

Quality account 2010/11

Contents

Statement from chief executive		3
Our aims: 2010/11		6
Vision and values		7
Developing the quality account		9
Priorities for improvement		11
Mandatory reporting		15
Review of services	Community	15
Participation in clinical audit		16
Research		24
The CQUIN payment framework	Community	25
Statement from the CQC	Community	39
Data quality	Community	42
Information governance	Community	44
Clinical coding		46
Our aims: Mandatory reporting		48
Improving patient outcomes		48
Death rates		48
Using audit to achieve service improvement		49
Dr Foster 2010		51
Reporting audit to the board		53
Improving productivity	Community	53
Clinical administrative system – Cerner Millennium		54
18 week referral to treatment	Community	55
A&E waiting times		55
Outpatient services		56
Our aims: Improving patient outcomes		56
Omissions		57
Improving patient safety		58
Infection control		58
Inpatient falls		61
Incident reporting		63
Venous thromboembolism		64
Medication safety monitoring		65
Deteriorating patients		66
SBAR tool		66
Never events		67

Our aims: Patient safety		67
Omissions		68
Improving patient experience		68
Managing complaints	Community	68
Volunteers		74
Healthcare environment		74
Patient discharge		75
Dementia care		77
Maternity services		78
Equality and human rights	Community	83
CQC inpatient survey		84
Eliminating mixed sex accommodation		87
Nutrition and hydration	Community	89
Non-emergency patient transport service		92
Developing our workforce	Community	94
Our aims: Improving the patient experience		96
Omissions		97
Acknowledgements		98
Contacts		98
Statements on this quality account		100

Statement from interim chief executive

2010/11 has been a challenging year for all those working in the NHS. The UK's economic problems have had a major impact on public services across the country and, while still improving clinical quality and patient safety, St George's Healthcare NHS Trust achieved a financial challenge programme last year totalling £38.1m, of which £18.3m related to cost reductions from NHS efficiency savings.

Everything we do at St George's Healthcare is designed to achieve the best outcome for patients and, despite significant pressures on hospital resources, we have successfully increased efficiencies and improved the quality of care across a number of areas during 2010/11.

Our infection rates for both MRSA and *Clostridium Difficile* (*C.Diff*) remain among the lowest for teaching hospitals in London. Hospital acquired infection is a prime concern among patients and staff at the trust work tremendously hard to ensure that the environment is as clean and safe as possible.

Our work to ensure that all inpatients receive a risk assessment for venous thromboembolism has reduced the number of preventable cases of this very dangerous condition. This work has been successfully integrated into daily activity on the wards and has significantly raised awareness among our staff and patients.

We have made significant progress in our work to eliminate mixed sex accommodation at the trust. Our taskforce has been reviewing, implementing and monitoring the various requirements for eliminating mixed sex accommodation throughout the year and, though we mustn't be complacent, we declared compliance in March 2010.

The trust has also maintained a significantly lower than expected mortality (death) rate this year and was named the top stroke service in the country in 2010. However, we have performed disappointingly in several areas, which have provided us with a number of clear objectives for improvement over the coming 12 months.

We failed to meet a number of our Commissioning for Quality and Innovation (CQUIN) payment framework targets in 2010/11, which is a great disappointment. These are objectives agreed between the trust and its commissioners, primary care trusts, and are designed to help us provide care using quality as the organising principle. We have not performance managed against our agreed targets robustly enough and therefore did not achieve maximum benefits for patients. This has also resulted in a loss of income to the trust.

The way we manage complaints has a real impact on the patient experience and we committed to respond to all complaints within 25 days during 2010/11. Despite significant improvements, we failed to meet this target, clearly showing that more work is needed to make lasting improvements to this core service.

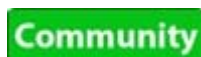
And, despite many positive areas of feedback in the annual staff survey, some staff at the trust are still experiencing high levels of stress in the workplace and are not as happy as we would wish them to be. Our staff are our strongest asset. They are a high performing and productive workforce and I am very grateful to them for their dedication, which has resulted in the many achievements of the last 12 months.

One of the trust's strategic aims is to be an exemplary employer and we must commit more 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.

All the items I have summarised are covered in more detail in this quality account, which examines all information relating to quality at St George's Healthcare, allowing the trust Board, and the public, to identify where the trust performs well in relation to quality and where improvement is needed. Patients can have great confidence that St George's Healthcare provides very safe care, but we must continually review how we perform and use that information to drive further improvements and benefits for patients.

An historic moment for St George's Healthcare came in October 2010 when we successfully integrated with Community Services Wandsworth and welcomed over 1200 staff into the trust. We now proudly provide a wide variety of specialist and community hospital based care and a full range of community services to children, adults, older people and people with learning disabilities in Wandsworth. These services are provided from Queen Mary's Hospital, Roehampton, 11 health centres and clinics, schools and nurseries, patients' homes and Wandsworth Prison.

This document aims to make our quality standards as transparent as possible, clearly identifying where we perform well and where we can improve. As the trust integrated with Community Services Wandsworth half way through the financial year, we have aimed to represent these services proportionately as part of this quality account. Where a section of the report features information or statistics specific to community services, this is denoted with the following icon:



I hope you enjoy reading this document and encourage all readers to feedback their thoughts to help us improve the development of the next quality account in 2011/12.

A handwritten signature in blue ink, appearing to read 'P. Coles'.

Peter Coles, interim chief executive

Our aims during 2010/11

In our 2009/10 quality account we identified a number of 'things to do' to ensure that we continued to raise quality throughout St George's Healthcare. We set out to achieve all of these aims and the following table shows how we performed:

Aim	Outcome
Review our mission statement, values and strategic aims to deliver a new framework to guide the trust through to 2015	Partially achieved – approved by trust board and rolled out to staff (visit page 7 for more information). Work continues to embed the new values into the culture of the organisation
Develop a quality strategy to introduce measures and metrics that benchmark our performance against 'best in class'	Achieved – approved by trust board, November 2010
Ensure clinical audit activity is properly considered at board level	Achieved – quality report presented at every formal board meeting, including updates on clinical audit activity
Ensure greater clinical involvement in validating information derived from clinical activity and complete a review of corporate information assurance	Partially achieved – our clinical coders are working closely with clinicians to validate the correct and accurate coding of clinical care. They have already undertaken work in transplantation and gastroenterology and will be rolling this work out to other directorates over the course of the 2011/12.
Make improvements to clinical coding to deliver better efficiency, support patient choice and reduce waiting times	Achieved – our clinical coding is now better than both the national and London trust average (visit page 46 for more information)
Reduce number of falls in hospital and improve reporting to measure more accurate figures	Achieved – the number of inpatient falls has reduced fractionally year on year, demonstrating a sustained reduction since 2008/09
Maintain our low MRSA and <i>C.Diff</i> figures and remain one of the top performing teaching hospitals in England for infection control	Achieved – remained within limits (visit page 58 for more information) and among the best performing teaching hospitals in London
Put processes in place which will allow all serious untoward incident investigations to be completed within 60 days	Achieved – our performance is now among the best in London (visit page 63 for more information)
Increase the time available for named professionals to do their safeguarding children work	Achieved – one fulltime named nurse appointed and three additional sessions funded to support named doctor

Introduce a range of quality and safety metrics to learn more and compare St George's more meaningfully against similar organisations	Achieved – completed as part of the quality strategy
Continue the roll-out of the productive ward programme across the trust and make measurable improvements to patient privacy and dignity	Achieved – all wards now on the programme. Also implemented productive operating theatre and productive community services (visit page 53 for more information) Made a sustained improvement in eliminating mixed sex accommodation. (visit page 88 for more information)
Improve the support available for patients who need help during meal times	Achieved – in 2010/11 we trained 125 volunteers to provide support to patients at mealtimes and around 50 are routinely supporting patients. This is supported by improved scores in the CQC inpatient survey.
Respond to 85 per cent of complaints within 25 days by tracking complaints more efficiently and putting measures in place to implement improvements in departments where concerns are increasing	Not achieved – improved our response rate to 71 per cent within 25 days at the end of 2010/11 compared to 51 per cent in 2009/10.
Improve the way we communicate about the care we provide and work more closely with patients to improve discharge arrangements	Partially achieved – our results relating to patient experience in the CQC national inpatient survey have improved compared to 2009/10, however we failed to meet our CQUIN relating to discharge (visit page 75 for more information about discharge)

Vision and values

There has been a great deal of positive change throughout the trust in recent years, and our vision and values have been reviewed in response to these. If we continue to deliver improved patient care and financial performance, the future for the trust looks bright.

The trust has six strategic aims, which are:

- To provide outstanding quality of care
- To become an exemplary employer
- To strengthen education research and innovation that will benefit our patients

- To build a leading integrated healthcare system via integration with community services
- To deliver robust operational and financial performance
- To continuously improve our facilities and environment

Our mission: To improve the health of our patients and our local community by achieving excellence in clinical care, research, education and employment.

Our vision: By 2015 we will be a thriving foundation trust at the heart of an integrated healthcare system – one that delivers improved patient care in community, hospital and specialist settings, supported by a unique and nationally recognised programme of research, education and employee engagement.

To achieve our vision we need to keep patients at the centre of everything that we do. Following detailed discussions with the board, directors, patients and members of our workforce at a variety of levels, we developed a new set of values.

We launched the new values in April 2010 and have been working hard to embed them into the culture of the organisation over the last 12 months and will continue this work in 2011/12. These four values set out the standards of behaviour we expect from all our staff:



- Look after our patients as we would like to be looked after ourselves
- Set ourselves high standards and be open to new ideas
- Be professional in our approach and in our appearance
- Promote and share best practice



- Anticipate and respond to patients' and carers' concerns and worries
- Support each other under pressure and consider the impact of our actions on others
- Help people find their way if they look unsure or lost
- Smile, listen and be friendly



- Have patient safety as our prime consideration
- Be responsible for ensuring good patient experience
- Use resources wisely
- Challenge poor behaviour in others
- Learn from experience including our mistakes

-
- Say sorry when things go wrong



- Keep patients, families and carers involved and informed.
- Protect patients' dignity and confidentiality
- Wear our name badges, introduce ourselves and address people in a professional manner
- Respect colleagues' roles in patient care and experience
- Value and understand the diversity of those around us

By delivering our strategic aims within this framework of values and behaviours we aim to ensure that there is a wide choice of high quality care provided closer to patients' homes, and that we reduce the number of patients admitted to hospital.

Effective management of patient pathways within the trust will ensure that patients do not spend longer than they have to in hospital and that the right support is in place in their community once they are discharged from our care.

Our tertiary services, such as trauma, stroke and cardiology, will flourish and provide a basis for both our research and education programmes. By fully developing our staff foundation trust membership scheme and our organisational development plan, all staff can contribute to our successes.

A new policy is being launched in 2011/12 to fully establish our expectations of staff, clearly illustrating standards of behaviour and how adopting the trust's values will have a positive impact on patient care, quality and clinical outcomes.

Developing the quality account 2010/11

Quality is a key component of our activity as a provider of health services and the improvement of quality is a specific strategic aim for the trust, expressed in our annual objectives. We therefore have a quality strategy which gives clear objectives for the trust over the next five years and underpins the three priorities illustrated in this account:

- Improving patient outcomes
- Improving patient safety
- Improving patient experience

We monitor and performance manage the organisation against a number of measures within these priorities, many of which are discussed in more detail in this report. Active engagement from our patients through various committees, including the Patient Issues Committee and the Patient Access Committee, helps to ensure our approach to quality is open and honest.

St George's Healthcare invited the following stakeholders to contribute their views in the development of this quality account:

- Wandsworth Local Involvement Network
- Merton Local Involvement Network
- Richmond Local Involvement Network
- Sutton Local Involvement Network
- Lambeth Local Involvement Network
- St George's Patients Forum
- St George's Healthcare Patient Reference Group
- NHS London

These stakeholders were asked to comment on the 2009/10 quality account at an event which helped shape the content for the 2010/11 document. In developing this quality account we have taken on board feedback from these and other groups to ensure that the topics included reflect the interests of our patients and stakeholders.

We have aimed to make the best use of relevant statistics, where available, to illustrate how we are improving quality over time and to benchmark St George's Healthcare against comparable organisations or national performance data.

The trust has also taken into account the Kings Fund publication *How do Quality Accounts measure up – findings from the first year* to support the development of this year's report.

This report was written to adhere to the *Quality Accounts toolkit 2010/11* which was the advisory guidance for providers of NHS services producing quality accounts. Having integrated with Community Services Wandsworth in October 2010, we chose to represent these services proportionately in relevant sections as part of this account. This approach was agreed by our stakeholders during the planning stage.

We have also worked alongside the Audit Commission to ensure that we have been rigorous and honest in the way this report has been produced.

Priorities for improvement

We intend to tangibly raise the standard of quality at St George's Healthcare during 2011/12 and have outlined a number of aims across our three priorities: improving patient outcomes; improving patient safety; and improving patient experience.

This section summarises our aims for 2011/12, how we will measure progress and feedback our performance to stakeholders.

Our aims: Mandatory reporting

Aim	Measure	Feedback
Introduce more rigorous approach to performance management against our CQUINs alongside processes to help staff monitor these on a monthly basis		Quality account 2011/12
Do more to engage our staff in the development of the 2011/12 quality account		Quality account 2011/12
Launch a new policy to fully establish our expectations of staff, clearly illustrating standards of behaviour and how adopting the trust's values will have a positive impact on patient care, quality and clinical outcomes		Quality account 2011/12

Our aims: Improving patient outcomes

Aim	Measure	Feedback
Ensure that we accurately report our performance against and successfully treat 90 per cent of patients within the 18 week referral to	Successfully treat 90 per cent of patients within the 18 week referral to treatment target	- Quality account 2011/12

treatment target		
Improve the organisation of clinical audit at the trust	Approve a clinical audit strategy and annual programme	- Quality account 2011/12
Continue to meet or achieve a lower than expected rate for readmissions by improving communication between acute and community services and increasing assessment of mental health needs.	Meet or achieve lower than expected rate for readmissions	- Quality account 2011/12
Establish tracking and reporting mechanisms for the A&E reporting measures introduced on 1 st April 2011, putting actions in place to remedy any shortfalls		- Quality account 2011/12
Continue the development of the 'productives' initiative, releasing staff time to care directly for patients	Roll out to A&E, outpatient departments and 18 community services teams	- Quality account 2011/12
Establish mechanisms to successfully demonstrate quality of care at service level	Strengthen our business planning and performance arrangements	- Quality account 2011/12
Improve performance of outpatient department and achieve tangible service improvements in response to the needs of patients and local GPs.	Establish a 'virtual outpatient directorate', including GP and patient representatives, which will oversee performance in all outpatient services	- Outpatient taskforce - Quality account 2011/12

Our aims: Improving patient safety

Aim	Measure	Feedback
Keep patients safe from venous thromboembolism (VTE)	Conduct risk assessments for at least 95 per cent of patients and give appropriate thromboprophylaxis for at	- Quality account 2011/12

	least 95 per cent of the patients who need it	
Increase organisational learning from patient safety incidents	Agree a clear framework of safety priorities through the patient at risk group	- Quality account 2011/12
Use medication safety monitoring visits to develop a systematic way of staff monitoring and training that will increase awareness of medication incidents and identify areas for improvement		- Quality account 2011/12
Carry out appropriate audits to ensure that the <i>Situation, background, assessment, response</i> (SBAR) tool whenever patient information is shared, to ensure that this is carried out clearly and effectively		- Quality account 2011/12
Close the outstanding NPSA alert from November 2010	Introduce printed wristbands across all relevant clinical areas of the trust that will contain the patient's NHS number	- Quality account 2011/12
Introduce measures to make completing the early warning score (EWS) tool more efficient for ward staff	Introduce a new colour coded chart	- Quality account 2011/12
Develop more collaborative work across both acute and community services to reduce the number of older people suffering fragility fractures		- Quality account 2011/12
Monitor the number of serious incidents (SIs) in 2011/12 and introduce measures to address		- Quality account 2011/12

underlying SI themes to prevent reoccurrence		
Continue to raise profile and implementation of early warning score and improve our scores for timely, appropriate and full responses when patients are deteriorating		- Quality account 2011/12

Our aims: Improving patient experience

Aim	Measure	Feedback
improve support women in our maternity unit to feed their babies in the early days	Introduce a dedicated midwife to support this work	- Maternity taskforce - Quality account 2011/12
Ensure that patients are receiving appropriate nutrition and hydration on our wards	Continue to develop weekly mealtime audits throughout 2011/12	- Quality account 2011/12
Integrate complaints and PALS contacts across acute and community services	Develop a single integrated system	- Quality account 2011/12
Provide patients with the information they need about hospital meals before they arrive for their care	Publish nutrition and hydration information online and in the inpatient booklet	- Quality account 2011/12
Record the nutritional needs of patients on admission	Introduce a more efficient nutritional assessment tool	- Quality account 2011/12
Embed equality into mainstream activity and deliver on the requirements of the Equality Act 2010	Implement new performance indicators for equality and human rights	- Equality and human rights committee - Quality account 2011/12
Reduce the time it takes to take patients home after their appointments via patient transport	90 per cent of patients collected from transport lounge within 60 minutes	- Access committee - Quality account 2011/12
Reduce the number of 'lost journeys' by through better	Reduce by 3000 journeys (40 per cent)	- Access committee - Quality account 2011/12

co-ordination between clinical directorates and the transport assessment and booking (TAB) team, and by providing more support to patients with different needs		
---	--	--

Mandatory reporting

Review of services

Community

During 2010/11 St George's Healthcare provided and/or sub-contracted 53 NHS services. The trust has reviewed all the data available to them on the quality of care in all 53 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 100 per cent of the total income generated from the provision of NHS services by St George's Healthcare for 2010/11.

Services provided by St George's Healthcare in 2010/11, categorised within our four divisions.			
Children, women, therapies and diagnostics	Medicine, cardiothoracic and vascular	Surgery, cancer and neurosciences	Community services Wandsworth
Breast screening	Accident and emergency	Audiology	Prison
Cardiac ICU	Blood pressure unit	Dental	Older and neurorehabilitation
Clinical genetics	Cardiac surgery	Ear, nose and throat	Adult and diagnostic
Community paediatrics	Cardiology	General surgery	Children and family
Gynaecology	Chest medicine	Maxillofacial	People with learning disabilities
Intensive care unit	Clinical infection unit	Neurology	
Neuro intensive care	Clinical haematology	Neurorehabilitation	
Newborn services	Dermatology	Neurosurgery	
Obstetrics	Diabetes / endocrinology	Pain clinic	

Paediatric ITU	Gastro and endoscopy	Plastic surgery	
Paediatric medicine	General medicine	Trauma and	
Paediatric oncology	Genitourinary medicine	orthopaedics	
Paediatric surgery	Lymphoedema	Urology	
Pathology direct access	Medical oncology		
Radiology	Renal surgery		
Therapies	Renal medicine		
	Rheumatology		
	Vascular surgery		

Participation in clinical audit

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 2010/11, 47 national clinical audits and seven national confidential enquiries covered NHS services that St George's Healthcare provides.

