St George's University Hospitals NHS
NHS Foundation Trust

Quality Account
2014/15

Excellence in specialist and community healthcare

Quality Account

2 Statement on quality by Miles Scott, chief executive

4 Priorities for improvement

21 Improving patient safety

29 Improving patient experience

35 Improving patient outcomes

42 Performance

44 Annex 1: statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

54 Annex 2: statement of directors' responsibilities for the quality report

55 Appendix A: participation in national clinical audits and national confidential enquiries

57 Appendix B: national clinical audit actions undertaken

59 Appendix C: local clinical audit actions undertaken

60 Appendix D: further details of agreed CQUIN goals for 2014/15

Statement on quality by Miles Scott, chief executive

There is no single way to define quality, especially for such a large organisation with such a wide spectrum of services and with more than one million patient contacts every year.

However, what is clear is that both patients and the organisations that scrutinise us think we are a strong organisation and provide high quality services.

More than 90 per cent of our patients receiving care across a range of settings have told the Department of Health that they would recommend St George's as a place to receive treatment and be cared for through the Friends and Family Test.

In the latest edition of the National Staff Survey our staff are again ranked as being amongst the most highly motivated in the country and in the highest band for staff who feel proud of their trust and would recommend that their friends and family receive care there.

The Care Quality Commission declared that St George's was meeting every one of the essential domains of care following their unannounced inspection in February 2014. The CQC found the overall standard of care we provide at all of our sites to be 'good' and awarded the trust an overall 'good' rating, with some aspects of care rated as 'outstanding', confirming St George's place as one of the country's leading teaching hospitals.

This level of recognition from the CQC provides assurance that we offer high standards of clinical services to our local community and beyond and that we remain true to our values to provide excellence across clinical care, education and research, which ultimately means better care for all our patients.

Our Quality Account 2014/15 is full of examples of high performance and commendable practice. We are one of the few trusts in the country to have reported lower than expected mortality rates every year since publication started. Our mean level of performance for 'Harm Free Care' was 94.47% for the period of this report (April 2014 to March 2015) and was slightly above the national average (93.79%) although we did not achieve our internal target of 95%. Beneath this high level figure there have been reductions in the level of harm caused by pressure ulcers and falls. Whilst the number of patients acquiring C.difficile this year rose slightly, we were below our national trajectory for this type of infection and St George's now has one of the lowest rates of C.difficile in London. Last year we also further increased the number of clinical audits we took part in.

We achieve these high levels because the culture at St George's is to always look at how we can improve. There is a deep rooted desire running throughout the organisation to always find ways to make things better for our patients. Sometimes those improvements are huge developments that are easily noticeable for everybody, like our new helipad which has been in operation for a year and is helping the most seriously injured and ill people from across the south east of England receive the expert life-saving care they need. But sometimes they are the less obvious but equally important changes, like improving our discharge planning processes in the flow programme so that patients are less likely to have to return to hospital for further treatment after going home.

Since the last Quality Account, as well as the new helipad, we have opened new facilities for patients with the commissioning of Gordon-Smith ward for oncology patients, additional facilities within Amyand and Allingham wards, provided services for the community at the Nelson Health Centre and welcomed the First Touch Garden at the main entrance of the St George's Hospital.

During 2014/15 we continued to build on our partnership with King's Health Partners as joint leaders of the new South London Collaboration for Applied Health Research and Care (CLAHRC). The CLAHRC pools the clinical and research expertise of both the NHS and universities in south London, and will make sure that patients benefit from innovative new treatments and techniques that could revolutionise future healthcare. We have also been active participants in the Health Innovation Network (South London). Continued investment in research and our services at St George's and Queen Mary's Hospitals and in the community is key to our plans for the future of the trust. News that we were successful in our bid to be part of the '100,000 genomes' project was a great boost. This three-year programme

focuses on cancer and rare diseases and has the potential to transform the future of healthcare.

We became a foundation trust in February 2015. This achievement was the result of a long period of improvement from a workforce whose energy, commitment and compassion is outstanding. It also demonstrates that we consistently live up to our values; Excellent, Kind, Responsible and Respectful. This becomes even more important now as our accountability to our communities increases through our council of governors.

Becoming a foundation trust means we can refocus our efforts on our strategy and the development of our services, to better meet the diverse and changing needs of our patients in the future and keep them at the heart of everything that we do. It also means being able to make our own decisions about how we invest in our sites and services.

Yours sincerely

Miles Scott Chief Executive

Dashboard: our priorities from last year

Key

- Achieved our aims and/or targets
- Part achieved our aims and/or targets
- Did not achieve our aims and/or targets

123 Page where more information can be found within the Quality Account available from St George's Website

PRIORITY	STATUS	PAGE
Reduce grade three and four pressure ulcers		110
London Quality Standards		112
Increase number of patients taking part in research projects		118
Participation in clinical audits		120
Use of CQUIN payment framework		122
Data quality		123
Maintain information governance toolkit band		124
Reducing medication errors		126
Reducing patient falls		127
Implement the national safety thermometer		128
Implement the early warning score indicator at HMP Wandsworth		129
Maintain lower than expected mortality rates		130
Assessing risk of VTE in admitted patients		131
Root cause analysis of VTE cases		131
Reducing rate of C.difficile infections		132
Patient safety incident reporting		133
Increase number of community learning disability referrals seen within four weeks of referral		134
Respond to 85 per cent complaints within 25 days		135
Increase the return rate for Friends and Family Test		137
Increase the number of patients who would recommend us to friends and family		137
Increase sexual health support in Wandsworth secondary schools		140
Improve participation rates for patient reported outcome measures		141
Reduce hospital readmissions		145
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers		147
Never events		148
Reducing rate of MRSA infections		148

Priorities for improvement in 2015/2016

In 2013/14 we agreed a new quality improvement strategy which centres on the three essential domains of patient safety, experience and outcomes.

For 2015/16 we have refreshed this strategy and agreed six new commitments against each domain which illustrate how we will achieve improvements. These priorities have been determined through a review of activity during 2014/15 and through engagement with key stakeholders. In addition, we have committed to build and strengthen existing work programmes recognising that a 12 month period may not be sufficient to fully embed sustainable changes.

The priorities indicated below are reflected in the quality improvement strategy annual plan for 2015/16 and each element has agreed outcomes with a nominated person accountable lead for delivery against the priorities.

Improving patient safety

- we will create reliable processes to reduce avoidable harm. Examples of outcome measures: audit of practice against the WHO safer surgery checklist, ward level data eg heatmap/safety thermometer to support management action at the front line
- we will establish strong multidisciplinary teams who communicate clearly across boundaries through development forums for clinical governance leads
- we will give timely and relevant feedback to teams to enable staff to be knowledgeable about patient safety
- we will promote a culture of zero tolerance through challenging unsafe practice
- we will promote an open and transparent culture where we listen and act on staff concerns through the Safety Forum initiative, and ongoing development/ monitoring in relation to the Duty of Candour
- we will encourage the involvement of patients in patient safety initiatives through the roll out of the patient safety booklet/films.

Improving patient experience

- we will listen to and involve people who use our services through further improvement work in relation to the complaints function and monitoring of key metrics
- we will use feedback as a vehicle for continuous improvement adopting best practice where possible through triangulation
- we will ensure that our patients are cared for in a clean, safe and comfortable environment through use of the clinical audit programme and ensuring that findings are acted upon
- we will ensure that our most vulnerable patients and service users are listened to and protected from harm through introduction of the dementia and delirium team and monitoring of the clinical care for individual patients.

Improving patient outcomes

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

Our four clinical divisions have each taken these commitments and translated them into quality improvement plans specific to their patients and services. The implementation of these plans will be overseen by our Quality and Risk Committee, which is responsible for monitoring quality at the trust.

We will be reporting on our performance against our quality improvement strategy at our (held in public) board meetings throughout 2015/16. Our performance will also be reported on our website: **www.stgeorges.nhs.uk**

Looking forward, there are a number of additional quality priorities that the organisation will need to implement during 2015, such as the outcome of the NHS England review of maternity services, which is expected to recommend choice for maternity care; plus the expected revised national cancer strategy.

The table below indicates progress that has been made against the priorities since the publication of the 2013/14 Quality Account:

IMPROVEMENT PRIORITY FOR 2014/15	PROGRESS AS OF MARCH 2015
Conduct twice yearly nursing and midwifery reviews as recommended in the National Quality Board report 'how to ensure the right people, with the right skills, are in the right place at the right time.'	• Establishment review completed in May, recommendations agreed by the board with all bar one implemented during 2014/15 • Further acuity/dependency review undertaken in autumn of 2014 • Safe staffing framework in place and amended to include 'Red flag' indicators • Monthly reporting to board in place regarding safe staffing • Nursing/midwifery workforce programme in place since August 2014 to support the forward planning for recruitment and retention of staff and the commissioning of additional operational capacity during the year.
To ensure that we implement the recommendations of the Clwyd/Hart review of the complaints system in hospitals to further strengthen our response to patient complaints, learn from their feedback and use as a means to implement improvements.	• Work undertaken to strengthen the complaints function including performance management for response time and to ensure evidence of learning from complaints • Participation in national patient surveys for inpatient, maternity and paediatric settings. Final results awaited for some surveys and work to focus on response to findings • National cancer patient survey results received indicating that St George's was one of the 10 most improved trusts. Responses to findings now agreed and being implemented • Annual community patient survey (Sept 2014) outcomes reviewed with action plans at DGB • Strengthening of use of Family Friendly Test (FFT) now in place across inpatient, emergency department (ED), midwifery settings. A trial of the medication safety thermometer also completed. Focus on triangulation of commentary with complaints/compliments data. FFT feedback and data being displayed, actions taken. Emergency Department have marked uptake in responses using SMS service.
To ensure that we meet the 'Duty of Candour' requirements and make sure we continue to endorse and develop a culture of openness and transparency.	• Report produced to identify current practice and challenges. Monthly reports being collated to indicate compliance with Duty of Candour • Master classes held to raise awareness with senior clinicians and support good practice with patients.
To ensure we focus on improving the experience of patients visiting our outpatient departments.	• Roll out of E-triage began February 2015 • Capacity and demand analysis completed across specialities • Refurbishment of estate to commence April 2015 including improved signage and new furniture installed in clinic rooms • Patient experience training delivered to call centre and clinic administrative staff March 2015, training opportunities advertised to staff • Successful recruitment of permanent staff, ongoing staff forums. Roll out of FFT in April 2015.
To continue to focus on reducing avoidable grade 3 and 4 pressure ulcers, implementing the Sepsis Care Bundle to improve care of patients with severe sepsis and improving our discharge process.	• Patients admitted with sepsis from the ED are regularly audited to identify MISSED (Mortality In Severe Sepsis in the ED) this is reported at the sepsis group • The trend for grade 3 and 4 pressure ulcers is showing a downward trajectory.
To maintain our commitment to improving end of life care.	• Programme board established with agreed scope to take forward trust-wide actions to implement NICE standards and five priorities (which replaced the Liverpool Care Pathway) • Audit of palliative care activity completed during the year with presentation to key committees • Development of new care plan for patients.
To establish the dementia and delirium team to meet the national CQUIN requirements, embed the 'butterfly' scheme and improve the care of this vulnerable group of patients.	• Full nursing team recruited and have to date met all CQUIN targets for 2014/15 • Dementia and delirium guidelines updated • Dementia training roll out.

Developing the Quality Account

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

The Department of Health (DH) and Monitor produce guidance on what should be reported in the Quality Account for NHS trusts and NHS foundation trusts.

As St George's achieved foundation trust status mid-year 2014/2015 we must comply with both Monitor's reporting requirements and those set by DH. This year's Quality Account relates to the quality of our services across the entire year, including the time when they were provided by St George's Healthcare NHS Trust. Monitor requires us to produce an annual Quality Report which includes all of the reporting requirements of the Quality Account plus some additional requirements they have set.

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

- **Mortality rates**
- **Patient reported outcome measures (PROMS)**
- **Emergency readmissions**
- **Responsiveness to patients' needs**
- **Friends and family test for staff**
- **Venous thromboembolism rates (VTE)**
- **C.difficile rates**
- **Patient safety incidents**

To meet both DH and Monitor's quality reporting requirements we have consolidated all the quality information into one document – the Quality Report, but for reporting purposes to DH we will call the Quality Report the 'Quality Account'.

Monitor requires the trust to report on nine voluntary indicators that reflect how we are improving patient experience, patient outcomes and patient experience. We have reported on ten this year in a bid to better reflect the services we provide and the patients we care for.

We have worked with local stakeholders to identify which indicators to include in this year's Quality Account to make sure that the areas that matter most to the people who use and provide our services are covered. These stakeholders included our staff, our council of governors, patients, local Clinical Commissioning Groups (CCGs), Wandsworth Healthwatch and Wandsworth Council.

The voluntary indicators we have chosen to include fit into the three essential domains of our quality improvement strategy – improving patient safety, improving patient experience and improving patient outcomes. In this year's Quality Account, we continue with the same indicators as last year to ensure continuity, comparability and a clear narrative for readers to follow and have selected additional indicators; 'end of life care' under 'improving patient experience' and 'clinical records' under 'improving patient outcomes'. We will measure our performance against these in next year's Quality Account (2015/16).

