



Quality Account 2012/13



St George's Healthcare NHS Trust

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Statement by the chief executive on quality

This Quality Account for 2012/13 highlights the good work we have done and our achievements over the last year. It also points out areas where there remains room for improvement. This will guide our efforts to make the changes necessary to improve those services and to continue to deliver the best possible care to the communities and individuals whose care and treatment is entrusted to us.

A lot to be proud of

The Quality Account 2012/13 demonstrates that St George's Healthcare NHS Trust has a huge amount to be proud of and that our commitment to placing our patients at the heart of everything we do is driving up quality across the trust. Our services have been judged by Dr Foster to be amongst the safest in the country with our mortality rates again amongst the lowest in England.

We have again met all of our annual cancer targets, ensuring that our patients receive timely expert treatment whatever service they require.

It is clear that the foundations for the future are very strong, but we must ensure that we do not allow complacency to creep in. It takes a lot of hard work to become a highly performing trust, and it needs a lot more hard work to maintain those standards.

Room for improvement

As well as showcasing some of our strengths, importantly this report also highlights areas we are clear we need improve. For example, we are extremely disappointed not to have achieved our infection control targets this year, despite seeing rates drop from last year and a 95 per cent decrease in MRSA and c.difficile infections over the last five years. We are determined to continue reducing the number of infections in our hospitals and to achieve the high standards we set ourselves again this year.

Our patients have told us that we have made improvements to both inpatient and outpatient services in the CQC national patient surveys. However, we still have a lot of work to do before we can say that our patient experience levels match our excellent technical and clinical outcomes. We have seen important improvements in areas like maternity and outpatient services, but making sure that we have consistently high patient experience levels across all of our services is a key priority within our Quality Improvement Strategy.

In January 2013 we were subjected to a routine inspection by the CQC. During their inspection, the CQC found that six of the eight core standards inspected were not always being delivered in practice. This is clearly unacceptable. We have addressed the issues identified by the CQC and will demonstrate improved compliance when they return this summer.

Being open and honest will help us improve

Open organisations are safer organisations, and being open and transparent about where things are not working well and why will help the people who use our services and our partners see that we are working hard to address the issues.

Having an open and honest culture, reviewing performance as part of the education process and learning how to improve our services are all very much part of what we do.

We investigate when things go wrong within an open culture where staff are empowered to report honestly in an effort to find out what went wrong and learn from it rather than solely seeking to apportion blame. We regularly hold staff open forums and patient safety forums which are an important part of reporting and learning from our mistakes. Sharing the lessons learned is the only way we can improve performance across the organisation.

Sadly, things do not always go well in hospitals and when they don't the consequences can be devastating. In July 2012 a coroner's inquest into the death of Kane Gorny at St George's Hospital in 2009 identified a series of failings in our duty of care. We can never bring Kane back, and we can never apologise enough for his death. What we can do is make sure that we learn from this tragic case. Whilst mistakes do unfortunately happen in hospitals, this is a mistake that should never have occurred. When things do not go right, we are committed to being open about our mistakes and doing all we can to learn from them.

A bright future for St George's

These are exciting times for St George's. We are on course to achieve Foundation Trust status by next summer, which will give us greater control of our finances and more freedom to design and deliver services that meet the needs of our patients.

This spring saw the launch of the South London Academic and Health Science Network (AHSN), a new partnership that will drive lasting improvements in patient care across south London by sharing innovations across the health system and capitalising on each member's knowledge, experience and strengths in teaching and research. As well as St George's, South London AHSN members include King's Health Partners, The Royal Marsden, London Ambulance Service NHS Trust and The Royal Hospital for Neurodisability as well as a number of local authorities, hospices, community providers, GP practices and academic institutions. The launch of the AHSN positions St George's at the forefront of research and innovation and will help us to further improve the quality of our services as well as addressing the important public health issues that face people living and working in south London.

We know that giving our staff the best possible facilities and resources to treat our patients is a key factor in improving the quality of our services. Our commitment to providing the best possible environment can be demonstrated by the new neurorehabilitation facilities we are building at Queen Mary's Hospital and our plans to redevelop Lanesborough Wing at St George's Hospital into a state-of-the-art specialist children and women's hospital.

Putting patients at the heart of everything we do

Quality is not a dashboard of statistical measurements. It is also the perception of our patients and their families and carers, and how they feel about their experience whilst under our care.

Our quality indicators are not just numbers on a spreadsheet. Not only is each number an individual patient, the overall picture is a very important tool for helping us to see where things are working and where they are not, and learning from that. We work with other organisations to learn from them as well as internally sharing information and best practice between our varied services so that we can learn from each other.

We have taken note of the Francis report into the failings which occurred in Mid Staffordshire. The most important guidance we have taken from the report is that putting patients at the centre of everything we do will ensure that the quality of our services remains consistently high.

Staff take great pride in the services they deliver and are in the NHS because they care and want to help people. As an organisation we must continue to strive to make sure our staff have the best facilities and environment to deliver the highest quality services possible, and that they are supported at every level.

We aim for a whole systems approach. High quality can only be achieved if everybody is pulling in the same direction, from the porters and healthcare assistants to the most senior consultants and non-executive directors. Of course, this approach will not work if we fail to understand our place in a much wider health and social care system. Our excellent relationships with our partners in our clinical networks, social services and the charity and voluntary sectors are vital to our success.

With this in mind we have agreed a Quality Improvement Strategy which will give all of us at the trust the roadmap we need to achieve our quality priorities during 2013/14.

Schemes such as our Improvement Programme are helping us to work better, safer and smarter – using tools such as lean principles to help us work efficiently and in the most effective way for good patient outcomes. We're putting the foundations in place to create a stronger, more intelligent organisation in the future, which will help us realise all of our ambitions, including step changes in quality and safety.

A new landscape for the NHS

The changes to NHS structure and the advent of Clinical Commissioning Groups (CCGs) mean that we will be able to work even closer with our GP colleagues to develop services that put patients at their heart whilst consistently delivering the best possible outcomes.

CCGs are now responsible for commissioning and designing local health services focused on delivering better outcomes and responding to the needs and wishes of patients. There

are six CCGs in South West London: Croydon, Kingston, Wandsworth, Sutton, Merton and Richmond.

Public Health England has been established to protect and improve the nation's health and wellbeing, and to reduce inequalities, with responsibility for public health in each London Borough with the respective Local Authorities. The involvement of Local Authorities is exciting for the NHS. We already enjoy a very close relationship with our Local Authorities but this gives us further opportunity to avoid duplication and maximise the potential of our resources to help improve the health and well being of the people we serve.

A handwritten signature in black ink, appearing to read 'Miles Scott', with a stylized, cursive script.

Miles Scott
Chief executive

Phrases and terms used in this report

In this Quality Account there are a number of phrases and abbreviations used that are not commonly used outside of the NHS. We have tried to make sure that these are explained throughout the report in the relevant place. For example, we have explained that VTE stands for venous thromboembolism, a blood clot, on the VTE indicator section on page 44. Below is a summary of some of the phrases and abbreviations that are more commonly used throughout this report.

St George's This refers to St George's Healthcare NHS Trust, incorporating St George's Hospital in Tooting and services at Queen Mary's Hospital in Roehampton, St John's Therapy Centre, HMP Wandsworth, health centres across Wandsworth and services provided in GP practices, schools, nurseries and in people's own homes.

Patients Throughout this report we use the term patients as a reference to anybody who uses any of the services we provide. In some services patients are more commonly referred to by other terms like service users or clients. We decided to use the term patients in this report following feedback from last year's report and discussions with stakeholders whilst planning this year's report.

CCG Clinical commissioning groups, the new GP-led organisations who took on responsibility for commissioning services from primary care trusts in April 2013.

CQC Care Quality Commission, the organisation responsible for checking all healthcare providers in England to make sure that they are meeting national standards.

Specialist services We provide specialist care to patients from across the country for complex pelvic trauma, family HIV care, lymphoedema and penile cancer.

Tertiary care/services We provide tertiary care like cancer, neurosciences, cardiac and renal services for the six boroughs of south west London and the counties of Surrey, Sussex and Hampshire.

Secondary care/services or local acute services We provide a range of local acute services like A&E, maternity and general surgery to the people of Wandsworth, Merton, and Lambeth.

Community services We provide a full range of community services, including sexual health, community nursing and services for people with learning disabilities.

Targets Performance targets for specific areas of clinical practice, and are designed to ensure healthcare providers maintain a strong focus on achieving and maintaining high standards, and highlighting areas where improvement is needed. Some targets are set nationally by the Department of Health, whilst others are agreed locally between St George's and the CCGs who commission our services.

Commissioners Commissioners are the people who buy and monitor the performance of services from healthcare providers on behalf of the people they represent. For example, services for people who live in Wandsworth are commissioned by Wandsworth CCG. Some more specialist services like family HIV care are commissioned by regional or national specialist commissioning organisations.

CQUIN Commissioning for Quality and Innovation (CQUIN) payment framework. The key aim of CQUINs is to support a shift towards a vision where quality is the organising principle. The framework therefore helps ensure that quality is always part of discussions between commissioners and healthcare providers everywhere.

Dr Foster Dr Foster is a joint venture between The Department of Health and Dr Foster Holdings LLP. It aims to help bridge the gap between data and knowledge. Their stated objective is to promote the development of an information culture in the NHS by providing appropriate information and analysis to clinicians and managers in order to help them deliver the best quality healthcare. Dr Foster also promotes greater access to data across all public services and more intelligent use of data to understand variations in outcomes and availability of services.

Healthwatch Healthwatch organisations replaced Local Involvement Networks (LINks) on 1st April 2013. There is a Healthwatch organisation for each borough in London. Healthwatch is the new independent consumer champion created to gather and represent the views of the public. Healthwatch will play a role at both national and local level and will make sure that the views of the public and people who use services are taken into account.

Developing the Quality Account

All NHS trusts report the same information which allows us to benchmark our performance against other trusts. This is important for not only letting us know how we are doing, but means that trusts with similar services can learn from each other.

The Department of Health and Monitor produce guidance on what should be reported in the Quality Account for NHS trusts and NHS Foundation Trusts (FTs). As an aspiring FT, we have decided to follow the Monitor guidance, which covers all aspects of the Department of Health guidance plus additional criteria.

Every NHS trust in the country has to report against the eight mandatory indicators listed below:

- Review of services
- Participation in clinical audits
- Research
- Use of CQUIN payment framework
- Statements from the Care Quality Commission
- Data Quality
- Information governance toolkit attainment levels
- Clinical coding error rate

Trusts are also encouraged to identify at least three voluntary indicators to include in their Quality Accounts. We worked with local stakeholders to identify which indicators we would report on this year to make sure that the report was truly reflective of an integrated acute and community healthcare provider and that the areas that matter most to the people who use and provide our services are covered. These stakeholders included our patient reference group, our staff, local Clinical Commissioning Groups, Acute Commissioning Unit, South London Commissioning Support Unit, LINks/Healthwatch groups and Wandsworth Council.

We decided that because of the size of St George's and the range of services we provide, choosing only three additional indicators to report on would not be enough. The voluntary indicators we have chosen to report are the same as last year to promote consistency and to demonstrate progress over time, and three new indicators:

- Summary hospital-level mortality indicator (SHMI)
- Patient reported outcome scores (PROMS)
- Emergency readmissions to hospital within 28 days of discharge
- Responsiveness to inpatients' personal needs
- Percentage of staff who would recommend St George's to friends or family needing care (*new indicator for 2012/13*)
- Percentage of admitted patients risk assessed for VTE
- Rate of c.difficile
- Rate of MRSA
- Rate of patient safety incidents and percentage resulting in severe harm or death
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

- Health visiting service provision (*new indicator for 2012/13*)
- Offender healthcare medicine management (*new indicator for 2012/13*)

The draft report has been shared with stakeholders throughout its development, both for assurance and to increase understanding of the value of the report and how we record the data for each indicator.

This report has been reviewed by:

- St George's quality and risk committee
- St George's audit committee
- St George's finance and performance committee
- St George's executive management team
- St George's Board
- St George's Healthcare Patient Reference Group
- Wandsworth Healthwatch
- Merton Healthwatch
- Wandsworth Clinical Commissioning Group
- South London Commissioning Support Unit
- Wandsworth Council Adult Care and Health Overview and Scrutiny Committee
- Merton Healthier Communities and Older People Overview and Scrutiny Panel

Sharing a draft version of the report with our stakeholders has given them the opportunity to provide a feedback on our performance in a formal statement. These statements are published on page 74.

To put our performance into context we have compared our performance for all of the indicators in this report against our own performance over the last two years, and where possible and relevant, against the national average performance.

Our 10 year strategy

At the end of 2012 St George's Healthcare launched a new 10 year strategy for the trust following nearly a year of development with our staff and partners. We have developed this strategy to ensure that we deliver:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

The 10 year strategy sets out a compelling vision for the future, built around delivering healthcare of exceptional quality underpinned by leading edge research and teaching. The success of this strategy will be determined by the strength of our partnerships with our colleagues in the healthcare, social services and the voluntary and charity sectors.

In our strategy we have revised our mission (our purpose) and vision (what we want to be), and outlined our high-level plans for what we need to do to ensure that this vision is realised.

Our mission is to provide excellent clinical care, education and research to improve the health of the populations we serve.

Our vision is to become an excellent integrated care provider and a comprehensive specialist centre for south west London, Surrey and beyond with thriving programmes of education and research.

Our goals:

- **Redesign care pathways to keep more people out of hospital**
We will play a key role in keeping people healthy and well at home by working with our partners in primary and social care and the charity and voluntary sector. This ranges from keeping people healthy for as long as possible to enabling those with a health condition to live as independently as possible.
- **Redesign and reconfigure our local hospital services to provide higher quality care**
We need to improve the way in which we provide our local hospital services from planned surgery through to discharge planning. We will work with other NHS trusts in south west London to ensure the highest quality, sustainable configuration of clinical services.
- **Consolidate and expand our key specialist services**
We will work to ensure that south west London continues to have access to a comprehensive range of specialist services available locally at St George's Hospital.

- **Provide excellent and innovative education to improve patient safety, experience and outcomes**

We will build on our strong history as a teaching institute and our partnerships with St George's, University of London and Kingston University to provide excellent education.

- **Drive research and innovation through our clinical services**

We will strengthen our approach to research programmes, making research a part of the trust's core business.

- **Improve productivity, the environment and systems to enable excellent care**

There are some changes that we need to make to our systems and processes, such as an investment in our IT system, to ensure we are able to continue to provide the highest quality care. We will also look to make major improvements to our buildings and facilities.

- **Develop a highly skilled and motivated workforce championing our values**

Services cannot be delivered without our staff and we will continue to invest in our staff to ensure that they have the right skills, and are engaged and motivated to provide consistently excellent services.

Each year we will publish an annual plan which will set out the key annual objectives for the year ahead that we need to achieve to deliver our vision. The annual plan will be published on our website www.stgeorges.nhs.uk

Outcomes on our priorities for improvement in 2012/13

In our 2011/12 Quality Account we outlined a number of priorities for improvement during 2012/13 to ensure that we continued to raise quality throughout St George's.

The following table shows how we performed against all of these aims.

Aim	Outcome - achieved / partially achieved / not achieved
<p>Summary hospital level mortality indicator</p> <p>Maintain our performance and consistently achieve a mortality ratio which is lower than expected.</p>	<p>ACHIEVED</p> <p>In January 2013 St George's Healthcare was identified by the Health and Social Care Information Centre (HSCIC) as one of 11 trusts that have had a lower than expected mortality rate for the two years analysed to date (July 2010 to June 2011 and July 2011 to June 2012).</p> <p>We were also identified as one of 10 trusts that have had lower than expected mortality for each of the five quarterly publications¹.</p> <p>In addition to our maintained summary hospital level mortality indicator performance, St George's Healthcare has again been named as one of only 16 trusts in the country to have a statistically significant lower than expected hospital standardised mortality rates (HSMR) in the 2012 Dr Foster Hospital Guide, published for the Department of Health.</p> <p>You can read more about our mortality rates on page 38</p>
<p>Patient reported outcome measures (PROMS)</p> <p>Improve our participation rates to match the national average.</p>	<p>NOT ACHIEVED</p> <p>Data published on 14th February 2013 which covers the period April 2012 – September 2012 suggests that this has not been met for the first six months of the year. Our participation rate stands at 51.2 per cent overall, which is lower than the national rate of 72.6 per cent</p> <p>Read more about PROMS on page 41</p>
<p>Quality strategy</p> <p>Revise existing quality strategy and launch new</p>	<p>ACHIEVED</p> <p>In November 2012 the Trust Board approved the 2012-2017 Quality Improvement Strategy and an</p>

¹ <https://catalogue.ic.nhs.uk/publications/hospital/outcomes/shmi-deat-hosp-eng-jul-11-jun-12-exp-stat/shmi-deat-hosp-eng-jul-11-jun-12-exp-stat-supp-rep.pdf>

Aim	Outcome - achieved / partially achieved / not achieved
strategy during 2012/13	implementation plan was agreed in March 2013 for the period 2013 to 2017
<p>28 day emergency re-admission rate</p> <p>Successfully reduce the number of emergency readmissions each year and demonstrate this through a reduction in the threshold penalty (financial penalty levied on each emergency readmission) agreed with our commissioners.</p>	<p>NOT ACHIEVED</p> <p>In 2012/13 11.8 per cent of patients were readmitted to the trust within 28 days compared to 10.4 per cent in 2011/12. Therefore we failed to reduce emergency readmissions this year.</p> <p>Read more about emergency readmissions on page 44</p>
<p>Responsiveness to inpatients' personal needs</p> <p>Improve our score for responsiveness to inpatient needs while at least remaining in the expected score range for our organisation.</p>	<p>ACHIEVED</p> <p>We achieved an overall score of 66.6 compared to 66.1 the previous year. Our 2012 score shows that overall the inpatient experience at St George's is 'about the same as other trusts', and as expected of us by the Care Quality Commission</p> <p>Read more about responsiveness to inpatients needs on page 48</p>
<p>Staff who would recommend the provider to friends and family</p> <p>To score within the top 20 per cent of trusts for staff that would recommend the trust as a place to work or receive treatment by 2015.</p>	<p>ACHIEVED</p> <p>St George's Healthcare is now ranked amongst the top 20 per cent of trusts nationally on this measure, two years ahead of our target. Our task now is to maintain and possibly improve on our performance in this area.</p>
<p>Percentage of admitted patients risk assessed for VTE</p> <p>Continue to meet national and commissioner led targets for VTE risk assessment and appropriate thromboprophylaxis.</p>	<p>PARTIALLY ACHIEVED</p> <p>The percentage of patients given appropriate thromboprophylaxis was 99 per cent against a target of 98 per cent. The percentage of patients given a VTE risk assessment was 95.2 per cent against the national target of 95 per cent. However, we have also agreed a local target of 98 per cent with our commissioners, which meant that we narrowly missed this target.</p> <p>Read more about VTE on page 54</p>

Aim	Outcome - achieved / partially achieved / not achieved
<p>Rate of Clostridium difficile and MRSA bacteraemia</p> <p>Identify no more than 52 C.diff infections at St George's Hospital. No more than two patients diagnosed with MRSA blood stream infection.</p>	<p>NOT ACHIEVED</p> <p>In 2012/13 there were 62 cases of C.diff, a 28 per cent decrease on the previous year but still above the nationally agreed target of 52. Our MRSA outcomes showed nine blood stream infections, again in breach of our national target. We are extremely disappointed to have missed the national target and have made improving our performance in these areas a top priority.</p> <p>Read more about infection control on page 58</p>
<p>Rate of patient safety incidents and percentage resulting in severe harm or death</p> <p>Continue to embed the lessons learned from reported PSIs and related investigations. Introduce measures to address underlying SI themes to prevent reoccurrence and continue to encourage an open and effective safety culture</p>	<p>ACHIEVED</p> <p>There were 9,084 patient safety incidents recorded in 2012/13 compared to 9,663 the previous year. This shows that we continue to actively report as many incidents as we can, demonstrating our commitment to developing good system that enable us to learn from things that go wrong to reduce the risk of them happening again.</p> <p>Read more about patient safety on page 61.</p>
<p>Mixed sex accommodation and patient discharge from ITU</p> <p>Reduce the number of mixed sex accommodation breaches by improving discharge from adult intensive care units into the appropriate specialty wards</p>	<p>ACHIEVED</p> <p>During 2012/13 we recorded 274 mixed sex accommodation breaches. This is 87 less breaches than we recorded in 2011/12. For 2013/14 the Department of Health changed its guidance from aiming to eliminate mixed sex accommodation to aiming to minimise mixed sex accommodation. The breaches we have recorded at St George's are from areas where it has been decided by our commissioners that it is in the best clinical interests of the patient to be in a mixed sex area, for example, in A&E and transfers from intensive care units.</p>
<p>18 week referral to treatment</p> <p>Ensure that we accurately report our performance</p>	<p>PARTIALLY ACHIEVED</p> <p>Meeting the 18 week RTT target has traditionally been difficult for St George's due to demand from commissioners and patient choice, commissioners and</p>