During that period St George's Healthcare participated in 74 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 was eligible to participate in during 2010/11 are as follows:

Audit title	Did we participate?	Percentage of cases*
<i>National neonatal audit programme</i>	Yes	100
<i>Perinatal mortality</i>	Yes	100
<i>British Thoracic Society: Paediatric pneumonia</i>	Yes	100
<i>British Thoracic Society: Paediatric asthma</i>	Yes	70
<i>College of Emergency Medicine: Paediatric fever</i>	Yes	100

National childhood epilepsy audit	Yes	Data collection is not due to start until 2011/12.
Paediatric intensive care audit network	Yes	100
National paediatric diabetes audit	The trust would like to contribute to this audit but do not have sufficient resources to allow manual submission. Alternative arrangements are in progress to allow electronic submission.	
British Thoracic Society: Emergency use of oxygen	Audit of this topic is performed locally and changes have been implemented as a result, such as oxygen prescription charts.	
British Thoracic Society: Adult community acquired pneumonia	Yes	Data collection to be completed 31/05/11
British Thoracic Society: Non-invasive ventilation - adults	Yes	Data collection to be completed 31/05/11
British Thoracic Society: Pleural procedures	It has not been possible to resource participation in all of the British Thoracic Society Audits.	
National cardiac arrest audit	The cost of participation was seen to outweigh the benefit of participation. It will be beneficial to participate in 2011/12 as the audit's coverage and complexity has	

	improved.	
<i>Vital signs in majors</i>	Yes	100
<i>Adult critical care centre case mix programme</i>	Yes	100
<i>Potential donor audit: NHS Blood & Transplant</i>	Yes	100
<i>National adult diabetes audit</i>	At St George's Healthcare, resources have been directed instead to participating in the 2 nd National Diabetes Inpatient Audit Day in November 2010.	
<i>National audit of heavy menstrual bleeding</i>	Yes	Data collection did not begin in time for this report
<i>National pain database audit</i>	Yes	We have provided data for the organisational audit. Data collection is not due to start until 2011/12
<i>National inflammatory bowel disease audit</i>	Yes	Data collection not due to be completed until 2011/12
<i>National Parkinson's audit</i>	The trust participated in the audit in 2009, but as the coverage was very low it was decided to focus resources on conducting a local audit of Parkinson's medication in A+E.	
<i>Chronic obstructive pulmonary disease - British Thoracic Society/European audit</i>	It has not been possible to resource participation in all of the British Thoracic Society audits. This has been escalated by the audit lead and we are developing a service plan to	

	improve participation in 2011/12.	
British Thoracic Society: Adult asthma	As above	
British Thoracic Society: Bronchiectasis	As above	
National joint registry - hip, knee and ankle replacements	Yes	100
National patient reported outcome measures programme - elective surgery	Yes	Voluntary patient participation. Participation rates for April 2009 – November 2010 is 59.1 per cent (source: HES online)
Coronary angioplasty - National Institute of Clinical Outcomes Research adult cardiac interventions audit	Yes	Data collection for year not due to be completed until end of June 2011.
Peripheral vascular surgery - Vascular Society of Great Britain and Ireland vascular surgery database	Yes	100
Carotid intervention audit	Yes	88
Coronary artery bypass graft and valvular surgery - adult cardiac surgery audit	Yes	100
National clinical audit of management of familial hypercholesterolaemia	This service is operated by a sole consultant so the trust did not have the resources to participate on this occasion	
Myocardial ischaemia national audit project	Yes	Data collection for 2010/11 to be finalised by end May 2011
Heart failure audit	Yes	58.3 - the target was 20 cases per month and we achieved this in seven out of the 12 months. Overall for the year we submitted 256 cases, against a minimum requirement of 240.
Pulmonary hypertension audit	The service did not have resource to participate in this audit and attention	

	was focused on joining the service with the Royal Brompton. The joint service intends to participate in the audit in 2011/12.	
<i>Stroke improvement national audit programme</i>	Yes	100
<i>National Sentinel stroke audit</i>	Yes	100
<i>Renal replacement therapy - renal registry</i>	Yes	100
<i>Renal transplantation – NHS Blood & Transplant UK transplant registry</i>	Yes	<p>100 per cent of transplant record forms collected</p> <p>Four per cent of three-month follow-up forms collected</p> <p>22 per cent of annual follow up forms collected.</p> <p>Due to IT issues we have been unable to submit all of the required data to this audit. We are working with NHSBT to submit data retrospectively and will ensure that 100 per cent of cases are submitted,</p>
<i>Patient transport - national kidney care audit</i>	Yes	Voluntary patient participation
<i>Renal colic - college of emergency medicine</i>	Yes	100
<i>National lung cancer audit</i>	Yes	Data collection for year not due to be completed until end of June 2011
<i>National bowel cancer audit programme</i>	Yes	25
<i>National head and neck cancer audit</i>	Yes	Data collection for year not due to be completed until June 2011
<i>National hip fracture database</i>	Yes	100
<i>Trauma audit and research network</i>	Yes	100
<i>National falls and bone health audit</i>	Yes	100

<i>O negative blood use - national comparative audit of blood transfusion</i>	We did not have the resources available to participate. The team did however participate in the <i>National comparative audit of the use of red cells in neonates and children 2010</i> , which is not included in the National Clinical Audit Advisory Group list used for this quality account. The service aims to include all <i>National comparative audit of blood transfusion</i> audits in their programme for 2011/12.	
<i>Platelet use - national comparative audit of blood transfusion</i>	Yes	100
<i>National confidential enquiry: Parenteral nutrition</i>	Yes	100
<i>National confidential enquiry: Cosmetic surgery</i>	Yes	100
<i>National confidential enquiry: Surgery in the elderly</i>	Yes	52.8
<i>National confidential enquiry: Peri-operative care study</i>	Yes	100
<i>National confidential enquiry: Surgery in children study</i>	Yes	100
<i>National confidential enquiry: Cardiac arrest procedures study</i>	Yes	Data collection did not begin in time for this report
<p>* 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.</p>		

The reports of eight national clinical audits were reviewed by St George's Healthcare in 2010/11 and we intend to take the following actions to improve the quality of healthcare provided:

<i>National Sentinel stroke audit</i>	The trust achieved the highest overall score in the country. However, at the time the results were published actions were planned to ensure that we can continue to provide the very highest quality care for increasing numbers of patients. These actions include increasing our bed capacity and the number of transient ischaemic attack (mini stroke) clinics.
<i>National heart failure audit</i>	Low participation in the audit was identified as an issue and resource has been identified within the service to increase participation.
<i>National audit of continence care</i>	A continence group has been formed to drive forward improvement actions. This group is writing a policy to support staff in the effective management of continence.
<i>National hip fracture database</i>	St George's Healthcare is credited as participating in this audit; however, we were one of 53 trusts that had not submitted sufficient data to be included in the report. The data reported is based on cases between 1 st April 2009 and 31 st March 2010 and, to be included, hospitals had to submit at least 100 cases. The trust began submitting 100 per cent of required cases in April 2010.
<i>Patient reported outcome measures</i>	In both groin hernia and varicose vein procedures health gain for our patients was demonstrated, in line with the national average. The number of participating patients was too low in hip and knee replacement to allow calculation of health gain. In light of this, improvements have been made to the distribution of questionnaires to ensure that more patients are given the opportunity to participate. This should allow us to gain a picture of the effectiveness of care from the patients' perspective.
<i>Centre for maternal and child enquiries perinatal mortality 2008</i>	The report was discussed widely and further work, involving detailed case reviews, has been instigated to understand our stillbirth rate and to identify any improvement actions that need to be taken. A report on the review of all stillbirths that occurred during 2010 was presented to the trust's Patient Safety Committee and

	Mortality Monitoring Group in March 2011.
<i>UK audit of vascular surgical services and carotid endarterectomy</i>	Results for time from referral to surgery, and symptom to surgery, shows that our performance compares well with the London strategic health authority and national levels.
<i>National health promotions in hospital</i>	Clinical directors were tasked with instigating work locally to identify how to improve assessment of risk factors and health promotion in hospital. We have also signed up to participate in the next round of audits to be carried out in 2011/12, and have secured greater clinical involvement.

The reports of nine local clinical audits were reviewed by St George's Healthcare in 2010/11 and we intend to take the following actions to improve the quality of care:

<i>Patient identification re-audit (inpatients)</i>	Improvement actions are being taken forward by our patient identification working group, including implementation of printers on all wards so that every inpatient has a printed identification bracelet, with details drawn directly from the trust's new clinical information systems.
<i>Patient identification re-audit (outpatients)</i>	The trust's patient identification working group have taken forward a programme of awareness raising with audit results and information on correct procedure being provided to individual areas.
<i>World Health Organisation theatre checklist audit</i>	Findings of this audit led to a trust-wide re-launch of the checklist. Individual guidance and tuition was also conducted, as necessary. A programme of re-audit is in place.
<i>Health records quality audit</i>	A number of actions have been undertaken including updating the health records policy. Guidance on record keeping standards is now included in induction and annual mandatory and statutory training (MAST) updates for all staff. A plan has also been introduced to ensure specialties collect their own audit data in the future to increase ownership of the issues.
<i>Re-audit of recording of urgent investigations in radiology</i>	A new computerised tomography (CT) scanner has been installed and re-audit is planned.
<i>Re-audit of readmissions within 28 days</i>	Action to improve communication between acute and community services, prior to integration, and increasing

	assessment of mental health needs of older patients.
<i>SBAR (Situation, Background, Assessment, Recommendation)</i>	Further work to be undertaken, with involvement of the communications team, to increase awareness of the tool and subsequently its use. Use of the tool will be monitored through the quality scorecard from 2011/12.
<i>Alcohol withdrawal and detoxification</i>	This audit was completed in partnership with Wandsworth Primary Care Trust and is being considered along with other work in order to inform improvement of alcohol services.
<i>Accommodation of patients with sickle cell disorders</i>	Actions being considered include increasing the number of designated beds and further developing the sickle cell pathway in an effort to reduce admissions. Re-audit is planned to track performance and measure the effects of changes introduced.

Additional national audits

During 2010/11 we also participated in a number of national audits additional to those identified by the National Clinical Audit Advisory Group and Department of Health, listed in the above tables. These were:

- *2nd National Diabetes Inpatient Audit Day*
- *Avascular necrosis / bisphosphonate related jaw necrosis* (cellular death/damage of jaw bone structures)
- *National audit of seizure management in hospitals*
- *National comparative audit of the use of red cells in neonates and children 2010*

Research

Research is a key driver for improving quality of care and the patient experience and we continue to improve our commitment to research at St George's Healthcare.

During the period October 2009 to September 2010 (the period specified by the National Institute for Health Research for patient accrual into research studies), we conducted over 500 clinical studies and 3,786 NHS patients took part in research at the trust*. This is an increase in participation of almost 150 per cent compared with the same period the previous year (1592), and has resulted in a significant increase in core research funding for 2011/12.

Together with our academic partner, St George's, University of London (SGUL), the trust hosts the South East Stroke Research Network (SRN) and operates a joint clinical research facility, both of which help to increase the numbers of patients joining clinical trials.

The trust has also identified research and development 'champions' who will work with colleagues throughout the trust and SGUL to further develop the research base and to deliver against a joint research strategy between the trust and the university.

In February 2011, we signed a formal partnership agreement with one of the world's largest contract research organisations, in order to develop St George's as an attractive and successful site at which to conduct commercially-sponsored clinical studies.

Community sites and excellent links to primary care, as a result of the trust's integration with community services in Wandsworth, combined with specialist and regional acute services and academic partnerships, offers St George's Healthcare an opportunity to move forward with a strategic, collaborative approach to research in southwest London.

This increasing 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 2009 and September 2010 that were recruited during that period to participate in research approved by a research ethics committee (National Institute for Health Research portfolio studies only).

The CQUIN payment framework

Community

A proportion of St George's Healthcare's income in 2010/11 was conditional on meeting quality improvement and innovation goals agreed between St George's Healthcare and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The key aim of CQUIN 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 hospitals.

Our CQUIN objectives for acute, specialised and community services are outlined in the following tables for 2010/11. The tables explain what our key objectives were and whether or not we met them.

Acute CQUINs 2010/11

CQUIN	Detail	Performance
Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	Ensure 90 per cent of adult inpatients receive a VTE risk assessment	Met
	Ensure 95 per cent of patients found to be at risk following VTE risk assessment have been provided with appropriate prophylaxis	Partially met. Missed target (100 per cent) in second quarter of the year
Patient experience survey	Undertake an annual survey of inpatients asking about dignity, quality of care and treatment and score better than five similar hospitals.	Partially met. Achieved 75 per cent improvement
Improve patient safety through the systematic implementation of validated approaches	Introduce a methodology (Global trigger tool) for the use of "triggers," or clues, to identify adverse events (AE), to measure the level of harm from each AE, and to identify areas for improvement.	Met
	Implement the enhanced recovery programme across a minimum of two specialities (including urology)	Met
Discharge processes	Ensure 95 per cent of inpatient discharge summaries include all relevant information on care, treatment, medication and follow up.	Not met. Achieved 80 per cent
	Ensure 95 per cent of inpatient discharge summaries are sent to GPs within 24 hour of discharge.	Partially met. Made progress but did not meet 95 per cent
	Increase the number of patients going home before twelve noon.	Not met. High number of patients who preferred to leave after noon was not anticipated

		when setting target.
	Increase the number of patients discharged at weekends.	Not met. High number of patients who preferred to leave on a weekday due to carer arrangements was not anticipated when setting target.
	Ensure that outpatient letters sent to GPs are sent within five days and that they include all relevant information. Increase the number of outpatient letters sent in accordance with the above (timeliness and quality) by 20 per cent.	Not met. Lack of overall trust-wide view of and processes in place. New trust-wide taskforce has been set up to oversee various outpatient matters, including letters.
Dementia service	Implement the care pathway outlined in the Healthcare for London dementia services guide.	Partially met. Dementia assessment was only provided to A&E admissions instead of all admitted patients who were 65 years old and above.
Long-term conditions: Diabetes, COPD and heart failure	Ensure a reduction in emergency re-admissions within 14 and 28 days for the following long-term conditions as primary diagnosis: COPD, heart failure and diabetes	Partially met. Failed last two quarters of the year.
Sickle cell disease (SCD)	Ensure 70 per cent of all adult SCD admissions into haematology	Partially met. Achieved only 58

	or medical beds are to SCD allocated beds.	per cent in third quarter.
	Ensure 70 per cent of adult SCD patients attending A&E are managed by a link nurse.	Partially met. Achieved only 14 per cent in third quarter
	Ensure 95 per cent of SCD patients attending A&E receive appropriate pain relief within one hour.	Partially met. Achieved only 90 per cent in third quarter.
Alcohol	Ensure 55 per cent of A&E patients, 65 per cent of gastroenterology patients and 65 per cent of antenatal patients are screened for alcohol misuse.	Partially met. No screening in A&E due to delays in recruiting specialised alcohol nurses. CQUIN continued in 11/12
	Ensure 90 per cent of patients identified as being "at risk" following alcohol screening have been referred to specialist nurse.	Partially met. Delays in recruiting specialised alcohol nurses
Smoking cessation	Ensure efficient smoke cessation systems are in place including trained staff to deliver support, recording smoking status of inpatients, "stop before the operation" discussion with non-emergency operation patients and referral to NHS stop smoking services	Partially met. Smoking status not always recorded in the patient notes. Also, difficulties in evidencing number of patients who have had the "stop before the operation" discussion due to lack of centralised database.
Medicines management	Increase prescribing of certain low cost drugs (PPI, ACE, standard	Met

	formulation prednisolone, simvastatin, pravastatin) and ensure correct prescription of anti-fungal drugs.	
Urinary catheter management	Improve catheter management by conducting an equipment review and implementing a urinary catheter protocol	Met

Specialised CQUINs 2010/11

CQUIN	Detail	Performance
Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	Ensure 90 per cent of adult inpatients have had a VTE Risk assessment	Met
	Ensure 95 per cent of patients found to be at risk following VTE risk assessment have been provided with appropriate prophylaxis.	Partially met. Same as acute CQUIN above
Patient experience survey	Undertake an annual survey of inpatients asking about dignity, quality of care and treatment and score better than five similar hospitals.	Partially met. Same as acute CQUIN above
Adult bone marrow transplant	Ensure improvement in one year survival rate of patients who have received transplant.	Met
Haemophilia	Identify adult patients with a body mass index (BMI) in excess of 25 and children with a BMI greater than that recommended for their height and age and ensure they are referred to a physiotherapist for advice on healthy exercise.	Met
Neonatal intensive care unit (NICU)	Implement a programme to enable infants to access monitoring appointments for those who are discharged home after premature birth less than 30 weeks gestational age and invite 50 per	Met

	cent of those infants to a monitoring appointment.	
HIV	Ensure patients are involved in decisions about their care and supported to self manage.	Met
	Ensure HIV therapy is optimised.	
	Prevent new HIV infections and prevent HIV positive people from becoming unwell.	
	Increase the role of primary care in the care of HIV patients.	
Neurorehabilitation	Improve responsiveness to personal needs of patients, reduce typical length of stay to up to six months maximum, maximise patient safety and assure continuity of care.	Met
Paediatric intensive care unit (PICU)	Reduce (by 40 per cent) the number of patients who stay in a PICU bed 14 or more days above the usual length of stay.	Met

Queen Mary's Hospital CQUINS 2010/11

Patient experience survey	Undertake an annual survey of inpatients asking about dignity, quality of care and treatment and score better than five similar hospitals.	Met
	Undertake two surveys of inpatients asking about information provided about their care and treatment. Obtain a 75 per cent response rate and improve on scores between surveys.	Not met. Did not achieve expected response rates and sample sizes were too small in some areas to affect the required improvements.
Discharge processes	Ensure 90 per cent of inpatient discharge summaries include all	Met

	relevant information on care, treatment, medication and follow up.	
	Ensure 45 per cent of inpatient discharge summaries are sent electronically to GPs or other relevant clinicians.	Met
	Ensure 85 per cent of inpatients are discharged on their agreed discharge date.	Met
	Ensure 80 per cent of inpatients are discharged by 12 noon.	Met
	Ensure 50 per cent of inpatients who are judged safe are discharged at the weekend.	Met
	Ensure 80 per cent of outpatient discharge letters are sent to GPs and other relevant clinicians within five days of their first appointment.	Met
Smoking cessation	Ensure that 95 per cent of outpatients staff are trained to deliver level one NHS stop smoking support	Met
	Ensure 95 per cent of outpatients on the surgical pathway have their smoking status recorded in their medical notes	Met
	Ensure that 325 outpatients who are smokers are referred to the NHS stop smoking services and that 95 per cent of these people receive a brief intervention from outpatients staff around stopping smoking	Met

Community services CQUINs 2010/11

Non-elective admissions	Reduce the number of non-elective admissions to St George's and Kingston hospitals (for patients in the community and	Met
--------------------------------	---	-----

	specialist nursing and intermediate care teams) by 25 per cent	
Excess bed days	Reduce the number of unnecessary additional days that community and specialist nursing and intermediate care patients remain in St George's and Kingston hospitals after they are able to go home by 20 per cent	Met
Readmissions within 28 days	Reduce the number of patients readmitted to St George's Hospital within 28 days of their discharge to community and specialist nursing and intermediate care teams by 30 per cent	Met
Multi-disciplinary team meetings	Develop a system for recording and measuring multi-disciplinary team meetings for patients in community and specialist nursing and intermediate care teams	Met
End-of-life care	Develop a system for recording information on non-cancer end of life care patients in community and specialist nursing and intermediate care teams	Met
Delayed discharges	Develop a system for recording and reducing delayed transfers of care for patients in community and specialist nursing and intermediate care teams	Met
Patient experience	Undertake two surveys of community and specialist nursing and intermediate care patients. Ensure that at least 300 patients are surveyed each time and that action plans are put in place to make improvements.	Met

Community dental service CQUIN 2010/11

Patient experience survey	Undertake an annual survey of	Met
----------------------------------	-------------------------------	-----

	patient experience of people using the Wandsworth community dental service and report these findings	
--	--	--

Staff worked hard across the trust to deliver against the CQUINs and met **xx** per cent in 2010/11. It is very disappointing that we haven't achieved a number of these which has resulted in a loss of income to the trust of around £1.6m.

We recognise the need to do more to ensure that we meet the 2011/12 CQUINs and will introduce more rigorous approach to performance management alongside processes to help staff monitor these on a monthly basis. This will help us achieve all the measures in 2011/12 and improve quality across the organisation.

2011/12 CQUINs

Our CQUIN objectives for acute, specialised and community services are outlined in the following tables for 2011/12. The tables explain what our key objectives are.

Acute CQUINs 2011/12

CQUIN	Detail	Notes
Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	Ensure 95 per cent of adult inpatients have had a VTE Risk assessment.	
	Ensure 95 per cent of patients found to be at risk following VTE risk assessment have been provided with appropriate prophylaxis.	
Patient experience survey	Undertake an annual survey of inpatients asking about dignity, quality of care and treatment and score better than five similar hospitals.	
Improve acute oncology services	Ensure 95 per cent of cancer patients admitted via A&E due to complications of chemotherapy are reviewed by a member of the acute oncology team within 24 hours of admission.	
	Ensure 95 per cent of patients	Indicator and

	admitted as an emergency with previously undiagnosed cancer are seen within 24 hours of referral by member of acute oncology team.	target tbc
Cardiac Arrest calls	Reduce the number of out of intensive care unit (ICU)	Indicator and target tbc
End of Life Care	Set up a hospital based end-of-life register and ensure 60 per cent of patients suitable for the register have been offered a discussion about their preferred place of care or death as appropriate.	
	Ensure 90 per cent of patients on the register and of those who have consented have had their information shared with primary/community care.	
Alcohol	Ensure 65 per cent of A&E patients, 85 per cent of gastroenterology patients and 65 per cent of antenatal patients are screened for alcohol misuse.	
	Ensure 90 per cent of patients identified as being "at risk" following alcohol screening have been referred to specialist nurse.	
Out Patient Services	Ensure a reduction in the number of consultant-led appointments (first, follow-up and post-discharge) cancelled by the hospital.	Indicators and target tbc
	Ensure an improved service around telephone booking of outpatient appointment.	Indicators and target tbc

	Ensure that patients who require a further outpatient appointment after an inpatient stay are able to book an appointment prior to discharge	Indicators and target tbc
Medicines management	Increase prescribing of certain low cost drugs (lipid modification, proton pump inhibitors, drugs affecting the renin-angiotensin system) and increase the percentage of certain drugs or formulations (such as weekly alendronic acid, weekly alendronic acid, weekly alendronic acid).	
Urinary catheter management	Ensure 2% reduction in number of catheters inserted for incontinence and skin care and increase the number of wards which use wards using standardised catheter packs by introducing a Urinary Catheter Protocol.	
Pressure Ulcers	Prevent the development of avoidable pressure ulcers by developing a risk assessment tool and by ensuring improved communication of pressure ulcers when being admitted or discharge from hospital.	