Improving patient safety voluntary indicators:

- **Medication errors**
- **Patient falls**
- **Patient safety thermometer**
- **Offender healthcare**

Improving patient experience voluntary indicators:

- **Community learning disability referrals**
- **Complaints**
- **End of life care (new for 2015/16)**

Improving patient outcomes voluntary indicators:

- **Sexual health in secondary schools**
- **Clinical outcome measures in community services**
- **Clinical records (new for 2015/16)**

The draft Quality Account has been shared with stakeholders both for assurance and to increase understanding of the value of the report and how we record the data for each indicator. This Quality Account has been reviewed by:

- **St George's Quality and Risk Committee**
- **St George's Audit Committee**
- **St George's Executive Management Team**
- **St George's Board**
- **St George's Patient Reference Group**
- **Wandsworth Healthwatch**
- **Merton Healthwatch**
- **Lambeth Healthwatch**
- **Wandsworth CCG**
- **Wandsworth Council Adult Care and Health Overview and Scrutiny Committee**

Sharing a draft version of the report with our stakeholders has given them the opportunity to provide feedback on our performance in a formal statement. These statements are published in Annex 1.

To put our performance into context we have compared our performance for all of the indicators in this report against our own performance over the last two years, and where possible and relevant, against the national average performance as published on the Health & Social Care Information Centre **www.hscic.gov.uk**

Testing

It is a requirement that our auditors test certain indicators to provide assurances that there is a robust audit trail.

- **One indicator is mandatory. This is referral to treatment times (RTT)**
- **One indicator needs to be selected by the Trust. For 2014/15 we have chosen 'emergency readmissions within 28 days of discharge'.**
- **One local indicator needs to be selected by the trust's council of governors. For 2014/15 they have chosen 'clinical outcome measures in community services'. Within the process for this area, sufficient data was not available for audit.**

London Quality Standards

Why is this important?

Many patients are admitted to hospital as emergencies and the treatment they receive in the first hours and days in hospital is very important. The London Quality Standards (LQS) were developed in 2011 after a review found variable, and often inadequate, involvement of consultants in the assessment and management of acutely ill patients in London. It was estimated that improved care would save 500 lives each year across the city. The standards specify the optimal way to manage patients in the crucial early period after admission. There are different standards appropriate for different groups of patients.

As part of the south west London five year strategic plan, St George's agreed to progress towards meeting the full range of the LQS by the end of 2016/17. In November 2014 we participated in a Peer Review Audit with the other acute providers in south west London. This covered the full range of LQS except for maternity. http://www.swlccgs.nhs.uk/2015/03/south-west-london-urgent-emergency-care-peer-review-visit-report/

The audit methodology meant that to be scored green the trust had to fully meet the standard. Where the standard was not met, or was met in part it was scored red. Where there was insufficient evidence for the peer assessors to make a decision it was scored amber. As the standards and methodology have changed it is not possible to undertake a direct comparison with previous internal assessments.

How are we doing?

In total St George's met 123 of the 177 standards in full. Most others were met in part. The main challenges we need to overcome are of two types. The first is that sometimes we are delivering what is required but not as quickly as we would like to. The second is where we are delivering the standard most of the time but not every hour of every day.

	RED: NOT FULLY MET	AMBER: INSUFFICIENT EVIDENCE	GREEN: MET
Adult acute medicine (22 standards)	7	1	14
Adult emergency general surgery (26 standards)	7	7	12
Emergency department (14 standards)	3	0	11
Critical care (26 standards)	4	0	22
Fractured neck of femur pathway (13 standards)	2	0	11
Paediatric acute medicine (22 standards)	6	1	13
Paediatric surgery (23 standards)	5	1	17
Urgent care centre (31 standards)	8	0	23

What are our aims?

Our aim is to continue to work towards meeting the standards by 2016/17. One of the challenges is the availability of key staff. We are working with the other acute trusts in south west London (Croydon, Epsom and St Helier, Kingston) to identify areas where working together is beneficial.

Learning from other organisations

At St George's we are committed to learning from other organisations to see how we can apply best practice from high performing services elsewhere for the benefit of our patients.

As well as learning from best practice we have a duty to learn from other organisations where serious mistakes have been made and serious failing uncovered. It is vital that we understand what went wrong at these organisations so that we can make sure that we are doing all that we can to minimise the risk of the same things happening at St George's.

We have strong governance and audit processes that help us react quickly and decisively to emerging reports, guidance, inquiries and recommendations.

As well as reviewing the integrity of our financial accounts, our audit committee (which is made up of non-executive directors) reviews and independently scrutinise the trust's systems of clinical governance, internal control and risk management. This ensures through proper processes and challenges that integrated governance principles are embedded and practised across all St George's activities and that they support the achievement of the trust's objectives.

The audit committee ensures that the work of its own internal auditors, clinical auditors and external auditors is aligned. The audit committee reviews the work and findings of the external auditors and considers the implications and the trusts responses, and makes sure that the responsibility and accountability for developing and implementing and necessary actions sits at board and senior clinical level.

Below is a brief summary of how we have continued to react to some high profile inquiries and reports. As part of our commitment to transparency and to increase patient confidence in our services we publish our reaction to high profile inquiries and reports on our website and discuss them in board meetings which are open to all members of the public. These papers and details of our board meetings are available at **www.stgeorges.nhs.uk/about/board/board-meetings/**

Mid Staffordshire NHS Foundation Trust public review

The inquiry was chaired by Sir Robert Francis QC whose report made 290 recommendations to the Secretary of State for Health.

The board held strategy sessions during 2013/14 and following the agreement to the seven commitments below has monitored progress against individual elements of those commitments during 2014/15.

The trust board committed to:

- **ensure that quality is maintained as the board's top priority**
- **to strengthen clinical leadership including medical and nursing**
- **to embed and live the trust's values**
- **to ensure that there is a clear approach to the identification of a single lead consultant in multidisciplinary care**
- **to ensure the constant improvement in the quality of care**
- **to devolve the boards commitment to quality at every level though the organisation**
- **to meet the trust's responsibilities under the duty of candour.**

The trust has also during 2014/15 continued to review progress against a number of key reports considered in the previous year:

- **The Keogh mortality review**
- **Berwick review into patient safety, 'A promise to learn, a commitment to act: improving the safety of patients in England'**
- **The Clywd-Hart Report – 'Putting patients back into the picture'**
- **The Cavendish review of healthcare assistants and support workers in the NHS and social care.**

Monitoring has been undertaken through the patient safety, patient experience, quality and risk and workforce committees with oversight by the board.

The trust has received the Kate Lampard QC report which was a 'lessons learned' report drawing on the findings from all of the published investigations into Jimmy Savile and the subsequent allegations into wrongdoing at NHS organisations. The trust is currently considering this report, the recommendations and implications for the trust will be considered in Q1 of 2015/16.

Review of services

St George's is the largest healthcare provider in south west London, and one of the largest in the country. St George's serves a population of 1.3 million people across south west London. A large number of services, like cardiothoracic medicine and surgery, neurosciences and renal transplantation, also cover significant populations from Surrey and Sussex, totalling around 3.5 million people.

Most of the services are provided at St George's Hospital in Tooting, but we also provide many services from Queen Mary's Hospital in Roehampton, health centres across Wandsworth, Wandsworth Prison and from GP surgeries, schools, nurseries and in patients' own homes.

We also provide care for patients from a larger catchment area in south east England for specialist services like complex pelvic trauma. Other services treat patients from all over the country like family HIV care, bone marrow transplantation for non-cancer diseases and penile cancer.

A number of our services are members of established clinical networks which bring together doctors, nurses and other clinicians from a range of healthcare providers working to improve clinical outcomes and patient experience. These networks include the South London Cardiac and Stroke Network and the South West London and Surrey Trauma Network, for which St George's Hospital is the designated heart attack centre, hyper-acute stroke unit and major trauma centre.

During 2014/15 we provided and/or sub-contracted 54 NHS services. We have reviewed all the data available on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of NHS services by St George's University Hospitals NHS Foundation Trust for 2014/15.

The services we provide can be categorised as:

- **National specialist centre**
  We provide specialist care to patients from across the country for complex pelvic trauma, family HIV care, lymphoedema and penile cancer.
- **Tertiary care**
  We provide tertiary care like cancer services, neurosciences and renal services for the six boroughs of south west London and the counties of Surrey, Sussex and Hampshire.
  We also provide specialist children's cancer services in partnership with The Royal Marsden NHS Foundation Trust.
- **Local acute services**
  We provide a range of local acute services like A&E, maternity and general surgery to the people of Wandsworth, Merton, and Lambeth.
- **Community services**
  We provide a full range of community services to the people of Wandsworth, making sure people can manage their health better by accessing the services they need closer to where they live and work and in their own homes.

Our clinical divisions

Our services are split into four clinical divisions, which all have their own clinically led divisional management boards. Each board has a divisional chair who is an experienced clinician, providing expert clinical leadership to the staff of each service so that the needs of the patients who use them are best met. Every division has a divisional director of nursing and governance who is responsible for nursing, patient experience and making sure that there are strong governance structures within their division for improving the quality of their services and safeguarding high standards of care. Each division also has a divisional director of operations who is responsible for managing the operational, business and logistical aspects of providing healthcare services. The divisional boards are made up of the clinical directors and heads of nursing who are responsible for the specialist services within their division.

Surgery, theatre, neurosciences and cancer division

Surgery and trauma clinical directorate

- **Trauma and orthopaedics**
- **Ear, nose and throat**
- **Maxillofacial**

- Plastic surgery
- Urology
- General surgery
- Dentistry
- Audiology

Theatres and anaesthetics clinical directorate
- Theatres and decontamination
- Anaesthetics and acute pain
- Resuscitation

Neurosciences clinical directorate
- Neurosurgery and neuroradiology
- Neurology
- Neurophysiology
- Neurorehabilitation
- Pain clinic

Cancer clinical directorate
- Cancer

Medicine and cardiovascular division

Emergency and acute medicine
- Emergency department
- Acute medicine and senior health

Specialist medicine
- Lymphoedema
- Infection department
- Rheumatology
- Diabetes and endocrinology
- Chest medicine
- Endoscopy and gastroenterology
- Dermatology

Renal, haematology and oncology clinical directorate
- Renal transplantation
- Renal
- Medical oncology
- Clinical haematology
- Palliative care

Cardiovascular clinical directorate
- Cardiology
- Cardiac surgery
- Vascular surgery
- Blood pressure unit
- Thoracic surgery

Community services

Community Adult and Children's directorate

Community Adult Health services
- Community nursing and community wards
- Intermediate care services
- Older people and neuro-therapies
- Day hospitals
- Specialist nursing
- Community learning disabilities
- Elderly rehabilitation in patient wards

Children and family services
- School and special school nursing
- Children's continuing care
- Health visiting
- Child safeguarding team
- Children's therapies and immunisation
- Homeless, refugees and asylum seeker team

Adult and diagnostic services
- Outpatient services
- Minor Injuries Unit
- Diagnostics
- Specialist rehabilitation
- Adult therapies – physiotherapy, dietetics and podiatry
- Integrated sexual health

Offender healthcare
- Primary care
- Substance misuse
- Inpatient care

Where our services are based?

Hospitals

We provide healthcare services at:
St George's Hospital, Queen Mary's Hospital

Therapy centres

- St John's Therapy Centre

Health centres

- Balham Health Centre
- Bridge Lane Health Centre
- Brocklebank Health Centre
- Doddington Health Centre
- Eileen Lecky Clinic
- Joan Bicknell Centre
- Stormont Health Centre
- Tooting Health Clinic
- Tudor Lodge Health Centre
- Westmoor Community Clinic
- Nelson Health Centre

Prisons

- HMP Wandsworth

Community

We also provide services in GP surgeries, schools, nurseries, community centres and in patients' own homes.

Find out more about our services and the clinicians and healthcare professionals who provide them on the services section of our website **www.stgeorges.nhs.uk/services**

Staff friends and family test (FFT)

Staff who would recommend the trust as a place to receive treatment to friends or family

Why is this important?

One of the trust's strategic aims is to be an exemplary employer. To achieve this we must commit time, resources and effort into supporting our staff and making St George's both a great place to receive healthcare and a great place to work. Our staff are core to our success and are well-placed to judge the quality of care we provide to our patients.

How did we do?

In the National NHS Staff Survey staff are asked to state whether *If a friend or relative needed treatment I would be happy with the standard of care provided by my organisation.*

In the 2014 National NHS staff survey, 73 per cent of our staff said that they agreed with this statement. This is higher than the national average (median) for acute trusts of 65 per cent and higher than last year when 68 per cent of staff said that they agreed with this statement.

Staff recommendation of the trust as a place to work or receive treatment

As well as giving an individual score for each question, a score is calculated for a number of key indicators based on the answers to the questions grouped under each indicator. One of these key indicators is staff recommendation of the trust as a place to work or receive care.