Aim	Outcome - achieved / partially achieved / not achieved
<p>against and successfully treat 90 per cent of patients within the 18 week referral to treatment (RTT) target</p>	<p>referrers, and a period of difficulty in accurately recording the data following the implementation of a new IT system in 2010. The issues with data recording have now been addressed, though demand for St George's services is now higher than ever.</p> <p>During 2012/13 we agreed a RTT delivery plan with our commissioners to help us address the historic issues that have undermined our efforts to consistently achieve this target in the past. As part of the plan we have developed a new RTT governance structure which has improved monitoring of performance and allowed us to address issues in certain services as they arise. Following the implementation of this plan in October 2012 we have consistently met the 90 per cent target for admitted patients in accordance with this plan, though our overall performance for the year is 88.13 per cent. We treated 97.5 per cent of non-admitted patients within 18 weeks, against a target of 95 per cent.</p>
<p>Nutrition and hydration</p> <p>Introduce a more efficient nutritional assessment tool to record the nutritional needs of patients on admission.</p>	<p>ACHIEVED</p> <p>The Nutrition Operational Group has designed a new nutritional assessment document to include a care plan. This is in use across the trust and has been well received by staff.</p>
<p>Patient transport</p> <p>Reduce the time it takes to take patients home after their appointments via patient transport - 90 per cent collected within 60 minutes and 95% within 90 minutes.</p>	<p>NOT ACHIEVED</p> <p><i>Waiting times</i> - 80 per cent of patients journeys went home via patient transport within 60 minutes, and 88 per cent of all patients went home within 90 minutes of transport being booked during 2012/13. Extra vehicles and staff were added to the service in January 2013 to reduce the waiting time and this has led to an improved response time with 95 per cent of patients going home within 90 minutes in March 2013. We have improvement projects in place including a review and redesign of the booking of transport to increase the notice time provided to the transport team, and a redesign of the renal transport service to improve response times and reduce the time patients wait for transport.</p> <p><i>Lost Journeys</i> - Lost journeys have reduced from a yearly average of 5.1 per cent in 2011/12 to 4.1 per cent in</p>

Aim	Outcome - achieved / partially achieved / not achieved
	2012/13. As a result of an improvement project which commenced in February 2013 the lost journey percentage has dropped to 2.39% in March 2013.
Research Appoint an associate medical director with responsibility for development of a research strategy.	ACHIEVED We have appointed an associate medical director and highlighted research and innovation as a key element of our strategy in our 10 year plan. Read more about research on page 24
Community services - dementia screening Ensure that 90 per cent of patients admitted to Queen Mary's, Roehampton, inpatient wards are asked the dementia screening question.	ACHIEVED This indicator applies to individuals over 75 years of age. In Q4, 149 inpatients admitted were over 75 years. Of these, 144 were asked the dementia screening question (97%)
Community services - dementia risk assessment Ensure that 90 per cent of patients admitted to Queen Mary's, Roehampton, inpatient wards who are found to be at risk of dementia following screening, have a dementia risk assessment within 72 hours of admission.	ACHIEVED 16 of the patients asked the dementia screening question were found to be at risk of dementia. All of these patients (100%) were risk assessed formally.
Community services - dementia specialist diagnosis Ensure that 90 per cent of patients admitted to Queen Mary's, Roehampton, inpatient wards who are found to be at risk of dementia following the dementia risk assessment are referred for specialist diagnosis	ACHIEVED All 16 patients risk assessed formally for dementia were referred for a specialist diagnosis (100%).

Our priorities for improvement in 2013/14

We have agreed a new Quality Improvement Strategy which centres on the three essential domains of *safety*, *experience* and *outcomes*. We agreed six commitments against each domain which illustrate how we will achieve improvements in quality at St George's:

Improving patient safety

- We will promote a culture of zero tolerance through challenging unsafe practice
- We will establish strong multidisciplinary teams who communicate clearly across boundaries
- We will encourage involvement of patients in patient safety initiatives
- We will give timely and relevant feedback to teams to enable staff to be knowledgeable about patient safety
- We will promote an open and transparent culture where we listen and act on staff concerns
- We will create reliable processes to reduce avoidable harm

Improving patient experience

- We will listen to and involve people who use our services
- We will use feedback as a vehicle for continuous improvement, adopting best practice where possible
- We will ensure that our patients are cared for in a clean, safe and comfortable environment
- We will ensure that our most vulnerable patients and service users are listened to and protected from harm
- We will protect patients' dignity by ensuring that we comply with the national requirements to eliminate mixed sex accommodation
- We will focus on the fundamentals of care that matter to patients (privacy, dignity, nutrition, hydration etc)

Improving patient outcomes

- We will evaluate clinical audit results and act on findings to ensure audit contributes to improvements for patients
- We will support staff to improve outcomes by provision of training and expert support
- We will evidence that we are clinically effective and implementing evidence based best practice
- We will communicate outcomes, promoting shared learning and prioritisation of improvement projects
- We will fully participate in national clinical audits and use results to improve local practice
- We will achieve best practice in all clinical areas so that patients have the best possible outcome

Our four clinical divisions have each taken these commitments and translated them into Quality Improvement Plans specific to their patients and services. The implementation of

these plans will be overseen by our Quality and Risk Committee, which is responsible for monitoring quality at the trust.

We will be reporting on our performance against our Quality Improvement Strategy at our public board meetings throughout 2013/14. Our performance will also be reported on our website www.stgeorges.nhs.uk

Our priorities for 2013/14 are as follows:

Improving patient safety

- Reduce incidence of hospital related venous thromboembolism (VTE)
- Reduce incidence of Healthcare associated infection within agreed targets, MRSA (0) and C diff (52)
- Reduce incidence of newly acquired category 2,3 and 4 pressure ulcers
- Reduce the number of medication errors causing serious harm
- Reduce the number of falls in the community by 5%
- Roll out the early warning score indicator system in the Jones Unit at HMP Wandsworth

Improving patient experience

- Minimise mixed sex accommodation breaches.
- Increase the number of patients (who are able and willing) who return real time feedback including FFT by 10% across the trust
- Achieve and maintain the initial 15% return rate for the Friends and Family test in 2013/14 and aim to increase in line with agreed national trajectories until 2017
- Increase the proportion of patients who would recommend us to a family member or friend (FFT)
- Respond to 80% of all complaints within 25 working days or less (100% with an agreed extension)
- 95% of community learning disability patients to be seen within four weeks of referral

Improving patient outcomes

- We will continue to achieve lower than expected mortality rates (less than 100 using the Summary Hospital Mortality Indicator)
- Reduce readmissions following a non-elective admission
- Reduce readmissions following an elective admission
- 50% of secondary schools in Wandsworth to have sexual health support on the school grounds
- Implement clinical outcome measures reporting in community services

Review of services

During 2012/13 St George's Healthcare NHS Trust provided and/or sub-contracted 52 NHS services.

St George's Healthcare has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2012/13 represents 100 per cent of the total income generated from the provision of NHS services by St George's Healthcare NHS Trust for 2012/13.

The services we provide can be categorised as:

- **National specialist centre**

We provide specialist care to patients from across the country for complex pelvic trauma, family HIV care, lymphoedema and penile cancer.

- **Tertiary care**

We provide tertiary care like cancer, neurosciences and renal services for the six boroughs of south west London and the counties of Surrey, Sussex and Hampshire.

We also provide specialist children's cancer services in partnership with The Royal Marsden NHS Foundation Trust

- **Local acute services**

We provide a range of local acute services like A&E, maternity and general surgery to the people of Wandsworth, Merton, and Lambeth.

- **Community services**

We provide a full range of community services to the people of Wandsworth, making sure people can manage their health better by accessing the services they need closer to where they live and work and in their own homes.

Services provided by St George's Healthcare in 2012/13, categorised within our four clinical divisions:

Surgery, theatres, neurosciences and cancer

- | | |
|------------------------|---------------------------|
| • Audiology | • Neurorehabilitation |
| • Dental | • Neurosurgery |
| • Ear, nose and throat | • Pain clinic |
| • General surgery | • Plastic surgery |
| • Maxillofacial | • Trauma and orthopaedics |
| • Neurology | • Urology |

Medicine and cardiovascular

- Accident and emergency
- Blood pressure unit
- Cardiac surgery
- Cardiology
- Chest medicine
- Clinical infection unit
- Clinical haematology
- Dermatology
- Diabetes / endocrinology
- Gastro and endoscopy
- General medicine
- Genitourinary medicine
- Lymphoedema
- Medical oncology
- Renal surgery
- Renal medicine
- Rheumatology
- Vascular surgery

Children's and women's, diagnostics, therapeutics and critical care

- Breast screening
- Cardiac ICU
- Clinical genetics
- Community paediatrics
- Gynaecology
- Intensive care unit
- Neuro-intensive care
- Newborn services
- Obstetrics
- Paediatric ITU
- Paediatric medicine
- Paediatric oncology
- Paediatric surgery
- Pathology direct access
- Radiology
- Therapies

Community services

- Adult and diagnostic services
- Children and family services
- Older people and neurorehabilitation services
- Services for people with learning disabilities
- Offender healthcare services
- Senior health services
- Sexual health and reproductive services
- Queen Mary's Hospital, Roehampton
- St John's Therapy Centre
- 11 health centres across Wandsworth
- Four community wards providing services in patients' own homes

Participation in clinical audits

National clinical audit is designed to improve patient outcomes across a wide range of conditions. Its purpose is to engage all healthcare professionals in a systematic evaluation of their practice against standards, to support and encourage improvement and deliver better outcomes for patients. National confidential enquiries also assist in maintaining and improving standards of care by reviewing the management of patients through confidential surveys and research, and then publishing results and recommendations aimed at driving improvements.

During 2012/13, 42 national clinical audits and four national confidential enquiries covered NHS services that St George's Healthcare NHS Trust provides.

During that period St George's Healthcare NHS Trust participated in 92.9 per cent of national clinical audits and 100 per cent of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that St George's Healthcare NHS Trust was eligible to participate in during 2012/13 are listed in Appendix C alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 28 national clinical audits were reviewed by the Board of St George's Healthcare NHS Trust in 2012/13. A summary of the actions agreed in response to these audits is given in Appendix D.

The reports of 11 local clinical audits were reviewed by St George's in 2012/13. A summary of the actions agreed is given in Appendix E.

Research

St George's is committed to research as a key driver for improving the quality of care and the patient experience. We have chosen to highlight research and innovation as a key element of our strategy in our 10 year plan.

During 2012/13 we appointed Dr Daniel Forton to the new role of associate medical director for research, and published a new research strategy which firmly places research at the heart of the trust's work.

In March 2013 we agreed a strategic alliance with the King's Health Partners Academic Health Science Centre (AHSC). We will also have a leading role in the South London Academic Health Science Network (AHSN) and are positioned to contribute to developments in medical research and innovation within the changing landscape in south London.

Together with our academic partner St George's, University of London, the trust hosts the South East Stroke Research Network. We operate a joint research office and clinical research facility, both of which serve to increase the number of patients involved in clinical research. The trust has a broad range of tertiary specialist and regional acute services and, combined with excellent links to primary care, community sites and established academic partnerships, we have an opportunity to move forward with a strategic, collaborative approach to research in south west London.

During the period October 2011 to September 2012 (the period specified by the National Institute for Health and Research for patient accrual into research studies), we conducted over 151 studies and 3,278 NHS patients took part in research at the trust*.

This level of participation and engagement in clinical research demonstrates our commitment to improving the quality of our patient care and to making a significant contribution to wider health improvement.

* Patients receiving NHS services provided or sub-contracted by St George's Healthcare between October 2011 and September 2012 that were recruited during that period to participate in research approved by a research ethics committee (National Institute for Health Research portfolio studies only).

Working to improve therapies for MNGIE patients

The St George's pharmacy department and the St George's, University of London erythrocyte research team, led by Dr Bridget Bax, are working on a Medical Research Council funded project which aims to accelerate the development of an investigational therapy for mitochondrial neurogastrointestinal encephalomyopathy (MNGIE).

MNGIE causes energy dependent tissues such as skeletal muscle and nervous system to be adversely affected, causing abnormal functioning of the gut, nerve damage and severe

muscle weakness. The condition is relentlessly progressive with patients usually dying from a combination of nutritional failure and muscular disability at an average age of 38.

The only current potential cure is bone marrow transplantation, but this carries a 50 per cent mortality risk.

The investigational therapy for MNGIE is based on introducing an enzyme directly into patients' red blood cells.

Several patients with urgent medical needs have already been effectively treated. Administration has been effective in reducing or eliminating the concentrations of the toxic substances that accumulate in tissues of patients with MNGIE. Clinical improvements have also been reported, with a reduction in the number of nausea and vomiting attacks and a reduction in weight loss.

Use of CQUIN payment framework

A proportion of income for St George's Healthcare NHS Trust in 2012/13 was conditional on meeting quality improvement and innovation goals. These are objectives agreed between the trust and its commissioners, primary care trusts and clinical commissioning groups, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The key aim of CQUINs is to support a shift towards a vision where quality is the organising principle. The framework therefore helps ensure that quality is always part of discussions between commissioners and healthcare providers everywhere.

We achieved 84.5 per cent overall performance against the 79 CQUINs we agreed with our commissioners in 2012/13. This is a slight reduction 2011/12, when we achieved 90 per cent.

The total trust wide value for CQUINs was £11m of which we achieved £9.3 million.

Our 2012/13 CQUIN objectives for acute, specialised and community services are outlined in Appendix A. The tables explain what our key objectives were, and whether or not we met them.

Our proposed 2013/14 acute, specialised and community service CQUINs are also included in Appendix B. At the time of publication the trust is in discussions with commissioners and the list is subject to amendment.

Statements from the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates care provided by the NHS, local authorities, private companies and voluntary organisations that provide regulated activities under the Health and Social Care Act 2008.

The CQC registers, and therefore licenses, all NHS trusts. It monitors trusts to make sure they continue to meet very high standards of quality and safety. If services drop below the CQC's essential standards it can require action to be taken, impose fines, issue public warnings, or launch investigations. In extreme cases it has the power to close services down.

St George's Healthcare NHS Trust is registered with the CQC and is licensed to provide services from each of its locations. The trust has no conditions placed on it and the CQC has not taken any enforcement action against the trust in 2012/13.

In January 2013 St George's Hospital (Tooting) was subject to a routine inspection of compliance against eight of the 28 essential standards. While the CQC found much to commend in their report, they also highlighted a number of instances where the inspectors observed that the care provided or the environment for patients fell short of expectations. The trust therefore failed six out of the eight standards inspected.

Of these six areas of non-compliance, three were considered to have a minor impact on patients and services and three were considered to have a moderate impact. Although there were no observations which had a major impact on patients or required the CQC to impose an enforcement notice, and the report contains many positive comments from patients and their families, the trust recognises that this reflects a lack of consistency in the standard of patient care being provided.

Outcome	Topic	Compliance	Impact on patients (as judged by CQC)
1	Respecting & involving people who use services	Not met	Moderate
4	Care & welfare of people who use services	Not met	Moderate
5	Meeting nutritional needs	Not met	Minor
7	Safeguarding people who use services from abuse	Standard met	n/a
8	Cleanliness and infection control	Not met	Moderate
13	Staffing	Not met	Minor
14	Supporting workers	Standard met	n/a
21	Records	Not met	Minor

We welcome this level of scrutiny from the CQC as part of our commitment to continuous improvement, and we take the issues identified by the inspectors very seriously. We recognise that we must improve the patient experience so that it matches the excellence of our clinical outcomes and that is a key focus of our quality improvement strategy.

In our quality improvement strategy we recognise that we have some excellent outcomes, but that the patient experience is too inconsistent. We are building a strong foundation to improve our patient and service users experience and can demonstrate that a relentless focus on this can deliver results, such as in our maternity services. However, it is too inconsistent and we want to continue to demonstrate continual improvement in this domain of quality. Caring for patients is our core business and we need to make sure that our members of staff strongly focus on every aspect of the experience of the care and services they provide.

Since the inspection in January 2013 we have been working hard to address the issues identified by the CQC and to ensure that the quality of care that our patients receive is consistently high in all areas. A comprehensive action plan was submitted to the CQC outlining the measures already taken and those underway following their visit, with most of the minor deficiencies having been rectified as soon as they were highlighted during the inspection and on receipt of the final report from the CQC. We expect to have completed implementation of this action plan by the end of June 2013.

The Francis Report

The St George's Board welcomes the report by Robert Francis QC into the failings of Stafford Hospital.

The Board is rightly proud of the job that our staff do every day of the year, but we also know that we can do better. We can best respect the experience of patients failed by the NHS in Stafford or elsewhere, including at St George's, by taking this opportunity to root out poor care wherever it can be found.

As an organisation committed to continually improving what we do, the St George's Board is reflecting on the report in detail and using it as an opportunity to reflect more widely on patient safety and experience at the trust.

The trust has established a steering group made up Board members and colleagues from a range of disciplines, clinical and non-clinical, to review the 290 recommendations in detail, and has drafted a formal response to the recommendations. Most of the key recommendations outlined in the report that apply to provider organisations are already part of our daily practice though we are working hard on identifying and implementing those recommendations that we do not adhere to.

The Board has written to every member of staff via email, and has asked everybody to reflect on the report and on their own services to ask "could any aspect of the failings at Stafford Hospital happen here?" They have been reminded that where the answer is yes, whether significant or apparently incidental, they all have a duty to do something about it. None of us should "walk on by" and tolerate poor quality care.

Since the publication of the Francis Report, the trust has discussed the report with staff at the monthly patient safety forum and with staff and the public at the public meetings that are a key part of our consultation on becoming a Foundation Trust. The report has also been formally discussed at the Clinical Management Board, staff open forum and at the public Board meeting. At these meetings we will have taken the opportunity to conduct some more reflective work around the findings, what they mean to the trust and the assurances we can give around our governance processes.

We are working closely with the Clinical Quality Review Group, the forum our local CCGs use to monitor our quality and performance, and have revised the schedule of topics we discuss at these meetings to ensure that they are aligned to the findings of the Francis Report.

We have also written to our partners in the local authorities, Local Involvement Networks and Clinical Commissioning Groups and the MPs that represent our patients to assure them of the steps we are taking following the Francis Report and of the safety and quality of our services.