Specialised CQUINs 2011/12

CQUIN	Detail	Performance
Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	Ensure 95 per cent of adult inpatients have had a VTE Risk assessment.	
	Ensure 95 per cent of patients found to be at risk following VTE risk assessment have been provided with appropriate	

	prophylaxis.	
Patient experience survey	Undertake an annual survey of inpatients asking about dignity, quality of care and treatment and score better than five similar hospitals.	
Adult bone marrow transplant	Conduct a review for patients who die within 100 days of an autologous transplant for myeloma followed by a report and action plan where necessary.	
	Ensure follow up information for patients who had stem cell transplantation between 1998 - 2009 is submitted to the British Society of Blood and Marrow Transplantation registry by 31 st March 2011.	
	Ensure a reduction in patients experiencing second and third admission episodes for stem cell mobilisation.	
Haemophilia	Review the reasons for clotting factor usage for severe haemophilia in excess of recommended guidelines.	
Neonatal intensive care unit (NICU)	Reduce unnecessary Length of stay at the unit.	Indicator and target tbc
	Ensure babies and families have access to appropriate developmental support and on going care packages	
HI	Ensure that at least 80 per cent of patients are involved in decisions about their care.	
	Ensure that 70 per cent of patients diagnosed with HIV since 2000 are registered with	

	and disclosed to a GP.	
	Ensure 90 per cent of patients who have consented have had a letter sent to their GP about their condition.	
Paediatric intensive care unit (PICU)	Maintain the ratio of unplanned re-admissions within 48 hours to total number of admissions to the unit at 3 per cent maximum.	
	Record and monitor accidental intubations	

Community CQUINs 2011/12

CQUIN	Detail
Safe care pressure ulcers	Pressure ulcer risk assessment for community nursing, intermediate care and specialist nursing patients
	Community nursing, specialist nursing and intermediate care staff education and competency around pressure ulcers
	Access to pressure relieving equipment for community nursing, specialist nursing and intermediate care patients
Multidisciplinary team working	Multidisciplinary team meetings for community nursing, specialist nursing and intermediate care caseload patients
End-of-life care	Non-cancer end-of-life care patients dying in their preferred place of death
Short stay admissions	Reduction in short stay admissions at St George's Hospital
Falls	Falls risk profile in place for patients looked after by the community older people and neurological rehabilitation teams
Breastfeeding	Breastfeeding status recorded by health visitors at the new birth visit
School leaver booster immunisations	Increasing the number of children who have the school leaver booster immunisation

HPV (human papillomavirus) immunisations	Increasing the number of parents who respond to health teams around immunising their daughters against HPV
Sickle cell care plans	Care plans in place for adult sickle cell patients on the community caseload
Physical activity referral for children	Referral of overweight/obese children to exercise programmes
Co-creating health initiative	Training community staff in self management techniques and promoting these with patients living with long term conditions
Smoking cessation	Increasing the number of patients with chronic obstructive pulmonary disease referred to stop smoking services

Queen Mary's Hospital CQUINs 2011/12

CQUIN	Detail
Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	Implementation of VTE assessment on inpatient wards
Patient experience	Conducting the national inpatient survey
Safe care – pressure ulcers	Pressure ulcer risk assessment for inpatients
	Inpatient staff education and competency around pressure ulcers
	Access to pressure relieving equipment for inpatients
Catheterisation	Reasons for catheterisation of inpatients
	Catheterisation protocol followed for inpatients
Outpatient experience	Reducing the number of outpatients appointments cancelled by the hospital
	Improving the Choose & Book (electronic booking system) and making it easier for GPs to book patients into the hospital using this method
	Improving and increasing the number of rapid diagnostic pathways (RDPs) available for GPs to refer patients clinics

Offender healthcare CQUINs 2011/12

CQUIN	Detail
Communication	Improving communication between offenders and the healthcare team at HMP Wandsworth
Smoking cessation	Increasing the number of offenders referred to stop smoking services in HMP Wandsworth

Further details of the agreed goals for 2010/11 and for the following 12 month period are available on request from the trust.

Statement from the CQC

Community

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 impose fines, issue public warnings, or launch investigations. In extreme cases it has the power to close services down.

St George's Healthcare is required to register with the CQC and is currently registered and therefore licensed to provide services. St George's Healthcare has the following conditions on registration:

- None

The CQC has not taken any enforcement action against the trust as of 31st March 2011. The trust is fully compliant with CQC essential standards of quality and safety.

The trust re-registered with the CQC upon integrating with Community Services Wandsworth in October 2010 and remained registered without conditions, although an action plan was in place to ensure improvements in provision of healthcare services at HMP Wandsworth, which was completed in March 2011.

St George's Healthcare has participated in special reviews or investigations by the CQC relating to the following areas during 2010/11:

1. Survey of women's experiences of maternity services

This study found that St George's Healthcare scored in the average range in four out of five categories. In the fifth category, *Feeding the baby in the early days*, we scored in the lowest 20 per cent of trusts.

St George's Healthcare intends to take the following action to address the conclusions or requirements reported by the CQC:

- Zero tolerance to poor staff behaviour and attitude
- Improve communication with, and information for, women
- Improve support with feeding in early days
- Hourly rounding on post-natal ward

St George's Healthcare has made the following progress by 31st March 2011 in taking such action:

Action	Measures	Outcomes
Zero tolerance to poor staff behaviour and attitude	- Recognising and proactively rewarding positive attitude	- Improved staff morale (staff survey) - Women reporting fewer incidents of not being treated kindly and with understanding
Improve communication with, and information for, women	- A re-launch of 'purple' postnatal notes for mother and baby, containing useful information for mothers - Introduce a daily group parent education class on the postnatal ward to prepare all women for the early days at home in caring for their new baby and recognising signs when baby is not well	- Audit of notes shows they are completed comprehensively - Positive feedback from women attending classes (survey form) - Women report that necessary information is given (survey)
Improve support with feeding in early days	- Plans in place to have a dedicated midwife to support feeding on the ward, which will include	- Women report adequate support with feeding

	targeting women with twins/triplets and those with a baby at risk. (because of low birth weight, infection, or jaundice)	
Hourly rounding on post-natal ward	- Visiting women on the ward hourly and asking questions about their comfort levels, including assuring women they have time to help	- Women report feeling cared for and supported (survey)

These actions are monitored by a maternity taskforce, chaired by the director of nursing and patient safety. The findings of the CQC study were reported to the trust in the latter half of 2010/11, therefore it is too early to comprehensively state the overall impact of these actions.

This special review is examined in greater detail in the maternity services section of this report on page 79.

2. Support for families with disabled children

This review is ongoing and the trust has submitted its data to the CQC for analysis.

St George's Healthcare intends to take the following action to address the conclusions or requirements reported by the CQC:

As of 31st March 2011, recommendations have not yet been made.

St George's Healthcare has made the following progress by 31st March 2011 in taking such action:

- As of 31st March 2011, recommendations have not yet been made.

Further information relating to the trust's registration and participation in reviews can be obtained from the CQC.

Data quality

Community

The collection of data is vital to the decision making process of any organisation, particularly NHS trusts like St George's Healthcare. 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 everyday 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.

The data quality items for St George's Healthcare and community services are presented separately in this section, as the trust merged with Community Services Wandsworth (CSW) midway through the financial year.

St George's Healthcare and CSW both submitted records during 2010/11 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 for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. The body provides a data source for a wide range of healthcare analysis for 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:

	St George's Healthcare	Community services Wandsworth, Queen Mary's services	Community services Wandsworth, non-Queen Mary's services	National average
For admitted patient care	97.30%	100.00%	n/a	98.30%
For outpatient care	98.60%	99.43%	97.94%	98.40%
For accident and	94.40%	74.54%	n/a	91.40%

emergency care (for Queen Mary's Hospital this is a walk-in service)				
---	--	--	--	--

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

	St George's Healthcare	Community services Wandsworth, Queen Mary's Hospital services	Community services Wandsworth, non-Queen Mary's Hospital services	National
For admitted patient care	100.00%	99.72%	n/a	99.80%
For outpatient care	100.00%	99.25%	91.19%	99.60%
For accident and emergency care (for Queen Mary's Hospital this is a walk-in service)	100.00%	100.00%	n/a	99.60%

The score for St George's Healthcare is better than the national average for all indicators, with the exception of NHS number capture for admitted patients, for which we are a point below. We replaced our ageing patient administration systems in April 2010 and the new computer systems were temporarily unable to report against patient NHS number capture accurately, which detrimentally affected this score.

An arrangement was put into place to routinely supply a separate monthly demographic file, which will ensure similar problems with our computer systems will not affect our ability to report accurately in future.

Staff at the Tooting Walk-in Centre were also using new computer systems this year, installed in May 2010, and patient tracing was not performed thoroughly enough, which has had an effect on our scores for community services. More robust training has been introduced to provide additional support to staff and improve accuracy.

Regular reports are being produced so that staff can proactively manage their NHS number coverage. A greater number of administration staff also now have access to the national patient demographic service, enabling them, with training, to look up NHS numbers in real time which is steadily improving their NHS number coverage.

A number of reporting and warning systems are being implemented to supply the trust's data quality teams with regular information to both monitor and correct errors more efficiently. A major data quality review is also underway with the aim of improving training for staff throughout the trust. We intend to report back on these activities in the 2011/12 quality account.

Information governance

Community

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

St George's Healthcare has an ongoing, rolling information governance programme, dealing with all aspects of confidentiality, integrity and the security of information. As a core part of this, 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.

In 2010/11 we improved data security by blocking all portable mass storage devices, such as unencrypted USB sticks. Now, only trust-issued encrypted storage devices can be used by

staff to store data, which has ensured that any information being moved from one computer to another is protected by internationally approved encryption.

The replacement of our patient administration system with a new, modern system has increased both the security and accuracy of information at the trust. All staff accessing the new system use a secure and strictly authenticated smartcard.

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 2009/10 (including community services) was 74 per cent and was graded green.

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 <https://www.igt.connectingforhealth.nhs.uk/>. St George's Healthcare is listed as an **acute trust** and our organisation code is **RJ7**.

Clinical coding

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, in 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 2010/11 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding), were as follows:

Area audited	Specialty/ Sub-chapter/ HRG	Number of finished consultant episodes	Percentage of episodes changing HRG
Specialty A	Trauma and orthopaedics (110)	100	18.0
Specialty B	Cardiology (320)	100	3.0
Sub-chapter	DZ thoracic procedures and disorders	70	8.6
Healthcare resource group (HRG)	AA22Z (Non-transient stroke or cerebrovascular accident, nervous system infections or encephalopathy)	30	0.0
Overall		300	9

The areas selected for audit were chosen by the Audit Commission to benchmark our performance against national coding standards. Therefore, these figures only provide a snapshot and are not necessarily representative of the trust's coding quality overall.

The table shows that from the 300 patient notes audited there was a nine per cent error rate overall. This is a significant improvement in coding accuracy from the previous year, where our error rate was found to be a very disappointing 28.3 per cent.

The average coding error rate for all trusts in the country is 9.1 per cent, so we are now in line with this. We also perform better than other trusts in London, the average for which is 12.1 per cent, according to the latest available data.



The Audit Commission noted an improvement in staffing levels of clinical coders (there is a national shortage of trained coders) and recognised that we have implemented the payment of a recruitment and retention premium to help attract and retain staff to work at the trust

Our aims: Mandatory reporting

During 2011/12 we will:

- introduce more rigorous approach to performance management against our CQUINs alongside processes to help staff monitor these on a monthly basis
- Do more to engage our staff in the development of the 2011/12 quality account
- Launched a new policy to fully establish our expectations of staff, clearly illustrating standards of behaviour and how adopting the trust's values will have a positive impact on patient care, quality and clinical outcomes

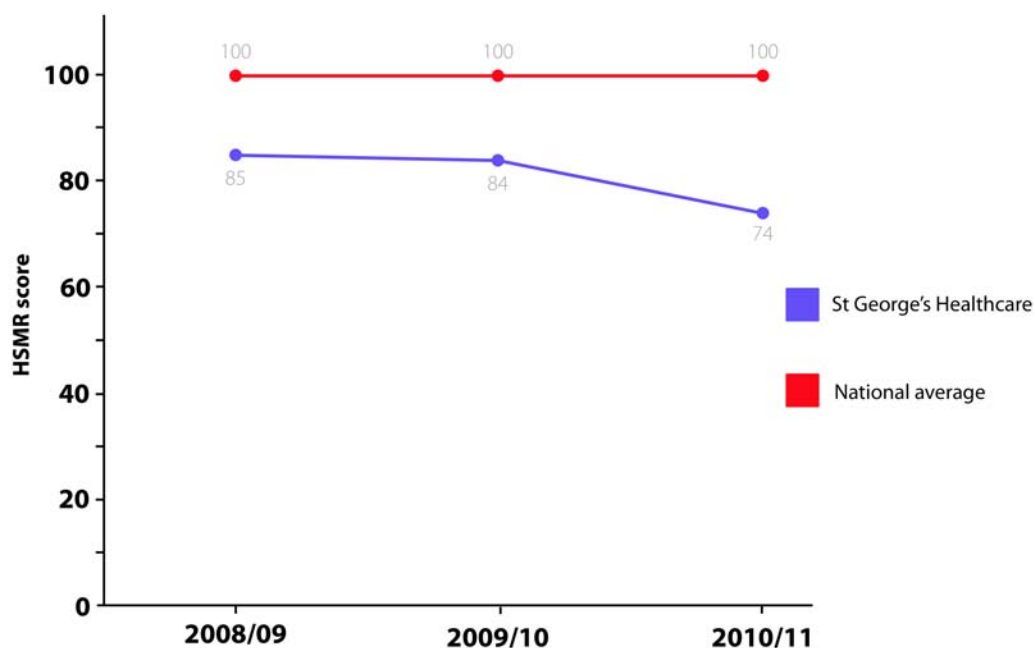
Improving patient outcomes

Death (mortality) rates

The hospital standardised mortality ratio (HSMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect. The HSMR compares the expected rate of death in a hospital with the actual rate of death.

The HSMR for St George's Healthcare continues to be significantly lower than expected and our rate for 2010/11 was 74, significantly lower than the national average of 100 and an improvement on 2009/10. In addition to using HSMR, we also monitor mortality using our own system, and monthly meetings are chaired by our medical director to examine the latest data. This ensures that we have the clearest possible picture to help us keep our mortality rate among the best in the country.

This diagram shows how our HSMR has been consistently better than the national average from 2008/09 – 2010/11.



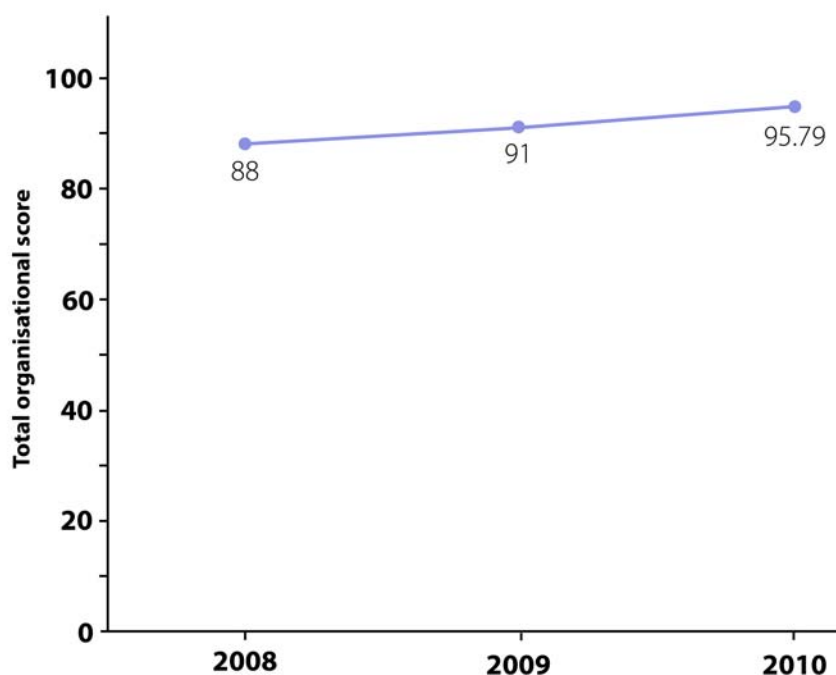
From April 2011 a new measure of mortality is being introduced across the NHS, called the summary hospital-level mortality indicator (SHMI). It will give a ratio of observed deaths against a calculation of the number that might be reasonably expected in the context of the population served and case-mix of the trust (the different types of conditions treated). The exact methodology is still being developed, and we will begin using the new measure as soon as it is available in 2011/12.

Using audit to achieve service improvement

Audits help us to evaluate our performance, showing where standards are improving or sometimes dropping. We can therefore use audits to maintain standards and demonstrate improvements.

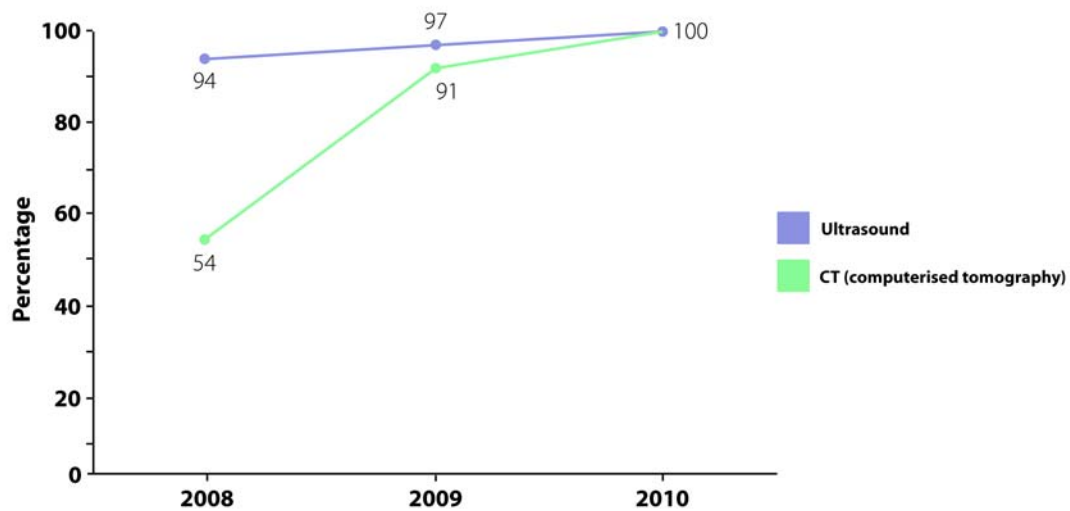
The National Sentinel Stroke audit, published in August 2010 rated stroke care at St George's as the best in the country. This audit has ranked St George's Healthcare in the top ten for a number of years and, combined with the latest result, demonstrates clearly that the service has consistently improved and is delivering the highest quality care for patients suffering a stroke.

The following diagram illustrates how our performance in the National Sentinel audit for stroke has improved since 2008. St George's Healthcare scored the highest in the country for stroke care in 2010.

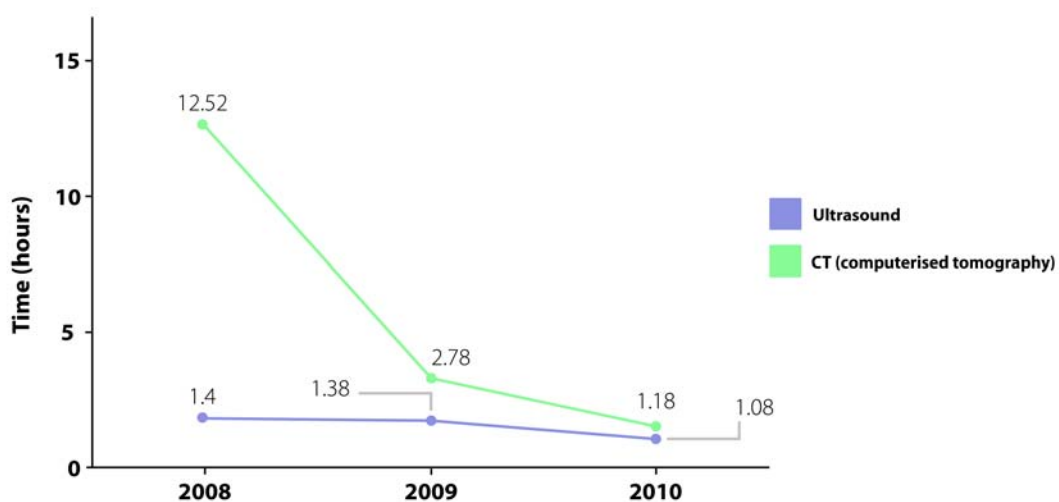


Re-audit of recording of urgent investigations in radiology in 2010 showed that 100 per cent of computer tomography (CT) and ultrasound results are available within four hours and that the average times between patients attending for the test and the results being available has improved.

The following diagram shows how the percentage of results made available within four hours has increased over the last three years for both CT and ultrasound scans.



The following diagram shows how the average time between patients attending for tests and results becoming available has decreased over the last three years.



Re-audit of readmissions within 28 days showed that readmission rates at the trust were 14 per cent for the acute medical unit and 14.5 per cent for elderly care, which is below the expected rate (for a trust of our size and case load) of 15.4 per cent. We aim to again meet or achieve lower than the expected rate next year by improving communication between acute and community services and increasing assessment of mental health needs.

Dr Foster 2010

Each year, Dr Foster Intelligence aims to give patients the information they need to exercise choice of hospital with its guide, based on analysis of routine administrative data and information collected directly from acute trusts in a self-assessment survey.

The Dr Foster Hospital Guide 2010 found that St George's Healthcare had a lower than expected mortality for a group of 56 procedures included in the HSMR and also for five specific conditions: heart attacks; stroke; pneumonia; congestive heart failure; and broken hips.

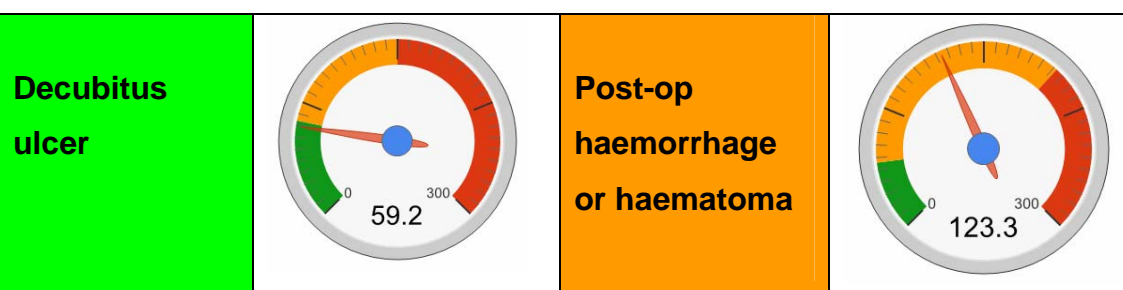
It also showed that we had good data recording and high adverse event rates. This does not mean that we have a higher rate of errors but actually indicates that we may be better at recording what happens. Dr Foster suggests that trusts that are better at recording information are also likely to be better at managing problems.