On a scale of 1-5, with 5 being the most positive, St George's scored 3.78 compared to 3.67 nationally for acute trusts. Last year our score was 3.73.

This key indicator gives us a top ranking score, for which we compare favourably with other acute trusts in England. This also means that we have maintained our status as one of the top 20 per cent of trusts in the country for staff who would recommend the trust as a place to work or receive treatment.

YEAR	STAFF WHO WOULD RECOMMEND ST GEORGE'S AS A PLACE TO WORK OR RECEIVE TREATMENT (1 BEING POOR, 5 BEING EXCELLENT)
2014/15	3.78
2013/14	3.73
2012/13	3.68
National average for acute trusts (2014/15)	3.67

Friends and family staff survey

A new requirement in 2014 was to conduct the friends and family test with our own workforce.

In quarters one, two and four we gave staff the opportunity to complete the survey, which comprises two questions:

How likely are you to recommend this organisation to friends or family if they needed care or treatment?

How likely are you to recommend this organisation to friends or family as a place to work?

Our scores, by quarter, are listed here:

	WOULD RECOMMEND FOR TREATMENT	WOULD RECOMMEND AS A PLACE TO WORK
Q1	81%	58.5%
Q2	80%	57%
Q4	81%	59%

Our aims

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

We aim to further improve our score in the staff recommendation of the trust as a place to work or receive care indicator in the National NHS staff survey and maintain our status as one of the top 20 per cent of trusts in the country. We aim to further improve our scores in the Friends and Family staff survey in 2015.

Our 2015/16 workforce strategy action plan sets out a programme of work that will support the trust to respond to the issues raise in the staff survey. These include:

Confidence to raise concerns

The trust is in the top 20 per cent for staff agreeing that they would feel secure about raising concerns about unsafe clinical practice. This is a new question and in the context of the recent national 'Speak up review' likely to be seen as a key indicator. However, this contrasts with ratings in the worse than average category for members of staff witnessing and reporting potentially harmful errors or incidents.

Tackling poor behaviour and bullying

Trust performance has remained steady with 31 per cent of staff saying that they have experienced harassment, bullying or abuse from staff in the past 12 months. The strategy to tackle bullying includes coaching and training for managers dealing with difficult staffing issues, tracking and following up the range of concerns that were raised in the CQC inspection in 2014 and elsewhere, a poster campaign, the development of a service providing listening for members of staff and an opportunity to raise concerns, the bullying and harassment support line, which is run by the staff support service.

Discrimination

The trust position has remained the same with regard to members of staff reporting discrimination. Of greatest concern is that 38 per cent of black and minority members of staff report discrimination as compared to 14 per cent of white members of staff. It is of further concern that 34 per cent of black and minority members of staff report experiencing harassment, bullying or abuse from members of staff in the last 12 months as compared to 29 per cent of white members of staff. St George's is establishing a 'St George's as One' inclusion programme in 2015.

Our workforce strategy explains how we aim to maximise the wellbeing of our staff and their levels of contribution and engagement. You can read the workforce strategy at www.stgeorges.nhs.uk/about/our-strategy/strategies

Listening into Action

We recognise that as well as listening to our patients, it is also important that we listen to our staff and involve them when we try to identify where improvements could and should be made. That's why we are fully on board with the national Listening into Action staff engagement programme.

Listening into Action launched at St George's in March 2013. It is our way of working with and engaging staff at St George's. It's about achieving a fundamental shift in the way we work and lead, putting clinicians and staff at the centre of change for the benefit of our patients, our staff and the trust as a whole. In the process, Listening into Action is adopted and spread as a way of sustaining continuous improvement.

Essentially, Listening into Action is about:

- **engaging all the right people around delivering better outcomes for our patients, our staff and our trust**
- **aligning ideas, effort and expertise behind the patient experience, safety and quality of care**
- **overcoming widespread challenges around staff engagement and morale**
- **developing confidence and capability of our leaders to 'lead through engagement' collaborating across the usual boundaries, and**
- **engendering a sense of collective ownership and pride.**

Listening into Action complements other important projects taking place at the trust, and the change methodologies, systems and experience staff develop and gain through this programme is in many cases used to help achieve changes which are identified by Listening into Action.

We have held Big Conversations in 2013 and 2014. Staff from all departments, levels and roles came together and talked openly about what matters to them, and what changes should be prioritised. We use the feedback from these events to inform our future actions and to support and enable our teams to do the very best for our patients and their families, in a way that makes us proud of our work.

Research

Why is it important?

At St George's, we are committed to innovating and improving the healthcare we offer and a key way we do this is by participating in research. Our clinical staff keep abreast of the latest treatment developments and through clinical trials, patients are offered new drugs and devices and better clinical care evolves. The key reason for our participation in clinical research is to develop new and improved clinical treatments for our patients and to realise better ways to manage illness, thereby ultimately improving the health of our local community.

St George's is a collaborating site with Genomics England for the '100,000 Genomes Project'. Initially the focus will be on rare disease, cancer and infectious disease. The project will allow researchers to work together to build and share new knowledge about the influence of genes on health and disease that may be translated into new diagnostic and treatment options for patients.

St George's, in its partnership with St George's, University of London, aims to bring new ideas and solutions into clinical practice. Clinical teams are collaborating with scientists to investigate the causes of range of diseases, to develop better ways of diagnosis and tailored treatments. St George's has been heavily involved in the development of new vaccines, on potential new treatments for vascular dementia and on better diagnostic for a range of infectious pathogens. This highlights the importance of the relationship with the university to improve both academic knowledge and clinical practice.

We also want to thank the local community for participating in research. Patients who participate in research may derive an individual benefit from, for example, new treatment opportunities. However, support has been much wider with sometimes less clear individual benefits. In this last year, nearly 1,600 healthy teenage volunteers in our local schools have given throat swabs and information about themselves to help us understand meningococcal infection, one of the leading causes of meningitis. Our GP healthcare partners have also offered great support, discussing trial opportunities with and giving information to patients.

Our strong relationship with the pharmaceutical industry enables our clinical staff to keep abreast of the latest developments and our patients to have access to the newest treatments within clinical trials. This includes access to new drug treatment in a range of cancers, hepatitis B and C, epilepsy, cardiovascular disease, Parkinson's disease, Meniere's disease, multiple sclerosis, Crohn's disease, ulcerative colitis and stroke.

In 2014, the trust invested funds to allow clinicians (doctors, nurses and other health professionals) to have time away from clinical duties to develop their research ideas into research protocols. With clinical duties covered by colleagues, these individuals are able to focus for a short period of time (generally six months) to develop new ideas and treatments for patients at St George's. To be successful, these proposals will be externally reviewed and we hope will be funded by research-grant awarding bodies.

Our outcomes

I. Participation:

One of the key ways of offering new treatments is through participation in clinical trials that are approved by the National Institute for Health Research (NIHR), which supports NHS and academic institutions to deliver quality research that is patient-focused and relevant to the NHS. These studies are adopted onto the NIHR portfolio. In the calendar year 2014, there were 194 NIHR adopted trials open and recruiting in St

George's, with 9,021 patients taking part. This was an increase from the 2013 where 3,994 patients took part in 182 research trials.

This is an astonishing increase but is down to several unusual trials that are looking at new diagnostic techniques and require many samples to check the outcomes. We would hope to continue to improve, but may not be able to meet this level next year.

The number of patients receiving relevant health services provided or sub-contracted by St George's in 2014/15 that were recruited during that period to participate in research approved by the National Institute of Health Research (NIHR) is 10, 574.

II. Approvals:

In 2014, the research office approved 187 new studies to be performed at St George's, an increase from 164 in 2013. These range from clinical trials of medicinal products (new drugs) and medical devices, through to service and patient satisfaction studies. Around 60% of these are adopted on the NIHR portfolio, up from 30% in 2013. Non-adopted studies include 'Proof of Concept' studies, in which our researchers and clinicians are gathering evidence that may develop into larger adopted trials, student studies and trials sponsored by commercial companies.

The approval time targets changed in April 2014. Previously, studies were expected to be approved within 30 days, but since April, we are now expected to approve within 15 days. Before April, 88% were approved within 30 days, but there has been a drop since April in the 15 day target, to 62%. Overall, we have approved 69% in the given timeline.

This is a focus for improvement in 2015.

III. Trials starting recruitment

In our most complex trials, we endeavour to get the study approved and the first patients recruited within 70 days of submission to the research office. This is a new national metric and we have seen a steady improvement in 2014 from 40.3% in Dec 2013 to 76.1% of trials up to September 2014, and we are hoping to achieve 80% when the NIHR publishes the figure for all trial approved in 2014.

We intend to continue improving this measure through 2015.

IV. Ensuring compliance with 'Good Clinical Practice[1]' guidelines for research

All trials require one institution or company to have the legal responsibility to ensure that the trial is run safely and gathers good quality information in order to answer the research question e.g. *does a new drug lead to better outcomes compared to the standard treatment?* When we are the responsible institution (sponsor) all our trials are closely monitored by a team from the research office. When we host studies that are sponsored by other organisations or companies, we also undertake our own system of review (audit), in order to ensure best practice and optimal safety for our patients. In 2014, we aimed to audit 10% of all active trials (19 trials), and we actually reviewed 21 studies to ensure that our staff are meeting all of the regulatory and compliance requirements, and patient safety is maintained.

Our aims in 2015

I. Increase participation

We intend to maintain and improve upon our patient participation rates in NIHR adopted trials at 2013 levels, understanding that 2014 was an unusual year. We hope to recruit 5,000 patients or more in 2015.

We intend to ensure that patients are made aware of the research opportunities at the trust. In order to do this we will participate in the International Clinical Trials Day on 20th May.

We will also be running research focused articles in the St George's gazette, which is available to patients and the local community.

II. Approvals

In 2015, we intend that at least 80% of our trials are approved by the Joint Research and Enterprise Office (JREO) within 15 days.

We have already noticed an increase in the number of proposed studies, and we intend to meet the challenge of approving more studies in a shorter time.

III. Trials starting recruitment

We intend to continue increasing the number of trials that get up and running quickly so that the trials can be successful. We hope to achieve 80% or relevant trials recruiting their first patient within 70 days.

IV. Ensuring quality

We will continue to review 10 per cent of all active research studies each year to provide assurance of the safety and quality of studies undertaken here.

We will continue to provide our clinicians with the opportunity to take time to develop their ideas to write successful grant applications. We will allow clinicians time to recruit patients to trials in their daily roles and support them with research staff.

[1]https://www.gov.uk/good-clinical-practice-for-clinical-trials

Participation in clinical audits

During 2014/15, 37 national clinical audits and five national confidential enquiries covered NHS services that St George's University Hospitals NHS Foundation Trust provides.

During that period St George's participated in 97.3 per cent of national clinical audits and 100 per cent of national confidential enquiries of the national clinical audits which we were eligible to participate in.

The national clinical audits and national confidential enquiries that St George's was eligible to participate in during 2014/15 are listed in Appendix A alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports from the 28 national clinical audits were reviewed by trust board in 2014/15. A summary of the actions agreed in response to these audits is given in Appendix B.

The reports of 19 local clinical audits were reviewed by St George's in 2014/15. A summary of the actions agreed is given in Appendix C.

Use of CQUIN payment framework

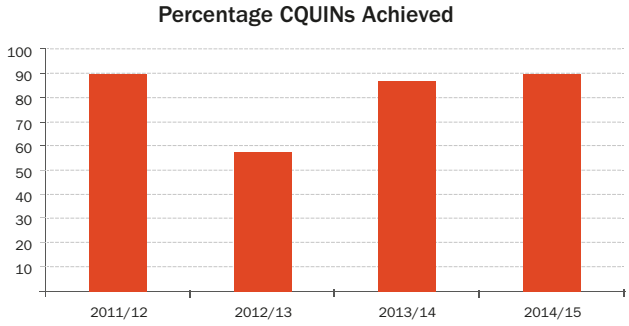
A proportion of our income in 2014/15 was conditional on meeting quality improvement and innovation goals. These are objectives agreed between the trust and its commissioners and clinical commissioning groups, through the Commissioning for Quality and Innovation (CQUIN).

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

We achieved 90 per cent overall performance against the 33 CQUINs we agreed with our commissioners for quarters one to three in 2014/15 and envisage to do so for Q4. Last year we achieved 87 per cent of our CQUINs.

Following commissioner review and approval the forecasted financial achievement will be in excess of £10.5m.

Further details of the agreed goals for 2014/15 can be found in a dashboard in appendix D.



Statement from the Care Quality Commission

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

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

St George's University Hospitals NHS Foundation Trust is registered with the CQC and is licensed to provide services from each of its locations. The trust has no conditions placed on it and the CQC has not taken any enforcement action against the trust in 2014/15.

In May 2013, Professor Mike Richards was appointed as Chief Inspector of Hospitals and under his leadership, a new style CQC inspection and a new framework of standards has been developed which focus upon five domains:

- Are services **safe?** *Are people protected from abuse and avoidable harm?*
- Are services **effective?** *Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence based where possible?*
- Are services **caring?** *Do staff involve and treat people with compassion, kindness, dignity and respect?*
- Are services **responsive**? *Are services organised so that they meet people's needs?*
- Are services **well led**? *Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?*

The CQC rating system has four categories – **outstanding**, **good**, **requires** i**mprovement** or **inadequate**. NHS trusts are given an overall rating and a range of services within the trust are also given one of these four ratings.