Data Quality

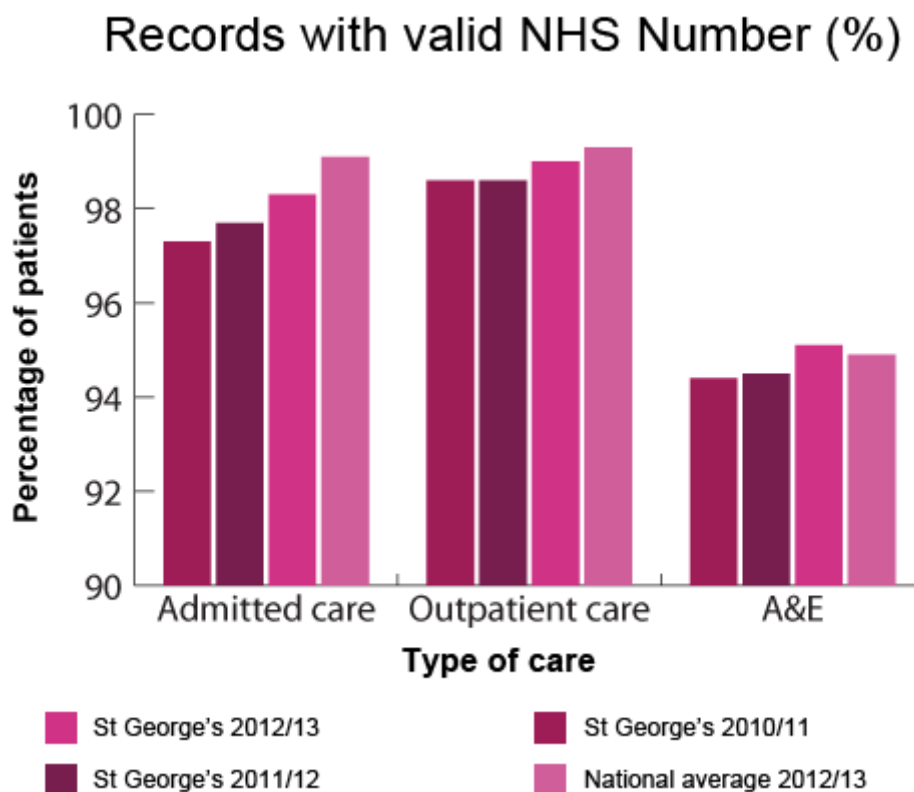
The collection of data is vital to the decision making process of any organisation, particularly NHS trusts like St George's. It forms the basis for meaningful planning and helps to alert us to any unexpected trends that could affect the quality of our services.

Most data is gathered as part of the every day activity of frontline and support staff who work throughout the trust in a huge variety of settings. It's important that we accurately capture and record the care we provide and the information in this report aims to demonstrate how well we are doing this.

St George's Healthcare submitted records during 2012/13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

HES is the national statistical data warehouse of the care provided by English NHS hospitals and for NHS hospital patients treated elsewhere. The body provides a data source for a wide range of healthcare analyses of the NHS, government and many other organisations and individuals.

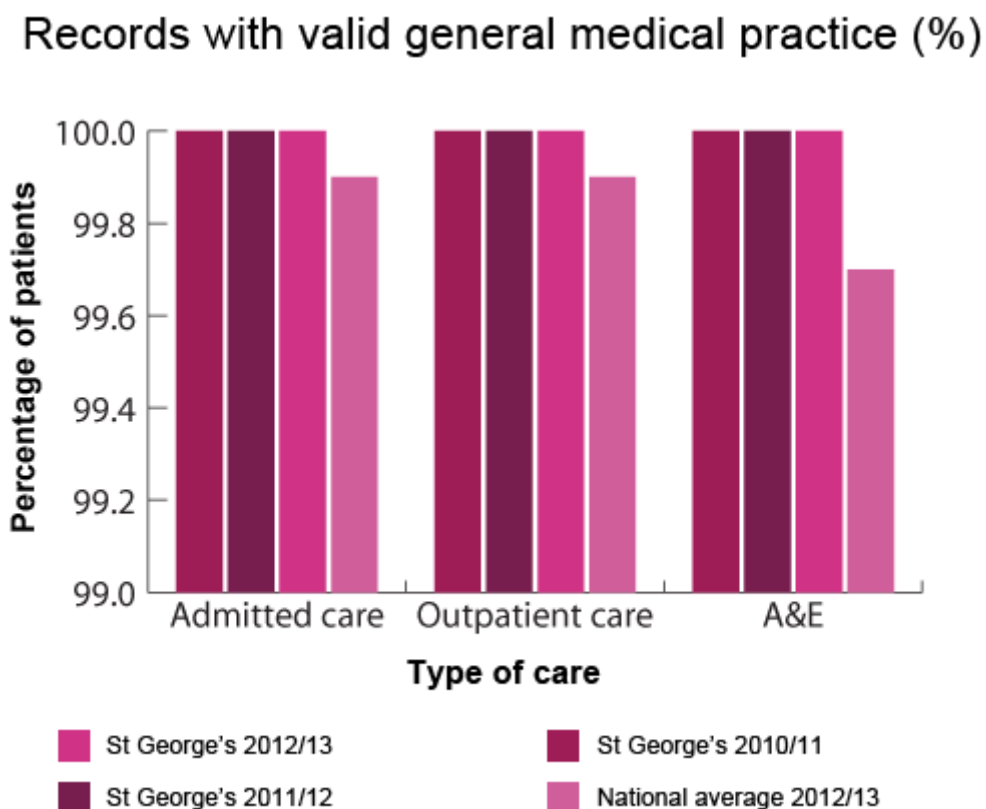
The percentage of records in the published data which included the patient's valid NHS number was:



Records with valid NHS number	Admitted care (%)	Outpatient care (%)	A&E (%)
St George's 2012/13	98.3	99.0	95.1
St George's 2011/12	97.7	98.6	94.5
St George's 2010/11	97.3	98.6	94.4
National average 2012/13	99.1	99.3	94.9

Our NHS Number completeness has improved, but is still fractionally behind the national average for Admitted care and Outpatient care. Planned improvements in the way our Patient Administration System (PAS), Cerner, accesses the national Patient Demographic Service (PDS) should see these numbers improve further in 2013/14.

The percentage of records in the published data which included the patient's valid general medical practice was:



Records with valid general medical practice	Admitted care (%)	Outpatient care (%)	A&E (%)
St George's 2012/13	100	100	100
St George's 2011/12	100	100	100
St George's 2010/11	100	100	100
National average 2012/13	99.9	99.9	99.7

We continue to achieve exemplary scores in registered GP practice recording, where we perform better than the national average across admitted, outpatient and A&E services, each scoring 100 per cent.

Information governance toolkit attainment levels

Information governance is the term used to describe the standards and processes for ensuring that organisations comply with the laws, regulations and best practices in handling and dealing with information. Information governance ensures necessary safeguards for, and appropriate use of, patient, staff and business information.

The key objective of information governance is to maintain high standards of information handling by ensuring that information used by the organisation is:

- Held securely and confidentially
- Obtained fairly and efficiently
- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and lawfully

We have an ongoing, rolling information governance programme, dealing with all aspects of confidentiality, integrity and the security of information. Annual information governance training is mandatory for all staff, which ensures that everyone is aware of their responsibility for managing information in the correct way. An internal audit conducted in 2012/13 gave the trust reasonable assurance that the trust is managing information appropriately and that staff are aware of their responsibilities.

The replacement of our patient administration system with a new, modern system in 2010 increased both the security and accuracy of information at the trust. All staff accessing the system use a secure and strictly authenticated smartcard which defines what they are permitted to access in the system. In 2012 the Trust has further upgraded the system to improve the efficiency and enhance the security of “order communications” – the requesting and reporting of pathology and radiology results.

Each year we submit scores and provide evidence to the Department of Health (DH) by using the NHS Information Governance Toolkit. The toolkit is an online system which allows NHS organisations and partners to assess themselves against DH information governance policies and standards. It also allows members of the public to view each organisation’s score and compare them.

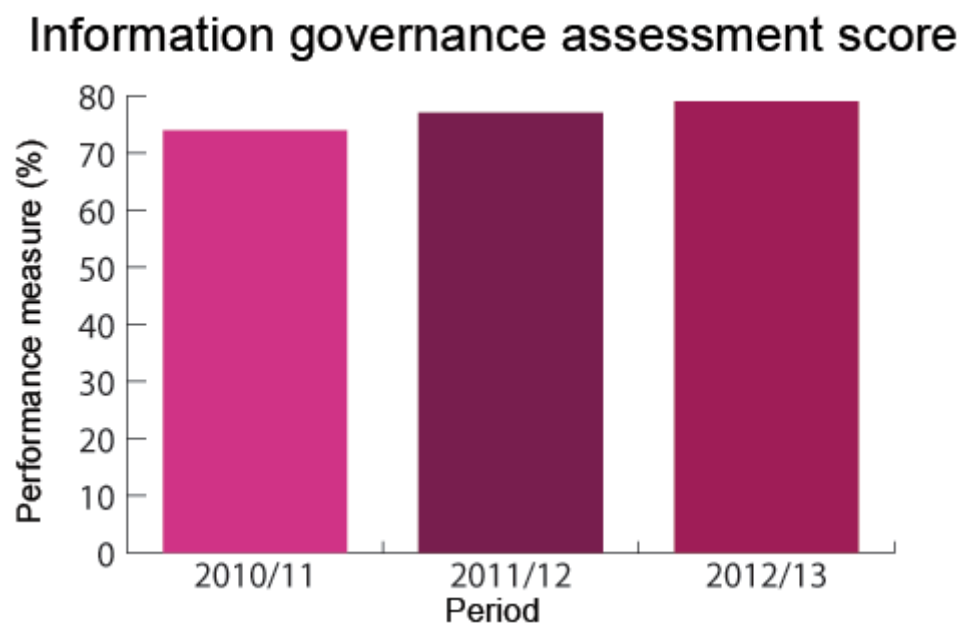
St George’s Healthcare’s information governance assessment report overall score for 2012/13 was 79 per cent and was graded green, or ‘satisfactory’ according to the criteria set nationally.

This demonstrates further improvement in our information governance management. In 2011/12 we scored 77 per cent, and in 2010/11 we scored 74 per cent.

The information quality and records management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation.

You can explore the information governance scores for St George's Healthcare, and other organisations, at www.igt.connectingforhealth.nhs.uk. St George's Healthcare is listed as an **acute trust** and our organisation code is **RJ7**.

How our performance has improved



Information governance assessment score	Performance measure (%)
St George's 2012/13	79
St George's 2011/12	77
St George's 2010/11	74

Clinical coding error rate

Clinical coding is the translation of medical terminology written down by a healthcare professional. It describes the patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, using a coded format which is nationally and internationally recognised.

The system uses healthcare resource group (HRG) codes, which identify procedures or diagnoses that have been judged to consume a similar level of resource. For example, there are a number of different knee-related procedures that all require similar levels of resource, so they may all be assigned to one HRG code.

Therefore, for every consultant episode (a period of care under one consultant) and hospital spell (a period of care from admission to discharge), each patient is assigned an HRG code.

HRG codes consist of five characters: two letters followed by two numbers and a final letter. The first two letters correspond to body areas or body systems, identifying the area of clinical care that the HRG falls within. The final letter identifies the level of complexity associated with the HRG.

Healthcare providers are paid based on the HRG coding system. This is known as payment by results (PbR). The aim of PbR is to provide a transparent, rules-based system for paying hospitals for the work they do. It is very important that we code patient care accurately, so that we are paid appropriately for the complexity of the care we provide.

St George's Healthcare was subject to the PbR clinical coding audit during 2012/13 by the Audit Commission. The error rates reported in the latest published audit for 2012/13 for diagnoses and treatment coding (clinical coding), were as follows:

Audit Commission indicator (all services)	Error rate (%)
Primary diagnoses incorrect	10.0
Secondary diagnoses incorrect	4.5
Primary procedures incorrect	7.3
Secondary procedures incorrect	5.1

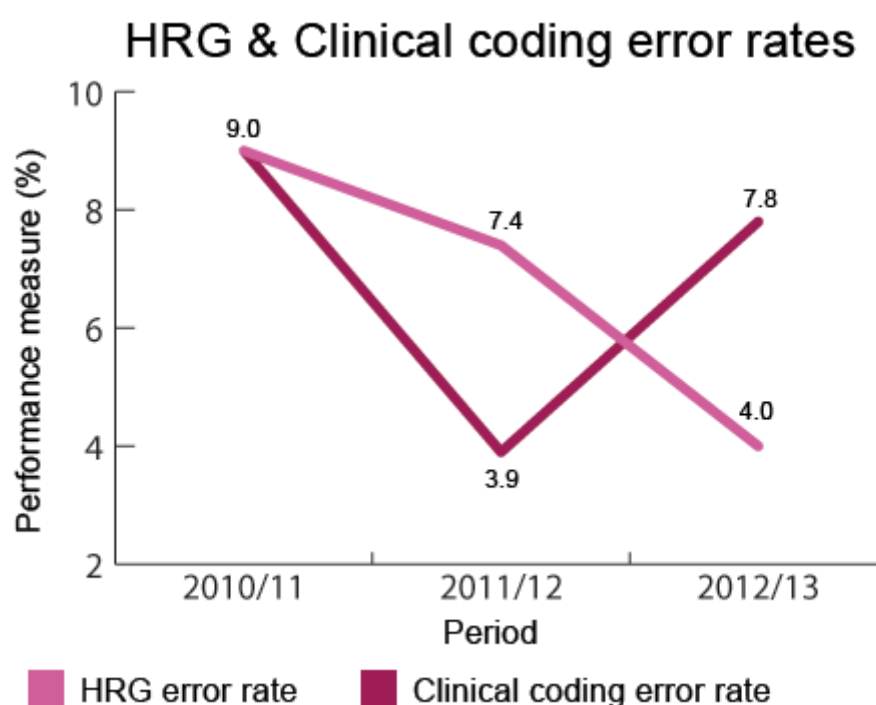
For the PbR clinical coding audit the Audit Commission audited our cardiology service for the period of July to September 2013.

Speciality	Admitted patient spells	% of episodes changing HRG
Cardiology	150	4.0

In the sample audited, we had 4.0 per cent of spells with an error that affected the price. This means that 4.0 per cent of spells had either a clinical coding error affecting the HRG or a data entry error (or both). Both types of error result in the PCT being charged the incorrect price for that spell. If all the errors are added together there is a gross financial error of £17,738. The commissioner was overcharged by £9,806 for the errors in the audit sample.

The performance of St George's, measured against the number of spells with an incorrect payment, places the trust in the best performing 25 per cent of trusts in the country compared to last year's national performance.

How do we compare to previous years?



HRG error rate	Performance measure (%)
St George's 2012/13	4.0
St George's 2011/12	7.4
St George's 2010/11	9.0

Clinical coding error	Performance measure (%)
St George's 2012/13	7.8
St George's 2011/12	3.9
St George's 2010/11	9.0

Summary hospital-level mortality indicator (SHMI)

Why is this important?

The summary hospital-level mortality indicator (SHMI) is intended to be a single consistent measure of mortality rates. It shows whether the number of deaths linked to an organisation is more or less than would be expected, when considered in light of average national mortality figures, given the characteristics of the patients treated there. It also shows whether the difference is statistically significant.

Our outcomes

We have continued to consistently record some of the lowest SHMI rates in the country, demonstrating that St George's provides some of the safest and most effective services in England.

In April 2013 St George's was identified by the Health and Social Care Information Centre (HSCIC) as one of 11 trusts that have had a lower than expected mortality rate for the two years analysed to date, October 2010 to September 2012².

The table below summarises our SHMI as published quarterly.

SHMI publication	Reporting Period	Ratio	Banding
January 2012	July 2010 – June 2011	0.76	Lower than expected
April 2012	October 2010 – September 2011	0.77	Lower than expected
July 2012	January 2011 – December 2011	0.79	Lower than expected
October 2012	April 2011 – March 2012	0.79	Lower than expected
January 2013	July 2011 – June 2012	0.80	Lower than expected
April 2013	October 2011 – September 2012	0.82	Lower than expected

Source: The Health and Social Care Information Centre

The Dr Foster Hospital Guide 2012 again named St George's Healthcare as being one of only 16 trusts in the country to have statistically significant lower than expected SHMI and Hospital Standardised Mortality Ratio (HSMR)³. http://drfosterintelligence.co.uk/wp-content/uploads/2013/02/Hospital_Guide_2012.pdf

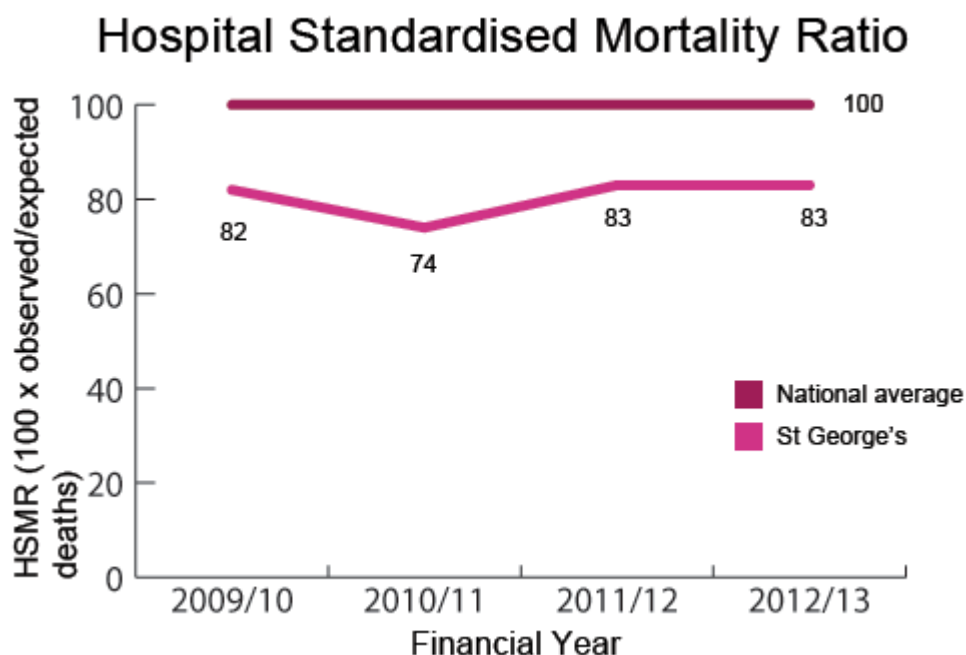
² For more detailed data visit the Health and Social Care Information Centre website <https://catalogue.ic.nhs.uk/publications/hospital/outcomes/shmi-deat-hosp-eng-oct-11-sep-12-exp-stat/shmi-deat-hosp-eng-oct-11-sep-12-exp-stat-supp-rep.pdf>

³ For more detailed data visit the Dr Foster Intelligence website http://drfosterintelligence.co.uk/wp-content/uploads/2013/02/Hospital_Guide_2012.pdf

The SHMI makes no adjustment for end of life (palliative) care, therefore to add some context to the interpretation of the measure, palliative care data is published alongside the SHMI data. These indicators show the percentage of patient admissions that have palliative care coding and the percentage of deaths with palliative care coding. The latest data for St George's is shown in the table below, alongside the national average.

Indicator	St George's Oct 2011 to Sep 2012	National Oct 2011 to Sep 2012
Percentage of patient admissions with palliative care coded at either diagnosis or specialty level	0.9	1.0
Percentage of patient deaths with palliative care coded at either diagnosis or specialty level	20.3	18.9

At St George's we continue to use the hospital standardised mortality ratio (HSMR) in addition to the SHMI to monitor mortality. The chart below shows our performance over the last few years. With the HSMR, if our mortality matched the expected rate our score would be 100. The HSMR indicates that St George's mortality has been consistently significantly better than expected over the last four years.



St George's Healthcare was one of the first healthcare organisations anywhere to monitor mortality to ensure that we could understand the death rate for every individual area of practice. Our rates are published on our website and this approach ensures that we have the clearest possible picture to help us maintain low mortality.

The trust's Mortality Monitoring Group, which is chaired by an Associate Medical Director and has members from across a number of services and professions, meets on a monthly basis. This group considers both the SHMI and the HSMR alongside mortality at diagnosis and procedure level. In addition the group review all deaths that have occurred in the trust following an elective admission. By looking at this range of data we are able to scrutinise our outcomes and the care we provide to patients. Where lessons need to be learned these are identified and acted upon and where best practice is observed this is recognised and acknowledged.

As St George's Hospital is a major trauma centre, hyper acute stroke unit and heart attack centre, and a centre of excellence for cancer, maternity, cardiothoracic, neurosciences and renal services, our staff are used to treating the most seriously ill and vulnerable people from across south west London and Surrey every day.

The fact that even for the most complex emergency services our mortality rates are significantly lower than expected is a testament to both the professionalism and dedication of our skilled clinical teams and to trust's commitment to research and innovation to improve quality and safety.

Our aims

Our aim for the coming year is to maintain our strong performance and consistently achieve a mortality ratio which is lower than expected. We will achieve this by continuing to expand our scrutiny of mortality at local specialty level and taking action if we find areas where improvements are required.