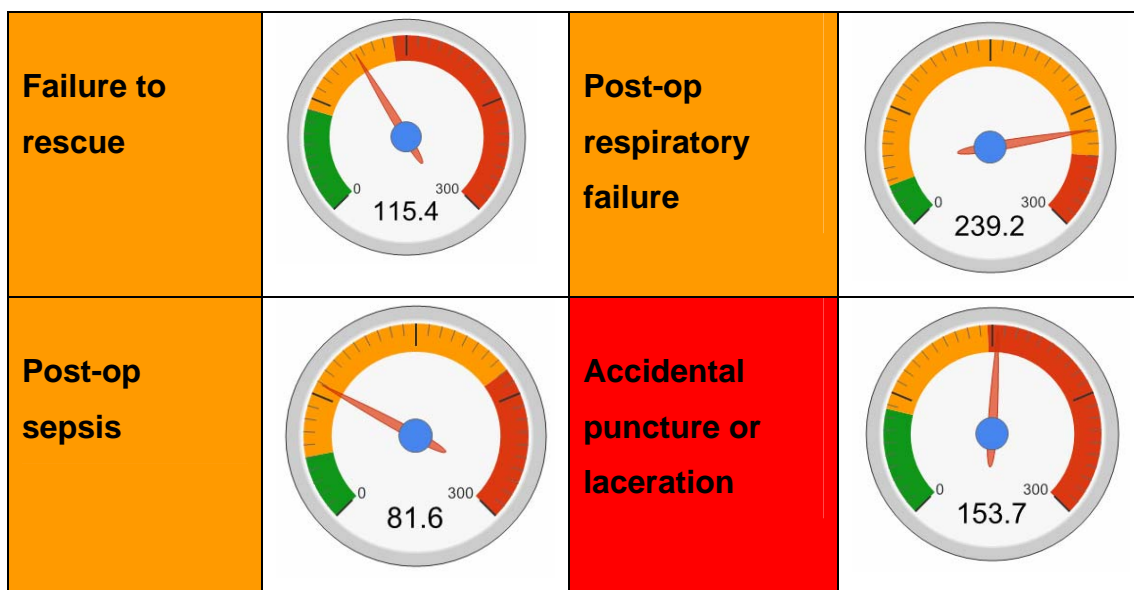
Investigation of the patient safety score showed that, of the six measures included in the overall score, we scored lower than expected for one measure, within the expected range for four, and high for one (accidental puncture or laceration). We have reviewed the data and found that this incident occurred most frequently in neurosurgery, but that the complication is recognised and the risks fully explained to patients as part of the consent process.

These gauges indicate how well we performed in the six measures included in the Dr Foster patient safety score 2010. In this instance, lower scores are better.

The scores do not indicate the number of incidents at the trust. Each figure gives a 'relative risk score', which is calculated by comparing the number of incidents at the trust against the expected number of incidents.

The amber area of each gauge indicates the range in which St George's Healthcare is expected to score for each measure (compared to other trusts). The red area indicates a higher than expected score and the green area a lower than expected score. A lower score is better.





Full patient safety indicator data has been available on the Dr Foster system since April 2011. We have started to look into the data to compare ourselves to our peers in order to determine if any corrective action is required.

National patient safety alerts

St George's Healthcare was named in the guide as not being up-to-date with several National Patient Safety Agency (NPSA) alerts. These alerts advise healthcare organisations to take steps to manage the risks associated with a wide range of topics, from vaccines to patient identification.

Since the report published, in November 2010, we have completed nine of the ten outstanding NPSA alerts. As of 30th April 2011, one alert remains outstanding, which is around the use of NHS numbers as the patient identifier. Significant progress has been made and two out of three actions have been completed. We are working hard to introduce printed wristbands in all areas for all patient groups that will contain the NHS number, and once this final action has been implemented we will be fully compliant with the guidance.

Many alerts require considerable organisational and behavioural change and we will not mark an alert as complete until we have acquired satisfactory evidence from our doctors, nurses and other staff, that the changes have been successfully embedded. We are committed to providing patients with the safest possible care and respond to NPSA alerts as quickly as we can. Where an alert is outstanding, we always put in place interim measures to ensure that patients are not at risk of harm.

Reporting audit to the board

Since June 2010, the board at St George's Healthcare have received regular updates on clinical audit through the quality report. This informs the board of the outcomes of both national and local clinical audit, mortality monitoring, and implementation of best practice, such as NICE guidance. The report also includes a section on Dr Foster benchmarking analysis.

We are making a number of improvements to the organisation of clinical audit at the trust and the board will be involved with these developments.

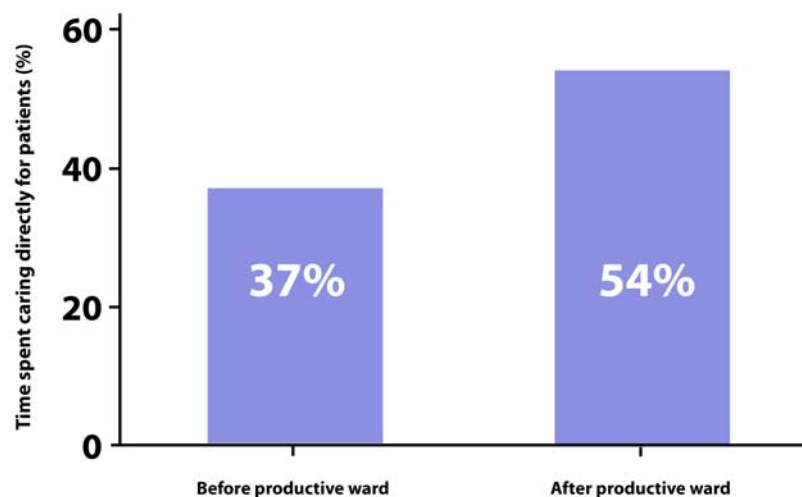
Improving productivity

Community

The 'productives' series is a national initiative devised by the NHS Institute for Innovation and Improvement. The aim of the programme is to help frontline staff release more time to care for patients. Its principles help teams to remove waste, improve the patient experience and raise staff morale by reviewing the way that key activities are carried out.

St George's Healthcare began the productive ward programme in April 2008 and 44 wards are now on the programme, feeding into a monthly productive board meeting which is chaired by the chief executive. We surveyed 18 wards before and after they implemented the principles of the programme this year and on average they reported that time spent caring for patients rose from 37 per cent to 54 per cent.

The following diagram shows how the time staff spend directly caring for patients has increased following implementation of the productive ward initiative. This information was taken in a survey of 18 wards across the trust. The increase in time is expressed as a percentage of staff time at work.



The productive operating theatre project is giving theatre staff the tools and support to improve the workplace. The main store room has been arranged into surgical specialty and an index has been created, making it possible to find any item in the room more quickly.

New operational status at a glance boards, have been introduced in the day surgery unit theatres which are enhancing communication and patient safety. These allow staff to see the status of the operating list without entering the theatre. As a new initiative, staff are currently collecting information from areas that have introduced new ways of working so that we can measure the impact of the changes.

Community Services Wandsworth piloted the productive community hospital programme and is now implementing productive community services in some community nursing and therapy teams.

These teams are still at the beginning of the programme, which is anticipated to take up to 18 months to complete. Simple changes to the working environment have already reduced the time some clinicians spend looking for equipment, thus increasing the amount of time they spend with patients. The changes have also reduced how much equipment is needed as stock, and in some cases excess stock has been returned to the manufacturer for a refund.

During 2011/12 we plan to roll out the productives series to our accident and emergency and outpatient departments, as well as 18 community teams.

Clinical administrative system – Cerner Millennium

In March 2010, we deployed a new clinical information system, Cerner Millennium, to replace the administration of inpatient, outpatient and A&E services information for the trust.

The transition to 'business as usual' following the deployment has taken longer and been more resource intensive than envisaged. We hold regular meetings with NHS London, our Strategic Health Authority, and senior executives of BT (British Telecom), who are the main providers of the new system. Despite these meetings and escalations, significant system issues remain outstanding 14 months after the initial deployment. The programme board currently meets fortnightly to regularly focus on resolving these outstanding problems.

The prime issue is the incomplete recording or backlog of data entry into the system. This has increased the risk of delays to patient care and could slow the number of patients coming into hospital, leaving clinical capacity underutilised. This issue could also reduce our ability to

invoice for all patient activity. Checks have been put into place to ensure that, in particular, suspected cancer patients do not experience delays in their treatment.

While progress has been made, some operational challenges remain and further system changes are required to ensure that the core administrative functions can be maintained and enhanced. The biggest impact has been in our ability to monitor referral to first treatment times. Further investment in staff training will also help us to get maximum benefit from the new technology.

18 week referral to treatment

Community

The trust has experienced difficulties reporting against the 18 week referral to treatment target since the introduction of Cerner Millennium.

We have developed an action plan to improve this with support from local commissioners and the Department of Health's intensive support team.

The trust is currently tracking patients using outpatient and inpatient/day case patient tracking lists. This is the same system that was in use prior to the introduction of the new clinical information systems and accurately shows all the patients waiting for their first outpatient appointment or theatre procedure. Patients who have already received their first appointment and are waiting for tests or a follow-up appointment are tracked by their individual specialty. All patients referred as suspected cancer cases under the two-week rule are individually tracked and offered an appointment within two weeks of referral.

Our performance in March 2011 showed that 94.5 per cent of non-admitted patients and 77.5 per cent of admitted patients were treated within 18 weeks. We are fully focused on providing high quality care to all our patients at the earliest possible time, so continue to work on reducing waiting times. We will provide a full report on our progress in the 2011/12 quality account.

Community Services Wandsworth and Queen Mary's Hospital successfully met the 18 week referral to treatment target in 2010/11.

A&E waiting times

Despite a difficult winter period St George's Healthcare successfully treated 97.05 per cent of patients in the Accident and Emergency department (A&E) within four hours, successfully meeting the national target of 95 per cent.

In late 2010 we invited the Emergency Intensive Support Team to visit the trust to spend time looking at our processes, to help us improve more consistently against the target. They provided us with a constructive report and we are implementing the recommendations through an action plan. We are developing an urgent care centre, working with colleagues from primary care, local GPs and primary care trusts to look at all aspects of demand, and reduce the number of attendees in A&E.

On 1st April 2011, the Department of Health introduced a series of new measures to track performance in A&E departments. We aim to include a report in the 2011/12 quality account to show how we performed against these measures throughout the year.

Outpatient services

In February 2011, St George's Healthcare set up an outpatient taskforce to develop and oversee an improvement plan for the trust's outpatient departments, including endoscopy, therapies, phlebotomy, diagnostics and imaging services. Through this piece of work we aim to achieve tangible service improvements in response to the needs of patients and local GPs.

We aim to improve the way Choose and Book, the online appointment booking service, is used, which has the potential to improve the patient experience and reduce administration costs for booking appointments. The taskforce is also looking to reduce DNAs (the number of people who fail to attend their appointment) and improve the way we gather feedback from patients so that we can make changes that improve their experience in hospital.

The taskforce aims to establish a 'virtual outpatient directorate' which will oversee performance of all outpatient services. We have invited GP and patients to become representatives and provide transparent service monitoring and improvement. It's also a key aim of the taskforce to improve how we manage our records, which includes a structural reorganisation of our medical records department.

We have been liaising with GPs across southwest London to hear opinions and agree improvement workstreams that the taskforce will deliver against in 2011/12. We will report back on this programme of work in the 2011/12 quality account.

Our aims: Improving patient outcomes

During 2011/12 we will:

- Ensure that we accurately report our performance against and successfully treat 90 per cent of patients within the 18 week referral to treatment target

-
- Approve a clinical audit strategy and annual programme to improve the organisation of clinical audit at the trust
 - Meet or achieve lower than the expected rate for readmissions by improving communication between acute and community services and increasing assessment of mental health needs
 - Establish tracking and reporting mechanisms for the A&E reporting measures introduced on 1st April 2011, putting actions in place to remedy any shortfalls
 - Successfully implement the 'productives' initiative in A&E, outpatient departments and 18 community services teams
 - Implement new performance indicators for equality and human rights to help embed equality into mainstream activity and deliver on the requirements of the Equality Act 2010
 - Strengthen our business planning and performance arrangements in order to be able to demonstrate quality of care at service level
 - Establish a 'virtual outpatient directorate', including GP and patient representatives, which will oversee performance in all outpatient services

Sections from 2009/10 that we have omitted from this account

In this quality account we have reported on a number of areas that were covered in our 2009/10 account. There is however, a section from the 2009/10 account that we have omitted this year. This area of work is ongoing:

Executive walkabouts

Our executive walkabouts are ongoing to ensure that the *ward to board* communication continues within the trust. The trust's chair and non-executive director quality champion both now take part in walkabouts and we plan to introduce more executive walkabouts at night in 2011/12.

Improving patient safety

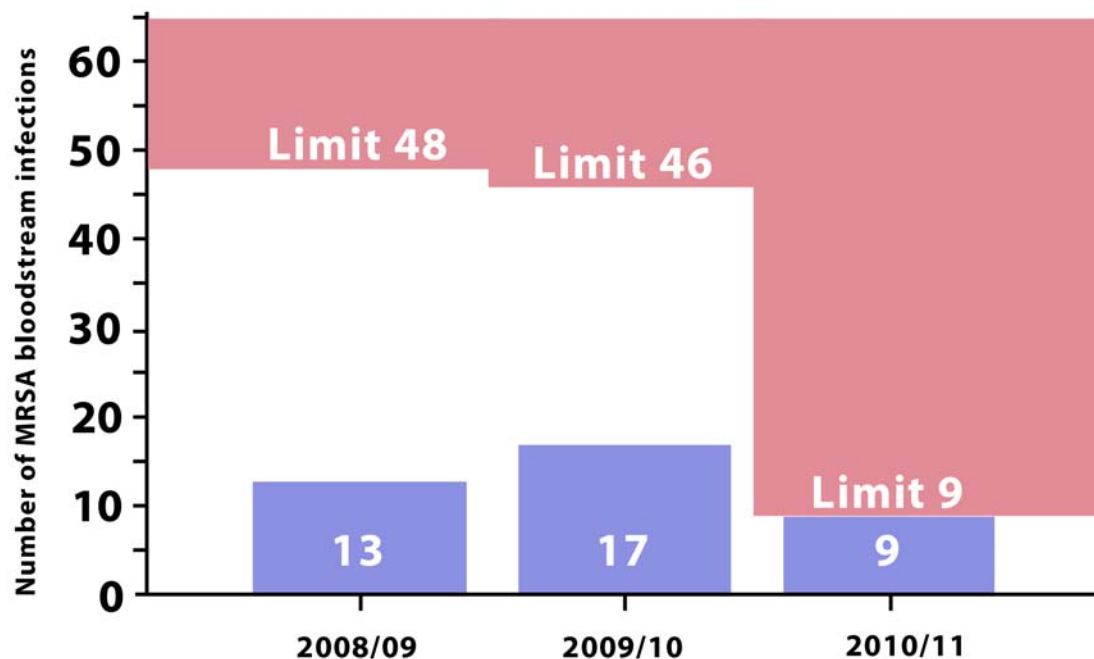
Infection control

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

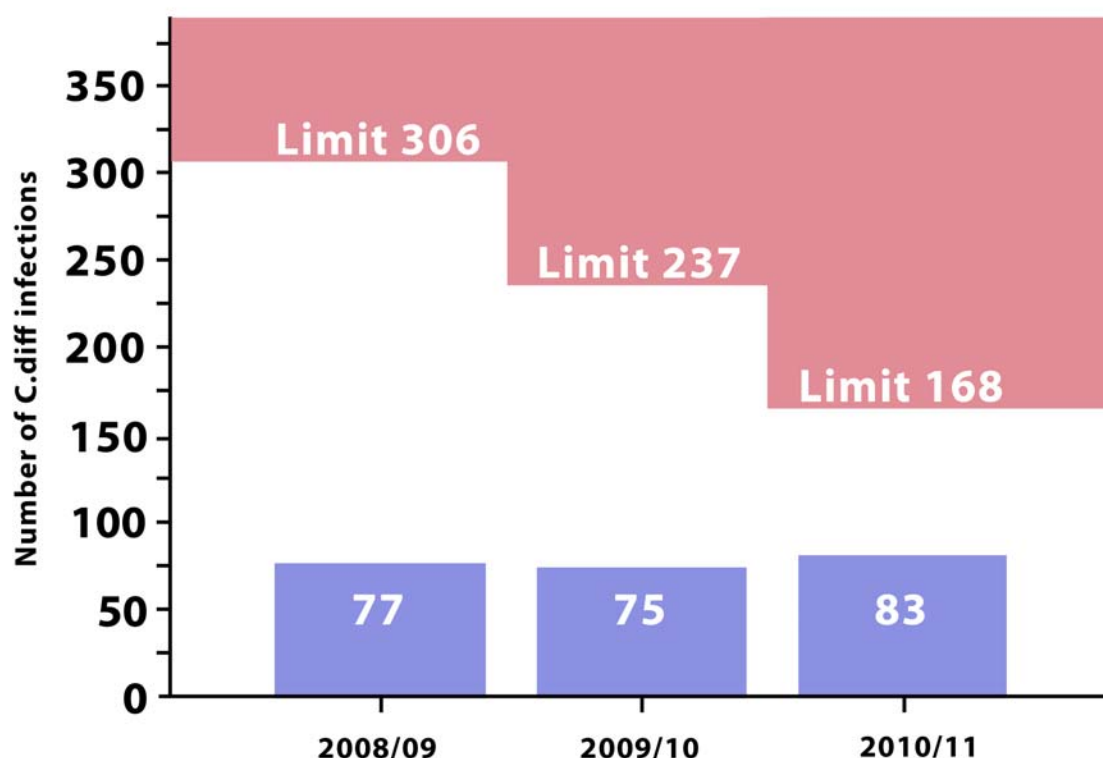
Our infection control team works around the clock alongside hospital pharmacists, estates managers and other staff, monitoring infections and providing ward staff with advice on how to treat and prevent the spread of bacteria and viruses. A programme of ward deep cleans by our estates and facilities team has helped to tackle infections and improved the overall hospital environment. As a result we have achieved a significant reduction for both MRSA blood stream infections and *Clostridium difficile* (*C.diff*) infections.

Nine patients developed MRSA infections in hospital and 83 patients acquired *C.diff* infections during 2010/11. We therefore remained within our mandatory performance limits for both MRSA and *C.diff*, of nine and 168 respectively. This included a period of over 200 days without acquiring a single MRSA blood stream infection.

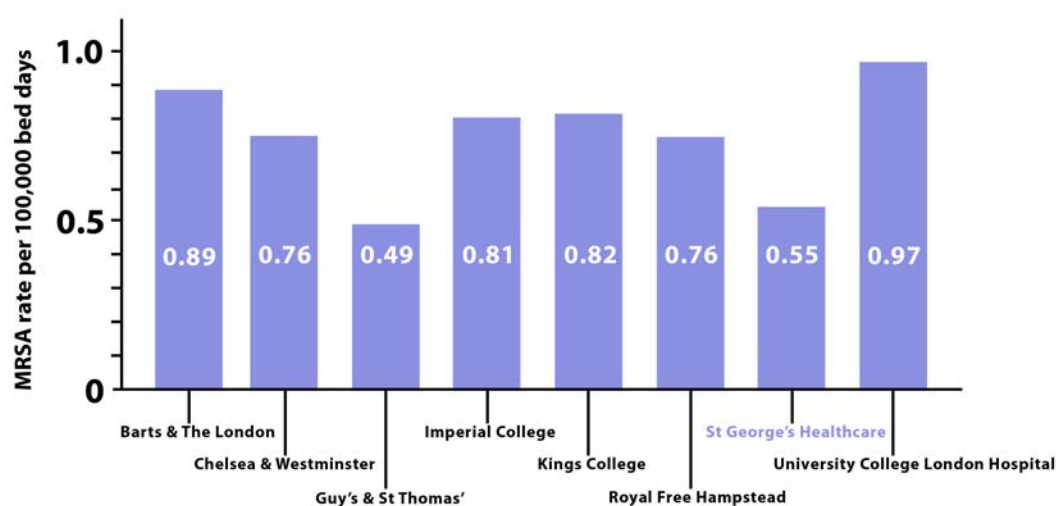
This diagram shows MRSA performance against our mandatory limits between 2008/09 and 2010/11.



This graph shows *Clostridium difficile* (*C.diff*) performance against our mandatory limits between 2008/09 and 2010/11.

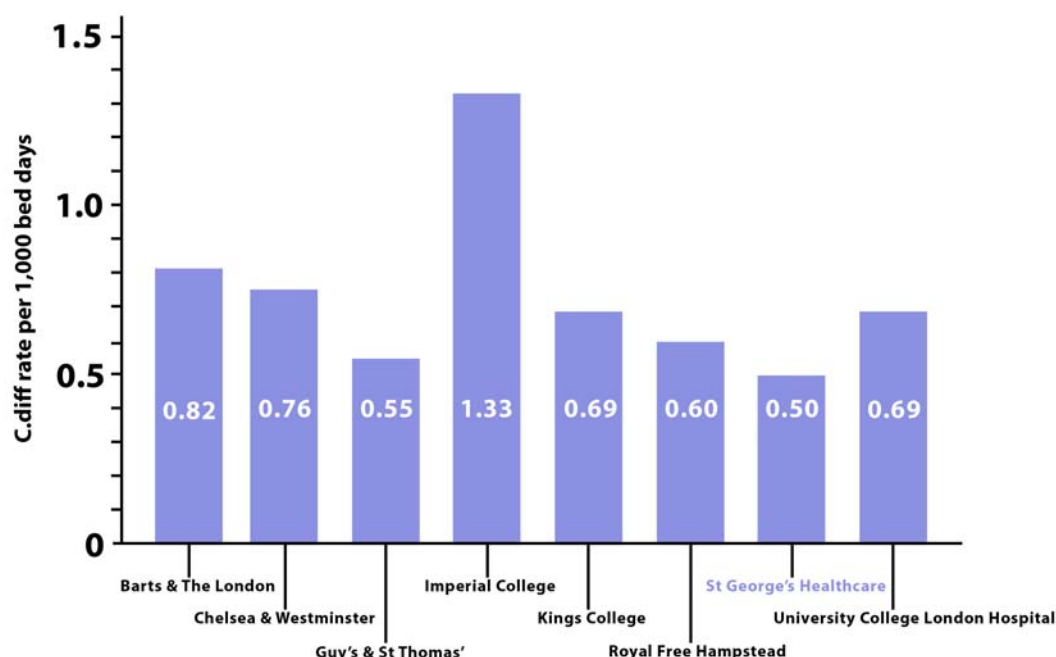


The following graph shows that for MRSA we achieved the second lowest rate of any London teaching hospital (0.55 infections for every 100,000 bed days).