How did we do?

In February 2014 the trust was subject to a full inspection using the new CQC inspection methodology against the five domains. The CQC inspected the treatment and care provided at St George's Hospital, Queen Mary's Hospital, St John's Therapy Centre and selected community services provided from other health centres in Wandsworth.

The CQC found the overall standard of care to be **good** across all sites and has awarded the trust an overall **good** rating, with some aspects of care rated as **outstanding**. St George's and Queen Mary's Hospitals both received **good** overall ratings.

The CQC rated 62 specific standards. Out of these, **four were rated outstanding**, **50 were rated good** and **eight were in the 'requires improvement' category**. None of our services were judged inadequate. The full breakdown of how our hospitals performed against each of the five CQC essential domains is available over the coming pages.

CQC statement on St George's Hospital

SERVICE	CQC ESSENTIAL DOMAIN – SAFE	CQC ESSENTIAL DOMAIN – EFFECTIVE	CQC ESSENTIAL DOMAIN – CARING	CQC ESSENTIAL DOMAIN – RESPONSIVE	CQC ESSENTIAL DOMAIN – WELL LED	OVERALL
A&E	Good	Not assessed	Good	Good	Good	Good
Medical care	Requires Improvement	Good	Good	Good	Good	Good
Surgery	Requires Improvement	Good	Good	Good	Good	Good
ITU/CCU	Outstanding	Good	Good	Good	Outstanding	Outstanding
Maternity	Good	Good	Outstanding	Good	Good	Good
Children & Young People	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Requires Improvement	Not assessed	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

CQC statement on Queen Mary's Hospital

SERVICE	CQC ESSENTIAL DOMAIN – SAFE	CQC ESSENTIAL DOMAIN – EFFECTIVE	CQC ESSENTIAL DOMAIN – CARING	CQC ESSENTIAL DOMAIN – RESPONSIVE	CQC ESSENTIAL DOMAIN – WELL LED	OVERALL
A&E (Minor Injuries Unit)	Requires Improvement	Not able to rate	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not able to rate	Good	Requires Improvement	Good	Good
Community Inpatient Services	Good	Not rated at this time	Not rated at this time	Not rated at this time	Not rated at this time	Not rated at this time
Overall	Requires Improvement	Good	Good	Good	Good	Good

The audit of our community services at Queen Mary's Hospital, St John's Therapy Centre and other health centres was a pilot to help the CQC develop the methodology for auditing community services in the future. The CQC is not yet rating community services so no rating was given for the community inpatient service at Queen Mary's or for the services based at St John's and our other health centres.

The CQC reported its findings back to us at a quality summit that included representatives from:

- St George's University Hospitals NHS Foundation Trust
- The CQC
- The Trust Development Authority (TDA)
- NHS England
- Wandsworth Council
- Healthwatch Wandsworth
- Wandsworth CCG
- Merton CCG

In its report on the trust, the CQC highlighted numerous examples of commendable practice, including:

- outstanding maternity care underpinned by information provided to women and partners and robust midwifery staffing levels with excellent access to specialist midwives
- exceptional end of life care demonstrated within the maternity department
- outstanding leadership of intensive care and high dependency units with open and effective team working and a priority given to dissemination of information, research and training
- excellent multidisciplinary working within and across community and acute teams
- the functioning of the hyper acute stroke unit, short term reablement and rehabilitation service
- the well led, integrated working and calm environment within A&E

- **multi-professional team working in neuro theatres**
- **systems developed by the trust to promote the safety of children, young people and families**
- **an evident culture of positive learning from medicine administration errors**
- **development and use of DVDs to engage staff with ongoing practice improvements.**

As well as highlighting some aspects of care which required improvement the CQC also asked that we take action to ensure staff awareness and implementation of the Mental Capacity Act at Queen Mary's Hospital. The CQC noted that most staff had attended or completed training on safeguarding adults and that there was appropriate specialist input through the trust's safeguarding lead and two specialist learning disability nurses. However, varying levels of understanding of the Mental Capacity Act were identified.

Since the February inspection the trust has taken action to address the two issues identified by the CQC. A formal action plan was developed and approved by the trust board before being shared with the CQC. The plan set out how the trust would ensure improvements in the availability of medical records in outpatient clinics, it also set out the measures we would take to ensure that trust staff at Queen Mary's Hospital (QMH) have a good level of understanding of the Mental Capacity Act in order to deliver safe, responsive and effective care.

There has been an improvement project in the corporate outpatient department and better availability of medical records was just one of the improvements made. This improvement is monitored on an ongoing basis.

The trust designed and delivered a tailored training programme to all staff at QMH around the implementation of the Mental Capacity Act and all staff have now attended and have evaluated the training and a case note audit showed practice had improved.

Progress on the action plan has been presented to the trust's commissioners and the CQC on a quarterly basis and both commissioners and the CQC have indicated that they are assured good progress has been made to improve quality of care where needed.

Data quality

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

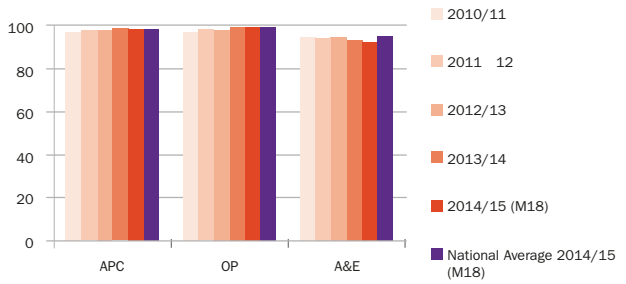
Most data is gathered as part of the everyday activity of frontline and support staff who work throughout the trust in a huge variety of settings. It is important that we accurately capture and record the care we provide and the information in this report aims to demonstrate how well we are doing this. We have been working closely with our IT suppliers this year to increase the robustness of our data capture and processing.

St George's submitted records during 2014 for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

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

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

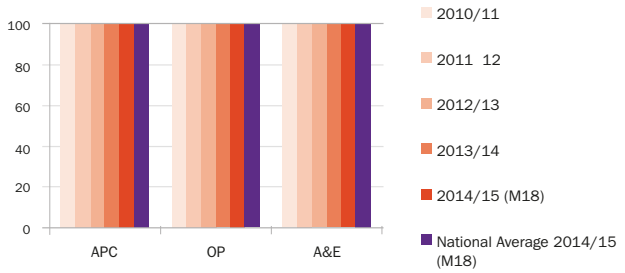
VALID NHS NO	APC	OP	A&E
2014/15 (M8)	98.6	99.4	92.7
2013/14	98.7	99.4	93.4
2012/13	98.3	99	95.1
2011/12	97.7	98.6	94.5
2010/11	97.3	98.6	94.4
National Average 2014/15 (M8)	99.1	99.3	95.1



Our NHS Number completeness remains good, but is still fractionally behind the national average for admitted care and A&E. We have a data quality improvement strategy which we have developed with our commissioners that details planned improvements in the way our Patient Administration System (PAS), Cerner, accesses the national Patient Demographic Service (PDS) that should see these numbers improve next year.

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

RECORDS WITH VALID GP NUMBER	ADMITTED CARE (PER CENT)	OUTPATIENT CARE (PER CENT)	A&E (PER CENT)
2014/15 (M8)	100	100	100
2013/14	100	100	99.9
2012/13	100	100	100
2011/12	100	100	100
2010/11	100	100	100
National Average 2014/15 (M8)	99.9	99.9	99.2



Note: The data quality figures shown above are correct as at month 8 (April 2014 to November 2014 data). This is the most recent data available.

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

Information governance

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

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

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

We have an ongoing information governance programme, dealing with all aspects of confidentiality, integrity and the security of information.

Annual information governance training is mandatory for all staff, which ensures that everyone is aware of their responsibility for managing information in the correct way. An internal audit conducted in 2014/15 gave the trust 'reasonable' assurance that the trust is managing information appropriately and that staff are aware of their responsibilities.

Our patient administration system increased both the security and accuracy of information at the trust. All staff accessing the system use a secure and strictly authenticated smartcard which defines what they are permitted to access in the system. Virtual desktops are now in use across two thirds of the trust, increasing the security and availability of our systems.

The trust has introduced a new electronic system for managing referrals improving both the accuracy and allocation of appointments. The trust has begun the implementation of an electronic document scanning project, moving away from a dependence on paper records.

How did we do?

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.

The trust's information governance assessment report overall score for 2014/2015 was 77 per cent and was graded green, or 'satisfactory' according to the criteria set nationally. This is the highest grading possible, and can only be awarded by achieving an attainment Level 2 on every requirement in the NHS Information Governance Toolkit.

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, and other organisations, at **https://www.igt.hscic.gov.uk**. St George's is listed as an acute trust and our organisation code is RJ7.

YEAR	INFORMATION GOVERNANCE ASSESSMENT SCORE (PER CENT)	GRADE
2014/15	77	Green
2013/14	79	Green
2012/13	79	Green
2011/12	77	Green

Clinical coding error rate

Why is this important?

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

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

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

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

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

How did we do?

St George's University Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

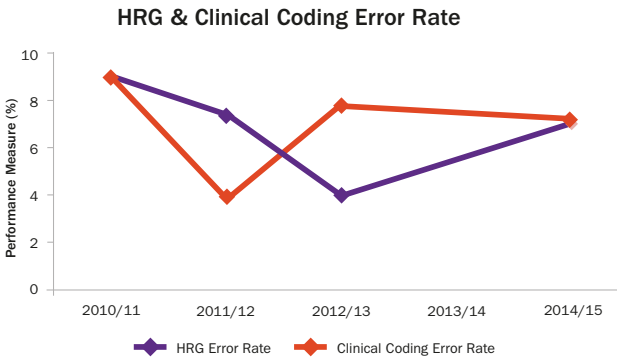
We were last subjected to the PbR clinical coding audit in 2012/13, when we were in the best performing 25 per cent of trusts in the country.

AUDIT COMMISSION (ALL SERVICES)	ERROR RATE (%)	ERROR RATE (%) INCLUDING ALL ERRORS
Primary diagnoses incorrect	6.5	6.5
Secondary diagnoses incorrect	8.6	9.9
Primary procedures incorrect	1.3	1.3
Secondary procedures incorrect	8.3	14.1

SUBCHAPTER	ADMITTED PATIENT SPELLS	% OF EPISODES CHANGING HRG
AA	100	14
LA	100	0
Total	200	7
Secondary procedures incorrect	8.3	14.1

HRG ERROR RATE	PERFORMANCE MEASURE (%)
St George's 2014/15	7
St George's 2013/14	#N/A
St George's 2012/13	4
St George's 2011/12	7.4
St George's 2010/11	9

CLINICAL CODING ERROR RATE	PERFORMANCE MEASURE (%)	INC ERRORS
St George's 2014/15	7.2	8.7
St George's 2013/14	#N/A	
St George's 2012/13	7.8	
St George's 2011/12	3.9	
St George's 2010/11	9	



Note: The results should not be extrapolated further than the actual sample audited. HRG subchapters AA (Nervous System Procedures and Disorders) and LA (Renal Procedures and Disorders) were reviewed within the sample.

Improving patient safety

Reducing medication errors

Over the years we have worked hard to develop and maintain our strong reporting culture. Following their audit of the trust in February 2014, the CQC reported that there is an evident culture of positive learning from medicine administration errors at St George's.

This year the National Reporting and Learning System have reported that St George's medication error reporting is higher than the national benchmark for reporting medication incidents. Last year we reported 1,574, reflecting a good safety culture at the trust. Of these incidents, 92 per cent resulted in no harm, 5 per cent in low harm and 3 per cent in moderate harm. There were no medication errors that resulted in severe harm to patients. The most common types of error are omissions and delays to administer medication and administering the wrong dose of medication.

No harm – 93 per cent

Low harm – 5 per cent

Moderate harm – 2 per cent

Severe harm – 0 per cent

Medication incident reporting is up over a third over the previous year, but the degree of harm is unchanged.

We have an intensive medication safety teaching programme for clinical staff and our pharmacy team manage a comprehensive audit programme, including auditing prescribing accuracy, medicines reconciliation, antibiotic point prevalence, medicine handling and medication safety. The pharmacy medication safety team also co-ordinate medication safety monitoring visits to clinical areas to monitor medication safety issues.

During 2014/15 medication safety visits have been extended to community services and non-ward areas including radiology and endoscopy.

Reducing patient falls in the community and whilst under the care of the hospital

Why is this important?

People aged over 75 suffering falls is one of the main causes of emergency admissions to hospitals. Incidents of falls within healthcare environments equally contribute to the length of stay of complex patients, as well as presenting a risk to both patients and the organisation.

Unfortunately, we will never be able to completely eliminate the risk of our patients falling. We know that even in the community one in three people over the age of 65 will fall, rising to one in two for over 80 year olds. However we also know that falling is not an inevitable part of ageing and that reversible risk factors can be addressed to reduce the risk of falling and fracturing.