Patient reported outcome measures (PROMS)

Why is this important?

Patient reported outcome measures (PROMs) assess the quality of care delivered to NHS patients from the patient's perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using short, self completed pre- and post-operative questionnaires.

Our outcomes

The table below shows the percentage of patients that reported an increase in their health following surgery, using three scoring methods. The range is between 0 and 100 and higher scores are better. For all four procedures EQ-5D and EQ-VAS indices measure a general view of health, and for three there is also a measure specific to the condition being treated.

		Apr '09 – Mar '10 (final)		Apr '10 – Mar '11 (final)		Apr '11 – Mar '12 (provisional)		Apr '12 – Dec '12 (provisional)	
		SGH	England	SGH	England	SGH	England	SGH	England
Hip replacement surgery	EQ-5D index	93.3	(87.2)	73.3	(86.7)	89.5	(87.3)	*	(89.8)
	EQ-VAS index	78.6	(61.4)	64.3	(61.4)	57.1	(63.6)	*	(65.2)
	Condition specific	93.8	(95.7)	94.4	(95.8)	95.1	(95.8)	*	(96.3)
Knee replacement surgery	EQ-5D index	100.0	(77.6)	77.8	(77.9)	62.5	(78.4)	No data	(79.4)
	EQ-VAS index	75.0	(50.2)	62.5	(50.8)	29.6	(53.7)	*	(55.0)
	Condition specific	95.5	(91.4)	95.0	(91.4)	74.2	(91.6)	*	(92.4)
Groin hernia surgery	EQ-5D index	40.0	(49.3)	45.3	(50.5)	47.5	(49.8)	23.1	(50.4)
	EQ-VAS index	37.5	(38.2)	35.2	(39.1)	40.5	(38.8)	41.0	(39.0)
	Condition specific	Not applicable							
Varicose veins surgery	EQ-5D index	50.7	(52.4)	47.7	(51.6)	59.3	(53.2)	60.0	(52.0)
	EQ-VAS index	43.3	(40.4)	35.0	(39.8)	49.1	(42.0)	17.6	(41.1)
	Condition specific	82.9	(83.4)	77.8	(82.5)	83.0	(83.1)	80.0	(82.9)

Source: HESonline *Suppressed due to small numbers

For one measure St George's shows 'No data' meaning that there have been no pairs of pre-operative and post-operative questionnaires completed.

It should be noted that at St George's we perform a small number of complex cases of knee and hip replacements, with the majority of routine cases being referred to South West London Elective Orthopaedic Centre for treatment. The questionnaire issue rate is also less than 20 per cent for these procedures. These two factors mean that the data is too small to be reported.

Participation

St George's is responsible for providing patients with the opportunity to complete pre-operative questionnaires. Our aim is to provide the choice of completing the questionnaire to all appropriate patients, however it is entirely voluntary and not all patients will chose to take part. Our participation rate for the period considered here (April 2012 to December 2012) is 64.9 per cent which similar to the national average of 67.1 per cent.

Post-operative questionnaires are sent by organisations working for the Department of Health directly to patients that have completed the initial survey. For this period patients completed 296 pre-operative questionnaires and 171 post-operative questionnaires were then issued on behalf of the Department of Health (57.8 per cent issue rate). At the time of publication 76 of these have been returned (44.4 per cent response rate).

	April 09 – March 10 (final)		April 10 – March 11 (final)		April 11 – March 12 (provisional)		April 12 – December 12 (provisional)	
	SGH	England	SGH	England	SGH	England	SGH	England
All four procedures	51.9	66.1	43.8	69.9	64.5	74.6	64.9	67.1
Groin Hernia	59.7	55.0	51.8	55.7	52.4	60.6	71.1	55.0
Hip Replacement	51.4	76.3	32.1	78.8	88.2	82.3	79.6	74.0
Knee Replacement	60.4	78.4	39.4	83.8	101.7	89.3	123.7	80.1
Varicose Vein	41.7	43.4	39.4	47.7	68.9	48.9	34.9	39.4

Source: HESonline

Note: Participation rates of over 100% are possible for a number of reasons; an operations is cancelled following completion of the pre-operative questionnaire; surgery is carried out by a different provider; coding issues.

Last year we stated our intention to increase participation rates and to meet the national average. Although the data currently available is only for part of the year and is provisional it does appear that we have failed to meet our target.

In July 2012 a new pre-operative care centre was opened at St George's Hospital. This specialist environment provides opportunity for patients who are due to undergo a procedure to have the majority of assessments, investigations and consultations in one place. The pre-operative PROMs questionnaire is now offered as part of this process and it is hoped that this will have a positive impact on our participation rates in the future.

We have recently conducted detailed analysis of participation rates by procedure and treatment location and have identified gaps in the process for offering questionnaires, particularly around groin hernia and varicose vein. Processes have been strengthened in these areas and we will monitor the impact of this on a monthly basis, reporting to individual members of staff involved in the process.

We will continue to report twice a year to the Patient Experience Committee in order that any issues can be addressed and increased participation can be facilitated.

Our aims

Ensuring that each of our patients is given the opportunity to participate will ensure we have richer information, which we will then be able to use more effectively to assess the quality of care we provide.

We aim to improve our participation rates to match the national average during 2013/14. Providing patients with the opportunity to complete the questionnaires should be easier now since our new pre-operative assessment centre opened in 2012.

Emergency readmissions to hospital within 28 days of discharge

Why is this important?

Monitoring emergency readmission rates can help the trust to prevent or reduce unplanned readmissions to hospital. An emergency readmission is recorded when a patient has an unplanned re-admission to hospital within 28 days of a previous discharge.

This Quality Account refers to emergency readmissions within 28 days rather than the NHS Outcomes Framework indicator's 30 days because trusts report on their emergency readmissions within 28 days at frequent intervals as part of their Hospital Episode Statistics.

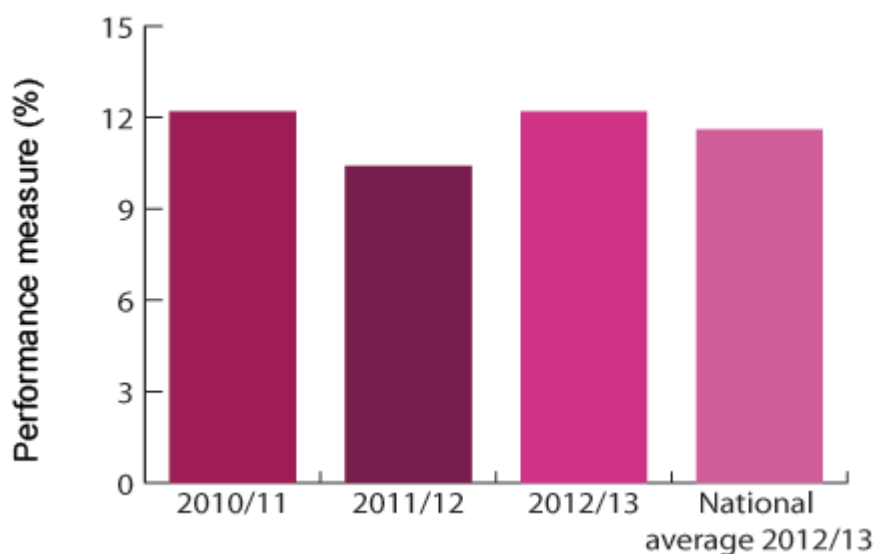
Our outcomes

Reducing emergency readmissions has always been a priority for the trust. In 2012/13, 11.8 per cent of patients were re-admitted to the trust within 28 days. In real terms this means that in the year, 5,661 patients were readmitted to hospital within 28 days of being discharged. Although this shows an increase, this followed a 19 per cent reduction in readmissions between 2011 and 2012.

As a major acute trust we treat the most seriously ill patients and most complex cases from across south west London and Surrey. This means that the risk of patients needing to be readmitted after leaving hospital is higher for St George's than for other trusts in the area.

This risk is heightened in the winter when pressure on our services increases significantly. We have strong plans in place that help us manage the surge in attendances and admissions during the challenging winter months, including opening a winter ward that is vacant during quieter periods. Our new acute medicine ward and the four community wards in Wandsworth are also helping us to manage patients with chronic long term conditions who are more likely to need acute services better in the community, reducing the number of patients who need to be readmitted following discharge.

Emergency readmissions within 28 days

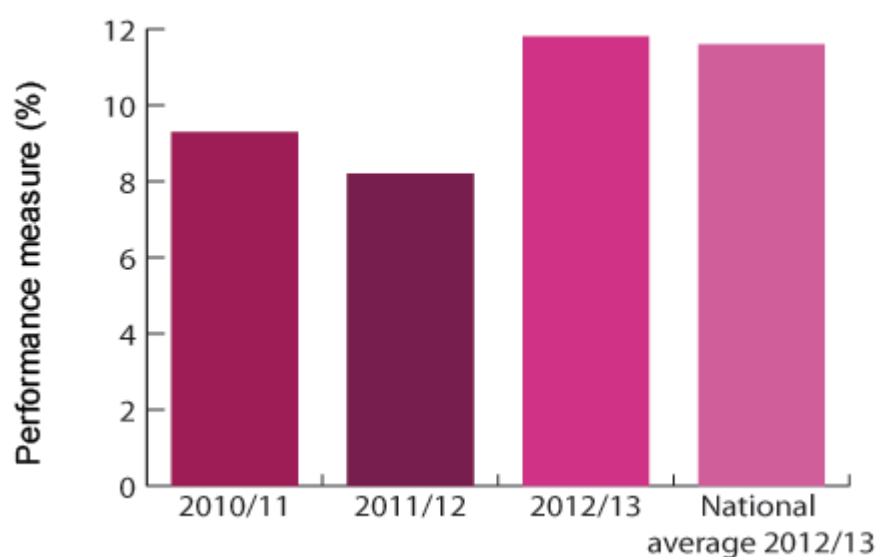


Emergency readmissions with 28 days	Performance measure (%)
St George's 2012/13	11.8
St George's 2011/12	10.4
St George's 2010/11	12.2
National average 2012/13	11.6

This compares closely with the England average of 11.63 per cent (Department of Health report published in January 2013).

Readmissions tend to vary depending on the age of the patient. In 2012/13 re-admission rates in the Trust for patients aged 0-14 was 11.7 per cent compared to 11.8 per cent for those aged 15 and over. This was an increase on 2011/12 when readmissions rate was 8.2 per cent for the 0-14 yr age group and 10.7 per cent for those aged over 15 years old.

Emergency readmissions within 28 days - patients aged under 15



Emergency readmissions with 28 days - patients aged under 15	Performance measure (%)
St George's 2012/13	11.8
St George's 2011/12	8.2
St George's 2010/11	9.3
National average 2012/13	11.6

Our aims

Reducing hospital readmissions is a substantial task given the financial, regulatory, and systemic constraints, however while challenging, the gains can be enormous. In 2013/14, the trust remains committed to reducing readmission, by ensuring that all discharges are properly planned, appropriate community services are in place, and patients are not discharged until it is safe to do so.

Community virtual wards and telehealth technology helping patients avoid emergencies

The provision of telehealth units in the home facilitate the remote monitoring of a patient with heart failure or respiratory illness and early response and treatment to a change in the patient's condition. We have 55 units that are allocated to patients as appropriate.

Our community virtual wards provide a highly responsive multidisciplinary approach to the management of patients with chronic long-term conditions who are registered with a Wandsworth GP in their own homes. By providing care to patients in their own homes, the

community wards help to avoid emergency attendances and hospital admissions for some patients by addressing complications before they escalate into serious issues.

The wards also augment existing health, social and GP services to support the earlier discharge of patients back home wherever possible.

The community virtual wards bring together the following staff groups who treat patients in their own homes:

- GPs
- Community matrons
- Specialist nurses
- District nurses
- Palliative care
- Community physiotherapy
- Occupational therapy
- Community pharmacy
- Intermediate care team
- Mental health, including drug and alcohol team
- Social services
- London Ambulance Service

At St George's we have 55 telehealth units which allow us to remotely monitor patients with heart failure or respiratory illness whilst they recuperate in their own homes. The telehealth units allow our community nurses to react quickly to any changes in a patient's condition, reducing the risk of the more serious complications and the patient deteriorating so that they need emergency care.

Previously, patients using telehealth units would have had to have been kept in hospital for observation.

Responsiveness to inpatients' personal needs

Why is this important?

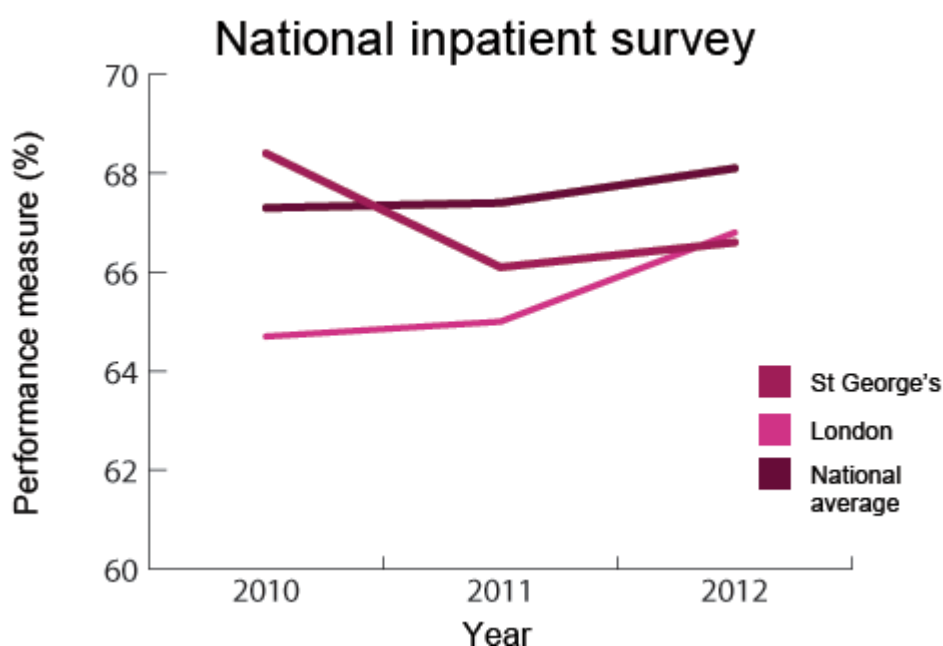
Patient experience is a key measure of the quality of care. At St George's we continually strive to be more responsive to the needs of our service users, including needs for privacy, information and involvement in decisions. Every year we take part in the national inpatient survey published by the Care Quality Commission (CQC), as well as others less frequently for A&E, Maternity and Outpatients. The national inpatient survey is an important indicator of how all NHS trusts in the country are performing, looking at the experiences of more than 70,000 patients each year who were admitted to hospital for at least one night.

Our outcomes

To help demonstrate the standard of patient experience at the trust we are given a score out of 100 by the CQC. There are five specific questions in the survey which were used for the national CQUIN which are:

- A. Were you involved as much as you wanted to be in decisions about your care and treatment?
- B. Did you find someone on the hospital staff to talk to about your worries and fears?
- C. Were you given enough privacy when discussing your condition or treatment?
- D. Did a member of staff tell you about medication side effects to watch for when you went home?
- E. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Our outcomes



	Performance measure 2010 (%)	Performance measure 2011 (%)	Performance measure 2012 (%)
St George's	68.4	66.1	66.6
London	64.7	65.0	66.8
National average	67.3	67.4	68.1

The score above is a composite score of the five questions. Our 2012 score shows that overall the inpatient experience at St George's is 'about the same as other trusts', and as expected of us by the CQC. This is also reflected in our results throughout the survey, where we are rated in the middle range for trusts across almost all sections in the survey. What this does not reflect is that a historical comparison of our scores show significant improvement from our 2011 survey in six areas as below:

- Hospital: room or ward not very clean or not at all clean
- Hospital: not offered a choice of food
- Nurses: did not always get clear answers to questions
- Nurses: talked in front of patients as if they were not there
- Care: staff contradict each other
- Overall: not asked to give views on quality of care

Since April 2013, there is now another way for patients to feedback called the "Friends and Family Test" (FFT). The trust has now implemented this initiative in the majority of adult, inpatient areas and A&E. On discharge patients are asked how likely they are to recommend us to a friend or family member and why they have given us their rating. In 2013/14 we are required to survey a minimum of 15% of patients discharged and publish the overall score. The score is calculated as a proportion of those who are extremely likely to recommend us versus those who are extremely unlikely, unlikely or neither/nor. The lowest possible score is -100 and the highest is +100.

In addition we also have a number of other survey questions that we ask patients (anonymously) about their experience based on the national annual inpatient survey. Our bespoke system allows for almost real-time feedback to enable staff to share good practice and implement any actions that may be required. We will continue to undertake national surveys but hope this process allows for more rapid feedback and action.

Staff use word clouds to display comments from patients in their clinical areas. Our word clouds give greater prominence to the words that appear most often in our survey results.



Our aims

Following the Mid Staffordshire inquiry, we will undertake another review of our complaints processes in line with any national recommendations expected summer 2013. We will aim to respond fully in a timely way, whilst learning from any mistakes that we may make and being honest if we get things wrong.

Areas of focus in the year ahead include building on all of the work undertaken in relation to privacy and dignity. We will continue to undertake visits to clinical areas with our patient representatives ensuring our values of kindness and respect are lived by all staff.

We will also ensure that nutrition and hydration are kept high on the agenda ensuring that patients have choice and help with meals and drinks when they need it.

All patients should be seen regularly by nursing staff via our intentional rounding scheme which has now been rolled out across the trust. Keeping patients informed and involved in their care is a priority.

Patient safety and ensuring that patients do not suffer avoidable harm is also a key focus and we have implemented the national Safety Thermometer which looks each month at high risk areas including VTE, falls, pressure ulcers, infections and blood clots. This information is submitted nationally and available to view on a public website.

Ensuring that patients have the right care, at the right time delivered by the right staff is crucial. In the year ahead we are looking to change the way our senior sisters and charge nurses work by giving them more time to monitor standards and work more in a supervisory capacity. We are focussing on strong, visible leadership so have introduced a development programme and have changed the uniforms of our senior ward staff so that they can be

quickly and easily identified following feedback that some patients didn't know who was in charge on their ward.

We hope that these and a number of other initiatives will ensure that our patients experience the highest standards of care in every area, every time.

Percentage of staff who would recommend the provider to friends or family needing care

Why is this important?

One of the trust's strategic aims is to be an exemplary employer and to be successful in the future we must commit time, resources and effort into supporting our staff and making St George's Healthcare both a great place to receive healthcare and a great place to work.

Our staff are core to our success and are well-placed to judge the quality of care we provide to our patients.

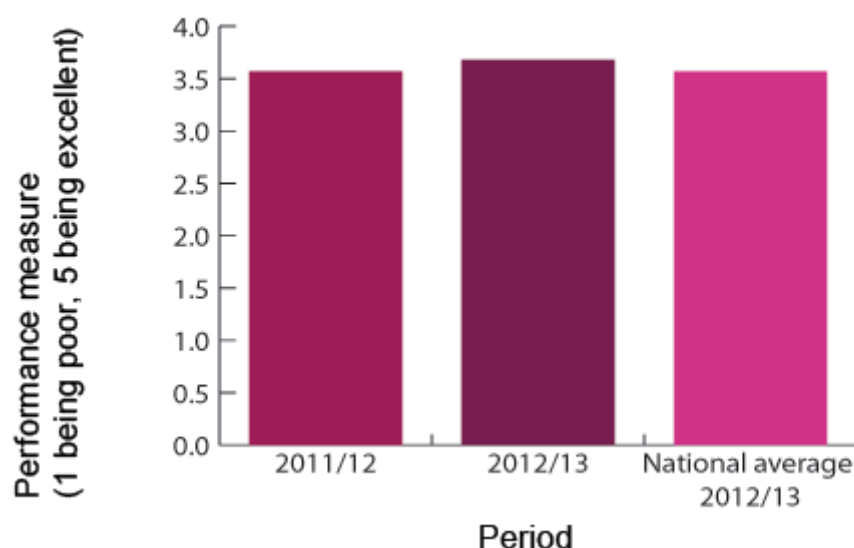
Our outcomes

As part of the 2012 NHS staff survey our staff were asked whether they would recommend the trust as a place to work or receive treatment. In response, 90 per cent of our staff said they would recommend St George's as a place to work or receive treatment.