The full comparative data for MRSA are available online from the Health Protection Agency:
<http://www.hpa.org.uk/servlet/Satellite?c=Page&childpagename=HPAweb%2FPage%2FHPAwebAutoListName&cid=1153999752025&p=1153999752025&pagename=HPAwebWrapper&searchmode=simple&searchterm=mrsa+rates&go=Search>

The following diagram shows that for *C.diff* we achieved the lowest rate of any London teaching hospital (0.50 infections for every 1000 bed days).



The full comparative data for *C.diff* are available online from the Health Protection Agency:
<http://www.hpa.org.uk/servlet/Satellite?c=Page&childpagename=HPAweb%2FPage%2FHPAwebAutoListName&cid=1153999752025&p=1153999752025&pagename=HPAwebWrapper&searchmode=simple&searchterm=c+difficile+rates&go=Search>

Our management of infections has been developing over recent years and infection rates have improved consistently since 2006, when St George's Healthcare ranked among the trusts with the highest rates in the country. Among teaching hospitals in London, the trust recorded the lowest *C.diff* rate and the second lowest MRSA rate for 2010/11.

Our targets for 2011/12 will stretch our management of both infections – for MRSA the threshold is six and for *C.Diff* it is 52. Since these thresholds were set, however, we have introduced a new diagnostic test that is more sensitive. This new test therefore is able to diagnose infections that previous tests could not.

As the threshold targets for 2011/12 were set based on the previous, less sensitive, diagnostic test, this will make remaining within the thresholds a greater challenge in 2011/12.

Inpatient falls

As part of the nursing quality agenda, the Department of Health identified eight high impact actions for nurses – areas of care that should be focused on to deliver the best outcomes for patients. One of these is the prevention of falls, so we have established a nurse-led programme of work in collaboration with the Falls Prevention Committee to achieve a year-on-year reduction of inpatient falls across the trust.

During 2008/09 there were 1248 falls recorded among inpatients at St George's Hospital and the Wolfson Neurorehabilitation Centre. Action plans have been implemented over the last two years to raise the profile of falls across the trust and develop systems on the wards which achieve a sustained reduction in falls.

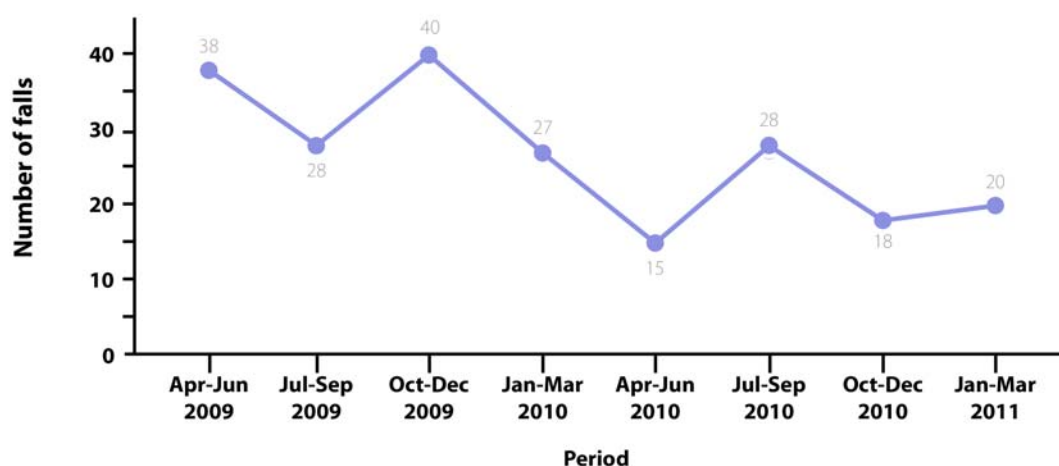
In addition to risk tools used to assess patients on admission and multidisciplinary care plans to minimise risk of falls, visual management tools have been introduced across all wards which allow staff to assess, at a glance, which of their patients are most at risk of falling. Teams have also been looking at how they can optimise their environment to further reduce the risks. Falls awareness training is now part of our monthly nursing and healthcare assistant induction.

The programme is about ensuring that high risk patients are always given the extra attention they need. Caesar Hawkins ward, an elderly care medical ward, reduced their falls by over 40 per cent during 2010/11 simply by introducing discussions as part of their daily handovers and a traffic light system to flag up the most vulnerable patients.

Most interventions are about assistance, observation and making adjustments where needed. For instance, that call bells are always within reach, that patients always have the right sort of footwear on, walking aids are available and in reach and that commode brakes are always secured.

Simple activities like de-cluttering ward areas to remove obstacles and ensuring that the environment is as safe as possible are also essential measures to minimise risk of falls.

The following diagram shows the number of falls recorded on Caesar Hawkins ward during 2009/10 and 2010/11. Year-on-year falls reduced from 133 to 79.



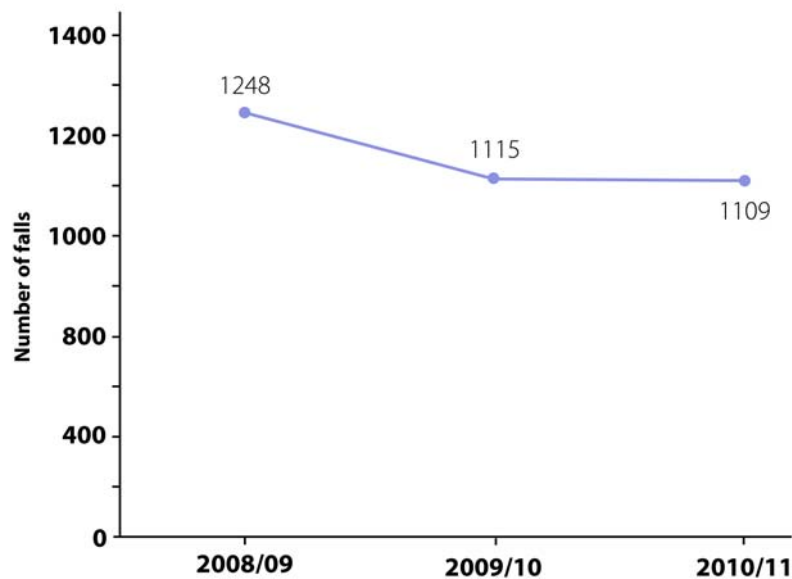
Each ward has an action plan so the multidisciplinary team knows what their falls performance looks like and where they can make improvements. We're also aiming to introduce 'falls champions' who will take the lead on falls reduction in their own wards and departments.

In 2010/11 the number of acute inpatient falls recorded at St George's Hospital and the Wolfson Neurorehabilitation Centre was 1109. Though only a fractional reduction on 2009/10 (1115), this does demonstrate that our systems have sustained the reduction of previous years, despite an increase of 10 per cent in the number of patients admitted to hospital.

As part of the audit programme carried out by the trust's Falls Prevention Committee, the Trust's inpatient falls rate is 3.4 falls per 1,000 bed days for all age groups. According to the National Patient Safety Agency, the national rate is 5.6 falls per 1,000 bed days. While this is positive, we need to be confident that all falls, slips and trips are recorded on the Datix adverse incidents database. Cross-sectional audits will be undertaken to test this.

It is of concern that the number of older people being admitted to hospital following a fall (with or without a fragility fracture) has remained high (1500 per year). These patients are known to be more likely to fall again as inpatients at the hospital.

The following diagram shows that the number of acute inpatient falls at the trust overall has reduced since 2008/09.



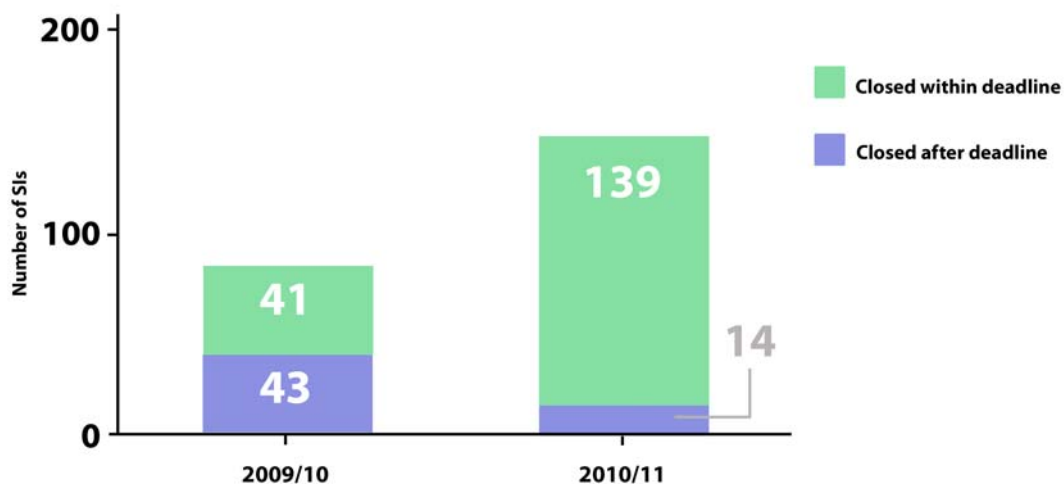
More collaborative work on developing falls pathways across acute and community services will continue in 2011/12. The Trust Falls Prevention Committee has developed an inpatient post fall proforma which will be implemented by July 2011 in line with the National Patient Safety Agency. Following our participation in the Royal College of Physicians' national falls and bone health audit in 2010, we will be implementing an action plan to improve the pathway and clinical care of patients with fragility fractures once the results are published in May 2011.

Incident reporting

Modern healthcare is increasingly complex and occasionally things can go wrong even with the best practices and procedures in place. At St George's Healthcare we are committed to having good systems that enable us to learn from things that do go wrong and prevent them happening again.

In 2009/10 we said that we would put processes in place which would allow all serious incident investigations to be completed within 60 days, so at the beginning of the year, processes were implemented to streamline investigations. In November 2010, NHS London shortened the limit for investigations from 60 days to 45 days, which posed additional challenges for investigation panels. Despite this, all incidents at St George's Healthcare since July 2010 met the 60 day deadline and only one breached the 45 day deadline, once this was introduced.

This graph shows how the proportion of serious incidents (SIs) closed within the deadline (either 60 or 45 days) has improved in 2010/11 compared to the previous year.



The overall number of SIs has increased in 2010/11 compared to the previous year. This increase is in part due to an increase in the number of national SI categories, which has affected all trusts. Improvements in identification processes at St George's Healthcare may also have contributed to the increase.

We continually work to address underlying SI themes to prevent reoccurrence and will monitor the number of SIs in 2011/12 and report back on this in next year's quality account.

Our plan for 2011/12 is to focus on projects that can improve systems to keep patients safe. We have adopted a programme approach to our safety priorities and a patient at risk group has been established which will ensure that there is organisational support for key projects to improve patient safety. It will also represent a more robust way of measuring whether these initiatives lead to improved outcomes.

Venous thromboembolism (VTE)

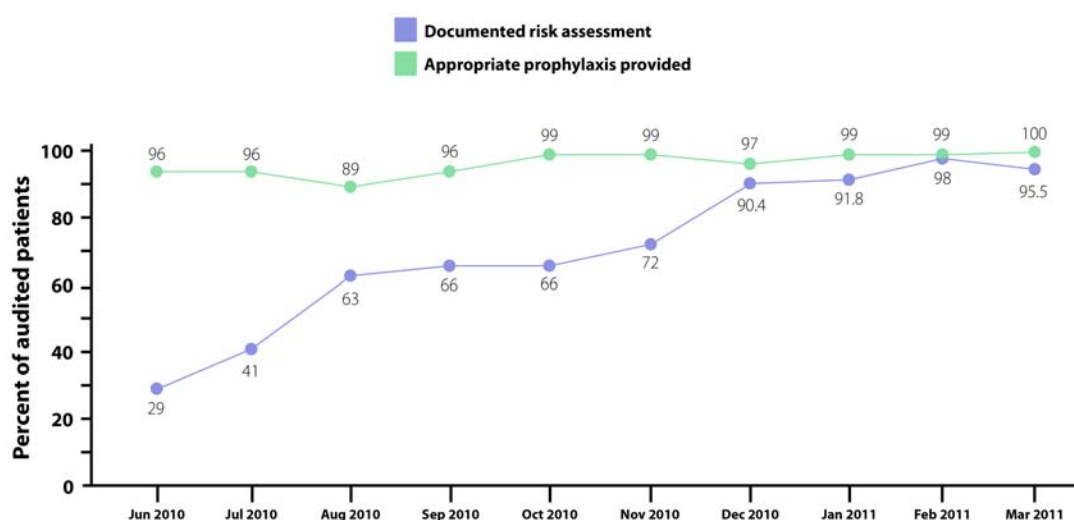
Venous thromboembolism (VTE) is a condition where a blood clot forms in a patient's vein, which can cause substantial long term health problems. We launched a project this year, to increase patient awareness of the dangers of VTE and reduce preventable clots by carrying out VTE risk assessments on all inpatients and day cases.

These assessments have ensured 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.

Regular monthly audits taken across all our wards show significant improvements in practice. The proportion of patients receiving a documented risk assessment for VTE has increased significantly, from 29 per cent to 95 per cent, since we launched our initiative in June 2010.

The audits also show that around 98 per cent of patients are receiving appropriate prophylaxis (preventative treatment). The focus on this condition has helped to improve practice and ensure that our patients are treated safely.

This graph contains statistics from our monthly audits and shows an improvement in both risk assessment and preventative treatment for venous thromboembolism (VTE) across all inpatient wards at St George's Healthcare.



In 2011/12 the targets will remain the same; to have a documented VTE risk assessment conducted for at least 95 per cent of patients and give appropriate thromboprophylaxis to at least 95 per cent of the patients who need it. In addition, there will be a focus on increasing the quality and distribution of patient information and carrying out detailed root cause analyses of patients who have a thromboembolic event so that processes and systems can be improved.

VTE risk assessment is being introduced at our community services sites during 2011/12.

Medication safety monitoring

Since November 2010, weekly medication safety monitoring (MSM) visits to the wards have been introduced to identify medication safety issues, such as VTE and prescribing accuracy, and to engage with ward staff regarding their medication concerns. Our medication safety

champions also support and encourage ward staff to report medication incidents to help us build the clearest picture possible.

The team visited 18 wards during Between February and March 2011, identifying 137 areas for improvement and gave advice on minimising risk, prescribing accuracy for prescribers and also provided on the spot training for nurses. Work is still at a fairly early stage but it is planned that by next year the feedback will have provided a systematic way of monitoring and training that will demonstrate an increased awareness of medication incidents and clear evidence of areas to improve. We aim to report back on this work in 2011/12.

Deteriorating patients

A number of projects have been carried out to ensure that our staff act promptly to avoid any preventable harm when a patient is found to be deteriorating.

Our staff now use an early warning score (EWS), calculated based on observations of the patient, which prompts staff to seek senior advice and interventions to ensure that any deterioration in a patient's condition is tackled as soon as possible. Prior to introducing the early warning score, the resuscitation team would only be called if a patient suffered a respiratory or cardiac arrest. Staff are now encouraged to call the resuscitation team earlier when patients are deteriorating, which should help prevent further deterioration and save lives.

We have been carrying out audits since May 2009 across nine indicators which show progress in some areas over time. However, our scores are still below the level we would expect, particularly relating to making timely, appropriate and full responses once deterioration is identified.

In 2011/12, by making EWS one of our safety priorities at St George's Healthcare, we plan to further improve compliance by implementing a new colour coded chart that makes completion of the EWS simpler and more efficient, and carrying out further awareness activity among staff.

SBAR tool

Our staff use the *Situation Background Assessment Recommendation* (SBAR) tool – a structured tool to ensure effective communication occurs when care is handed over from one healthcare professional to another. This has been shown to reduce the incidence of harm to patients by 50 per cent (Institute for Innovation and Improvement, 2010).

Work is ongoing to embed this tool in all key communications but a recent audit of use showed that 91 per cent of wards had at least one of the SBAR tools available and 86 per cent of wards were using SBAR.

In 2010/11 our audits have shown that awareness is high amongst the nursing teams and is in use in a number of situations. In the coming year, the focus will be on ensuring that the SBAR tool is used in each situation that patient information is shared, to ensure that this is carried out clearly and effectively.

Never events

Never events, introduced in 2010, are a list of events described as “*serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers*” (NPSA 2010). These can be used as an indicator of how safe an organisation is and the patient safety culture within that setting.

There were no *Never events* at St George's Healthcare in 2010/11.

Our aims: Patient safety

During 2011/12 we will:

- Keep patients safe from venous thromboembolism (VTE) by conducting risk assessments for at least 95 per cent of patients and giving appropriate thromboprophylaxis for at least 95 per cent of the patients who need it
- Agree a clear framework of safety priorities through the patient at risk group to increase organisational learning
- Use medication safety monitoring visits to develop a systematic way of staff monitoring and training that will increase awareness of medication incidents and identify areas for improvement
- Carry out appropriate audits to ensure that the *Situation, background, assessment, response* (SBAR) tool whenever patient information is shared, to ensure that this is carried out clearly and effectively
- Introduce printed wristbands across all relevant clinical areas of the trust that will contain the patient's NHS number to close the outstanding NPSA alert from November 2010
- Introduce a new colour coded chart to make completing the early warning score (EWS) tool more efficient for ward staff

-
- Develop more collaborative work across both acute and community services to reduce the number of older people suffering fragility fractures
 - Monitor the number of serious incidents (SIs) in 2011/12 and introduce measures to address underlying SI themes to prevent reoccurrence
 - Continue to raise profile and implementation of early warning score and improve our scores for timely, appropriate and full responses when patients are deteriorating

Sections from 2009/10 that we've omitted from this account

In this quality account we have reported on a number of areas that were covered in our 2009/10 account. There are however, several sections from the 2009/10 account that we have omitted this year. These areas of work are ongoing and we continue to monitor them:

Safeguarding vulnerable children and adults

This remains a priority for the trust and safeguarding activity is reported twice a year to the board, who also receive annual safeguarding training. Following integration with community services Wandsworth we continue to ensure our systems align and that we successfully integrate policies and procedures. A safeguarding children day took place in February 2011, which will become an annual event to supplement ongoing safeguarding awareness activity and understanding about the Mental Capacity Act.

Improving patient experience

Managing complaints

Community

St George's Healthcare looked after around 750,000 patients across inpatient, outpatient, community and emergency services in 2010/11. We accept that among this number of patients the experience for some will not meet their expectations.

We are absolutely prepared to change and improve in response to feedback from patients, visitors and other stakeholders. The lessons learned and trends identified from information collected via our complaints process play a key role in improving the quality of care we provide. In this section we have provided separate statistics for St George's Healthcare and Community Services Wandsworth.

For acute services during 2010/11, we received 1,177 formal complaints which represents an increase of 31 per cent on the previous year.

Due to Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, complaints which we may have recorded as 'informal' in previous years are now being recorded as 'formal', which may have been a contributory factor in this increase. In addition, the trust introduced new clinical information systems to replace its ageing patient administration systems in spring 2010. This was a huge change project for many of our patient facing staff and proved been disruptive, particularly in outpatient clinics. This has had an impact on an increase in complaints this year, but we anticipate that complaints relating to this will reduce significantly in 2011/12 now that the systems are settling in.

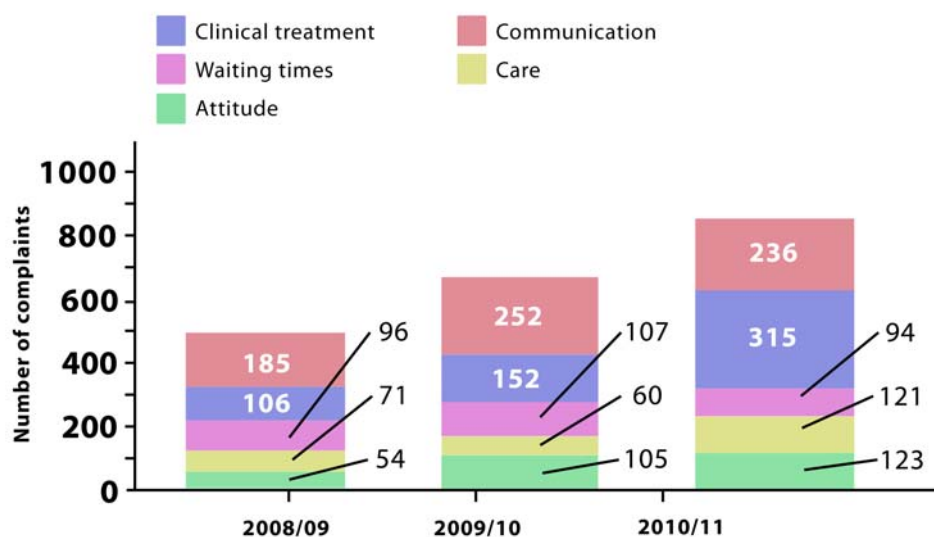
We also received 182 complaints for community services, 93 more complaints than were received in 2009/10. This is largely due to the trust taking over the management of 60 complaints previously managed by the healthcare service at Wandsworth Prison.

We always endeavour to respond to complaints within 25 working days; however, in 2009/10 St George's Healthcare only achieved this in 51 per cent of cases, and made a commitment to improve this in 2010/11. We aimed to respond to at least 85 per cent within 25 working days by the end of the year.