The inpatient hospital population has some of the similar characteristics as the community dwelling population, and in addition there are the additional risks around acute illness and sudden change in environment which presents further challenges for those impaired by cognition/vision etc. Following the acute phase of management the patient begins their rehabilitation. An inherent part of patient rehabilitation is risk taking, which must balance the management of risk with the need to facilitate progress and enable goal attainment. We try to make sure that a multifactorial falls and bone health risk assessment is completed and that a care plan to reduce the individual's risk factors is implemented, providing a quality patient experience within a safe environment.

How did we do?

Hospital inpatient services:

We have developed an electronic multifactorial falls risk assessment in line with the NICE falls guidelines and in line with the Wandsworth community based falls and bone health risk profile –to enable an exchange of meaningful assessment information for comparison of patient status and facilitate a smooth exchange of discharge information. We have developed and implemented a bed rails risk assessment tool which must be completed for all adult inpatients on admission to hospital. We have developed patient information leaflets on falls prevention and the use of bed rails. We have been running monthly patient simulation study days to promote best clinical practice for falls and other harms.

In some clinical areas we have trialled bed and chair sensors which can be used as an adjunct to falls prevention in some patients. We are looking at exploring other technology which may help in falls prevention.

There has been no significant reduction in the number of inpatient falls across the trust this year.

Community based services:

The integrated falls and bone health service (IFS&BH) is predominantly a prevention focused service that dovetails with other reactive community services. A major part of this team's work has been around ensuring that a falls and bone health risk profile is completed irrespective of the service that the patient accesses so that the prevention of falls and fractures is seen as a core role for all staff. The risk profile has been modified to fit with the existing services. It is a standard part of the service provision for the following teams:

- **IFS&BH**
- **CAHS (community adult health services)**
- **Community neuro team**
- **Brysson Whyte Rehabilitation Unit**
- **Day Hospital at St John's Therapy Centre**
- **Community nursing, community matrons and specialist nursing.**

The IFS&BH service provides community based multifactorial assessments with actions plans agreed with the patient to address the reversible risk factors identified. Part of the service provision is the running of 25 community based exercise groups a week – six of these with transport to ensure a fair and accessible service to all. The joined up approach across community services and with the acute service along with the expansion of the IFS&BH team and service provision has ensured that there is greater capacity to provide specialist intervention for the populations at risk of fall and fractures.

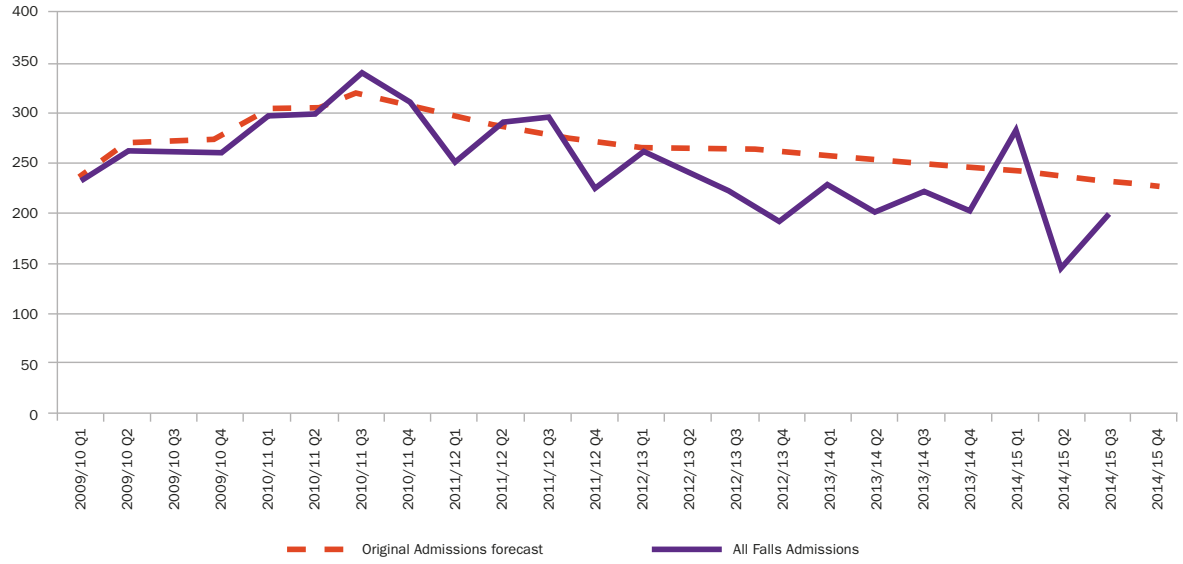
2012 saw the launch of the Bone Boost programme to provide a care pathway for people with osteoporosis or osteopenia to reduce the incidence of fragility fracture in Wandsworth. In 2014 the service was awarded the SLMC (South London Membership Council) Recognition Award for outstanding contribution to the community. Watch a video about the Bone Boost service and the impact it has had on the patients who have been referred to it at **www.stgeorges.nhs.uk/services/senior-health/bone-boost**

Building on the success of joint working with the acute based osteoporosis service further development work has continued to enable an acute based service and a community service to morph into a truly integrated service – improving the seamless care that these patients receive. There are further plans this year to build on this work for the most frail populations of patients with osteoporosis to ensure that services are delivered in a timely fashion in the right place for this group.

Our aims

We aim to reduce the current rate of reported falls during an inpatient episode and continue to reduce the admissions for falls patients in Wandsworth in 2015/16. We will continue to identify the trends and themes and implement targeted action plans through structured evaluation and benchmark ourselves against other organisations when possible.

NHS Wandsworth Non-elective Emergency Admissions
(Patients 65 and over with a fall coded (W00 - W19) in ICD 1 to 5. Source data SUS



Patient safety thermometer

Making sure that patients do not suffer avoidable harm is a key focus for the trust and one of the priority areas in our "Sign up to Safety" plans. This year we have consolidated our use of the national safety thermometer across community and inpatient services.

The safety thermometer is a quick and simple point-of-care tool for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care.

Developed by the NHS for the NHS, the safety thermometer collects data on high risk areas including falls, pressure ulcers, urinary catheter related infections and blood clots. The safety thermometer allows us to merge patient safety data across all the teams and wards in the trust, with the built-in analysis charting functions allowing us see the results straight away so we always have a clear picture of what is happening in any service at any time.

We now have regular and reliable data for all of the high risk areas listed above across all inpatient and community services. All data recorded on the safety thermometer is submitted to the Health & Social Care Information Centre with monthly national reports developed and published at **www.hscic.gov.uk/thermometer** Teams can then be given feedback on the percentage of their patients who are "harm free" which gives them a powerful tool for improvement.

The monthly data shows that 94.4% of our patients were free of the harms being measured in this way. This compares with a national benchmark of 93.8 per cent.

A new patient safety thermometer for medication safety has been piloted on some of our wards and we are considering use of further pilots in paediatric and maternity services.

Implementing the early warning score indicator at HMP Wandsworth

Why is this important?

We provide all healthcare and substance misuse services to the 1,665 offenders at HMP Wandsworth, the largest prison in the UK. The Jones Unit is a six bedded inpatient facility in the prison. The unit is a step down from a hospital ward and is used for offenders whose condition needs closer monitoring than can be provided on an outpatient basis whilst they stay in their cell. Prisoners requiring isolation are also located on the Jones unit. The unit reduces the need for unwell offenders to be transferred to St George's Hospital, freeing up beds in the hospital for other patients.

The early warning score indicator is a simple tool in a patient's observation notes used by medical and nursing staff to determine the severity of illness. A number of observations are regularly recorded on the chart which allows any deterioration to be quickly identified. The observations recorded are:

- **Heart rate**
- **Respiratory rate**
- **Blood pressure**
- **Level of consciousness**
- **Oxygen saturations**
- **Temperature.**

The early warning score indicator has been used at St George's and Queen Mary's Hospital for a number of years and our aim for 2013/14 was to introduce the early warning score indicator to offender healthcare services.

How did we do?

The early waning score indicator has been successfully implemented at HMP Wandsworth with all patient observation charts on The Jones Unit including the indicator. All offender healthcare service staff have been trained on use of the early warning scare indicator meaning that any deterioration is identified quickly.

Our aims

The national Early Warning Score (nEWS) has been implemented on the Jones Unit. Further work is required in 2015/16 to maintain consistent approach in the use and recording of nEWS. Currently, nEWS is recorded in paper format. In 2015/16 exploratory work will be undertaken to devise an electronic template so that the nEWS is integral to clinical information system and to patients' medical record.

Mortality

Why is this important?

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

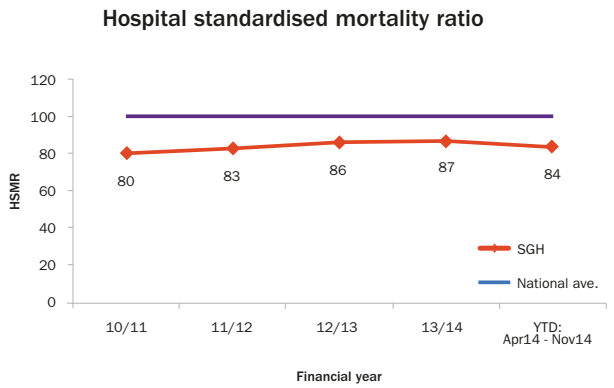
Our outcomes

Our SHMI continues to be amongst the lowest in country, with our mortality categorised as lower than expected for two consecutive years. The table below summarises the quarterly publications for this period.

PUBLICATION DATE	REPORTING PERIOD	RATIO	BANDING
April 2014	October 2012 – September 2013	0.78	Lower than expected
July 2014	January 2013 to December 2013	0.80	Lower than expected
October 2014	April 2013 to March 2014	0.81	Lower than expected
January 2015	July 2013 – June 2014	0.84	Lower than expected

Source: Health and Social Care Information Centre

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



Source: Dr Foster Intelligence

These data are reviewed by the trust's mortality monitoring committee which meets on a monthly basis. The group, which is chaired by the associate medical director for governance and has members from across the Trust also considers mortality data at diagnosis and procedure level and reviews all deaths in hospital following an elective admission. By examining this range of data we are able to scrutinise our outcomes and the care we provide to patients. Where there are lessons to be learnt these are identified and acted upon and where best practice is observed this is acknowledged and shared.

Palliative care coding

As it includes all deaths the SHMI makes no adjustment for palliative care. The Health and Social Care Information Centre publishes contextual indicators to support interpretation of the SHMI, one of which is 'the percentage of deaths with palliative care coding'. This presents crude percentage rates of deaths that are coded with palliative care either in diagnosis or treatment fields. The data displayed below shows the percentage of deaths with palliative care coding for the trust compared to the national average.

PUBLICATION DATE	REPORTING PERIOD	ST GEORGE'S	NATIONAL
April 2014	October 2012 – September 2013	21.0%	20.9%
July 2014	January 2013 to December 2013	23.6%	22.0%
October 2014	April 2013 to March 2014	26.2%	23.6%
January 2015	July 2013 – June 2014	27.6%	24.6%

Source: Health and Social Care Information Centre

Our aims

As previously our aim for the coming year is to maintain our strong performance and consistently achieve a mortality ratio which is lower than expected. We will achieve this by continuing and expanding our scrutiny of deaths and taking action as necessary.

Assessing risk of VTE in admitted patients

Why is this important?

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

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

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

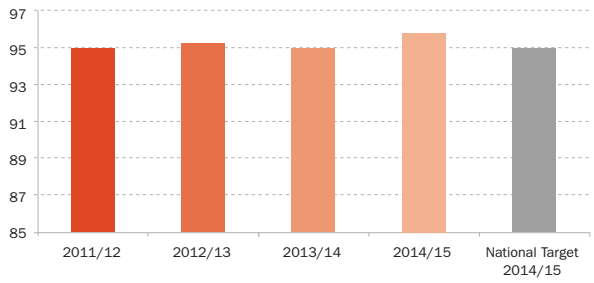
How did we do?

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

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

110,817 patients were admitted at St George's and Queen Mary's Hospitals between April and February 2014/15. 106,218 of these were documented on their discharge summary as being given VTE risk assessments, which is 95.8 per cent. The national target for VTE risk assessments is 95 per cent. In 2013/14 we documented risk assessments for 95 per cent of 116,256 patients.

Percentage Patients Risk Assessed for VTE



Root cause analysis of VTE cases at St George's and Queen Mary's Hospitals

Following on from the CQUIN last year root cause analysis continues to be carried out in cases identified as hospital acquired thrombosis. We have identified 98 cases which have had their index admission at St George's. In those who had previously been admitted to another hospital, we have notified those hospitals of the case. All 98 cases at St George's, have been notified to the admitting consultant and to the care group and divisional leads.

Root cause analysis has been completed in 78 (79.6 per cent) of these cases. This exceeds the national target of 75 per cent. Results show that risk assessment was carried out in 95.8 per cent of patients and appropriate prophylaxis given in 65.9 per cent of cases. Reasons for inadequate prophylaxis included failing to record the reasons for prophylaxis doses not being given, not escalating the dose for patients who weighed more than 100kg, and failure to reassess patients who were at high risk of bleeding on admission. These findings have been presented at the specialties' governance and care group meetings and actions to improve practice have been implemented

In 2015/16 year the VTE prevention programme will continue to be included as a key performance indicator for the trust.