On a scale of 1-5, with 5 being the most positive, this question was rated at 3.68 by our staff compared to 3.57 nationally for acute trusts.

St George's Healthcare is now ranked amongst the top 20 per cent of trusts nationally for staff who would recommend the trust as a place to work or receive treatment. Last year we stated that this was an achievement we were aiming to achieve by 2015.

Staff who would recommend St George's Hospital



Staff who would recommend St George's	Performance measure (1 being poor, 5 being excellent)
St George's 2012/13	3.68
St George's 2011/12	3.57
National average 2012/13	3.57

Our aims

The workforce is vital to the delivery of the highest quality clinical services, education and research, and will need to evolve to meet future needs. The Trust needs to value its staff and ensure they champion the Trust's values. Patients have commented that happy staff result in happy patients.

The trust has developed a workforce strategy that sets out our response to an analysis of the strengths, weaknesses, opportunities and threats in the workforce including information from the staff survey.

Key actions to develop a highly skilled and engaged workforce are:

- To undertake the Listening into Action staff engagement programme.
- To agree and implement a well being strategy.
- To establish a Midwifery Futures programme.
- To strengthen leadership and line management including the quality of appraisal.
- To improve patient safety, experience and outcomes through the provision of excellent and innovative education.
- Strengthen the sense of belonging to the trust of all acute and community staff.

Percentage of admitted patients risk assessed for VTE

Why is this important?

Venous thromboembolism (VTE) is a condition where a blood clot forms in a vein, which can cause substantial long term health problems.

Risk assessments for VTE ensure that we intervene with preventative measures at the earliest possible time according to the needs of each patient. It also helps us to identify any instances of deep vein thrombosis or pulmonary embolus occurring within 90 days of admission so that we can investigate and learn how to avoid these in the future.

The focus on this condition has helped to improve practice and ensure that our patients are treated safely.

Our outcomes

VTE documentation of risk assessments is considered one of the highest clinical priorities nationally and is has been a national CQUIN for all NHS trusts for 2011/12 and 2012/13.

All trusts across the country need to report the number of documented VTE risk assessments being conducted on admission as a proportion of the total number of hospital admissions.

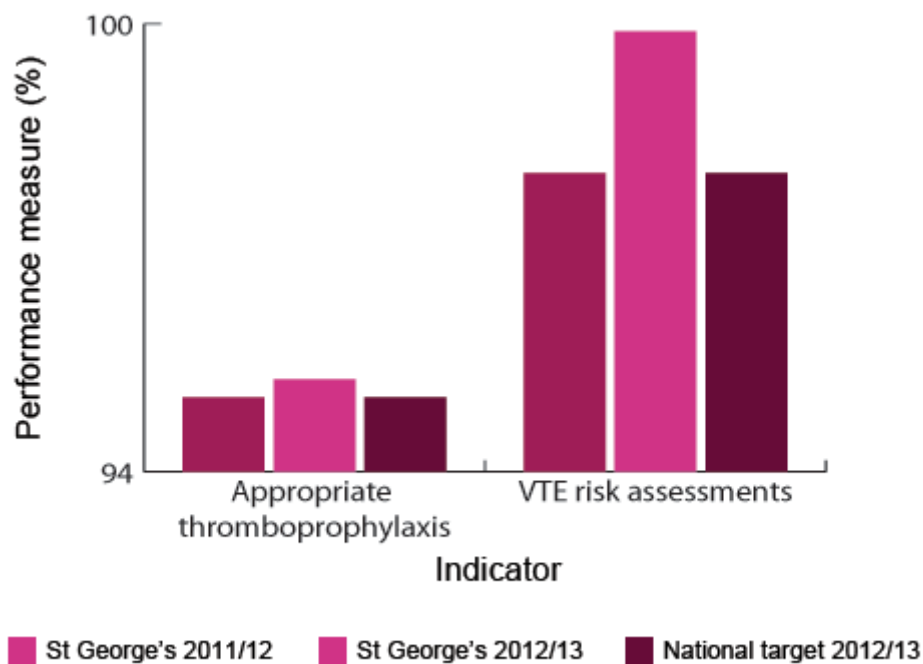
We also have to report the proportion of those cases where there is a documented risk assessment that appropriate thromboprophylaxis has been prescribed.

113,081 patients were admitted at St George's and Queen Mary's Hospitals during 2012/13*. 107,699 of these patients were documented on their discharge summary as being given VTE risk assessments, which is 95.24 per cent. The national target for VTE risk assessments is 95 per cent. We have also agreed a local target of 98 per cent with our commissioners, which demonstrates the importance of this target and our commitment to ensuring our patients' safety.

The number of patients given appropriate thromboprophylaxis was 4,078 out of 4,080, which is 99.9 per cent against a target of 98 per cent.

**data from Queen Mary's Hospital was included from June 2012*

Venous thromboembolism (VTE)



VTE risk assessments	Performance measure (%)
St George's 2012/13	95.24
St George's 2011/12	95
National target 2012/13	95

Appropriate thromboprophylaxis	Performance measure (%)
St George's 2012/13	99.9
St George's 2011/12	98
National target	98

How we record our data and report our performance

We report on the number of patients who are documented on their discharge summary as having had a VTE risk assessment as this information is recorded electronically, whereas the documentation for the VTE risk assessments conducted when a patient is admitted are paper based. Because we treat over 113,000 inpatients each year, our commissioners agreed that this has been the best way to report the data over the last few years.

Our own internal audits have found that there is a difference between the number of assessments we report on the discharge summaries and the number of paper assessment forms completed on admission.

We have been auditing the level of VTE assessments by checking 10 patients' records from every ward every month, which means we are auditing more than 4,000 records per year. Our audits show that whilst more than 90 per cent of patients' VTE assessment forms have been filed, only around 60 per cent of the forms are completed fully, i.e. every field is answered and the relevant fields are signed by a doctor. The number of assessment forms both filed and fully completed has risen over the last 18 months though it is of course a concern for the trust that there is a difference between the paperwork and the electronic data.

We are working to make recording VTE risk assessments simpler for our doctors. To achieve this we are developing a new VTE risk assessment form on our patient administration system and a new simple step-by-step guide on using this new form. As well as making the documentation process simpler and easier to audit, this will also allow us to report on assessments on admittance rather than discharge.

Our aims

VTE prevention and treatment is a top clinical priority for St George's. We are amongst the highest performing trusts in the country for VTE prevention, but we are working hard to make further improvements.

Next year we will be carrying out root cause analysis on all VTE cases at St George's and Queen Mary's Hospitals within 90 days of the patient being admitted to hospital. This includes day surgery, fracture clinic, regular day attendees and obstetrics patients as well as all inpatients. This root cause analysis will help us to understand why some patients develop VTE, and whether there are any changes we could make to our clinical practice that would reduce the risk of patients developing VTE.

To help us further improve the number of patients risk assessed and the number of patients given appropriate thromboprophylaxis we will continue our programme of training, education and feedback across the trust.

To ensure that all new staff are aware of the importance of VTE risk assessments, we have made VTE awareness part of the staff induction programme that all staff have to complete before starting work with us, and have developed specialist VTE training programmes for junior doctors.

We have also invested extra resources into extra consultant time to be dedicated to VTE risk assessments and teaching, and have a specialist VTE nurse supporting assessments, teaching, auditing and awareness across the trust.

Our performance against both of these indicators will be continue to reported on a monthly basis at divisional governance meetings, with divisional VTE leads helping to maintain awareness of the importance of VTE assessments across all of our wards.

To further increase the profile of VTE prevention we have implemented the national Safety Thermometer which looks each month at high risk areas including VTE, falls, pressure ulcers, infections and blood clots, and have introduced a harm free care study day for nursing and midwifery staff which has VTE prevention as one of the modules.

Infection Control: Rates of C.difficile and MRSA

Why is this important?

The prevention and control of healthcare acquired infections at St George's is a top priority. Our aim is to make our facilities as clean and safe for patients as possible. Alongside the cleanliness of our wards, we also continue to focus on our programme of comprehensive training for staff, stringent hand hygiene and careful use of antibiotics.

The trust uses an array of measures to stop the spread of infection to patients. Our Infection Control Team, made up of doctors and nurses, works around the clock, monitoring infections and providing ward staff with advice on how to prevent, treat and contain the spread of bugs to patients. The trust also routinely screens all appropriate elective patients for MRSA, in line with our MRSA screening policy

What is C.diff?

Clostridium difficile (*C.diff*) is a bacteria that can cause mild to severe diarrhoea and inflammation of the bowel. *C.diff* infection can be prevented by a range of measures, including good hand hygiene, careful use of antibiotics and thorough environmental cleaning. By monitoring the prevalence of infections acquired in hospital, we can introduce better measures to reduce the risk of infection for all of our patients.

Clostridium difficile (*C. diff*) is a bacterium that is present naturally in the gut of around 3% of adults and 66% of children.

C. diff does not cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of 'good' bacteria in the gut. When this happens, *C. diff* bacteria can multiply and cause symptoms such as diarrhoea and fever.

As *C. diff* infections are usually caused by antibiotics, most cases usually happen in a healthcare environment, such as a hospital or care home. Older people are most at risk from infection, with the majority of cases (80%) occurring in people over 65.

Most people with a *C. diff* infection make a full recovery. However, in rare cases, the infection can be fatal.

What is MRSA?

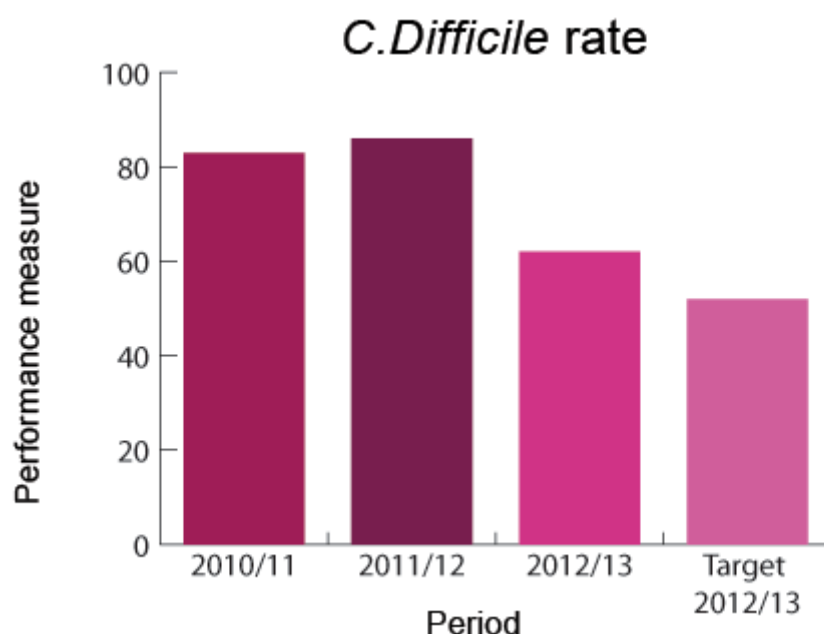
MRSA stands for Meticillin Resistant *Staphylococcus aureus*. This means that Meticillin (an antibiotic) does not work on this type of bacteria. Therefore infections with MRSA can be harder to treat with antibiotics. However, the majority of patients who develop an MRSA infection are successfully treated with antibiotics.

Most people with MRSA carry it without any harm to themselves or their family. However it can sometimes cause serious infections, especially if it gets into a wound. This is why we try to stop MRSA spreading around the hospital.

Our C.diff outcomes

During 2012/13 we acquired 62 cases of C.diff. which is a 28% reduction in the number of cases compared to the previous year. We did, however, breach our nationally agreed target for C.diff during 2012/13, which was to acquire no more than 52 cases.

Our 2013/14 target is to acquire no more than 45 cases of C.diff.



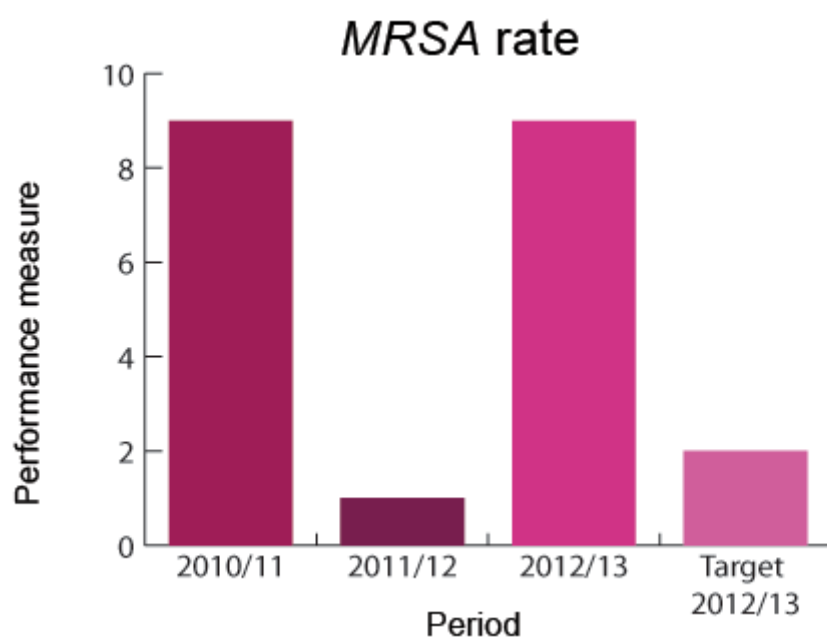
C.difficile rate	Performance measure
St George's 2012/13	62
St George's 2011/12	86
St George's 2010/11	83
Target 2012/13	52

Our MRSA outcomes

We acquired nine MRSA bloodstream infections during 2012/13 and subsequently breached our nationally agreed target which was to acquire no more than two infections during the year. This is also an increase compared to the previous year during which time we acquired only one infection.

We are disappointed in this rise, and have investigated each individual case to identify any potential patterns in the nature of infection. Intravenous line care has been identified as one of the contributory factors in this rise, so we have redoubled our focus on line care at the trust in order to improve our performance.

We have conducted a 'table top' peer review with colleagues from another London trust to help review our current practice and have also reintroduced C.diff ward rounds to ensure a real-time review of patients' care and management, including cleaning standards.



MRSA rate	Performance measure
St George's 2012/13	9
St George's 2011/12	1
St George's 2010/11	9
Target 2012/13	2

Our aims

We aim to record no more than 45 cases of C.diff during 2013/14 and zero cases of MRSA.

Rate of patient safety incidents and percentage resulting in severe harm or death

Why is this important?

Modern healthcare is increasingly complex and occasionally things go wrong, even with the best practices and procedures in place.

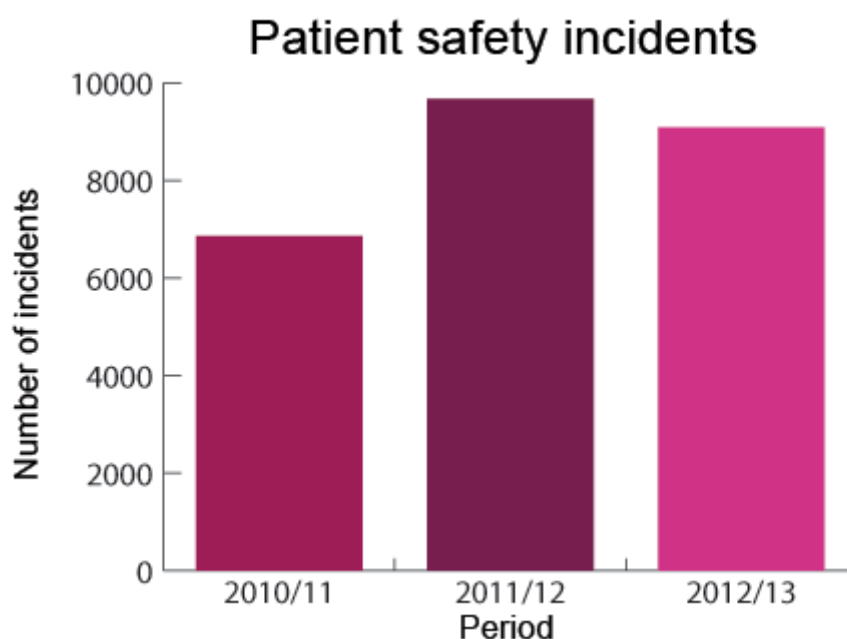
An open reporting and learning culture is important to enable the NHS to identify trends in incidents and implement preventative action. The rate of reported patient safety incidents - i.e. unintended or unexpected incidents which could have led, or did lead, to harm for one or more patients receiving NHS-funded healthcare - is expected to increase as a reflection of a positive patient safety culture.

This view is supported by the National Patient Safety Agency (NPSA) who state "organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are."

Our outcomes

There were 9,084 patient safety incidents in 2012/13 compared to 9,663 the previous year. This shows that we continue to actively report as many incidents as we can, demonstrating that at St George's we are committed to developing good systems that enable us to learn from things that go wrong and prevent them from happening again.

There were two high and two extreme severity incidents during the year. This is less than 0.05 per cent of all reported incidents. Serious Incident investigations are ongoing for three of these incidents, so the severity grading may change upon completion of the investigation.

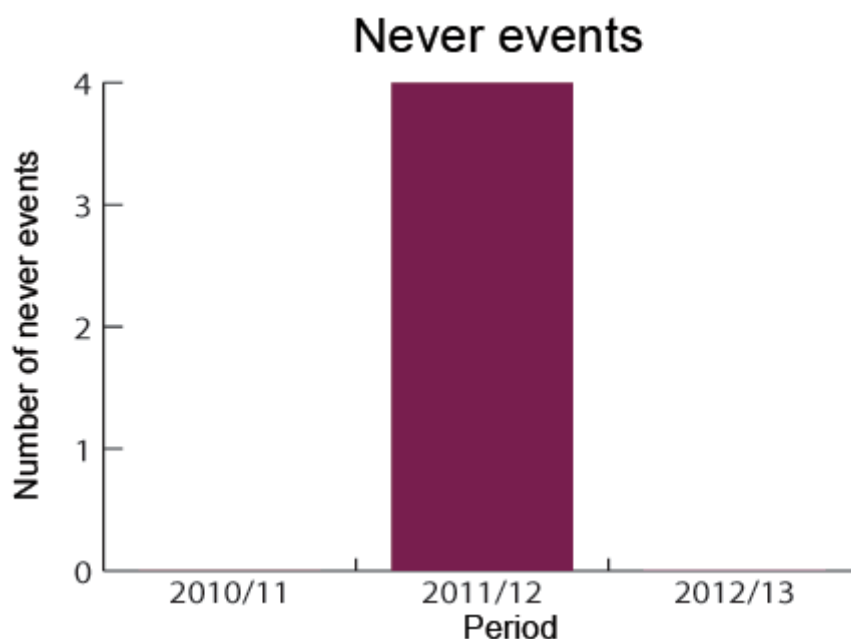


Patient safety incidents	Number
St George's 2012/13	9,084*
St George's 2011/12	9,663
St George's 2010/11	6,854

Over the last year we have introduced some important changes to help us reduce any risk to our patients, including making improvements to patient information and encouraging patients to share their worries and concerns with a senior sister or matron on the ward so that they can be resolved quickly. We have also introduced a SBAR (situation, background, assessment and recommendation) tool across the trust to help staff fully evaluate each patient and to gather all the necessary information to ensure accurate and timely communication between clinical teams.

Never events

A never event is an event or incident that is unacceptable and preventable within the NHS. During 2012/13 there were no never events at St George's.



Never events	
St George's 2012/13	0
St George's 2011/12	4
St George's 2010/11	0

Our aims

Maintaining the safety of our patients will always be an absolute priority for the trust, and one of our biggest challenges. When things do go wrong, it is vital that we learn from them and adapt our approach to make sure we do not repeat our mistakes.