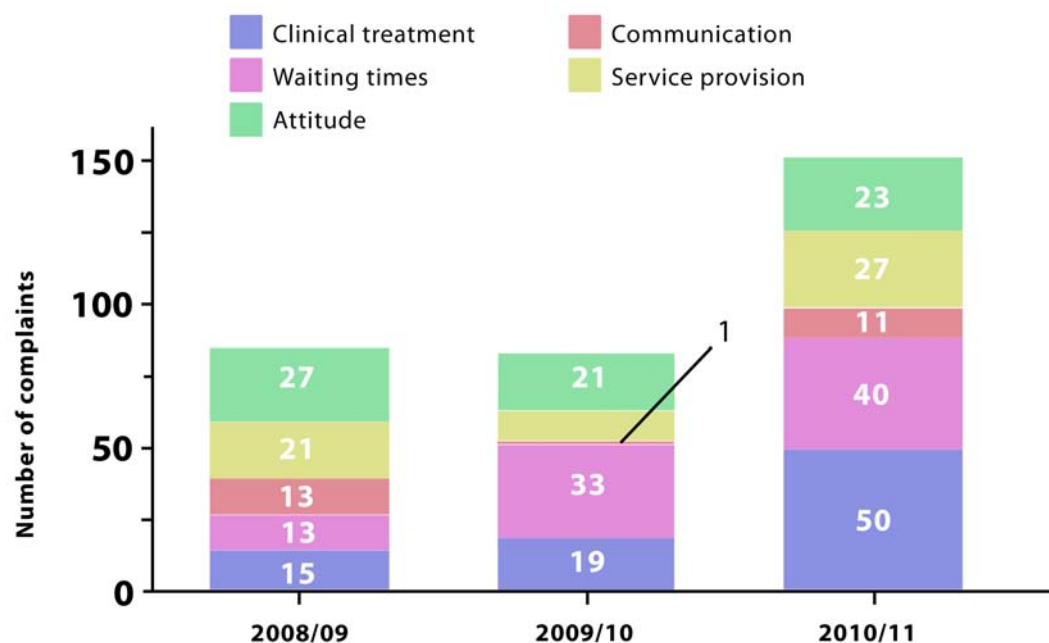
We established more robust complaints systems and performance monitoring mechanisms in 2010/11, successfully responding to 71 per cent of complaints about St George's Healthcare services. Though we recognise that this overall response rate still doesn't meet expectation, the changes we introduced took time to embed and our performance improved throughout the year. During the last quarter of the year we actually responded to 81 per cent of complaints and we are confident that by maintaining this improvement we can successfully meet our 85 per cent target in 2011/12.

We successfully responded to 85 per cent of complaints relating to community services within 25 working days during 2010/11.

This diagram shows the five most common complaints about **acute services** received over the last three years at St George's Healthcare.



The following diagram shows the five most common **community services** complaints received over the last three years.



Recommendations by the Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman undertakes independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England have not acted properly or fairly or have provided a poor service. In 2010/11 we received reports on two complaints which had been investigated by the Ombudsman.

In May 2010, we received a final report from the Ombudsman where a complaint was upheld and various recommendations were made, relating to a complaint originally received by the trust in November 2007. We have implemented the recommendations contained in the report, which included making a consolatory payment of £20,000 to the family and a further apology for poor complaint handling and service failure.

In July 2010, we received a final report from the Ombudsman who upheld a complaint which was originally received by the trust in December 2007. The Ombudsman acknowledged that we had taken significant and adequate remedial actions in relation to the failings. We accepted the recommendations made in report and fully apologised to the complainant for the distress caused by the service failures.

No recommendations were received during 2010/11 for community services.

Compliments

During 2010/11 we received 333 letters of thanks centrally (these are usually received by the chief executive). In addition to this, 3872 forms of thanks were received locally by trust staff (such as cards, flowers and chocolates). The trust also received 67 positive comments via social network site Twitter compared to 12 negative comments (since we began collecting data in November 2010).

Patient Advice and Liaison Service (PALS)

Our Patient Advice and Liaison Service (PALS) helps to address any problems or concerns that patients may have regarding the trust's services. The services listen to the views and comments of patients and can provide them with access to interpreters, signers and other services they may need to improve their experience. PALS staff also provide customer care training to staff and often assist staff when they are in need of support.

The contacts received by acute services PALS are put into two categories:

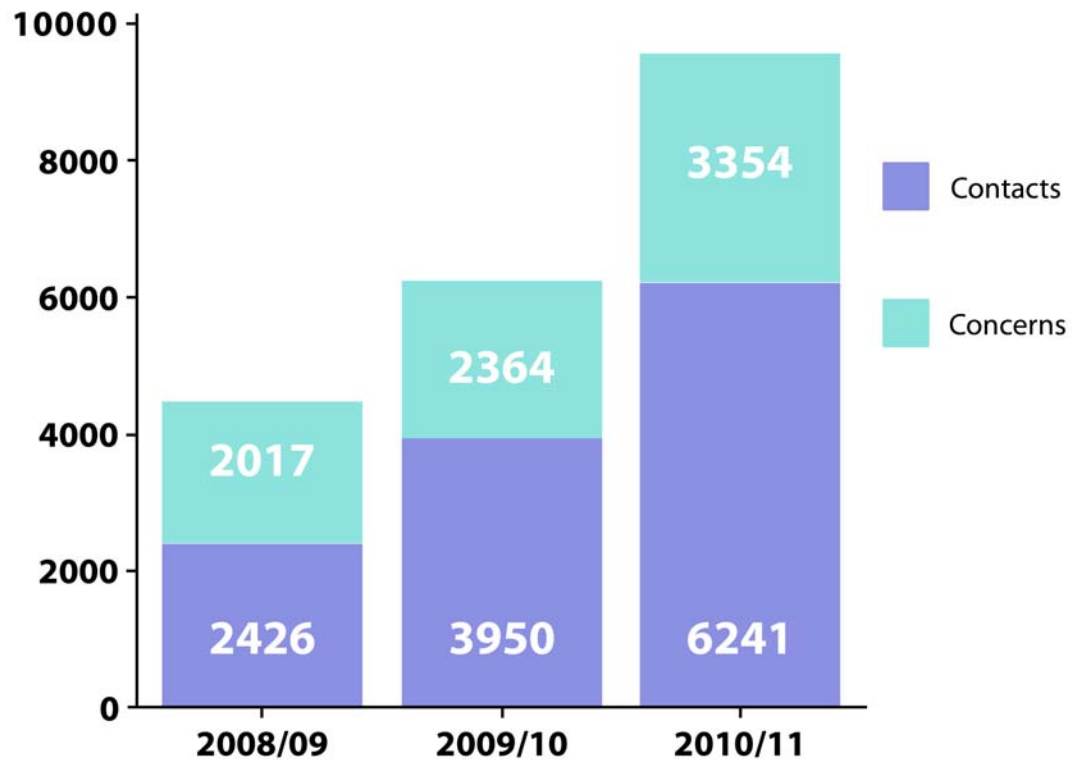
Category A (General contacts) refers to any enquiry or request that does not raise areas of concern within the trust, for example, a patient requesting information about a service or a member of staff seeking advice about how to contact an outside organisation. Also included in this category are patients and relatives who expressed thanks.

Category B (Concerns) refers to when a patient or relative has raised a concern about the trust but does not wish to follow the formal complaints procedure.

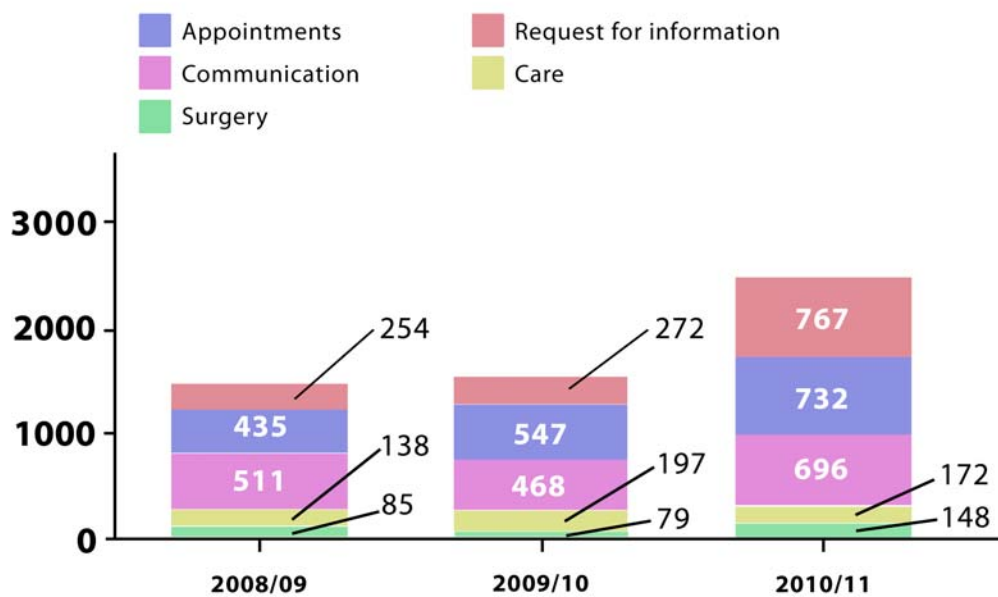
The PALS department for acute services was contacted on 6241 occasions for help and assistance during 2010/11, which shows an increase of five per cent from the previous year.

Of particular note is the increase in concerns to 3354 from 2364 in 2009/10 which was largely due to the introduction of the new electronic patient administration system.

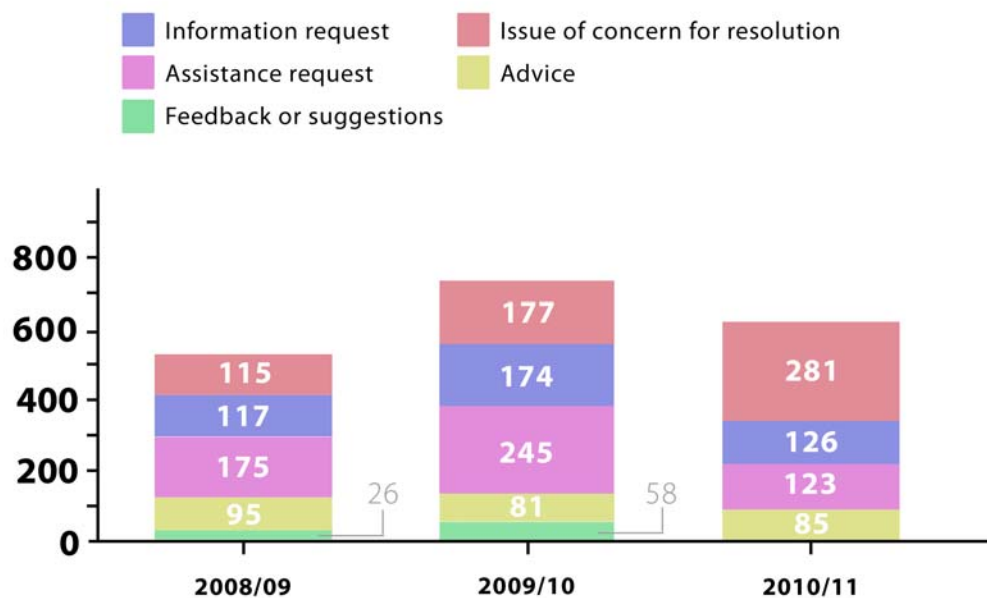
The following diagram shows the number of acute PALS contacts and concerns we have received over the last three years.



The following diagram shows the most common acute PALS contacts received over the last three years.



The following diagram shows the most common PALS contacts received by community services over the last three years



From 1st April 2011, will be recording both acute and community services PALS contacts in the same database, so in 2011/12 we will report these contacts together.

Volunteers

A friendly face to meet you at the front desk; a helping hand when you can't find your way; a listening ear when you need to talk. These are just some of the skills on offer among the volunteers at St George's Healthcare. There are currently more than 250 volunteers working in a variety of areas providing invaluable assistance to staff and improving the patient experience.

Roles include way-finding assistance on corridors and information desks, basic clerical assistance in departments, meeting and greeting patients in clinics and assisting patients at mealtimes.

An initiative to assist patients at mealtimes with trained volunteers was first discussed in 2005 with training commencing in 2006 to assist patients on our elderly care and stroke wards. The initiative rolled out at St George's Hospital in 2010, with volunteers assisting patients on general medical, surgical and cardiovascular wards. Volunteer recruitment remains high for this role and the feedback received from staff, volunteers and patients is positive.

Healthcare environment

In 2010/11 many projects were carried out to enhance the hospital environment, including:

- The development of the day surgery unit to accommodate single sex changing facilities
- Upgrading of the main x-ray department including a new scanning facility for CT scanning in A&E
- Redevelopment of our paediatric intensive care unit (PICU)
- New MRI facility in Atkinson Morley Wing
- Refurbishment of all bathrooms facilities in Atkinson Morley Wing

Routine and planned maintenance is essential for the safety of all staff, visitors and patients on our hospital sites and this year we have invested in flooring, painting, lighting, new sanitary fittings and refurbishments of public areas.

We have worked to reduce our carbon emissions after signing up to the international 10:10 campaign, committing to reduce our carbon emissions by 10 per cent during 2010. We've introduced low-voltage lighting, sold energy back to the national grid and reviewed heating in low-use areas across the trust. Our IT department has begun a 'green computing' project which includes initiatives such as automatic shutdown on PCs and rationalisation of printers across the trust. We have also strengthened our links with local organisations and community

groups to share best practice in areas such as waste disposal, transport, recycling and energy.

The trust benefits hugely from support from St George's Hospital Charity which has generously funded new curtains for the 1000 beds we have throughout the trust. This is a rolling programme that includes embroidering of the panels with privacy and dignity messages.

Patient discharge

Community

Results published in April 2010 from the National Inpatient Survey of 2009 showed that work was needed to improve the way patients are discharged from St George's Hospital. This was reinforced by the findings of Wandsworth's Local Involvement Network (LiNK) who undertook two visits to the hospital in 2010 and interviewed staff, patients and their carers about their experience of discharge.

Some of the actions we have taken:

Involving the patient and their carers in discharge plans	- New information sheet given to patient stating help available and the information that is needed from the patient to ensure a safe and effective discharge.
Providing discharge summaries for both the GP and patient with easily understood information on how best to recover and who to contact if help needed	- Information sheet introduced giving information about services available and support contacts, supplementing condition-related information provided to patients following their procedure - A pilot IT solution to enable discharge summaries to be sent electronically to GPs and for a copy to be available for the patient to take home with them on their day of discharge began in January 2011
Reducing delays on the day of discharge	- Nurse-led discharge enables trained nurses to discharge patients and helps to avoid the wait to see a doctor in patients who are ready to go home. Most of our medical wards now have nurses trained to discharge patients. This is helping to increase the number of patients discharged before 11.00am and at weekends

More explanation and written guidance about medicines to be taken home	- Throughout 2010 our pharmacists have been running training sessions with ward staff about information they should be giving the patients on discharge medicines. Latest audit results show that over 95 per cent of patients said they were given explanations about the tablets they were taking home and over 97 per cent of patients said they were given clear written information about their medicines
---	--

Despite failing to fully meet our Commissioning for Quality and Innovation (CQUIN) objectives relating to discharge, we have made a number of improvements to the service.

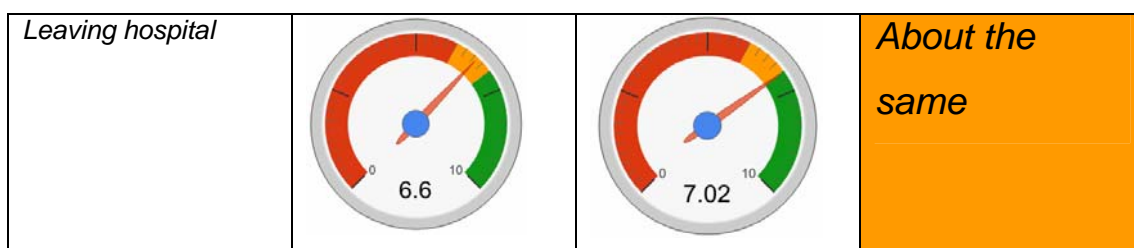
Much work has been done to improve communication among our clinical teams, specifically around reducing the amount of time patients spend in hospital. One of the ways of improving this has been through the use of large white boards containing important information about a patient's stay in hospital, which have become the focus point for daily situation updates.

Treatment and discharge plans are discussed and length of stay monitored to ensure the most effective use of beds and to make sure patients are discharged as soon as they are medically fit to return home. Many of the medical wards are now using stickers on patient notes that highlight information relating to discharge plans. This has helped to ensure the whole team are aware of all factors relating to the patient's progress and plans for their discharge.

In our community teams, a number of procedures and systems are now in place to improve discharge experiences, including sending standardised discharge summaries for inpatients and outpatients to clinical colleagues within 24 hours and five days respectively. Our community district nursing teams are also working to support acute partners to discharge patients from hospital and to prevent admission or readmission.

As a result of our actions, our score for patients leaving hospital in the National Inpatient Survey 2010 improved from 6.6 in 2009 to 7.02 in 2010. This figure shows that we perform *about the same* as other trusts.

	2009	2010	How this score compares to other trusts



Read more about the national inpatient survey on page 84.

Dementia care

Dementia is an umbrella term used to describe a number of conditions leading to the degeneration of brain tissue, such as Alzheimers disease.

At St George's Healthcare we have plans in place to help us improve identification, diagnosis and timely care, enhance education and training for staff, and develop an integrated care pathway. The aim is to ensure a minimum standard of care and treatment for all patients with dementia, from the point of their admission through to their discharge back into the community. Implementation plan:

Aim	Actions
All patients presenting in A&E, aged 65+ will receive an abbreviated mental test score assessment (AMTS – a test for elderly patients to rapidly assess the possibility of dementia)	In the second quarter of the year we established baseline data for this indicator. We demonstrated improvements in the third quarter of the year, with 36 per cent of patients receiving an assessment. By the end of 2010/11 we were achieving 50 per cent
Patients admitted through other non-elective routes (such as the stroke unit) to have an AMTS performed on admission or at pre-assessment	Assessment document introduced to admission paperwork in acute medical unit, stroke and neurology departments
Dementia training to be included in all staff inductions	Staff inductions all include an element to cover dementia. Also included in staff annual mandatory and statutory training
Establish baseline for current practice and provide protocol for best dementia practice in A&E	Protocol now available in the A&E department
To have a dementia-skilled healthcare professional on site at St George's Hospital	Older age adult mental health liaison nurse now based in A&E. Acts as a specialist clinical resource around dementia training

	and education for A&E staff and provides a key point of communication for patients and families
Provide enhanced dementia training for a core group of medical, geriatric and A&E nursing staff to ensure at least one nurse per shift available with this level of knowledge	Several half-day sessions are being introduced in 2011/12 to cover the enhanced element of dementia care
To have a clear treatment plan for those patients assessed and identified as 'at risk'	A plan has been developed to raise the profile of the dementia care pathway and the standard of care provision

Maternity services

Both doctors and midwives provide care in our maternity department. Services include an early pregnancy assessment clinic, antenatal and post-natal clinics, and a day assessment unit for pregnancy problems. The delivery suite delivered over 5,000 babies during 2010/11. There is a specialist regional service for complicated pregnancies, clinics for women with medical problems, such as diabetes, and a teenage pregnancy clinic.

For many local mothers and babies, the care they receive is midwife-led. The midwifery team provides ante-natal services in the community and at the hospital, and most women can choose where they give birth; home, delivery suite or birth centre. There are 19 beds in our delivery suite, including 12 labour rooms, a bereavement suite and a four-bed bay. There are 44 antenatal/postnatal beds, including eight single rooms, and our midwife-led area – Carmen Suite – has three labour rooms, two of which have pools.

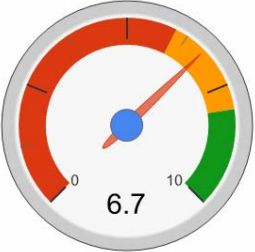
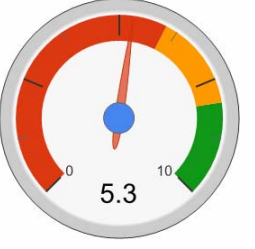
In 2010, a national survey of women's experience of maternity services was carried out by the Care Quality Commission (CQC). Views were sought from women delivering their babies in February 2010 and the response rate for St George's Healthcare was 48 per cent, lower than the national response rate of 52 per cent.

The CQC benchmarked trusts nationally against 19 of the questions in the survey, in five overall categories:

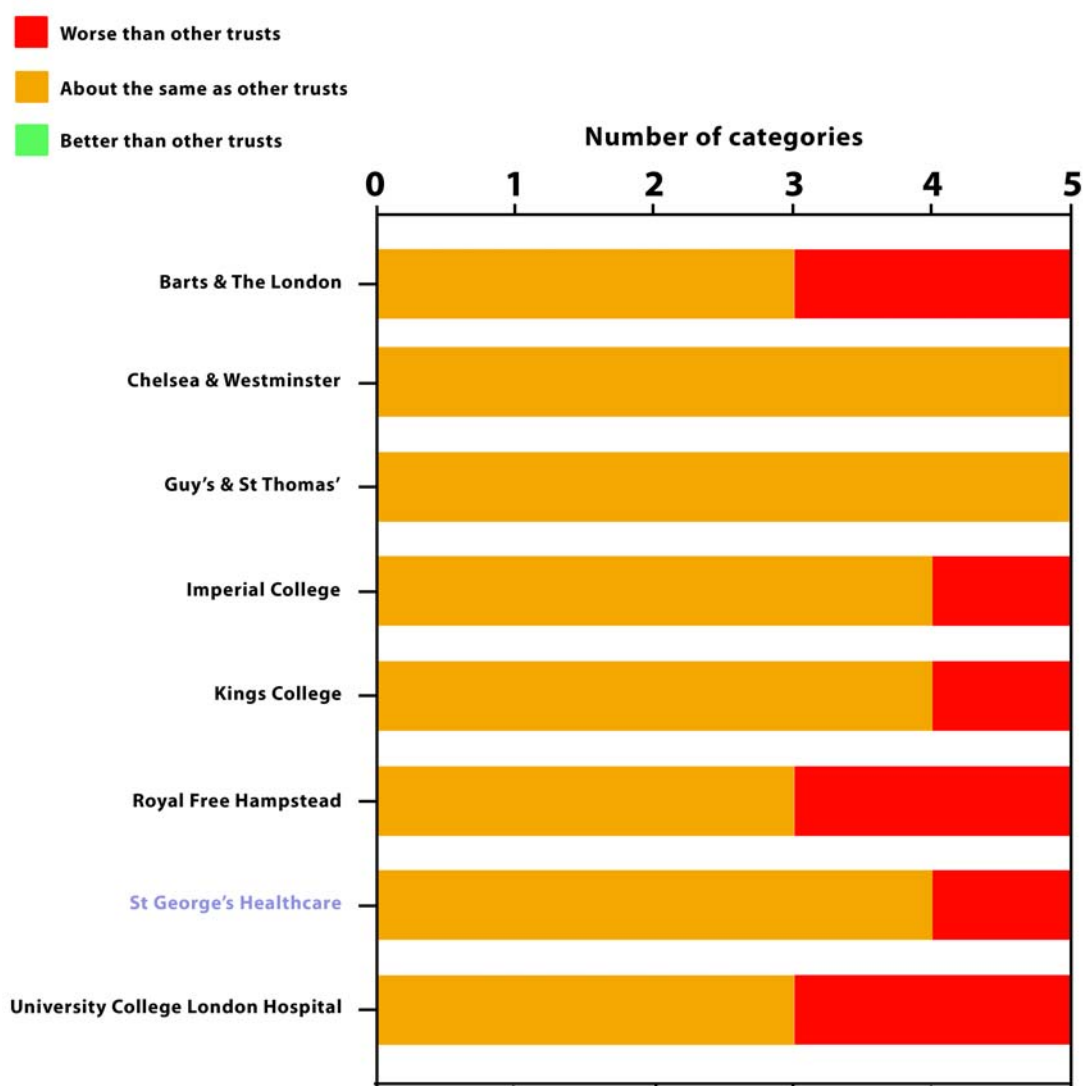
- Antenatal care
- Labour and birth
- Staff during labour and birth
- Postnatal care
- Feeding the baby in the first few days

The study found that St George's Healthcare scored in the average range in the first four categories. However, we scored among the lowest 20 per cent of trusts for the fifth category, *Feeding the baby in the early days*. While we scored similarly to other large London teaching hospitals in this category, we recognise that there is still some work to do to improve women's experience of our maternity service, so have been implementing an improvement plan to raise standards.