Our aims

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

To help us further improve the number of patients risk assessed and the number of patients given appropriate thromboprophylaxis we will continue our programme of training, education and feedback across the trust. Basic VTE training has been added to the trust's mandatory training programme that all staff have to complete every year.

To ensure that all new staff are aware of the importance of VTE risk assessments, we have made VTE awareness part of the staff induction programme that all staff have to complete before starting work with us, and have developed specialist VTE training programmes for junior doctors. Our clinical divisions now have named VTE leads, and we have recruited junior doctor and physician associate VTE champions, new roles to further raise awareness of the important of VTE prevention amongst medical staff.

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

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

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

Infection control

Why is this important?

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

We use an array of measures to stop the spread of infection to patients. Our infection control team, made up of doctors and nurses, works around the clock, monitoring infections and providing ward staff with advice on how to prevent, treat and contain the spread of infection to patients.

What is C.difficile?

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

C.difficile is present naturally in the gut of around three per cent of adults and 66 per cent of children. However, some antibiotics that are used to treat other health conditions can interfere with the balance of 'good' bacteria in the gut. When this happens, C.difficile bacteria can multiply and cause symptoms such as diarrhoea and fever.

As C.difficile infections are often caused by antibiotics, most cases usually happen in a healthcare environment, such as a hospital or care home. Both appropriate and inappropriate antibiotic use can cause C.difficile infection and there is always a balance of risk in treating patients with antibiotics. A strong antimicrobial stewardship program is important to ensure appropriate antibiotic usage only. Transmission can occur from patient to patient however with good modern infection control practices this is not common, although in the past it was far more common. Older people are most at risk from infection, with the majority of cases (80 per cent) occurring in people over 65.

Most people with a C.difficile infection make a full recovery. However, in rare case the infection can be protracted and occasionally fatal.

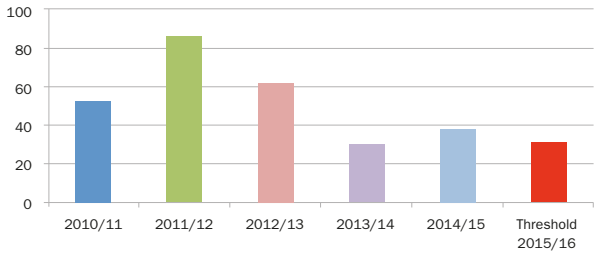
Our C.difficile outcomes

37 patients acquired C.difficile whilst under our care during 2014/15. This is an increase on the previous year although we achieved our nationally agreed threshold of 40. It was agreed with the local commissioning support unit that of the 30 cases reviewed 23 cases were unavoidable

(77 per cent) and seven cases there was some element of lapse of care (23 per cent).

YEAR	NUMBER OF PATIENTS – ACQUIRED *C.DIFFICILE*
2014/15	37
2013/14	30
2012/13	62
2011/12	86
2010/11	52
Threshold 2015/16	31

Number of patients - acquired C.difficile



Our aim

Our 2015/16 target is to prevent all avoidable C.difficile infections and acquire no more than our nationally agreed threshold 31 cases of C.difficile

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

Why is this important?

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

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

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

Patient safety incidents

There were 10,187 reported patient safety incidents in 2014/15 compared to 9,739 the previous year. This shows that we continue to actively report as many incidents as we can, demonstrating that at St George's we are committed to developing good systems that enable us to learn from things that go wrong and prevent them from happening again.

Of the 10,187 patient safety incidents there were 31 high and extreme severity incidents during the year. This is 0.3 per cent of all reported patient safety incidents.

YEAR	NUMBER OF PATIENT SAFETY INCIDENTS
2014/15	10,187
2013/14	9,739
2012/13	9,084
2011/12	9,663

The number of never events declared over this period was five. None of these incidents resulted in harm to the patient.

DIVISION	SERVICE	NEVER EVENT
Surgery	Dentistry	Retained Foreign Object (Throat Swab)
Women's	Obstetrics	Retained Swab
Women's	Obstetrics	Retained Swab
Women's	Obstetrics	Retained Swab
Community services	Dermatology	Wrong site surgery

Over the last year we have introduced some important changes to help us reduce any risk to our patients. We have:

- **Carried out a patient safety week which has focussed on staff concerns**
- **Carried out regular staff open forums so that staff are aware of safety messages**
- **Taken part in the national Sign up to Safety Campaign and identified our priorities for improvement.**

Improving patient experience

Community learning disability referrals

Why is this important?

The Wandsworth Community Learning Disability Health Team (CLDHT) is a multi-professional team providing community based healthcare for adults with learning disabilities. The service facilitates access to generic NHS services.

The service is provided in the setting most appropriate to the service users' needs. This can be in their own home, place of work or education, in the community, in an NHS facility, or at the CLDHT team base.

Our CLDHT provides a person-centred, multi-disciplinary community service to people who need a specialist learning disability service, so there may be just one or several CLDHT professionals involved with a service user at any one time. Most service users have a network around them which can include family members and a range of health and social care providers. Working collaboratively with colleagues in the CLDHT and the service user's network is essential for the delivery of a quality service that meets their needs.

It is important that people referred to the service are assessed for eligibility within a four week period. This is so we can make sure that people with learning disabilities are in receipt of appropriate care to support their complex health needs as soon as possible.

Confirming eligibility for CLDHT services is a time intensive process that can be delayed by, for instance, accessing healthcare records. Once a referral is received the service user will follow the eligibility pathway, and as soon as it is established the individual has a learning disability they will be accepted by the CLDHT.

If the referral is for somebody who is already known to the CLDHT they will be accepted straight away. If the person is unknown to the CLDHT there is a three stage process to determine eligibility. The referral can be accepted at any point where there is sufficient evidence of a learning disability:

- review of documentation such as past assessments, IQ tests, reports, Statements of Educational Needs
- initial screening test
- IQ test (e.g. Wechsler adult intelligence scale) and social functioning assessment (e.g. Vineland or adaptive behaviour assessment system)

To receive the CLDHT service, clients must have a learning disability which is:

- impaired intelligence (a significantly reduced ability to understand new or complex information and learn new skills with an IQ of less than 70)
- impaired social functioning (a reduced ability to cope independently)
- both of which started before adulthood with a lasting effect on development.

If at any point in the eligibility process, it becomes clear the person does not have a learning disability, they will be signposted to the most appropriate service. If the individual is assessed as having a learning disability but it is felt they are not in need of specialist services for their specific problem, they will be signposted to the most appropriate mainstream service.

How did we do?

2013/14 was the first year we formally reported on the rate of patients going through the eligibility pathway within 28 days of referral. Because of this we had a target that increased every quarter, with our target starting at making sure 80 per cent of service users referred between April and June 2013 were assessed within 28 days, increasing to 95 per cent for those referred between January and March 2014.

For the first quarter of 2014/15 we achieved our target by making sure that 80 per cent of referred service users were assessed. 100 per cent of patients referred between July 2013 and March 2014 were assessed within 28 days.

For 2014/15, 100% of patients referred to the service were seen on the eligibility pathway within 28 days of receipt of the referral.

Complaints

Why is this important?

Last year we had more than one million appointments and inpatient stays at our hospitals and in the community. With this number of patients and appointments, we know that there will unfortunately be times when we do not meet the expectations of our patients.

We encourage our patients and their friends, family and carers to let us know when this happens so we can make the changes that are needed to improve.

As well as dealing directly with our staff, patients and their friends, family and carers can also discuss any concerns they have with our Patient Advice and Liaison Service who will work with them and the service to resolve any issues. Complaints and compliments can also be formally submitted to our complaints and improvements department. We aim to investigate and provide a full response to all formal complaints within 25 working days of the complaint being received.

The lessons learned and trends identified from information collected from our complaints process play a key role in improving the quality of our services and the way we engage with our patients and visitors.

Our outcomes

In 2014/2015 we received 1052 formal complaints, a slight reduction compared to 1,083 complaints in 2013/14.

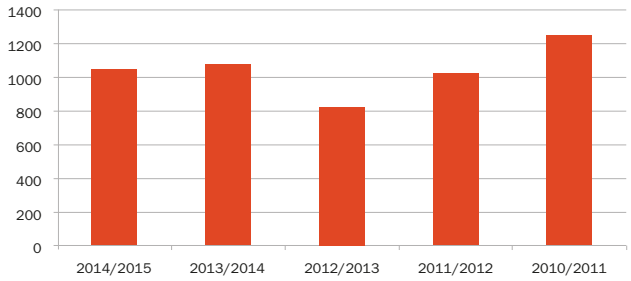
It is very difficult to benchmark complaints against other trusts as there is no uniform way for trusts to record complaints, meaning there is a lot of inconsistency across the NHS.

We view all types of patient feedback as positive and we are constantly looking at how we can encourage patients, carers and families to give their views.

Number of complaints

YEAR	NUMBER OF COMPLAINTS
2014/2015	1052
2013/2014	1083
2012/2013	825
2011/2012	1031
2010/2011	1253

Number of complaints



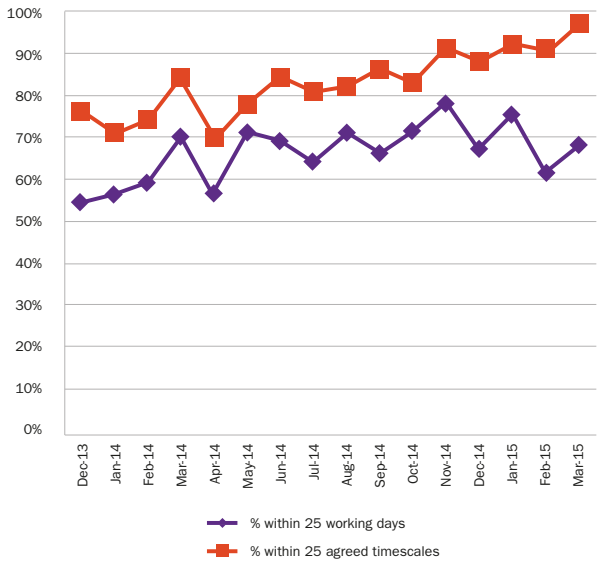
Complaints response rate

We fully responded to 68 per cent of complaints within 25 working days. Our target is that 85 per cent of complaints are fully responded to within 25 working days.

We fully responded to 84 per cent of complaints within 25 working days or an agreed timescale. Our target is that 100 per cent of complaints are fully responded to within 25 working days or an agreed timescale.

The chart below tracks performance throughout the year. Whilst performance regarding responding to complaints within agreed timescales improved throughout the year to almost 100 per cent in March, hitting the 25 working day target is proving to be a challenge in some areas. A focussed piece of work is underway to ascertain the reasons for each late response so that actions can be taken regarding any themes or areas of particular concern that are identified.

Complaint response times by month



Patient advice and Liaison Service (PALS)

Our Patient Advice and Liaison Service (PALS) received 7662 contacts in 2014/15, of which 3,567 were concerns rather than information requests. In 2013/14 PALS received 6,943 contacts, of which 2,674 were concerns.

Our PALS is a patient friendly, easy to access advice, help and information service for patients and their family, friends and carers. The PALS team listen to any concerns people have and help to find ways of resolving them. The team also take note of every contact and feedback to our clinical services so that we can make improvements for our patients. You can find out more about PALS on our website at **www.stgeorges.nhs.uk/patients-and-visitors**

Our aims

We are clear that we must improve our response rate to complaints, making sure that we significantly increase the number of complaints responded to within 25 days.

As well as making sure we acknowledge and respond fully to all complaints in a timely fashion, we will also work to make sure we continue to adhere to use complaints to make improvements. Some improvements made in response to complaints received in 2014/2015 are in the table below.