To help us further develop our open reporting and learning culture over the next year, we are focussing on two key areas, creating reliable systems and culture and engagement:

Creating reliable systems

- Create divisional priority plans for safety and integrate with other quality initiatives.
- Develop ward level data to mirror St George's safety data integrating with other relevant performance reports.
- Ensure that ward establishments are adequate to provide safe effective care in clinical areas

Culture and engagement

- Identify leads in all care groups for dissemination of quality information.
- Identify systems that prevent staff working as effectively as they need and prioritise for action.
- Foster a culture of staff engagement to ensure that managers listen and act on staff concerns.
- Host regular patient safety staff open forum so that staff are aware of safety messages.
- Identify systems to measure culture and use data to identify further safety work.
- Implement the contractual Duty of Candour.
- Provide information for patients on how to keep themselves safe in hospital.

Learning from Serious Incidents - Kane Gorny

Unfortunately things don't always go well in hospitals and the consequences can be devastating. July 2012 saw a coroner's inquest into the death of Kane Gorny at St George's Hospital in 2009. Kane had very complex medical needs and had been successfully treated at St George's for a number of years following a brain tumour, but when he was admitted for an operation on his hip we failed to care for him as we should have, and sadly he died as a result.

Kane suffered a medically induced dehydration brought on by him not being given the hormone medication he needed to control his highly abnormal fluid levels. This was made worse by a number of missed opportunities and failings to provide the care that Kane needed before he died. Kane's death was truly shocking and has deeply upset our staff.

The coroner was severe in their criticism of the way Kane was treated, ruling that the cause of Kane's death was dehydration by neglect. However, the coroner was also clear that Kane's death had prompted the appropriate response from the trust, with a significant

number of changes made across the organisation to reduce the risk of anything like this happening again.

Following Kane's death in 2009, our staff have worked hard to make the changes needed to improve care for other patients as they are identified, reducing the risk of any issues escalating and becoming more serious. We have made changes to senior leadership on our wards and following feedback from staff and patients have implemented a visible leadership programme with senior sisters on our wards now wearing bright red uniforms, making it easier for everybody to identify who is in charge and who to escalate problems to.

Our staff have also identified and implemented a number of patient safety measures, including an early warning score system on our patient's notes. Our new electronic patient records system reduces the risk of our clinicians not having access to vital and life-saving information, which is sadly what happened when Kane was admitted.

We have introduced a number of additional safety measures in our surgical trauma and orthopaedic wards. We have also opened a new Pre-Operative Care Centre to improve assessment of patient's needs before surgery.

We have also introduced monthly patient safety forums which look at Serious Incidents where there are lessons to be learned, and encourage staff to think about how systems could be improved to further support patient safety and experience in their own areas. These monthly forums are attended by staff from across the organisation.

We can never bring Kane back, and we can never apologise enough for his death. What we can do is make sure that he is never forgotten, and honour him by making sure that we learn from this tragic case. Whilst mistakes do unfortunately happen in hospitals, this is a mistake that should never have occurred. When things do not go right, we are committed to being open about our mistakes and doing all we can to learn from them.

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

Why is this important?

Cancer targets are set nationally by the Department of Health and ensure that patients, who are either suspected of having cancer or who have been diagnosed, receive treatment as quickly as possible.

An earlier diagnosis often means a better outcome for the patient – because treating cancer as early as possible is one of the best ways to stop it in its tracks, so the aim is always to get people in for treatment as quickly as possible if there is a suspected cancer.

Our outcomes

The trust has passed all national cancer treatment and diagnosis targets for 2012/13, improving the prospects for thousands of cancer patients.

Over 95 per cent of patients with suspected cancer were seen at St George's and Queen Mary's Hospitals within 14 days of seeing their GP. Nearly 98 per cent of cancer patients received their first treatment within one month of being diagnosed. The trust can sometimes see over a thousand two-week referrals in one month.

88 per cent of cancer patients had their first treatment within 62 days of being referred to St George's Healthcare by their GP. In 2012/13 the trust treated 88 per cent of cancer patients within two months of referral. The national target for this indicator is 85 per cent.

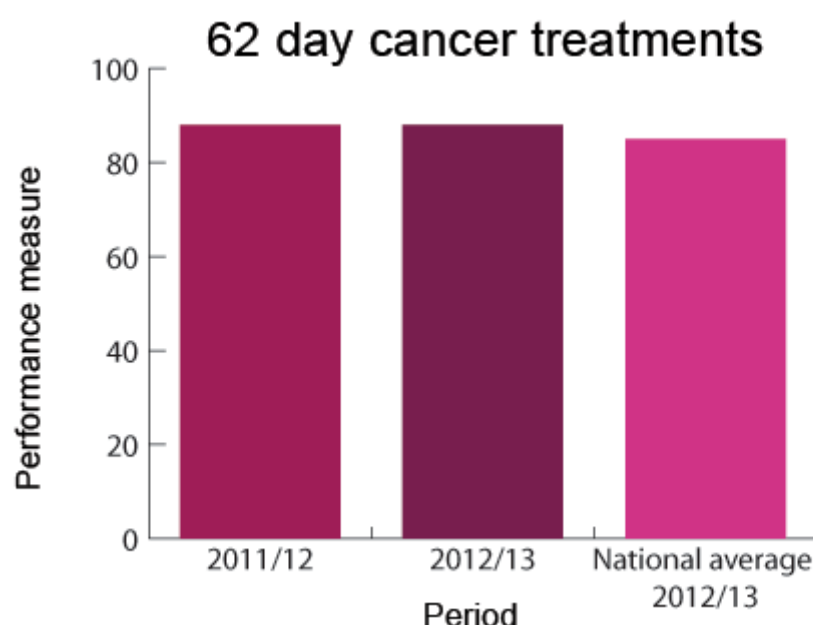
95 per cent of all cancer patients had their first appointment with a specialist cancer consultant within two weeks of their referral.

During 2012/13 the trust met every national cancer target, providing quick screening, diagnosis and treatment for cancer patients. This is the second year in a row the trust has met all targets.

As well as meeting our targets for treating cancer patients within 62 days, we have consistently met all our cancer targets over the last few years. These include:

- Two week wait - patients seen in 14 days by specialist when referred by GP or dentist with suspected cancer
- Breast symptom two week wait - patients seen in 14 days by a specialist when referred with breast symptoms not suspected cancer
- 31 day first treatment - patients receiving their first definitive treatment within one month of diagnosis
- 31 day subsequent treatment (drugs) - patients receiving their second or subsequent treatment within one month of decision to treat

- 31 day subsequent treatment (surgery) - patients receiving their second or subsequent treatment within one month of decision to treat
- 62 day standard treatment - 88.3 per cent of patients receiving their first treatment within two months of GP or dentist referral with suspected cancer
- 62 day screening standard - patients receiving their first treatment within two months of referral from national screening service



62 day cancer treatments	Performance measure
St George's 2012/13	88%
St George's 2011/12	88%
National target 2012/13	85%

Our aims

The primary aim of the cancer service is to maintain continuation of compliance with all national cancer targets in 2013/14. The service will maintain this through the regular monitoring and interrogation of breaches and following up with care group leads to generate action plans where required. Also, whilst the trust is currently performing above the requirements, there are a couple of areas for improvement in order to build upon the successes of the previous two years.

The cancer services department is working closely to monitor and improve process with regards to the administration of both the 14 day GP referral and 14 day breast symptomatic referral standards. Both targets are directly linked to the successful operations of the two week rule office and, although performance is still above target for the year, cancer services are aware that performance can be built upon moving into the new financial year. An action plan has been formulated and the cancer management team will be supporting the

operations of the two week rule office to ensure efficiency and quality is maintained and improved further.

Cancer services have also highlighted the need to work closely with referring trusts in south west London to ensure patients are tracked and are seamlessly transferred between providers to avoid unnecessary administrative delays. St George's engagement with the London Cancer Alliance, as well as ongoing discussions with local providers, will continue to form the basis of solid foundations to further enhance inter-trust operations. Collaboration between our main referring providers will improve and strengthen the trusts position against all three of the 62 day targets.

London Cancer Alliance

Two St George's Healthcare NHS Trust clinicians have been appointed pathway group chairs for the London Cancer Alliance (LCA).

Mr Nicholas Hyde, lead cancer clinician at St George's, who already sits on the LCA Clinical Board, has been appointed LCA pathway group chair for head and neck cancer, and Professor Barry Powell, head of melanoma services at St George's, has been appointed the LCA pathway group chair for skin cancer.

The LCA was established in 2011 as the integrated cancer system across south and west London. The LCA works in partnership with 17 NHS organisations to provide comprehensive, integrated cancer patient pathways and services, driving improvements in patient outcomes and experience for the populations served.

LCA Pathway Groups ensure that patients across south and west London have access to the same high quality diagnostics and care, as well as taking on responsibility for co-ordinating the research, education and development of cancer services.

Mr Hyde said: "I am delighted to be part of what promises to be a very exciting project in the development of London's cancer services. I hope the group I will chair is able to increase awareness of the signs and symptoms of head and neck cancer to help reduce the stage at which this disease presents.

"There are undoubtedly some significant hurdles to overcome and my hope is that I might bring leadership and direction to this work."

Professor Powell said: "St George's has always been at the forefront of skin cancer services, not only nationally but internationally. It is right that the trust is recognised for this by taking a lead role for the development of skin cancer services for a large area of London."

Ros Given-Wilson, medical director, said: "These appointments underline St George's reputation as an accredited centre of excellence for cancer services. Having two of our clinicians appointed to these roles is a testament to the trust's development of its cancer services over the last 10 years and to the dedication of Nicholas, Barry and their teams. We are very proud to support Barry and Nicholas in their roles at the LCA. "

Health visiting service update of service provision

Why is this important?

During 2012/13 the St George's Healthcare health visiting team was named by the Department of Health as an early implementer site for the Health Visitor Implementation Plan, which has been established to expand and strengthen health visiting services nationally.

As an early implementer site the health visiting service has had additional support from the Department of Health to develop a universal antenatal health visiting pathway, to further assist in delivery of the full Healthy Child Programme in Wandsworth and to lead the way on developing new programmes for health visiting training and return to practice roles, which sees qualified nurses return to health visiting after working in other areas.

As an Early implementer site we have managed to create and produce a New Health Visiting information leaflet for families and other professionals to understand the service offer available. This was done by using the current practice development group. This leaflet will be sent to all families in the antenatal period as an introduction to the service. We have forged good links to the midwifery service within St Georges to aim a more streamline referral pathway to our service.

Wandsworth is one of the London's largest boroughs with close to 300,000 residents, and is also one of the youngest and most ethnically and culturally diverse. The St George's Healthcare health visiting team provides vital healthcare services to the families of the 25,000 children under the age of five living in Wandsworth. Our health visiting service plays a vital role in helping children get the best and healthiest start in the vital early stages of life which will assist them to reach their full potential in both childhood and later life.

Health visitors play a vital role in identifying the health needs of young children and in supporting parents to provide the care their children need. Each GP practice in the borough of Wandsworth has a linked St George's Healthcare health visitor, and every Children's centre in Wandsworth has a St George's Healthcare health visitor as a board member and a team which provide sessions within children centres based on local needs.

Our health visiting team works very closely with colleagues from Wandsworth Council, schools, Early years settings, voluntary sector organisation, GP practices and other health professionals, and play a vital role in identifying potential safeguarding issues.

Our outcomes

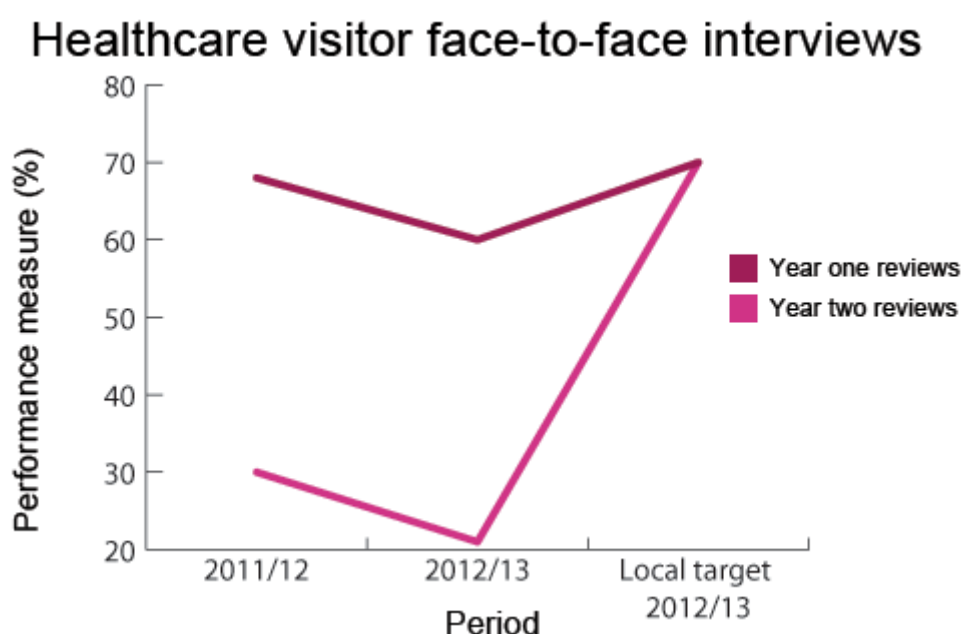
Our health visitors aim to conduct face-to-face family health assessments with each child in Wandsworth annually for the first three years after they are born. These assessments are voluntary and parents don't have to take part in them if they don't want to. Our target was to see 70% of families at year one reviews and 70% at year two reviews.

During 2012/13 we invited 100% of families to attend and successfully completed and recorded 68% of face-to-face year one reviews and 30% of year two reviews.

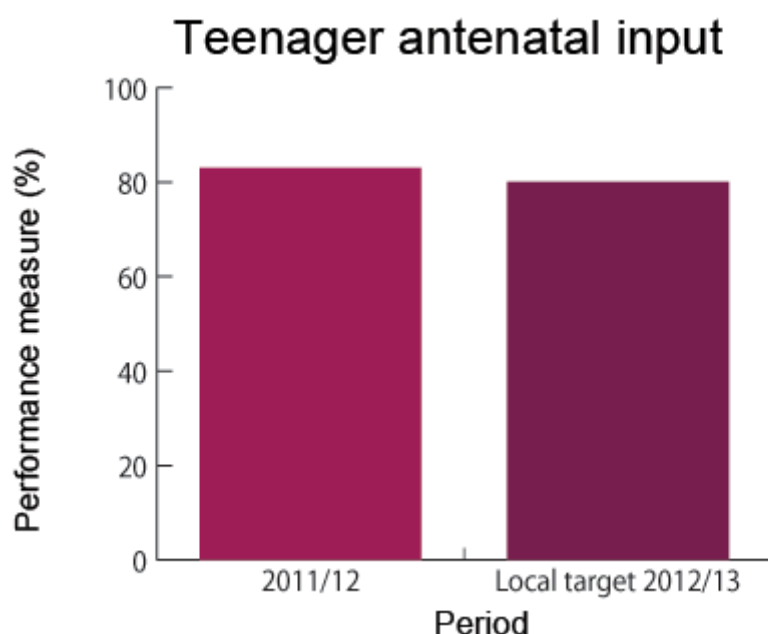
This represents an increase compared to 2011/12, when 60% of year one reviews were completed and 21% of year two reviews were completed.

We have increased the rate of assessments through increasing awareness of the team and the benefits of the assessments across the borough, and by improving the way data is recorded and the quality of the data. We are working with the local authority to improve our year two performance.

In addition, the health visiting service has also supported 35 out of a possible 42 pregnant Wandsworth teenagers with ante-natal input. This is 83% against a CQUIN target of 80%.



Healthcare visitor face-to-face interviews	Year one reviews	Year two reviews
St George's 2012/13	68%	30%
St George's 2011/12	60%	21%
Local target 2012/13	70%	70%



Teenager antenatal input	Performance
St George's 2012/13	83%
Local target 2012/13	80%

Our aims

- Increase the current antenatal offer to more women, including women booked outside of St George's Hospital
- Increase the 2-2.5 year review activity – aim for 75% uptake
- Continue to improve links with children's centres and local GP's
- Use client feedback from surveys to enhance the service offer.
- Better support for women to prolong breastfeeding and work towards baby friendly accreditation
- Continue to work towards the national health visiting agenda to promote health visiting and increase the core service offer.
- Continue to support student health visitors in line with the national agenda.
- Work with Local Early Year's partners to increase the referrals from health visitors to Children's Centre with the introduction of an information sharing card- to commence in March/ April 13.
- Increase patient facing time for health visiting to 40%
- Explore the possibility of providing Family Nurse Partnership within Wandsworth 2013/14 to support teenage parents. (In line with the national Framework)

Offender healthcare medicine management

Why is this important?

St George's provides primary care and substance misuse healthcare services at HMP Wandsworth. HMP Wandsworth is a category B male prison and is the largest prison in the UK with a certified normal accommodation of 1,665 offenders.

Offenders are less likely to have accessed health services before getting to prison and are more likely to suffer from long term chronic conditions than non-offenders. There is also a higher rate of mental health conditions and addictions amongst offenders when compared to the general population.

Poor medicine management has historically been identified as a recurring theme in serious incidents reported at the prison. We are committed to improving the health of offenders and to reducing the risk of serious harm or illness through conducting medication risk assessments and developing better systems for helping offenders manage their medication.

Our outcomes - polypharmacy clinic

A new polypharmacy clinic was introduced at HMP Wandsworth in August 2012 as a pilot scheme. The clinic reviews offenders who are in receipt of a complex medication regime of five medications or more. Our aim for 2012/13 was to hold a polypharmacy appointment with 70 per cent of offenders who met the criteria for this.

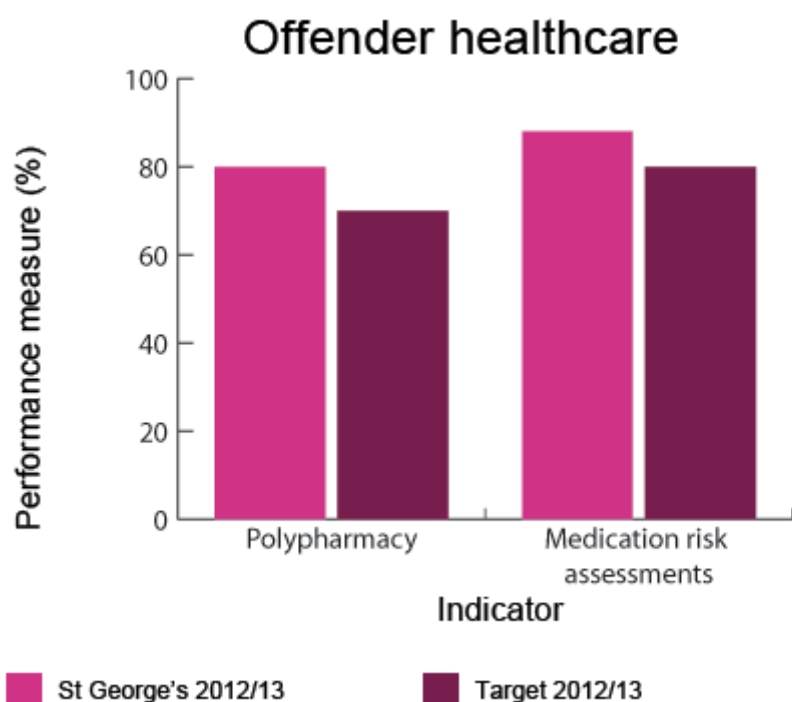
124 prisoners met the criteria for requiring a poly-pharmacy review during 2012/13. All were offered an appointment and 99 out of 124, or 80 per cent, attended a polypharmacy clinic appointment, meaning that we achieved our target.

Our outcomes - in-possession medication risk assessments

Medication for offenders is provided in two main ways

- In-possession medications, where a prisoner is given a supply of medication to self administer in their cell.
- Non-in possession medications, the offender goes to a medication hatch and receives their medication under supervision.

Where it is appropriate offenders undergo a risk assessment to hold their medications 'in-possession. Holding medications in-possession is a positive step in assisting offenders to take responsibility for their health. From January to March 2013 295 prisoners were assessed for in-possession medications and 88 per cent of these received their medications in-possession. This means that we also met another CQUIN target which was to have over 80 per cent of offenders risk assessed for in-possession medication.



