough for GSTT.
- We are interested to learn about the working group formed to focus on embedding best practice for multi-disciplinary teams

*Priority 2: We will implement Martha's Rule to ensure that patients, families, carers and staff have round-the-clock access to a rapid review from a separate care team, if they have a concern.*

- We commend the Trust on its efforts to continue building upon work conducted from the 'Call if concerned' launch from 2023-24 through signing up to be one of the first 100 Trusts to implement Martha's Rule



- We will be interested to know how the Trust plans to ensure they consult with patients, family members and carers when an escalation of a concern or an acute deterioration is raised, in conjunction with clinical judgements made.

*Priority 3: We will develop and embed processes to ensure that diagnostic results are reported, reviewed, and responded to on the new health record system (Epic)*

- We are pleased to learn that the Trust will be prioritising diagnostic results actions from high risk tests and specialty reviews recorded within the EPIC platform as this coordinates with the aims of other patient deterioration work being conducted across the Trust.
- We would like to learn more about the response timescales and action plans associated to missed deadlines.

*Priority 4: We will improve our patients' experiences through improved communications and contacting us at the Trust*

- We commend the Trusts ongoing commitment to improve communication with patients as this is a reoccurring trend in our feedback data about GSTT, as is communication between Trust services, and as highlighted in our quality accounts response for 2021-22.
- While we have received some great feedback, with patients stating **"GSTT is fantastic and have had great experiences with them"**, similarly, we have had some patients share concerns regarding an inability to build relationships with healthcare professionals due to frequent **staffing changes** and the **lack of empathy** shared by professionals, **clinical gaslighting** including **neglectful treatment, delays in responsiveness** from various departments of the trust (specifically PALS).

### **General feedback**

- We would like to acknowledge that the Trust has showcased a clear learning culture by working to continuously improve quality of service for patients by building upon previous year priorities and embedding new processes based on new guidance (e.g Marthas rule), shifts towards digital developments within healthcare (e.g EPIC) and patient feedback.
- We would like to acknowledge the Trusts' readability of the priorities document for us to meaningfully comment/respond
- We would like to commend the Trust to outlining clear measurements of success which will aid us to review achievement next year.

We would like to highlight the hard work and dedication of all staff at GSTT in supporting the Trust to deliver a strong service in our borough. We hope to sustain and develop our close relationship with GSTT's as we jointly plan to improve service users experience of health and care and share learning.



Anna Nguyen Thien On, dental nurse

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