Improving patient experience

1. **we will listen to and involve people who use our services**
2. **we will use feedback as a vehicle for continuous improvement adopting best practice where possible**
3. **we will ensure that our patients are cared for in a clean, safe and comfortable environment**
4. **we will ensure that our most vulnerable patients and service users are listened to and protected from harm**
5. **we will protect patients' dignity**
6. **we will focus on the fundamentals of care that matters to patients.**

How to make a complaint

If you would like to make a complaint or compliment about any aspect of our service you can email **complaints.compliments@stgeorges.nhs.uk** or write to use at:

Complaints and Improvements Department
St George's Hospital
Blackshaw Road
London, SW17 0QT

CONCERN	ACTION
Trauma and orthopaedics (delays in clinic)	Restructuring of fracture clinic to reduce delays. We now have a consultant who is not booked to see patients, but sits in a central control room so that they can offer advice and support to the registrars who see a high volume of patients. They can advise in complex clinical cases and as they do not have their own list of patients, are easily accessible to all registrars. This has reduced delays in fracture clinic and improved patient care.
Cardiothoracics (pain management)	An increase in complaints related to pain management particularly where bank/agency staff have been looking after patients was noted. The sister and matron have developed a quick reference guide and a leaflet for staff explaining the unique pain patients experience post thoracic surgery. The thoracic clinical nurse specialist is also producing short booklets on common thoracic surgery and post-operative complications to help temporary staff in managing these patients. A second CNS for thoracics is being appointed which will help allow the majority of patients to be pre assessed. This will allow greater discussion about post-operative care so the patient will be aware what to expect and understand how to use the patient controlled analgesia alongside oral analgesia.
Transport (delays)	A training schedule was set up in December 2014 and all trust staff now have access to training on the transport systems and processes on a monthly basis. The training covers issues such as ensuring the correct transport booking is submitted and escalation procedures are reinforced to ensure delays to patient journeys are minimised.
Offender healthcare (various	In response to complaints a number of actions have been taken, some general and some more specific including: • every quarter, a group of randomly selected prisoners are sent invitations to meet with the head of offender healthcare to provide feedback on healthcare services. • a healthcare professional regularly attends to prisoner wing forum to obtain feedback. • each November prisoners are invited to complete a prisoner survey and the results are compared to the previous year. • standardised guidance is being produced for a clinician to promote best practice and provide training for all clinicians in ear care. • a patient information leaflet will be made available to patients presenting with ear wax impactation. This is being produced by the clinical lead nurse for the offender healthcare service and will be completed by the end of October.

Contacting PALS

You can visit the PALS office between 9am and 5pm, no appointment is needed. You can find PALS on the ground floor of Grosvenor Wing at St George's Hospital.

Alternatively, you can contact PALS by phone on **020 8725 2453**. If you call outside of normal office hours a member of the PALS team will return your call the next working day. You can also email PALS at **pals@stgeorges.nhs.uk**

Responding to patients' needs

Why is this important?

Patient experience is a key measure of the quality of care. At St George's, we continually strive to be more responsive to the needs of our service users, including needs for privacy, information and involvement in decisions. In 2014, St George's received the results of the national cancer patient experience survey.

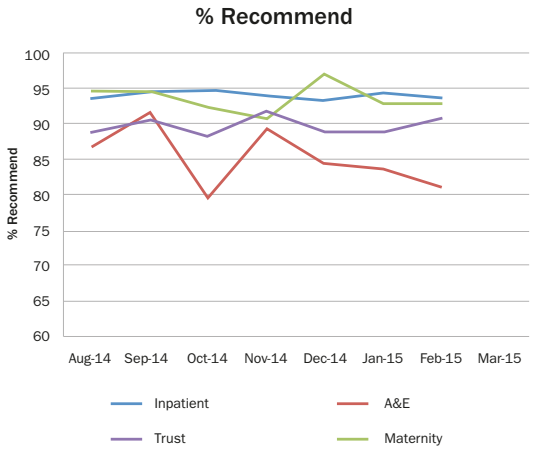
The results indicated that St George's was one of the ten most improved trusts within the NHS which was encouraging and a testament to the team who had delivered the improvement. However, the survey also indicated that the trust still had work to do in a number of areas. One of these was in relation to patients' perception about the quality of communication between staff and patients, particularly when patients were admitted to the trust. In addition, the survey indicated that there is an opportunity to improve the knowledge for staff working with patients who have cancer in order to improve the quality of service provision.

Building on work already undertaken, St George's is committed to the delivery of the highest standards of care for patients. The national cancer patient experience survey indicated that we need to focus on the areas outlined above and therefore the trust has made this area a priority for improvement during 2015/16.

In 2013 a new measure was introduced – the friends and family test (FFT).

Friends and family test

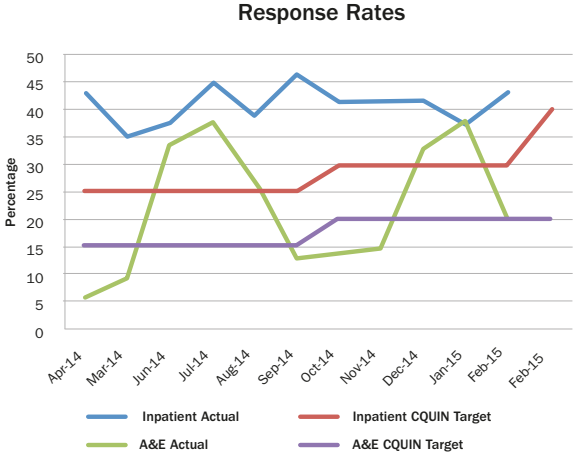
The friends and family test is a national initiative and asks patients on discharge about how likely they are to recommend our hospital wards, accident and emergency department and maternity services to a friend or relative based on their treatment. There are six options; Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely or Don't know.

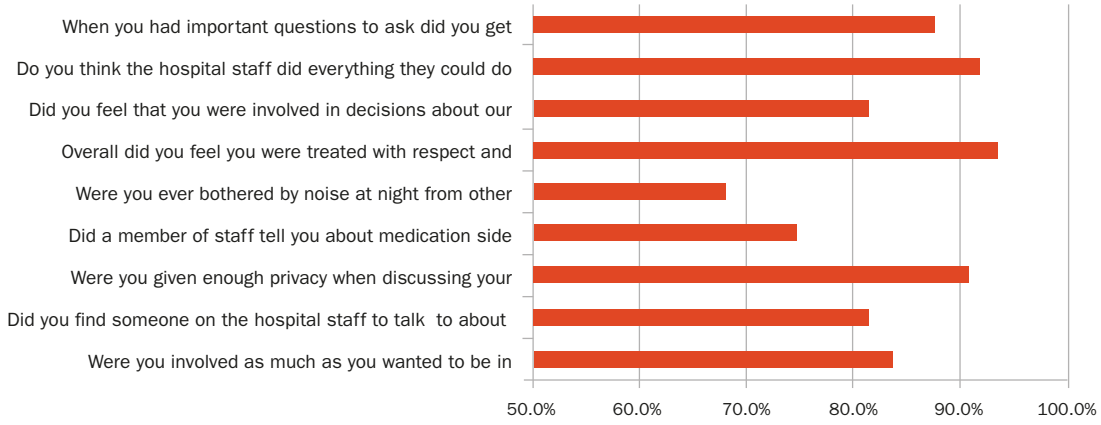


The scoring is based on the percentage of people that said they were "Extremely likely" or "Likely" to recommend our service if a friend or family member needed similar care or treatment.

The FFT has now been in place for two years, having been rolled out in A&E and inpatient adult areas for April 2013, maternity in October 2013 followed by outpatient and community services in September 2014.

The maternity survey is different from A&E and adult wards as there are four occasions or 'touch points' when women are asked to rate the service (antenatal, birth, postnatal ward and postnatal community) whereas A&E and inpatient adult areas is only once on discharge.





For 2014/15, there was a minimum target for the number of surveys completed. A&E was required to achieve a response rate of 15 per cent (rising to 20 per cent) and inpatient wards were required to achieve a response rate of 25 per cent (rising to 30 and then 40 per cent by March 2015).

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

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

National inpatient survey

The national inpatient survey is conducted every year by the CQC to find out how patients aged 16 or over who spent at least one night in hospital felt about their experience. As in 2013, the 2014 survey was split into 10 sections with trusts given a score between 0 and 10 for each section. As well as the scored for each section, trusts were ranked as being “better” than most other trusts in the country (green), “about the same” as most other trusts in the country (amber) or “worse” than most other trusts in the country.

We were ranked as being “about the same” as most other trusts in the country in all 10 sections. This was also the case with the 2013 survey.

A word cloud from a patient survey.

SURVEY SECTION	SCORE
A&E department	8.6
Waiting list and planned admissions	8.6
Waiting to get to a bed on a ward	7.2
The hospital and ward	7.9
Doctors	8.5
Nurses	8.2
Care and treatment	7.7
Operations and procedures	8.4
Leaving hospital	7.2
Overall views of care and services	5.4
Overall experience	8.0

A workshop was held on 20 March 2015 where the detailed report provided by our survey contractor was analysed. Areas for improvement were identified and these were:

- **cleanliness of toilets**
- **need for additional equipment or home adaptations to be discussed with patients**
- **confidence and trust in nurses**
- **assistance at mealtimes**
- **noise at night from patients and staff**
- **communication about bathrooms and toilets (separate male and female).**

A further workshop will be held to develop an action plan.

End of life care

Why is this important?

In February 2014 end of life care was reviewed as part of our CQC inspection. The services offered by the specialist palliative care team, the bereavement team and mortuary teams were considered to be excellent.

Patients had treatment plans explained, and relatives were included in the care planning process. There were good interactions between staff and patients and families had experienced good end of life care.

However the CQC indicated that there was a lack of strategic direction for end of life care from the top of the organisation. As a result, the trust implemented during 2014/15 a programme of work to address the CQC concerns.

Under the leadership of the chief nurse a programme board has been established from operational and palliative care leads to deliver an agreed programme of work to ensure that there is a stronger strategic framework in place and the trust is meeting the priorities from the Department of Health “One Chance to get it right” document.

What we will do?

In 2014/15 we received £15,000 of CQUIN money to train facilitators on Sage and Thyme Foundation Level Communication skills. The Sage and Thyme Model can be taught to any member of staff (e.g. healthcare assistants, doctors, administration staff) in contact with distressed people (not just patients) in any setting (e.g. hospital, nursing home, social care). As part of the end of life care approach for 2015/16 we will be focussing on the development, and roll out of this training across the trust for staff working in both acute and community settings.

Our aims

Our aim will be to deliver the training programme to an agreed number of staff during the year. The actual number will be agreed by the end of Q1 2014/15. The end of life programme board will monitor progress against this target.

Improving patient outcomes

Sexual health in secondary schools

Why is this important?

Supporting young people to grow up with a good knowledge about their sexual health and how to both protect themselves and keep safe is really important. Historically, Wandsworth has had a high teenage pregnancy rate which has halved in the last 10 years due to improved services and education.

Schools are responsible for providing sex and relationships education. St George's provides school nursing services in Wandsworth.

To improve access to sexual health advice, support and signposting our school nursing service provides a drop in service in secondary schools in Wandsworth. Our target is for 50 per cent of secondary schools in Wandsworth to have sexual health support on the school grounds.

How did we do?

All 11 secondary schools in Wandsworth have a school nurse who spends up to three days a week in the school supporting pupils.

These schools also have a weekly drop-in session when pupils can see a school nurse confidentially (there is always the need however to inform pupils that if a safeguarding concern is raised this will need to be shared).

All of our school nurses have received training in sexual health and the administration of emergency contraception, with a patient group direction (PGD) and competency framework for the administration of emergency contraception developed and implemented.

Sexual health information is freely available in all secondary schools. Information is also given to pupils about The Point sexual health clinics in Wandsworth, with pupils actively encouraged to attend if they are likely to be sexually active.

Our aims

We have three main aims for young people in Wandsworth:

- **to have quick and easy access to sexual health information in a confidential and appropriate way giving them the option to make informed choices about their sexual health**
- **to be protected from harm**
- **to have easy access to emergency contraception where a holistic assessment will be carried out by a school nurse. This then gives the opportunity to make sure the young person is safe and address any other health concerns.**

Update March 2015

This continues to be a school nursing service priority. The school nurses offer sexual health advice during drop-in sessions. Only two secondary schools have agreed to the administration of emergency contraception in school at present.

Clinical outcome measures in community services

Interventions can extend over a long period and care can focus on many different issues, not just illness but promoting health and wellbeing. These factors can make it hard to measure clinical outcomes in community services. The NHS continues to work with professional bodies like the Royal College of Nursing and Chartered Society of Physiotherapy to develop the best way to measure clinical outcomes.

During 2014/15, while some progress was made, we do not yet have measurable outcome data. During 2015/16 we'll focus on the development of our data collection processes and define key outcome measures.

Patient reported outcomes measures (PROMS)

Why is this important?

Patient reported outcome measures (PROMs) assess the quality of care from the patient's perspective. Covering four procedures they calculate health gains after surgical treatment using short, self-completed, pre – and post-operative questionnaires.

Our outcomes

The table below shows the percentage of patients who reported an increase in their health following surgery, using three scoring methods, which are explained briefly below. The range is between 0 and 100 and higher scores are better. This makes no adjustment for the type of patients treated.

For all four procedures EQ-5D™ and EQ-VAS indices measure a general view of health, and for three there is also a measure specific to the condition treated.