Offender healthcare	Polypharmacy appointments
St George's 2012/13	80%
Target 2012/13	70%

Offender healthcare	In-possession medication risk assessments
St George's 2012/13	88%
Target 2012/13	80%

Aims for 2013/14

Following the successful pilot of the polypharmacy clinic, we have made the decision to keep the clinic running indefinitely, and will continue to offer appointments to all offenders who meet the criteria.

We will also continue to promote the use of in-possession medications where appropriate after reviewing risk assessments of relevant offenders.

During 2013/14 we will also complete phase two of the SystmOne electronic prescribing and administering work programme, and will finalise the establishment of processes up for the identification and monitoring of prescribing patterns. Both of these will help us to further improve medication management in HMP Wandsworth.

Statements on the Quality Account 2012/13

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Accounts presents a balanced picture of the trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Christopher Smallwood
Chairman



Miles Scott
Chief executive

Feedback: Wandsworth Healthwatch

Healthwatch Wandsworth is interested in St George's performance in the three key areas of effectiveness, safety and patient experience. The report shows that much has been achieved over the past year and equally there are many areas that have been identified for scrutiny and improvement.

Our comments on the Quality Account are grouped under these headings:

Effectiveness

The continued good performance on mortality is very much welcomed. What is not clear is whether St George's understands why it is performing so well so that this can be sustained going forward, giving patients further reassurance that adverse events will be avoided as far as possible.

The increase in emergency readmissions within 28 days over the past year is worrying. It is accepted that the reasons are complex and that the solutions needed require multi agency co-operation. We believe this needs close and regular scrutiny.

The reduction in positive comments received from patients comparing their health before and after treatment is another area of concern. We would wish to see the coverage of the data and the response rate improved so as to provide a more robust measure of this important indicator.

Safety

We note that rates for MRSA and C Diff infection are reducing, which is to be applauded - but not fast enough according to St George's own targets.

We note that CQC did not think that their standard for cleanliness and infection control was being met. We are pleased that this is being taken seriously - if an Inspector on one day spots a lot of good things but also spots something worrying, the chances are that it is not a one off.

Patient Experience

We found the evidence about patient experience disappointingly thin and partial. Effective measures are restricted to the annual CQC patient survey and the methodically limited Friends and Family Test. Other measures are relevant, particularly the welcome reduction in mixed sex accommodation. But it is disappointing that transport waits are lengthening.

We are concerned that the CQC annual patient survey shows St George's may be flat-lining at an average level of performance. We are also concerned at CQC's critical judgement on patient experience issues at its most recent inspection – we feel that this reflects a level of inconsistency in staff implementation of good practice which should be urgently addressed.

However, we appreciate that the cost improvements required in 2012/13 were particularly large and they may have somehow affect St. George's performances in this area.

Learning from experience

We note and welcome the Trust's commitment to openness and to learning from mistakes and believe that the Trust has robust mechanisms to achieve this. However, we could find little in the Quality Account to demonstrate this in action.

We look forward to working with St George's to improve their presentation of performance to the wider public during 2013/14.

Feedback: Wandsworth Council Adult Care and Health Overview and Scrutiny Committee

The Trust is rightly proud that it consistently achieves a lower than expected mortality rate for the treatments it provides. This is a good indicator of the high clinical quality it achieves. There is much other evidence of the Trust's commitment to clinical excellence. In the past year, the Committee's own review of clinical negligence claims and clinical risk management confirmed that St George's performs better than any other acute trust in South West London and is on a par with other London teaching hospitals.

On the other hand, the Quality Account perhaps understates the importance which must be attached to the Care Quality Commission inspection of January 2013. It is fairly noted that the Care Quality Commission reported that the majority of patients spoken to commented positively on their experience of the Hospital. However, the number of standards which the Trust was found not to be meeting gives rise to the Overview and Scrutiny Committee's concern that the Trust's culture of excellence in clinical care does not extend to other aspects of patient experience. It is suggested that the Trust's key improvement priority should be to address this. All aspects of the patient experience must be considered, and there must be systems in place to monitor patient experience at all stages of the patient journey. It is essential that this focus is fully and visibly supported by the Trust's management and clinical leadership. This will be a focus for the Committee's scrutiny for the coming year.

The Overview and Scrutiny Committee welcomes the recognition that community services should be priorities. It will continue to ensure the Trust and Council work effectively together on these services and will include them in future scrutiny.

Feedback: South London Commissioning Support Unit on behalf of Clinical Commissioning Groups that commission services from St George's

CCG commissioners have reviewed the Trust's Quality Account for 2012/13 and the following is a summary of performance against national standards, with expectations for the year ahead (listed below).

The Trust has continued to perform well and worked hard to improve the quality of care it provides to our patients. St George's sustained cancer performance along with improvements in both the outpatient and inpatient survey, never events and 18 week waiting times is commended.

It is disappointing however that performance has decreased in MRSA bacteraemia and C.Difficile infections. Commissioners have had sight of the Trust's Infection Control Action Plan for 2013/14 and welcome the continued focus on stringent measures to ensure zero-tolerance for HCAs for 2013/14. The Trust has been open and honest in its reporting of Serious Incidents to commissioners during 2012/13. Commissioners hope that continued joint review of incidents and implementation of organisational learning from subsequent reviews [brings](#) a reduction in both serious incidents and healthcare acquired infections (HCAs) in 2013/14.

We are encouraged to see the Trust is reviewing its performance following the recommendations of the Francis report and we await their full response later on in the year. We look forward to seeing an increased focus on patient experience and consistency of quality of care across the whole Trust, recently highlighted as an area for improvement in the Care Quality Commission inspection in January 2013.

Commissioners are committed to working collaboratively to assist the Trust in achieving their goals, particularly plans to redesign care pathways to keep more people out of hospital. We will also be working to help prevent admissions from occurring by identifying those with increased needs and providing greater capacity to undertake appropriate interventions in the community. Transforming community service and out of hospital care is a priority for the CCG's in 2013/14. The CCG's are also reviewing the models of care and the urgent care pathways and are committed to continuing to work closely with the Trust to ensure the right clinical balance of services. The CCG's welcome the specific priorities for 2013/14 which the Trust has highlighted in the quality report, all are appropriate areas to target for continued improvement and link with the Clinical Commissioning priorities.

Indicator	2012/13	2013/14
Mortality indicators	St George's Healthcare was identified by the Health and Social Care Information Centre (HSCIC) as one of 11 trusts that have had a lower than expected mortality rate for the two years analysed to date (July 2010 to June 2011 and July	Maintain lower than expected mortality rate

Indicator	2012/13	2013/14
	2011 to June 2012).	
18 Week Waiting Times Patients to wait no longer than 18 weeks from referral to treatment.	The target was met throughout the year for non-admitted patients For admitted patients the target was not met for the first 6 months of the year but was achieved in the final six months.	To maintain compliance throughout the year with 18 week waiting times target for admitted and non-admitted patients.
Emergency Access (A&E 4 hour target) 95% of all patients attending accident and emergency should be treated, admitted or discharged within a maximum of 4 hours.	95.97% of patients were treated, admitted or discharged within 4hrs	Maintain above 95%
Cancer Waiting Times Targets 2 week rule (the maximum wait for an urgent referral). 1 month to treatment from confirmed diagnosis. 2 months to treatment (wait from urgent referral).	All targets met	Maintain good performance on all targets
CQUIN Achievement	A fall in performance for St George's overall, however an improvement on 2011/12 for the Queen Mary's site SGH 75% QMR 90% CSW 90%	To improve performance against CQUIN targets at SGH, QMR and CSW
Eliminating Mixed Sex Accommodation	The Trust maintained good performance with regards to mixed sex accommodation in 2012/13	Commissioners acknowledge that the Trust has achieved significant reduction during 2012/13 but more still needs to be done and this is

Indicator	2012/13	2013/14
	A remaining problem area is the delayed discharge of patients from critical care beds. The majority of which are caused by waits for a bed on the appropriate ward.	still a priority focus area for 2013/14.
Healthcare Acquired Infections No more than 52 cases of Clostridium Difficile during 2012/13.	SGH exceeded the national target for C Difficile (61 cases) however this represents a marked improvement on the previous year (86 cases in 2011/12) Commissioners agreed a local target for C-Difficile which was met.	Trust to continue improvement in 2013/14 No more than 45 cases of Clostridium Difficile during 13/14. Commissioners did not agree a local target for 2013/14.
Healthcare Acquired Infections No more than 2 cases of MRSA (bacteraemia) during 2012/13	SGH had 9 cases of MRSA in 2012/13	No cases of MRSA in 13/14.
Maternity Services	The Maternity CQUIN was fully met including ratio of midwives to deliveries has been maintained at 1:27 throughout the year.	To achieve the Maternity CQUIN milestones in 2013/14
Never Events	There were no never events in 2012/13	No Never Events in 2013/14
Serious Incidents (SI) Timely reporting and learning from errors	The Trust met the national target for completing root cause analysis within the time frame. The Trust has strengthened SI review processes. These include a regular thematic analysis of SIs, to reduce, as far as possible, the potential for the same error to recur.	To maintain a good performance in root cause analysis of SIs.
CQC / External Audit Results		
Care Quality Commission Inspection report. QC in	The results of a CQC inspection visit in January 2013 to measure compliance against eight of the 28 essential standards. The results were very disappointing with only	Further improvement in experience of inpatients. Address issues raised and ensure

Indicator	2012/13	2013/14
	<p>two out of eight standards met.</p> <p>Out of the six areas of non-compliance, three were considered to have a minor impact on patients and three were considered to have a moderate impact. No areas were considered to have a major impact.</p>	<p>consistency of high quality care across Trust.</p>
<p>National inpatient Department Survey</p>	<p>St George's 2012 result show the overall inpatient experience at St George's is 'about the same as other trusts' and as expected by the CQC.</p> <p>The Trust's scores show significant improvement in six areas in comparison with their 2011 survey.</p>	<p>Improve 2013 score in line with the national average (68.1%)</p> <p>Implement and embed new patient feedback system the 'Friends and Family Test'</p>

Independent auditor's limited assurance report to the directors of St George's Healthcare NHS Trust on the annual Quality Account

We are required by the Audit Commission to perform an independent limited assurance engagement in respect of St George's Healthcare NHS Trust's Quality Account for the year ended 31 March 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 (the Act). NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death (on pages 58-61); and
- Percentage of patients readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period (on pages 42-45).

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

- The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.
- Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:
- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2012/13 issued by the Audit Commission on 25 March 2013 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.
- We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.
- We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:
- Board minutes for the period April 2012 to June 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to June 2013;
- feedback from the Commissioners dated 21/06/2013;
- feedback from Local Healthwatch dated 21/06/2013;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 03/10/2012;
- feedback from Wandsworth Council Adult Care and Health Overview and Scrutiny Committee dated 25/06/2013;
- the latest national patient survey dated 16/04/2013;
- the latest national staff survey dated 28/02/2013;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 24/05/2013;
- the annual governance statement dated 06/06/2013;
- Care Quality Commission quality and risk profiles dated 31/03/2013;
- the results of the Payment by Results coding review dated 02/06/2013; and
- We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively "the documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of St George's Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and St George's Healthcare NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.
- A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations. In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by St George's Healthcare NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Andy Mack
Senior Statutory Auditor, for and on behalf of Grant Thornton UK LLP
Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

26th June 2013

Appendix A - CQUINS for 2012/13

Quality Account CQUIN summary – St George's Hospital contract CQUINS 2012/13 as at May 2013

CQUIN	Annual forecast achievement	Comments
VTE assessment	PARTIALLY MET	The percentage of documented VTE assessments conducted for the financial year is 95.2%. The Trust has not achieved VTE CQUIN Part A target of 98%. VTE continues to be a top clinical priority within the trust and performance will be reported on a monthly basis at Divisional Governance meetings.
VTE prophylaxis	FULLY MET	98 per cent of patients found to be at risk following VTE risk assessment have been provided with appropriate prophylaxis.
Patient experience	NOT MET	Although four out of five questions have improved as has the score compared to last year, as the overall composite score and the combined score for the 2 specific questions have not met the target, the CQUIN has not been achieved. This is very disappointing and does not demonstrate the standards maintained and improvements achieved overall.
Dementia	NOT MET	The 90% target has not been reached, plans are in place to change the recording system with the aim of achieving this target this year.
Safety Thermometer	FULLY MET	Processes put in place to ensure improved data collection in relation to pressure ulcers, falls, urinary tract infection in those with a catheter and VTE.
End of life care	FULLY MET	Use of the end of life care register increased and levels of identification of patients in the last year of life improved and sustained
Outpatients - cancelled appointments	PARTIALLY MET	0.6% against target of 0.5%
Outpatients - increase Central Booking System	FULLY MET	Areas which are booked through the Central Booking System increased

CQUIN	Annual forecast achievement	Comments
Outpatients - booking outpatient appointment before inpatient discharge	NOT MET	Performance increased from 19% in Q1 to 64% in Q4 so this was a great improvement but we did not meet the Q4 target of 75%. A Service Improvement Project will be in place to improve performance on this measure in 2013/14
Outpatients - cancelling patient transport	FULLY MET	Successfully ensured that patient transport is cancelled when an appointment is cancelled.
Alcohol screening and referrals	PARTIALLY MET	Screening in A&E has stabilised around 50% when referrals are taken into account, but random sample shows several factors that need to be improved for 2013-14. Screening rates need to increase as quarterly target rises, and A&E implementation of Alcohol Screening questions on iClip and by patient self-completion survey ought to have a positive impact.
Pressure ulcer management and reduction	FULLY MET	Improved the management of pressure ulcers in some specialist areas by providing awareness and training and improve communication with primary care through discharge forms.
Medicines management	FULLY MET	Produced a price comparison report between drugs purchased by the trust and prices available through the London Procurement Programme. Improved reporting and compliance for all available Patient Access Scheme and for excluded drugs.
Early Warning Scores	PARTIALLY MET	A new action plan has recently been agreed with the DDNG and, it is hoped, will demonstrate beneficial effects by the next audit (July 2013).
Maternity - midwifery 1:28 ratio	FULLY MET	Implemented a midwifery workforce ratio of 1:27
Maternity - supernumerary midwife cover	FULLY MET	Ensured supernumerary midwife cover on delivery suite at all times.

CQUIN	Annual forecast achievement	Comments
Maternity - consultant cover	FULLY MET	Maintained agreed coverage of obstetric consultant cover on the delivery suite each week.
Falls - risk assessment	FULLY MET	Achieve an improvement in falls risk assessment and management in high risk areas.
Falls - education	FULLY MET	Implemented education programme aimed at increasing awareness of falls, reducing the number of falls and improving care for patients who have suffered falls.
Falls - reducing falls	PARTIALLY MET	The target was 3.3% falls per 1000 bed days against the 3.9% falls per 1000 bed days which were reported in Q4.
Oncology - cancer staging	FULLY MET	New cancer patients with stage of tumors at time of diagnosis is accurately recorded
Oncology - acute oncology service	FULLY MET	Patients admitted through A&E with previously undiagnosed cancer are reviewed by a member of the oncology team within 24 hours of referral.
Paediatrics - non-accidental injury	FULLY MET	Management of paediatric non-accidental injury transferred.
Paediatrics - paediatric consultant cover	FULLY MET	Paediatric consultant cover increased to 9am till 9pm, seven days a week.
Medication safety	NOT MET	Documentation of reasons for omissions has improved, however it is still a cause for concern. In cases where the medication chart had no documented reason for omission, nursing notes were checked, and only in one case was the reason for omission documented. The documentation for omissions of medicines is required to be on the medication charts as that is the document that doctors and pharmacists refer to when assessing why medicines have been omitted.
Patient notes	NOT MET	The trust narrowly missed the target for filing notes in chronological order (90% against a target of 95%) but seriously missed the target for having the responsible consultant identified in the

CQUIN	Annual forecast achievement	Comments
		notes (65% against a target of 95%). Plans are in place to improve this performance this year.
Neonatal Intensive Care Unit	FULLY MET	Achieved reduction in the length of stay for babies admitted to a neonatal unit.
Paediatric Intensive care Unit	FULLY MET	Ensured that paediatric patients are treated and cared for in a safe environment.
Adult bone marrow transplant	FULLY MET	Successfully reported on outcomes for 100 days, 1 year and 2 years post transplant.
HIV	FULLY MET	<p>Ensured people living with HIV are registered with a GP.</p> <p>Ensured a letter has been sent to the patients' GP for an agreed percentage of patients who have consented the service to send a letter.</p> <p>Increase the number of patients receiving their antivirals by home delivery.</p> <p>Assess the implementation and impact of the HIV QIPP.</p>

Community services contract CQUINs 2012/13 year end achievement

Indicator		Annual achievement	Comments
1a	80% of community nursing (including community matrons), intermediate care and specialist nursing patients risk assessed using standard pressure ulcer assessment tool	FULLY MET	Final audit results in Q4 indicate that of 110 records audited, 103 had a pressure ulcer assessment tool in place – 94.5%
1b	80% of community nursing (including community matrons), intermediate care and specialist nursing staff at band 5 and below received education and competency around pressure care	FULLY MET	All 136 identified staff have been trained; met at 100%.
2a	95% of patients with a falls risk profile in place have 95% of all core information completed and 80% of additional information completed	PARTIALLY MET	Q1 and Q2 targets were met but Q3 and Q4 targets were not met. Work is ongoing with clinical teams around completing falls risk profiles.
2b	Falls and bone health education delivered to local GPs to support the falls and bone health pathway development	FULLY MET	All delivered and used to inform service developments around falls and bone health for 2013/14
3	Implement processes and collect pilot data in preparation for the NHS Safety Thermometer ready for 2013/14	FULLY MET	Community nursing and intermediate care completed data collection and all processes have been trialled ready for 2013/14
4a	60% of patients on community nursing (including community matrons), intermediate care and specialist nursing caseload have a multi-disciplinary team meeting	PARTIALLY MET	Q1 and Q2 targets were met. In Q3 the target was not met but focused improvement work meant that in Q4 61% of patients had an MDT meeting.
4b	Reduce short stay admissions to 1,300 maximum	FULLY MET	During 2012/13 only 643 short stay admissions were recorded for Wandsworth patients.
4c	70% of non-cancer end of life care patients died in their preferred place of death	FULLY MET	Final audit results in Q4 indicate that 77% of patients died in their preferred place.
5a	Developed and implemented triage processes for Single Point of Contact	FULLY MET	Single Point of Contact operating and processes are in place. Amendment to processes will continue through close operational working relationships.
5b	90% of 'urgent' referrals from SPoC contacted by telephone within 1 hour and visited within 4 hours.	FULLY MET	In the final Q4 audit 18 patients were identified as urgent and all were contacted by telephone within one hour and visited within 4 hours.

Indicator		Annual achievement	Comments
6a	95% of children in Wandsworth noted as unregistered with a GP referred to HV team contacted and a reduced % of GP unregistered children on Wandsworth Child Health Register overall	FULLY MET	The original number of 1,715 records flagging as unregistered have all be resolved and a clear process is in place to minimize new records flagging as unregistered.
6b	90% of new adult sickle cell patients on haemoglobinopathies team caseload referred to appropriate self-management programmes if requested; 75% of adult sickle cell patients who have been on the haemoglobinopathies team caseload for 12 month have a formal care plan review carried out and documented.	PARTIALLY MET	All appropriate adult sickle cell patients were supported around self-management activities; however not all those requiring a 12 month care plan review had these. This is an area that will continue to be focused on in 2013/14.
6c	75% of adult sickle cell patients discharged from SGH contacted or visited by the Haemoglobinopathies Team Clinical Nurse Specialist (CNS) within 48 hours of discharge summary being received	FULLY MET	During 2012/13 70 patients were discharged from SGH and of these 61 were followed up within 48 hours – 87%
6d	85% of children assessed as obese or overweight (BMI \geq 91st percentile) contacted by telephone and 50% (42.5% of those classified as overweight or obese) of these referred to weight management and activity programmes	FULLY MET	Completed in Q3
6e	95% of young people seen by school health service for sexual health issues given information about sexual health support/ services available and signposted to a young person appropriate sexual health service	FULLY MET	All students who contacted the school health service were signposted and provided with information.
6f	80% of pregnant Wandsworth teenagers booked in at SGH offered ante-natal support. Plan to develop and provide post-natal structured support developed.	FULLY MET	35 young women out of a possible 42 received ante-natal input in the final audit – 83%
6g	85% of mothers identified as smokers at the new birth visit are provided with smoke free homes information and referred to smoking cessation programmes	FULLY MET	All mothers in audit sample identified as smokers have been referred to smoking cessation programmes.
6h	Implement a system to make improvements to the scores around the annual breastfeeding audit and	FULLY MET	Breastfeeding survey completed and action plan in place.