<p>The following gauges indicate how well we performed across the five categories. In this instance, a higher score is better. The amber area of each gauge indicates the average range for trusts. The red area indicates a score in the bottom 20 per cent and the green area a score in the top 20 per cent.</p>		
Category	How we scored (out of ten)	How our score compares to other trusts across the country
Antenatal care		<i>About the same</i>
Labour and birth		<i>About the same</i>
Staff during labour and birth		<i>About the same</i>

Postnatal care		<i>About the same</i>
Feeding the baby in the first few days		<i>Worse (bottom 20 per cent)</i>

The following diagram illustrates how our results in the CQC's national survey of women's experience of maternity services compare with other London teaching hospitals. None of these London teaching hospitals scored in the top 20 per cent in any of the five categories.



The Picker Institute is an organisation that uses surveys and other feedback from patients to champion the best possible patient-centred care, and works with patients, professionals and policy makers to promote the highest standards of patient experience. To address the findings of the CQC survey, we have been working with the Picker Institute to implement a quality improvement programme which mainly focuses on postnatal care. This work has delivered a number of positive outcomes, which we hope will enhance the care we provide and improve our survey scores in the next survey.

Action	Measures	Outcomes
Zero tolerance to poor staff behaviour and attitude	- Recognising and proactively rewarding positive attitude	- Improved staff morale (staff survey) - Women reporting fewer incidents of not being treated kindly and with

		understanding
Improve communication with, and information for women	<ul style="list-style-type: none"> - A re-launch of 'purple' postnatal notes for mother and baby, containing useful information for mothers - Introduce a daily group parent education class on the postnatal ward to prepare all women for the early days at home in caring for their new baby and recognising signs when baby is not well 	<ul style="list-style-type: none"> - Audit of notes shows they are completed comprehensively - Positive feedback from women attending classes (survey form) - Women report that necessary information is given (survey)
Improve support with feeding in early days	<ul style="list-style-type: none"> - Plans in place to have a dedicated midwife to support feeding on the ward, which will include targeting women with twins/triplets and those with a baby at risk. (because of low birth weight, infection, or jaundice) 	<ul style="list-style-type: none"> - Women report adequate support with feeding
Hourly rounding on post-natal ward	<ul style="list-style-type: none"> - Visiting women on the ward hourly and asking questions about their comfort levels, including assuring women they have time to help 	<ul style="list-style-type: none"> - Women report feeling cared for and supported (survey)

These actions are monitored by a maternity taskforce, chaired by the director of nursing and patient safety. The findings of the CQC study were reported to the trust in the latter half of 2010/11, therefore it is too early to state the overall impact of these actions.

Maternal death

During 2010, the local supervising authority and NHS London became concerned at an apparent increase in maternal deaths across London. A review was commissioned which looked at all cases of maternal death in London between January 2009 and June 2010 to identify themes, identify learning points for London trusts and enhance safety.

As a result of this study a number of recommendations were made to London trusts and we have made a number of improvements to increase safety for our patients, including improving both nurse and consultant training, strengthening infection control protocols and more actively encouraging women to receive the seasonal influenza vaccine.

Baby friendly status

In February 2010 we received our certificate of commitment to achieve *Baby friendly* status and we reached stage one of the programme in July 2010. We aim to reach stage two by July 2012, with full accreditation during 2014. For more information about *Baby friendly* status visit <http://www.babyfriendly.org.uk/>.

Homebirths

The Rainbow team is a newly established team dedicated to providing a comprehensive service for women wishing to have their baby at home. It has been in place since April 2011 and aims to improve access to this service for local women. The midwives in the team provide all antenatal, intrapartum and postnatal care for the women booked for homebirth.

Equality and human rights



St George's Healthcare is proud to be based in Wandsworth; a diverse, changing and thriving inner city London community. We take great account of our rapidly changing populations and work hard to ensure our services are accessible and that they meet the needs and expectations of our patients, community and staff.

As part of our preparations to implement the national NHS Equality Delivery System (EDS) in April 2012, each of our four divisions has identified activities and priorities in line with the guidance for the EDS from the Department of Health. The EDS will help us to drive up equality performance, embed equality into mainstream activity and deliver on the requirements of the Equality Act 2010.

Each division will take ownership of equality and human rights within their areas, work with partners and staff to identify priorities for improvement and report on these plans on an annual basis to the equality and human rights committee, which is a sub-committee of the trust's board.

A session on equality and human rights is mandatory to all new starters in the trust and forms part of annual mandatory training to existing staff.

In 2010, we developed and agreed new performance indicators for equality and human rights which have been incorporated into the divisional scorecards to take effect during 2011/12.

We also revised our equality impact assessment (EIA) template and associated guidance, ensuring that staff take a more integrated and holistic approach to the impact of their policies and services to our diverse populations. We used the new EIA template in our comprehensive

review of policies following our integration with community services Wandsworth. This was completed in January 2011.

The CQC inpatient survey



The Care Quality Commission (CQC) uses national surveys to find out about the experience of patients when receiving care and treatment from healthcare organisations. At the end of 2010, a questionnaire was sent to 850 recent inpatients at each trust. Patients were asked what they thought about different aspects of the care and treatment they received. Each healthcare organisation received scores out of ten, based on the responses given by their patients'. A higher score is better.






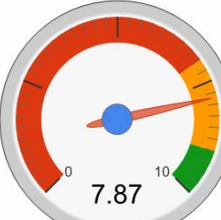
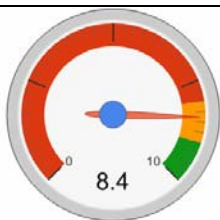
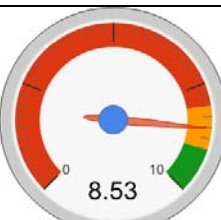


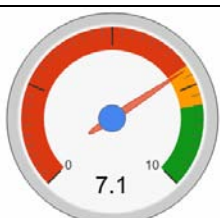
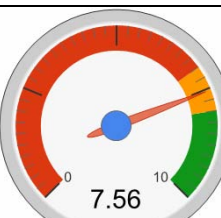
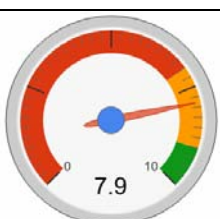
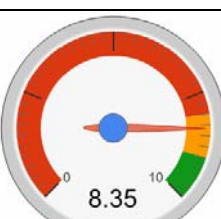
The results from each trust take into account the age and sex of respondents, and whether their admission to hospital was planned or an emergency, compared with the age, sex and method of admission (planned or emergency) of all people across England that returned the questionnaire. Responses were received from 412 patients at St George's Healthcare, which is a 48 per cent response rate.





For each category each trust is scored and given a rating compared to other trusts across the country – either *worse*, *about the same* or *better*. Our scores for 2010 show that we perform about the same as other trusts across all categories. This is an improvement on 2009, where we scored worse than other trusts in two categories – *the hospital and ward*; and *operations and procedures*.

These gauges indicate how well we performed in the ten categories. In this instance, a higher score is better.

The amber area of each gauge indicates the average range for trusts (*about the same*). The red area indicates a score in the bottom 20 per cent and the green area a score in the top 20 per cent.

Category	2009 (Score out of ten)	2010 (Score out of ten)	How this score compares with other trusts
<i>The emergency / A&E department</i> (answered by emergency patients only)			<i>About the same</i>

Waiting lists and planned admissions (answered by those referred to hospital)			<i>About the same</i>
Waiting to get to a bed on a ward			<i>About the same</i>
The hospital and ward			<i>About the same</i>
Doctors			<i>About the same</i>
Nurses			<i>About the same</i>
Care and treatment			<i>About the same</i>
Operations and procedures (answered by patients who had an operation or procedure)			<i>About the same</i>

Leaving hospital			About the same
Overall views and experiences			About the same
For a more comprehensive view of our CQC inpatient survey scores, visit the CQC website .			

An action plan was implemented in 2010/11 to improve the patient experience at St George's Healthcare which included a number of initiatives. These actions have ensured that our scores in the CQC inpatient survey have improved across all ten categories.

Some of the actions taken in 2010/11 to improve the patient experience include:

Hourly rounding initiative	<p>Nurses attend to every patient hourly between 10.00hrs and 22.00hrs and ask the following questions:</p> <ul style="list-style-type: none"> - Are you in any pain? - Do you need to go to the toilet - Are you comfortable - Do you need a drink? - Is there anything else I can do for you? <p>Between 23.00hrs and 06.00hrs nurses conduct silent rounds unless the patient is awake in which instance the day time questions are asked</p>
<i>Don't take your troubles home</i> poster campaign	Encouraging patients to share their worries and concerns in real-time with a senior sister or matron
Matrons' business cards	Highlighting to whom and how patients and relatives can raise their worries and concerns

Complaints training	Refresher training for senior sisters and charge nurses on handling complaints as they arise
Quality rounds	Conducted weekly by matrons and other senior nurses and intermittently by patient representatives
Reviews	<ul style="list-style-type: none"> - Reviewed pre-operative information for patients - Reviewed how medications are dispensed on discharge and how information is given to patients - Reviewed discharge processes
Meals	New meal provider chosen to improve patient nutrition

Eliminating mixed sex accommodation

The NHS operating framework for 2011/12 requires all providers of NHS funded care to confirm whether they are compliant with the national definition 'to eliminate mixed sex accommodation except where it is in the overall best interests of the patient, or reflects their patient choice.'

We have worked hard to eliminate mixed sex accommodation across the trust; however, new guidance issued in November 2010 stating that clinical decision units (CDUs) should be included in the reporting has provided us with significant challenges. The A&E department at St George's Hospital is one of the busiest in the country and the CDU has a high turnover of patients that we had to declare as mixed sex accommodation breaches between December 2010 and February 2011.

In February 2011 the trust implemented an interim solution to make sure that the CDU at St George's Hospital meets the new guidance while we work on a sustainable long term plan.

At St George's Healthcare a taskforce reviews, implements and monitors the various requirements for eliminating mixed sex accommodation. We monitor incidences of mixed sex accommodation daily and we declared compliance in March 2010. We have been undertaking quarterly local surveys and the results show a continued reduction in incidences compared to the findings of the national inpatient survey 2009.

Of the 101 adult patients surveyed in our February survey, six reported that at some point in their hospital stay they had shared a sleeping area with a member of the opposite sex, which

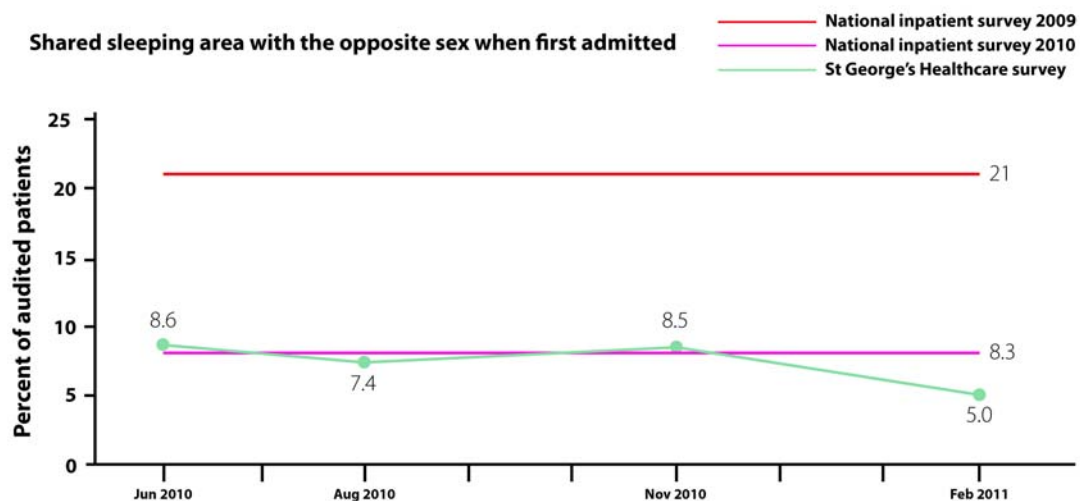
is the lowest rate so far observed. Of these patients, four were on the critical care unit and one on the intensive care unit at St George's Hospital. The results show that staff continue to prioritise the provision of single sex accommodation, resulting in sustained improvement.

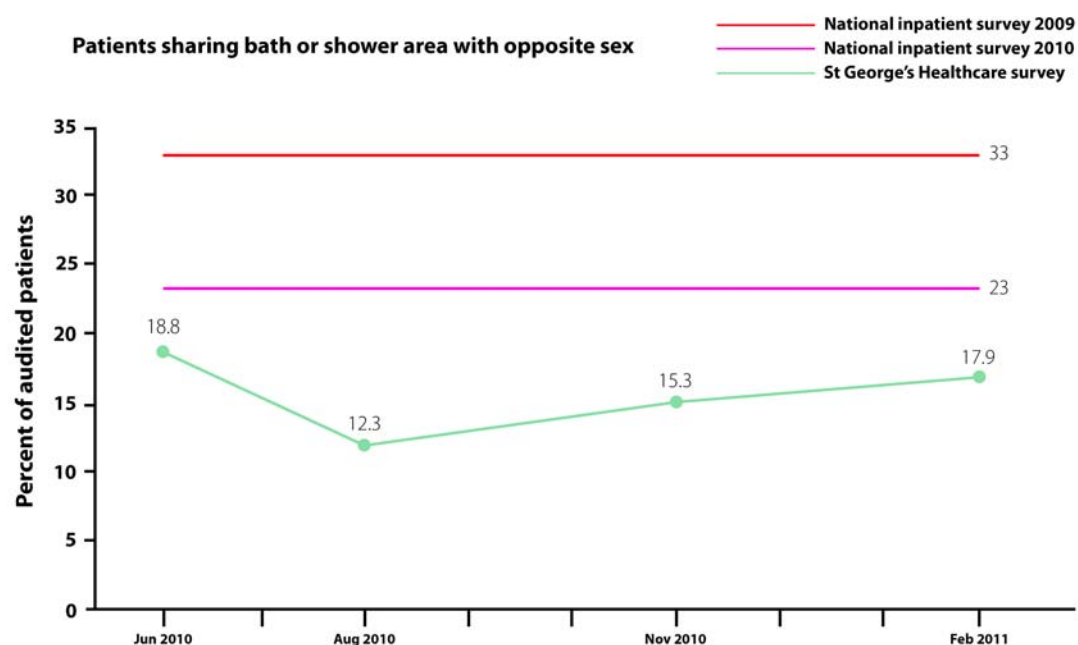
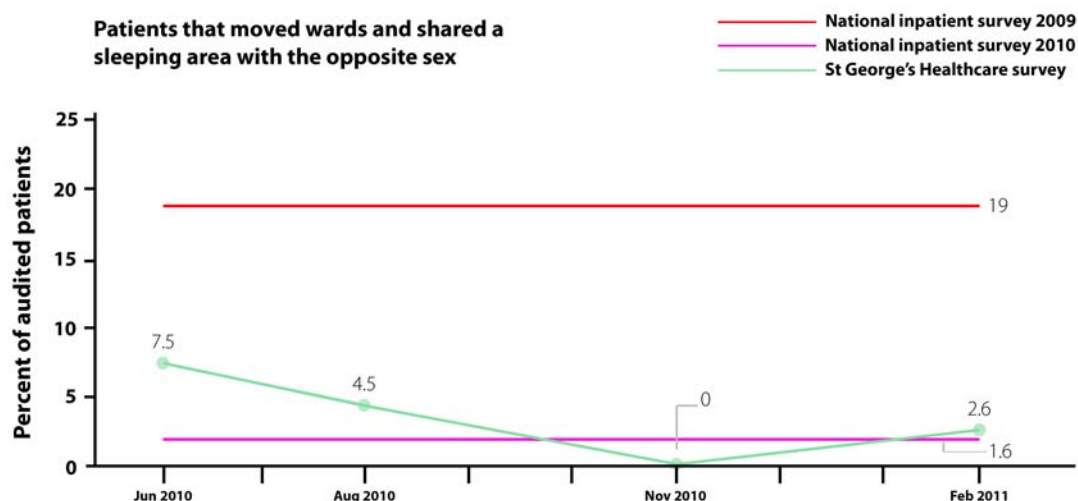
All three of the patients that minded sharing with members of the opposite sex were accommodated on the critical care unit. It would therefore be beneficial to review practice regarding communication with patients, to ensure that they are fully aware of the reasons that mixing has taken place, and to ensure privacy and dignity are maintained at all times.

On children's wards, half of the children had shared a sleeping area with members of the opposite sex, but none minded. Only one of these patients was aged over 12. The latest results show that the percentage of patients sharing bathroom facilities has improved significantly since this programme of work began for both adults and children.

We recognise that eliminating mixed sex accommodation is a core factor in improving the patient experience and, despite making significant improvements, we must do more to achieve this in all areas of the trust.

The following diagrams show the key results from our own audits, taken between June 2010 and February 2011, compared to the National Inpatient Surveys from 2009 and 2010:





Nutrition and hydration

Community

Nutrition and hydration is essential to all patients as part of their care and forms a large part of the patient's experience when in hospital.

The trust has a nutrition strategy group which includes teams from dietetics, nursing, patient representation, volunteers, speech and language therapists, facilities, catering and pharmacy. This group oversees the provision of all our patients' nutrition and hydration needs and in 2010/11 there were many initiatives introduced to improve nutrition and hydration.

A new meal provider has been appointed and, working closely with patient groups, new menus have been designed to provide a more flexible service and to better meet nutritional requirements. The new menus will be introduced in April 2011.

Each of our wards has a nutritional board which is updated daily, indicating nutritional needs for each patient. This provides a real-time picture and identifies which patients need assistance at mealtimes. These patients are given a red tray so that all staff know they require additional help. A scheme providing volunteers to assist patients at mealtimes, launched this year, provides additional help on the wards. We also employ protected mealtimes on our wards, ensuring that patients are not disturbed while eating and we audit compliance against this twice a year.

In February 2011 we began conducting weekly mealtime audits to ensure that patients are receiving correct nutrition and hydration. These audits observe the whole meal service, including food presentation, ensuring that the patient is ready for the meal, food hygiene, nutritional screening, fluid and dietary intakes, and the ward environment. Though it is too early to demonstrate its effectiveness, early evidence has shown improvement and we hope to report on the benefits in 2011/12.

Patients are surveyed by the trust throughout the year to discover their views on quality of food as well as the meal service. This year 500 patients responded across all 38 wards at St George's Hospital. 81 per cent said that the meals service was either *good* or *excellent*. Only one per cent rated the service as *poor*. These results are made available to patients at the patient issues committee, where the patient experience is reviewed by a team of trust staff and patient representatives.

In 2011/12 we will be making nutrition and hydration information available on the trust's website as well as adding details in the inpatient booklet, sent to patients before their admission, providing them with the information they need about hospital meals before they arrive for their care.

2010 PEAT scores

PEAT (patient environment action team) is an annual assessment of inpatient healthcare sites in England. It provides a framework for inspecting standards to demonstrate how well individual healthcare organisations believe they are performing in key areas including food, cleanliness, infection control and patient environment.



Assessments are carried out by NHS staff, patients, patient representatives and an external validator. Trusts are each given scores from one (*excellent*) to five (*unacceptable*) for standards of environment, food and dignity and privacy within buildings.

The following tables show how we have scored in PEAT surveys since 2008.









Our scores for 2010 showed improvements in the environment of St George's Hospital from *acceptable* to *good*. We also achieved a significant improvement in the food at the Wolfson Neurorehabilitation Centre, which improved from *acceptable* to *excellent*, and privacy and dignity, which improved from *acceptable* to *good*.

Conducting the PEAT surveys at community sites Queen Mary's Hospital and Dawes House for the first time, both sites scored at least a *good* rating for all standards.

St George's Hospital

	Environment	Food	Privacy & dignity
2008	 Good	 Good	N/A
2009	 Acceptable	 Good	 Good
2010	 Good	 Good	 Good




Wolfson Neurorehabilitation Centre

	Environment	Food	Privacy & dignity
2008	 Good	 Excellent	N/A
2009	 Good	 Acceptable	 Acceptable
2010	 Good	 Excellent	 Good

Queen Mary's Hospital (community)

	Environment	Food	Privacy & dignity
2008	N/A		
2009			
2010	 Good	 Good	 Excellent

Dawes House (community services site)

	Environment	Food	Privacy & dignity
2008	N/A		
2009			
2010	 Excellent	 Excellent	 Good

Non-emergency patient transport service

The non-emergency patient transport service (PTS) is provided by G4S, our external partner. The service is essential to enable patients with mobility problems to get to and from the hospital. The transport service carried out 100,000 journeys in southwest London in 2010/11. In addition to these journeys we also provide transport services to patients nationwide who choose to come here for specialist treatment – weight-loss (bariatric) care, for instance.

We have a fleet of 28 vehicles based at St George's Hospital, comprising eight stretcher vehicles, 15 ambulance buses and five cars. Each vehicle has been fitted with a tracking device, which enables the control centre to track all vehicles, plan journeys better and reduce waits.

Communication and feedback from our users plays a key role in operating the service. We gather feedback from trust meetings, awareness days, patient, staff and visitor surveys, as well as quality audits from the Audit Commission.

All drivers now have Braille identification badges to improve the transport experience for the visually impaired and blind. In 2011/12, in response to requests from our patient groups, we are also introducing language identification badges, to help staff identify each patient's first language and improve communication – this was a request from our patient groups.

In 2010 the Audit Commission reviewed the patient transport service and highlighted a number of areas where the PTS is performing well, and made several recommendations for improvement.

Performing well:

- Constructive working relationships in place with service contractor, G4S, which reports regularly on performance and attends working groups to improve service quality
- The eligibility criteria are in line with national guidance and have helped reduce demand on the PTS to within contracted levels

-
- The trust actively seeks and acts upon feedback from patients, particularly around the timeliness of transport

Recommendations:

- Timeliness of transporting patients back home after appointments, particularly for renal patients, should be improved
- Reduce the costs incurred relating to "lost" journeys (late cancellations which cannot be re-allocated to another patient, currently equivalent to eight per cent of activity)

Action plans are being developed to address these recommendations and we will report back on the impact of this in 2011/12.

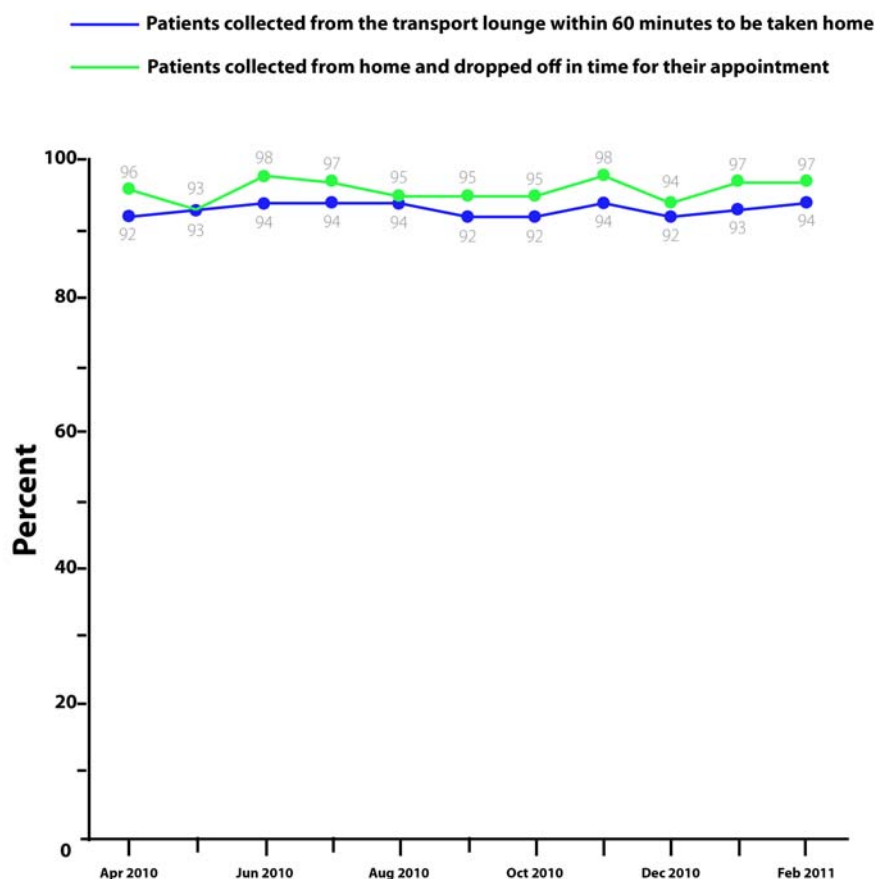
Transport lounge

The transport lounge, on the ground floor of the Grosvenor Wing at St George's Hospital, has been upgraded to create a more pleasant and welcoming area to wait for transport. As part of the upgrade, a kitchen area to make hot drinks has been created and a disabled toilet has been installed for patients. Our healthcare assistants keep patients updated on the arrival of their vehicle and porters based in the lounge take patients to and from their clinics.

The transport lounge was audited by St George's Patients Forum in 2010 and a general improvement was noted in the transport service. The PPI forum asked the trust to improve the receptionist function to further improve the service. The transport contractor and receptionists jointly agreed to take on extra duties to help improve the transport service. The receptionists now call all outpatients and inpatients the day before their appointment to confirm that they still require transport.

Data from our patient transport service shows a steady improvement for collection and drop off times between April 2009 and February 2011.

This diagram shows how our patient transport service has performed when dropping patients off for their appointments and collecting patients from the transport lounge at St George's Hospital.



There is no national benchmark for these services; therefore, each trust sets their own targets to perform against. We have high expectations and aim to ensure that 90 per cent of our patients wait no longer than one hour for transport home in 2011/12. We were successfully meeting this target in February 2011 and aim to continue that performance next year.

In partnership with our palliative care team, the trust has designed a special transport service for end of life patients. For patients who choose to die at home with their friends and family, or in a hospice, we arrange a vehicle for them within one hour, ensuring they are in their preferred place as soon as possible. This has been an extremely successful service and has received a great deal of positive praise and letters of thanks.

Developing our workforce

Community

As part of our annual staff survey we have seen positive results this year in a number of areas and scored among the top 20 per cent of trusts in the following:

- Staff are satisfied with the quality of work and patient care they are able to deliver and they believe their role makes a difference to patients
- Staff would score the trust highly as a place to work or receive treatment

- Staff are satisfied with their jobs and believe they get support from their immediate managers
- Staff believe the trust is committed to work life balance

These results are consistent with our values to provide excellent healthcare and look after our patients as we would like to be looked after ourselves. There were, however, three areas where we scored among the bottom 20 per cent of trusts. This is very disappointing and we are fully focused on making improvements, so have put action plans in place to tackle these important issues:

Staff appraisals and mandatory health and safety training	Work was carried out to promote the importance of appraisals in 2009 following disappointing results in the 2008 survey. It is therefore disheartening to see that the number of staff that received an appraisal has dropped from 78 per cent in 2009 to 69 per cent in 2010. The number of staff that have received mandatory health and safety training has also dropped significantly from 83 per cent in 2009 to 64 per cent in 2010. A revised appraisal policy will be introduced in April 2011, and we will work with managers to implement this and promote the benefits of annual appraisal.
Work-related stress	A number of staff feel that they are experiencing work-related stress and the trust is working hard to address this issue. We have published a stress management plan and are working with Staff Side colleagues to implement the plan, pinpointing key areas that need an urgent focus. We will promote greater use of flexible working.
Discrimination and bullying and harassment	This is an issue that has emerged in previous surveys and is one that the trust takes very seriously. St George's Healthcare has a zero-tolerance policy towards bullying. While we are seeing progress in this area (20 per cent this year compared with 28 per cent in 2009 and 30 per cent in 2008) we are still above the national average of 15 per cent. Our long-

	term plans in this area continue as we raise awareness among managers and offer training. A confidential bullying and harassment line was introduced in 2010 that staff can call 24 hours a day. Work also continues to embed the trust's new values.
--	---

In 2010 the board agreed a five-year organisation and people development strategy, grouped into the following key areas:

- High performing, highly productive workforce
- Embedding our new values
- Strengthening education, training and development
- Building a leading integrated healthcare system
- Robust operational and financial performance

We believe this strategy will help us to develop our workforce in the correct way, ensuring that our staff are happy and feel supported in their roles and can continue to provide the highest quality care our patients.

Our aims: Patient experience

During 2011/12 we will:

- Introduce a dedicated midwife to improve support women in our maternity unit to feed their babies in the early days
- Continue to develop weekly mealtime audits throughout 2011/12 to ensure that patients are receiving appropriate nutrition and hydration on our wards
- Develop a single integrated system for reporting complaints and PALS contacts across both acute and community services
- Publish nutrition and hydration information online and in the inpatient booklet to provide patients with the information they need about hospital meals before they arrive for their care
- Introduce a more efficient nutritional assessment tool to record the nutritional needs of patients on admission
- Embed equality into mainstream activity and deliver on the requirements of the Equality Act 2010
- Reduce the time it takes to take all patients home after their appointments via patient transport – 90 per cent collected within 60 minutes

-
- Reduce the number of 'lost journeys' by 40 per cent (3000 journeys) through better co-ordination between clinical directorates and the transport assessment and booking (TAB) team, and by providing more support to patients with different needs

Sections from 2009/10 that we've omitted from this account

In this quality account we have reported on a number of areas that were covered in our 2009/10 account. There are however, several sections from the 2009/10 account that we have omitted this year. These areas of work are ongoing and we continue to monitor them:

Patient experience trackers

We reported on these devices, which gather real time information about the patient experience, in 2009/10. Our contract for using these gadgets has ended and we have applied for funding from the charitable trust board to further develop in-house systems for monitoring patient feedback in real-time.

Interpreting services

We continue to monitor how frequently these services are accessed to support our patients. Regular reports are presented to the trust's patient issues committee. A trust-wide communication exercise reminding staff how to use these services is being undertaken. As well as frequency of use we also track the usage within individual departments, in order to target promotion of these services more effectively.

Learning disabilities

Our nurse consultant and community learning disabilities team continue to work hard to meet the needs of patients who access our services and to build the knowledge and awareness of staff that look after them.

Acknowledgements

We would like to thank those who generously provided the feedback and key contributions that shaped the contents of this report:

- Our staff
- Our patients
- Wandsworth Local Involvement Network
- Merton Local Involvement Network
- Richmond Local Involvement Network
- St George's Patients Forum
- St George's Healthcare Patient Reference Group
- NHS London
- Wandsworth Borough Council Adult Care and Health Overview and Scrutiny Committee

Contacts

Support from us

The PALS team at St George's Healthcare offers support, information and assistance to patients, relatives and visitors. The PALS office at St George's Hospital is open 9.00hrs – 17.00hrs weekdays.

T: 020 8725 2453

E: pals@stgeorges.nhs.uk

Working with us

If you are interested in a career at St George's Healthcare, visit the trust's website www.stgeorges.nhs.uk, or get in touch with our recruitment services team.

T: 020 8725 0600

E: HRRecruitment@stgeorges.nhs.uk

Feedback to us

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

T: 020 8725 5151

E: communications@stgeorges.nhs.uk

Give to us

Would you like to give to St George's Healthcare? You can do so in many ways so please talk to St George's Hospital Charity about how you can help.

T: 020 8725 4916

E: giving@stgeorges.nhs.uk

Follow us

We post all of our latest news online. You can follow us on Twitter and Facebook, watch our videos on Youtube or visit our website www.stgeorges.nhs.uk.



Statements on this quality account

Wandsworth Borough Council Adult Care and Health Overview and Scrutiny Committee

Overall, the Committee warmly welcomes this Quality Account and notes that it provides evidence of significant progress, notably a reduction in the Hospital Standardised Mortality Ratio from a position that was already significantly better than the national average, and improvements in scores across all dimensions of the national in-patient survey. The mortality outcome is underpinned by evidence of improvements in areas such as reduction in accidental falls, assessment of VTE risk, and continued good performance on healthcare acquired infections. Likewise, the improved patient satisfaction scores may reflect action on some issues that have previously been of concern to the Committee, for example the proportion of patients accommodated on mixed sex wards and the length of patient waits for non-emergency transport.

A key concern for the Committee is the much tighter financial constraints facing the Trust in the coming year. It is essential that this financial challenge does not lead to a loss of focus on quality, and that review of performance on these areas in next year's Quality Account will show that the improvements have been sustained.

One area of concern noted in the Quality Account is the reported increase in the number of complaints. There were substantial increases in the number of complaints both between 2008/09 and 2009/10 and 2009/10 and 2010/11, such that the total number of complaints has almost doubled over the period. This suggests that the increase may be attributable to a simple cause such as a change in complaints regulations or to the impact of problems with the new clinical information system. This is an area that will need to be closely monitored throughout the coming year to ascertain both whether the increase in complaint numbers has been halted and to understand more about the factors which make patients more likely to complain.

Whilst the progress reported in reducing the proportion of patients cared for in mixed sex accommodation is commendable, it is somewhat disappointing that the fact that the Clinical Decision Unit was mixed sex accommodation does not seem to have been considered a problem until the Department of Health ruling changed and it was no longer exempt from the Department's assessment of compliance with the standard. It is important that the Trust has a genuine commitment to the elimination of mixed sex accommodation, and not just to doing the minimum that will satisfy Department of Health requirements

PAUL MARTIN

South West London Acute Commissioning Unit

The South West London Acute Commissioning Unit (SWL ACU) in conjunction with NHS Wandsworth has reviewed this report. We welcome the work being undertaken by the Trust to improve services to patients and in particular we have been pleased to see the improvement in the patient survey score and the reduction in patients staying in mixed sex accommodation. However there have been other areas where performance has remained unchanged or deteriorated and we would expect improvement in 2011. A summary table of key indicators is given below.

	2010/11	2011/12
National Survey of Adult Inpatients	The results of the 2010 National In Patient [sic] Survey showed SGH were much improved on 2009 In the top 20% for 9 areas (3 in 2009) In the bottom 20% for 6 areas (36 in 2009) About the same as other hospitals in 49 areas (25 in 2009)	Improve on the 2010 In Patient [sic] Survey results
A&E 4 hour waits	97%	Maintain above 95%
Cancer waiting times	All targets met	Maintain good performance
18 week waiting times	A new information system was introduced in 2010 and there were problems all year with measuring patient waits. As a result patients have waited longer in 2010/11.	Improve measuring of patients waits and reduce waiting times to 2009/10 levels.
CQUIN Achievement	2010/11 performance disappointing at 61.9%	Improve on 2010/11 CQUIN performance
Eliminating Mixed Sex Accommodation	Significant improvement in 2010/11 especially in last few months. Very few patients are in mixed sex accommodation unless it is a specialist area and it is safer (e.g. critical care).	Maintain good performance
Serious incidents	The Trust has improved processes and Serious Incident reports are now	Put in place systems to make sure Trust learns

	completed in line with the national timeframes.	lessons from SIs so same error does not recur.
Maternity Services	The service has been under pressure in 2010/11 with an increase in deliveries above 2009/10 levels. This has meant that choice of home birth has not always been available	The SGH catchment area for maternity services has been reduced so that the number of deliveries returns to previous levels.
Healthcare Acquired Infections	SGH has met all targets for reducing infections in hospital.	Maintain good performance
CQC/ External audit results		
2010 National survey of Women's experiences of maternity care	The Trust performed as expected against all but one of the 5 maternity measures. SGH scored in the lowest 20% of hospital trusts for active support from midwives and other carers for feeding the baby in the first few days	Improve on support to mothers on feeding their babies in the first few days.
The 2010 National Sentinel Audit for Stroke	The sentinel audit assessed UK Hospital Trusts across 8 categories and the stroke service at St George's achieved the highest overall score.	Maintain good performance
National Cancer Patient Experience Survey 2010	There were 67 questions about the care experienced by cancer patients. In the top 20% for 0 questions In the bottom 20% for 20 questions About the same as other hospitals for 47 questions	Action plan in place to improve performance

Richmond upon Thames Local Involvement Network (LINK)

Richmond LINK appreciates the opportunity to contribute once again to the St George's Healthcare 2010/11 Quality Account. We are pleased to see significant improvements in the content and presentation of the account, but have a number of issues for the Trust to consider.

We are disappointed to see that much of the information/data is still presented in qualitative and percentage terms without reference to either the population to which the percentage refers, or the number affected. As we stated in earlier comments, the problem with providing results in this way is that we cannot easily determine the effectiveness of the measures taken,

for example; a 10% improvement in 100 patients is far better than the same percentage in 10 patients.

Another issue raised last year - about information on outcomes of participation in clinical audits - has not been sufficiently dealt with in this Quality Account. As previously stated, whilst we welcome the Trust's participation in audits, we cannot be assured of the quality of the care provided unless information is given about the findings of these audits, including open admission of any problems revealed. For example, in the WHO theatre checklist audit, it is stated that the result was a "trust- wide re-launch of the checklist", which implies that the tool was not being utilised adequately beforehand. Further information here is essential.

However, we are pleased to note that Trust achieved the highest overall score in the National Sentinel Stroke Audit. We supported the move towards developing the Stroke Networks in London and therefore St George's as the regional Hyper Acute Stroke Unit and hope therefore that this level of quality of care can be maintained for the anticipated increase in the number of patients.

The large number of partially met CQUIN targets (e.g. alcohol screening, sickle cell disease targets) gives cause for concern and more explanation as to why these were not met in full should be included. Furthermore, given that the targets for Discharge processes were not met, we are disappointed to see that discharge is not included in your priorities for this coming year.

Looking at achievements over the last year, the Trust has done well to improve its clinical coding error rate from a poor 28.3% to a much better 9%.

But it is very disappointing that the number of complaints has risen during the year, and also that the Trust failed to meet its commitment in the Quality Account with regards to complaints. We hope to see an improvement next year as a result of your new priority to integrate the PALS system across acute and community services.

Finally, this Quality Account is far too long - making it a real challenge for members of the public to be able to digest it. We appreciate that the services of the Community Health provider have been integrated into the Trust and therefore have been incorporated into this report but in our view this has led to it being unacceptably lengthy.

We appreciated the opportunity to be involved in setting the priorities for this forthcoming year and look forward to being similarly involved in developing next year's Quality Account.

Signed on behalf of Richmond LINK

Bonnie Green

Chair, Richmond LINK

Walter Holland

Chair, Richmond LINK's Hospitals Group

Wandsworth Local Involvement Network (LINK)**Introduction**

Wandsworth LINK welcomes St George's Healthcare 2010/11 Quality Account as a valuable step towards the implementation of a participatory and inclusive culture for the monitoring and improvement of patient's experience and clinical outcome. In producing the report, the Trust has made real efforts to involve patient voices at an early stage and to include their suggestions in the final document.

We appreciate the highlighting of problem areas being given prominence alongside those seen as successes and the introduction of limited benchmarking against neighbouring Trusts. Whilst recognising that such benchmarking is dependent on the availability of information from external organisations, we would wish to see it's [sic] use extended to a greater range of indicators and to include nearby non-teaching Trusts such as Kingston Hospitals which are seen as alternative choices by Wandsworth residents.

Hospital discharge

We note the recognition that discharge procedures remain an area of concern and look forward to working with the Trust to realise improvements of real relevance to patients and carers. It is instructive to note that a principal cause for the Trust failing to meeting its CQUIN targets on discharge was poor anticipation of patient wishes in designing the targets. We suggest that this illustrates the need in setting such targets to give as much priority to patient needs as to organisational benefit.

Computer system

We are also concerned that the implementation of a new computer clinical administrative system resulted in a significant reduction in the ability to monitor activity and outcomes. Close and accurate monitoring will be vital in maintaining past progress and achieving further improvements during the current challenging financial and organisational environment in which the Trust operates.

Complaints monitoring

The introduction of a greater focus on complaints and better systems for their handling is to be welcomed. It is important that headline indicators such as time taken to resolve

complaints do not detract from work to learn from complaints and improve practices to avoid repetition. It would be useful for LINK to see an analysis showing the key areas about which complaints have been made and the action plans in place to address these.

Issues that have been raised by LINK stakeholders

We welcome some of the areas that you will be focusing on which reflect issues raised by patients and carers who speak with LINK. These include:

- Support to mothers after the birth of their babies
- Nutrition & hydration in hospital especially for older patients
- Transport organization [sic] – especially waiting times
- Falls prevention – LINK takes the view that more use of the voluntary sector resources that older people use could contribute to this improvement.
- Support for families with disabled children
- End of life care

Patient experience

LINK views in-patient [sic] surveys as an essential means of finding about about [sic] the positives and negatives of the patient experience. We were therefore disappointed and surprised that it was not possible to achieve the necessary response rates.

We note that improvements have been made on patient experience of quality of care and dignity. This is very important indeed to our stakeholders and we would wish to see further progress in the coming year.

Outcomes for 2011/12

LINK welcomes the proposed outcomes for 2011/12 – in particular the commitment to retain the *18 week maximum waiting time for treatment*. Our stakeholders have expressed concerns about long waiting times in out patient [sic] appointments, lost records, cancelled appointments and postponed operations. All of this causes extreme stress to patients and their carers.

We also welcome the proposed actions to improve staff *awareness of dementia* and to better identify it at presentation at A&E and the measures being taken to eliminate mixed sex accommodation.

Link was recently given to understand by senior managers that consideration was being given to the introduction of an *automated telephone answering and appointments system*. We were pleased to see that no mention of this has been made in the Quality Account since we think it

is extremely important for patients to have human contact with appointments and reception staff.

Mike Grahn

Link lead St George's Healthcare

St George's Healthcare NHS Trust
Blackshaw Road
Tooting, London
SW17 0QT

020 8672 1255
www.stgeorges.nhs.uk

twitter

facebook.

You **Tube**