Indicator		Annual achievement	Comments
	carry out the audit in 2013.		
7	Review use of clinical outcome measures in CSW and implement outcome measure use in all services.	FULLY MET	Project work has been carried out and clinical outcome measures are being used and reviewed in community services. The project will continue into 13/14.
HMP Wandsworth contract CQUINs			
1	Annual health check and health improvement opportunities are met for 50% of offenders with COPD, diabetes or primary hypertension and a plan for review of all of offenders and for delivering care to all is in place for 2013/14.	FULLY MET	At the end of 2012/13, 70% of COPD patients had had a review, 62% of primary hypertension patients had been reviewed and 91% of diabetes patients had had a review. These clinics are programmed to continue in 2013/14 and further long term condition clinics around epilepsy and asthma are planned.
2	Redesigned Primary Care Mental Health Service at HMPW. 80% of offenders audited received were offered assessment and treatment within agreed minimum standards.	FULLY MET	The Primary Care Mental Health Service now operates an appointment system and waiting times are within expected parameters. Of the audit sample 19/ 20 (95%) received input within the agreed minimum standards.
3a	70% of offenders who had polypharmacy verified following Reception had a review 6 weeks post receipt of verification; 70% of offenders in receipt of polypharmacy for the past 12 months had an annual review in the past 12 months	FULLY MET	In Q4, 13 offenders met the criteria for polypharmacy verification following Reception into HMPW. All verifications were received within 1 week of request. Also in Q4, 124 offenders required a 12 month poly-pharmacy review and all 124 were offered an appointment for this. 99 attended – 80%.
3b	80% of offenders risk assessed as suitable to hold their medications as 'in possession' hold their medication 'in possession'. Processes, protocols and risk issues reviewed to assure of safety.	FULLY MET	During Q4 295 offenders were risk assessed to hold their medication 'in possession'. Of these 261 then held their medication 'in possession' – 88%
4	60% of requests for urgent, non-urgent and routine appointments offered an appointment within target waiting times	FULLY MET	In Q4, appointment requests were offered
Queen Mary's Hospital contract CQUINs			
1	97% of QMH inpatients having a SGH VTE risk assessment on admission; 95% of QMH inpatients with a VTE risk assessment in place indicating that prophylaxis is required, receive prophylaxis as per guidelines	FULLY MET	In Q4, 193/194 inpatients at QMH had a VTE assessment on admission (99.5%); 182 of these patients required prophylaxis and all of these received this as per guidelines (100%)

Indicator		Annual achievement	Comments
2	Improvement of 1-3 points on the national inpatient survey questions for QMH beds	NOT MET	The results indicate that this is not met due to a combination of sample size, scoring system and responses. All responses are being reviewed and an improvement plan is being put in place.
3a	90% of patients admitted to QMH inpatient wards asked the dementia screening question	FULLY MET	This indicator applies to individuals over 75 years of age. In Q4, 149 inpatients admitted were over 75 years. Of these, 144 were asked the dementia screening question (97%)
3b	90% of patients admitted to QMH inpatient wards who were found to be at risk of dementia following screening, were risk assessed for dementia within 72 hours of admission	FULLY MET	16 of the patients asked the dementia screening question were found to be at risk of dementia. All of these patients (100%) were risk assessed formally.
3c	90% of patients admitted to QMH inpatient wards who were found to be at risk of dementia following the dementia risk assessment were referred for specialist diagnosis	FULLY MET	All 16 patients risk assessed formally for dementia were referred for a specialist diagnosis (100%).
4	Implement processes and collect pilot data in preparation for the NHS Safety Thermometer ready for 2013/14	FULLY MET	Both inpatient wards completed data collection and all processes have been trialled ready for 2013/14
5a	Develop and deliver revised and new Rapid Diagnostic Pathways at QMH in conjunction and collaboration with commissioners	PARTIALLY MET	RDPs are in place. However evaluation of one RDP has not been able to be completed due to timescales. This is why the indicator is marked as partially achieved.
5b	Implement COPD revised and integrated patient pathway	FULLY MET	On track
5c	Improve GP engagement with QMH, implemented marketing strategy and redeveloped website	FULLY MET	NB: The achievement of this CQUIN was moved to May 2013 at the request of commissioners and was fully achieved.
5d	Piloted increased capacity in pain and gynaecology clinics at QMH	FULLY MET	Increased capacity is being provided; waiting times are reducing but not to 2 weeks as initially intended.
5e	Review capacity and utilization at QMH	FULLY MET	Completed in Q2
6	90% of all QMH inpatients requiring a full falls risk assessment have this in place and that 80% of these assessments contain complete and accurate data.	FULLY MET	52 patients were audited in Q4 all (100%) has a falls risk assessment in place. Of these 52, 51 (98%) contained full and accurate data.
7	90% of inpatients have the Early Warning Score (EWS) completed and	FULLY MET	30 patients were audited in Q4 and all (100%) had a completed and accurately

Indicator		Annual achievement	Comments
	accurately scored and 70% of completed EWS tools have appropriate responses to triggers in place		scored EWS and appropriate responses to triggers in place.
8a	95% of QMH inpatients have pressure ulcer risk assessment in place and 95% of QMH inpatients assessed as at high risk of developing a pressure ulcer have a repositioning chart completed	FULLY MET	Of the 194 inpatients admitted in Q4, 192 had a pressure ulcer risk assessment in place (99%). 48 of these were assessed as high risk and all (100%) had a repositioning chart completed.
8b	90% of QMH inpatient band 5 nurses and HCSWs have attended training and achieved competency in pressure ulcer management	FULLY MET	All 53 staff identified as requiring training received this (100%)
8c	85% of wheelchair service and special seating service patients have documented pressure considerations on the referral form and where appropriate action has been taken	FULLY MET	50 patient notes were audited in Q4. Of these pressure was noted as a concern clinically in 21 cases. In 19 of these cases (90%) appropriate pressure considerations were documented and action taken.
London Specialised Commissioning Group – HIV CQUINs			
1	70% of HIV patients attending SGH are registered with a GP and have disclosed their HIV status to their GP	MET	89% patients were registered with a GP and have disclosed their status to their GP as at the end of Q4 2012/13.
2	95% of HIV patients who are registered with a GP and have disclosed their status to their GP, receive are written to by the service	MET	99.6% of patients registered with a GP and who have disclosed their status to their GP were written to by the service.
3	70% of HIV patients receiving anti-retrovirals receive these via Home Delivery	MET	74.3% of patients are receiving anti-retrovirals via Home Delivery
4	QIPP plan and service improvement plan aspects are delivered	MET	QIPP and service improvement plans around pharmacy, patient experience and outcomes have all been delivered.

Appendix B - CQUINS for 2013/14

Our proposed CQUINs for 2013/14 are outlined in the tables below. At the time of publication the trust is in discussions with commissioners and the list is subject to change.

For 2013/14 the total CQUIN value is estimated as £13 million.

National indicators

CQUIN	Detail
Friends and Family Test	Friends and Family Test - Phased expansion
	Friends and Family Test - Increased Response
	Friends and Family Test - improved performance on the Staff Friends and Family Test
NHS Safety Thermometer	NHS Safety Thermometer - Data collection
	NHS Safety Thermometer - Improvement
Dementia	Dementia - Find, Assess, Investigate and Refer
	Dementia - Clinical Leadership
	Dementias - Supporting Carers of People with Dementia
VTE	VTE Assessment
	VTE Root Cause Analysis (RCA)

Local indicators

CQUIN	Detail
End of Life	To establish an on-going education and training programme around key areas of end of life care.
	Extension of use of CMC or equivalent and audit of use of LCP
Alcohol Misuse	Targeted Screening for alcohol misuse among in-patients
	Signposting or Referral on to hospital based alcohol liaison nurses.

	Identification, assessment and on referral of repeat attenders
	Improved rates of treatment completed within a care planned framework or referred on for completion
	Improved communications with GP's with patient with alcohol misuse diagnosis
Smoking Cessation	Improve the physical health of users & work place staff of St George's Hospital by providing smoking cessation support.
	Recruitment of CNS
Maternity	Increase Midwifery Workforce Ratio
	Supernumerary Midwife Cover on Delivery Suite
	Consultant Cover
COPD Integration	Development of the tiered model
	Admissions
	In reach admissions avoidance
Oncology	Streamlining the pathway for patient with suspected cancers
Paediatric Services	Transfer of the management of Paediatric Non-Accident Injury (NAI)
	Paediatric Consultant Cover from 9am till 9pm, 7 days a week
Queen Mary's Hospital Service Redesign	Dermatology service redesign
Medicines Management	Appropriate use of Antibiotics to minimise C Difficile infection
	Medicines Reconciliation
	Homecare Quality and Efficiency
	Appropriate insulin prescribing and Nice Guidance adherence
GP Communication	Electronic A&E, Outpatient and Discharge Letters
	Quality A&E, Outpatient and Discharge Letters

Community Data Quality	Progression to meeting the non-mandatory MDS for Community Services
Community Ward	Multidisciplinary Team Working Core MDT
	Multidisciplinary Team Working Wider MDT
Diabetes Integration	Development and implementation of a tiered diabetes model
	Patient Education Programme
Fracture Liaison Service	Fracture Liaison Service
Community Paediatrics	Paediatric phlebotomy development

Specialised indicators

CQUIN	Detail
HIV	
Bone Marrow Transplant	The percentage use of UK donors rather than European or US
	The number of Confirmatory Typing(CT)/Extended Typing (ET) tests per patient
	The number of searches undertaken per transplant
	The Turnaround Times (TAT) from the date of the search request to the deliver of the donor report
Specialised Cancer	Access to and impact of clinical nurse specialist (CNS) support on patient experience
Renal Dialysis	Reducing the incidence of preventable acute kidney injury (AKI)
	Increase use of renal patient view (RPV) by all dialysis patients
Renal Transplantation	Cold ischaemic Time
Haemophilia	Joint scores in severe and moderate haemophilia A & B (patients aged 4 years and over)
	Haemtrack monitoring
Major Trauma	Improving outcomes of major trauma orthopaedic injuries
NICU	Improved access to breast milk in preterm infants
	Timely administration of total parenteral nutrition in preterm infants

Fetal Medecine	Rapidity of obtaining a tertiary level fetal medicine opinion
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HMP Wandsworth

CQUIN	Detail
HMP Wandsworth	Annual health check and health improvement opportunities are met for 80% of offenders with epilepsy and asthma and a plan for review of all of offenders and for delivering care to all is in place for 2013/14.
	Achieve 80% uptake of Hepatitis B immunisation (excluding formal refusals)
	Achieve 60% screening for Hepatitis C (excluding formal refusals)
	Ensure 90% of second day screening attenders are screened for learning disability and that following this 90% of those identified as having learning disability (excluding refusals) receive a health check and learning disability appropriate information

Appendix C - participation in national clinical audits and national confidential enquiries

Audit/enquiry	Relevant	Participation	Submission rate (%) / Comment
Acute			
National confidential enquiry into patient outcome and death	✓	✓	Alcohol related liver disease: 100
			Subarachnoid haemorrhage: 50
			Bariatric surgery: 100
			Cardiac arrest procedures: 62.5
Adult community acquired pneumonia (BTS)	✓	✓	Data collection open until 31 st May 2013 – data to be published early 2014
ICNARC - Adult critical care case mix programme	✓	✓	100
Emergency use of oxygen (BTS)	✓	✓	90
National joint registry	✓	✓	100
Adult non-invasive ventilation (BTS)	✓	✓	Data collection open until 31 st May 2013 – data to be published early 2014
Renal colic	✓	✓	100
TARN - Trauma audit and research network	✓	✓	96
Blood and transplant			
National comparative audit of blood transfusion: Audit of Blood Sampling and Labelling	✓	✓	100
Potential donor audit	✓	✓	100
Cancer			
NBOCAP - Bowel cancer	✓	✓	Data collection open until 1 st October 2013
DAHNO - Head and neck oncology	✓	✓	Data collection open until November 2013
NLCA - Lung cancer	✓	✓	Data collection for cases up to Dec12 open until 30 th June 2013

NAOGC - Oesophago-gastric cancer	✓	✓	Data collection open until 1 st October 2013
Heart			
MINAP - Myocardial ischaemia national audit project	✓	✓	Processes are in place to submit 100% by deadline of 31/05/13
Adult cardiac surgery	✓	✓	100
Cardiac arrhythmia	✓	✓	Devices: 100 Electrophysiology: Service has not been able to submit all cases due to computer interface problems. New web portal access will support improved participation in 2013/14.
Congenital heart disease	✓	✓	100
Coronary angioplasty	✓	✓	100
Heart failure	✓	✓	Processes are in place to submit 100% by deadline of 31/05/13
NCAA – National cardiac arrest audit	✓	✓	100
National vascular registry	✓	✓	VSGBI vascular service database -100
			AAA – 100
Long term conditions			
Adult asthma (BTS)	✓	X	We intended to participate in the audit however problems with the project website have prevented us from doing so. We will use the data collected locally to compare our performance to the national data and identify actions accordingly.
Bronchiectasis (BTS)	✓	X	We participated in 4 of the 5 adult audits run by the British Thoracic Society (BTS) but did not have resources available to participate in this audit
Diabetes (Adult)	✓	✓	Continuous audit: 0 To allow participation the service require new software and this is currently being explored
			Inpatient audit: 100
Diabetes (Paediatric)	✓	✓	100

Inflammatory Bowel disease (IBD) Includes paediatric audit, in addition to adult	✓	✓	Adult: data collection period January to December 13
			Paeds: data collection period January to December 13
National review of asthma deaths (NRAD)	✓	✓	100
Pain database	✓	X	This project has been carried out in 3 phases. We participated in Phase 1, but were unable to take part in Phase 2 due to service reconfiguration. This has excluded us from participating in Phase 3, however we continue to collect a comparable dataset locally.
Renal replacement therapy (Renal Registry)	✓	✓	100
Renal transplantation	✓	✓	100
Older people			
Carotid interventions audit	✓	✓	100
Fractured neck of femur	✓	✓	100
Hip fracture database	✓	✓	100
National audit of dementia	✓	✓	100
Parkinson's disease	✓	✓	Therapy: 77 Neuroscience: 0
Sentinel stroke national audit programme	✓	✓	Acute organisational audit: 100
			Stroke improvement national audit project (SINAP): 98-101
Women and children's health			
Child health programme	✓	✓	100
Epilepsy 12: Childhood epilepsy	✓	✓	100
Maternal, infant and newborn programme (MBRRACE-UK)	✓	✓	Recording cases but submission not yet possible as the reporting system is not operational
Neonatal intensive and special care	✓	✓	100
Paediatric asthma (BTS)	✓	✓	93
Paediatric fever (College of emergency medicine)	✓	✓	100

Paediatric intensive care (PICAnet)	✓	✓	100
Paediatric pneumonia (BTS)	✓	✓	Tbc
Other			
Elective surgery – National PROMS programme	✓	✓	64.9 (April 12 – December 12)

Appendix D - National clinical audit actions taken

National clinical audit	Action*
National bowel cancer audit	An action plan has been developed to improve our low participation. The service are trying to engage all relevant clinicians in the audit. Support for data entry and submission has been identified and a process outlined so that cases are entered onto the system following the multidisciplinary meeting. Data will be validated by the lead clinician.
BTS non-invasive ventilation audit	Education sessions are provided to all incoming doctors.
UK national audit of percutaneous coronary interventional procedures	The only unit level data available shows our data to be of high quality. National results and recommendations have been considered by service leads for local action where relevant.
National audit of seizure management	We participated in a regional meeting to discuss actions and had already implemented those around provision of information to patients. Improved sharing of information to assist in the management of patients across the trust has also been established.
Paediatric intensive care audit (PICAnet)	The report has been discussed in detail with lead nurses and clinicians. A review of nursing establishment is planned to ensure needs of the unit are met.
National hip fracture database	There are plans to recruit an additional Orthogeriatrician.
National health promotion in hospitals audit	Improvement in the smoking cessation service and monitoring of referrals to track progress.
National paediatric diabetes audit	Considering how to improve IT systems which will allow for improved and more efficient participation
Severe sepsis and septic shock	Updating guidelines to clarify the need for high flow oxygen in septic patients and to measure urine output. Guidelines made available on the intranet. Steps taken to promote recognition and management of sepsis, such as displaying posters and installing screensaver messages
BTS emergency use of oxygen	A programme of training and awareness raising in place for doctors and nurses, particularly of the need to treat oxygen as a drug. Oxygen alert cards have been introduced.
National heart failure	Results are being used to develop a case for an acute heart failure unit which would substantially improve the percentage of patients cared for in a cardiology setting; a key marker of quality.

**Based on information available at the time of publication*

Appendix E - Local clinical audit actions taken

National clinical audit	Action*
Use of the early warning score (EWS) chart	Project team engage with wards and act as mentors to provide ward-based training. Regular programme of education incorporated in new 'Harm Free Care' training.
Safe and secure storage of medicines audit and re-audit	Monthly 'Improving medication safety' sessions. Quarterly audits to monitor performance and track progress. Medication safety visits in areas where compliance can be improved. Improvements to drug fridges in order to improve security.
Primary prevention of osteoporotic fragility fractures in post-menopausal women	Links established between the trust and Wandsworth Health's new osteoporosis practitioner. Improved communication with GPs.
Cardiac rehabilitation re-audit	Continue to provide information and education during the programme as results indicate that addressing cardiac beliefs can reduce patient anxiety and depression.
Protected mealtimes re-audit	Ensure protected mealtime poster is displayed on all wards. Improve identification of patients requiring assistance on ward nutrition boards. Local action plans to be developed.
WHO surgical checklist audit	Focused on safer surgery in Patient Safety week in September 2012. Targeted support and teaching in poorly performing areas. Made briefing and debriefing mandatory parts of the process. Quarterly audit programme demonstrating significant progress.
Healthcare records audit	Quarterly audit mandatory for all care groups. Re-design of continuation sheets to support improved documentation. Renewed focus on documentation on doctor induction. Trust-wide publicity campaign

**Based on information available at the time of publication*

Contact us

Let us know what you think

Please feed back to the communications team and help us improve the information included in the report next year.

Telephone: **020 8725 5151** Email: **communications@stgeorges.nhs.uk**

Support from us

Our PALS team offers support, information and assistance to patients, relatives and visitors. The PALS office at St George's Hospital is open 9am to 5pm, Monday to Friday.

Telephone: **020 8725 2453** Email: **pals@stgeorges.nhs.uk**

Work for us

If you are interested in working for St George's Healthcare visit our website **www.stgeorges.nhs.uk** or get in touch with our recruitment services team.

Telephone: **020 8725 0600** Email: **hrrecruitment@stgeorges.nhs.uk**

Become a member

We need our patients, local community and members of staff to become members of the trust to help us to ensure we meet the needs of our patients and local communities. If you would like to sign up or find out more about being a member contact the membership team.

Telephone: **020 8266 6133** Email: **members@stgeorges.nhs.uk**

Giving to George's

As well as making a donation there are many ways you can get involved with the St George's Hospital Charity. To find out more talk to the Giving to George's team.

Telephone: **020 8725 4916** Email: **giving@stgeorges.nhs.uk** Web **www.givingtogeorges.org.uk**

Volunteer

Our volunteers perform roles as varied as manning information desks, general housekeeping, administrative work and helping patients find their way around. If you would like to volunteer at any St George's Healthcare sites contact the voluntary services team.

Telephone: **020 8725 1452** Email: **susan.taleghany@stgeorges.nhs.uk**

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