- **EQ-5DTM is a combination of five key criteria concerning general health**
- **EQ VAS assessed the current state of the patient's general health marked on a visual analogue scale**
- **Condition specific measures include a series of questions specific to the patient's condition.**

		APR11 – MAR12 (FINAL)		APR12 – MAR13 (FINAL)		APR13 – MAR14 (PROVISIONAL)		APR14 – SEP14 (PROVISIONAL)	
		SGH	Eng.	SGH	Eng.	SGH	Eng.	SGH	Eng.
Hip replacement (primary)	EQ-5D™	87.8	87.3	100	89.7	*	89.3	*	90.6
	EQ-VAS	57.9	63.6	72.2	65.5	*	65.1	*	66.7
	Specific	93.2	95.7	95.0	97.1	83.3	97.2	*	97.5
Hip replacement (revision)	EQ-5D™	-	-	68.4	72.3	62.5	70.0	*	70.1
	EQ-VAS	-	-	47.1	53.7	62.5	52.1	*	49.3
	Specific	-	-	78.9	84.6	66.7	83.2	*	88.0
Knee Replacement (primary)	EQ-5D™	63.0	78.4	68.8	80.6	*	81.4	No data	82.2
	EQ-VAS	30.0	53.8	53.3	54.9	*	55.1		56.5
	Specific	76.5	91.6	86.7	93.2	*	93.8		94.2
Knee Replacement (revision)	EQ-5D™	-	-	*	67.5	*	81.4	No data	*
	EQ-VAS	-	-	*	49.0	*	55.1		*
	Specific	-	-	*	82.1	*	93.8		*
Groin hernia	EQ-5D™	48.0	49.9	36.4	50.2	45.5	50.6	*	50.2
	EQ-VAS	40.2	38.9	32.7	37.7	18.9	37.3	26.7	38.2
	Specific								
Varicose vein	EQ-5D™	58.2	53.2	48.6	52.7	50.9	51.8	0	53.4
	EQ-VAS	50.0	42.0	26.7	40.9	30.8	40.1	50.0	40.9
	Specific	81.5	83.1	79.4	83.3	74.5	83.6	85.7	84.9

Source: Health and Social Care Information Centre

Data notes: Total questionnaire count for survey and procedure type is less than 30.

The latest available data is for April 2014 to September 2014 and does not allow us to make comparison to the national picture as the number of completed pre and post-operative questionnaires is too low.

Adjusted health gain

Adjusted average health gains have been calculated using statistical models which account for the fact that each provider organisation treats patients with a different casemix. This allows for fair comparisons between providers and England as a whole.

Data reported in the table below shows that for the majority of measures there are insufficient records for this analysis to be reported for St George's patients. This is true for all measures for the partial year 2014/15.

Provisional data for 2013/14 shows that for varicose vein surgery we are an outlier for two of the three measures, meaning that our patient reported outcomes are worse than the national average. For groin hernia there is only one measure available, and this shows our patient reported outcomes to be worse than the national average. The number of records is too low for analysis of hip and knee replacement outcomes. It should be noted that at St George's we perform only a small number of complex cases of knee and hip replacements, with the majority of routine cases being referred to the South West London Elective Orthopaedic Centre for treatment.

		APR11 – MAR12 (FINAL)	APR12 – MAR13 (FINAL)	APR13 – MAR14 (PROVISIONAL)	2014/15 YTD (PROVISIONAL)
Hip replacement (primary)	EQ-5D	*	*	*	*
	EQ-VAS	*	*	*	*
	Specific	Not outlier	*	*	*
Hip replacement (revision)	EQ-5D	-	*	*	*
	EQ-VAS	-	*	*	*
	Specific	-	*	*	*
Knee Replacement (primary)	EQ-5D	*	*	*	No procedures
	EQ-VAS	*	*	*	No procedures
	Specific	*	*	*	No procedures
Knee Replacement (revision)	EQ-5D	-	*	*	No procedures
	EQ-VAS	-	*	*	No procedures
	Specific	-	*	*	No procedures
Groin hernia	EQ-5D	Not outlier	Not outlier	*	*
	EQ-VAS	Not outlier	Negative 95% outlier	Negative 95% outlier	*
	Specific	Not applicable			
Varicose vein	EQ-5D	Not outlier	Not outlier	Not outlier	*
	EQ-VAS	Not outlier	Negative 95% outlier	Negative 95% outlier	*
	Specific	Not outlier	Negative 99.8% outlier	Negative 95% outlier	*

Source: Health and Social Care Information Centre

*Data notes: *insufficient records*
– split between primary and revision procedures was not made in 2011/12

Participation

St George's is responsible for providing patients with the opportunity to complete pre-operative questionnaires. Post-operative questionnaires are sent by contractors working for the Department of Health directly to patients that have completed the initial survey. Our aim is to provide the choice of completing the questionnaire to all appropriate patients, however it is voluntary and not all patients will choose to take part. Our participation rate for the most recent period considered here (April 2014 to September 2014) is 41.1 per cent, which is below the national average of 76.7 per cent.

Our participation rate for the most recent period considered here (April 2014 to September 2014) is 41.1 per cent, which is below the national average of 76.7 per cent. Local monitoring is in place and following observation of a decline in submissions at the start of the year a number of actions were taken which resulted in a significant increase. We therefore expect that our end of year position will be much improved, which will in turn contribute to increasing the availability of trust level data about our patient reported outcomes. This work will continue to be overseen by the Patient Experience Committee.

	APR11 – MAR12 (FINAL)		APR12 – MAR13 (FINAL)		APR13-MAR14 (PROVISIONAL)		APR14 – SEP14 (PROVISIONAL)	
	SGH	England	SGH	England	SGH	England	SGH	England
All procedures	64.5%	74.6%	66.8%	75.5%	77.4%	77.3%	41.1%	76.7%
Hip replacement	88.2%	82.3%	87.0%	83.2%	137.1%	87.1%	70.0%	86.1%
Knee replacement	101.7%	89.3%	127.9%	90.4%	137.5%	95.1%	140.0%	96.6%
Groin hernia	52.4%	60.6%	72.1%	61.7%	69.8%	60.8%	40.9%	58.3%
Varicose vein	68.9%	48.9%	34.3%	44.3%	71.7%	40.7%	31.1%	42.4%

Source: Health and Social Care Information Centre

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

Clinical records – driving quality improvement through technology

Why is this important?

By March 2016, NHS England says that the Care Quality Commission (CQC) will measure digital maturity within healthcare settings as part of their inspection regime. In addition, by 2020, being 'paperless' will be a prerequisite for holding an operating licence to provide publicly funded healthcare.

These significant measures will mean that successfully deploying electronic clinical documentation is an even bigger priority for health care professionals and health care providers. By implementing an electronic clinical documentation system the trust will enable transformational programmes that focus on modernisation, increased patient safety and greater productivity.

National initiatives: –

- **Five Year Forward View – systems that 'talk to each other' to enable different parts of the health service to work together and harness the shared benefits that come from interoperable systems**
- **patients being able to access their online records and write in them**
- **'NHS Paperless'.**

Local drivers:-

- **risk management, patient and staff safety**
- **real time reporting**
- **transparency and accountability**
- **aligned with CQUINs and KPIs.**

How did we do it?

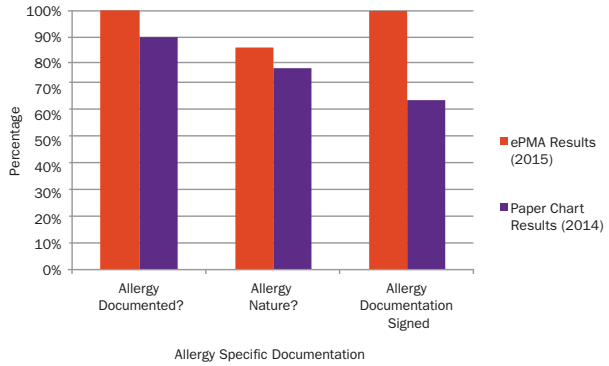
We have deployed electronic clinical documentation and electronic prescribing and medicines management (ePMA) to 44 per cent of the hospital. This has been supported by clinician engagement in designing and implementing the system. A comprehensive training programme was devised to support the rollout.

Electronic Prescribing and Medicines Administration (ePMA)

The deployment of ePMA has delivered patient safety benefits to the organisation. This has resulted in improved adherence with organisational policies including the following:

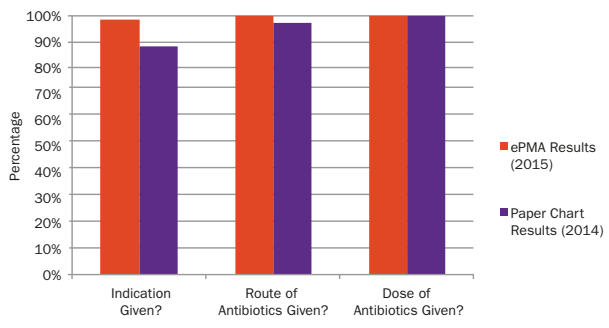
	PRE-IMPLEMENTATION	POST-IMPLEMENTATION
Eliminating incomplete prescriptions	38.2% Complete	100% Complete
Eliminating inappropriate use of dose units e.g. mcg	98.5% Appropriate use	100% Appropriate use
Reduction in inappropriate drug form and route combinations	96.6% Appropriate use	99.97% Appropriate use

All patients with medications prescribed now have allergies documented and signed, with an improvement in the documentation of the nature of the allergy.



Allergy Specific Documentation

National standards for antibiotic prescribing are now being adhered to with 100% compliance.



Antibiotic Specific Documentation

Clinical documentation

The clinical functionality has created a driver to ensure real time bed state is a reality in wards that are live with clinical documentation. Discharge summaries should now reach GPs within 24 hours of discharge. Discharge summary reports are cascaded on a daily basis to relevant clinical leads.

Venous thromboembolism (VTE) risk assessment compliance in areas that are live is now transparent as it is possible to report directly from the electronic record. This has meant it has been possible to target areas where compliance has not been at the agreed level. Other risk assessments such as pressure ulcer prevention assessment and falls are now audited with greater ease.

	SPECIALITY	BED STATE % ON 10/03/15
Average	Cardiac	100%
Average	Neuro	100%
Average	Paeds	98%
Average	Renal	100%

Our aim

In 2015/16 we aim to further deploy electronic clinical documentation and ePMA to inpatient bed areas.

The clinical systems programme board will continue to drive the deployment by monitoring:

- the deployment plan
- pre and post deployment support including the use of 'champion users' and training
- risk associated with the transition from paper to electronic processes
- issue logs to identify any themes or trends that might impact patient care and safety
- future developments ie care pathways
- implementation of interactive white boards and vital signs monitoring equipment
- data captured and data quality
- training for pre-registration students and temporary staffing.

Reducing hospital readmissions

Why is this important?

Monitoring emergency readmission rates can help us to prevent or reduce unplanned readmissions to hospital. An emergency readmission is recorded when a patient has an unplanned readmission to hospital within 30 days of a previous discharge.

This Quality Account refers to emergency readmissions within 30 days rather than Health and Social Care Information Centre compendium indicator's 28 days. This is because trusts report on their emergency readmissions within 30 days at frequent intervals as part of their quality reporting and as per Monitor compliance and NHS Trust Development Authority accountability frameworks.

Reducing hospital readmissions is a substantial and hugely challenging task given the financial and regulatory constraints, but the potential benefits are enormous to patients. We are committed to reducing readmissions for all patients, whether they have received emergency or elective (planned) treatment, by making sure that all discharges are properly planned and that patients are not discharged until it is safe to do so, and that the appropriate community and social services are in place to support them in their own home when they are ready to leave hospital. For patients admitted for elective care, an important part of this process is the pre-operative assessment, which reduces the risk of complications during and following their stay in hospital.

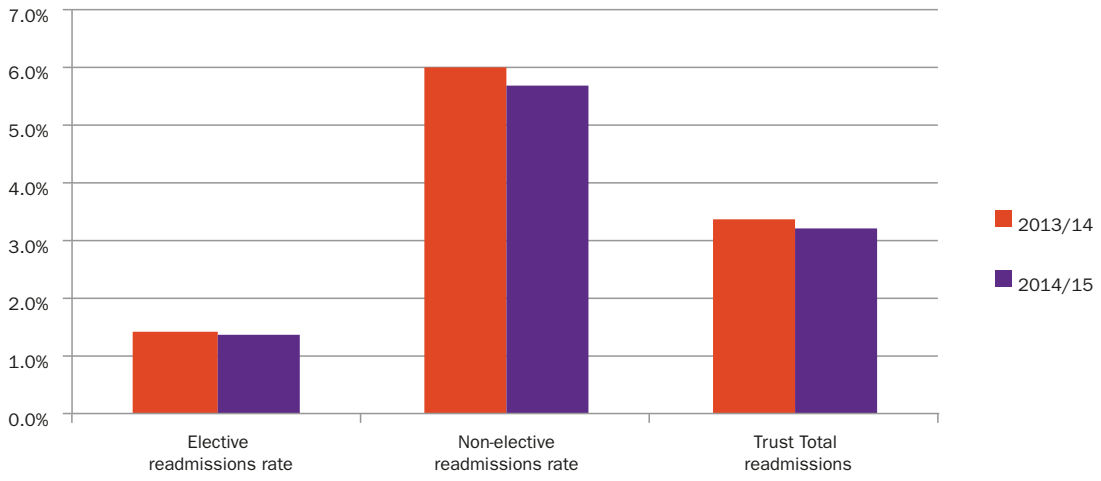
Reducing the number of emergency and elective readmissions would ease the pressure on our emergency department, which is one of the busiest in the country. This would in turn create extra capacity in the hospital for elective patients and mean that less elective procedures are cancelled because of surges in emergency activity. Reducing elective readmissions would also mean that waiting times for elective procedures could be reduced.

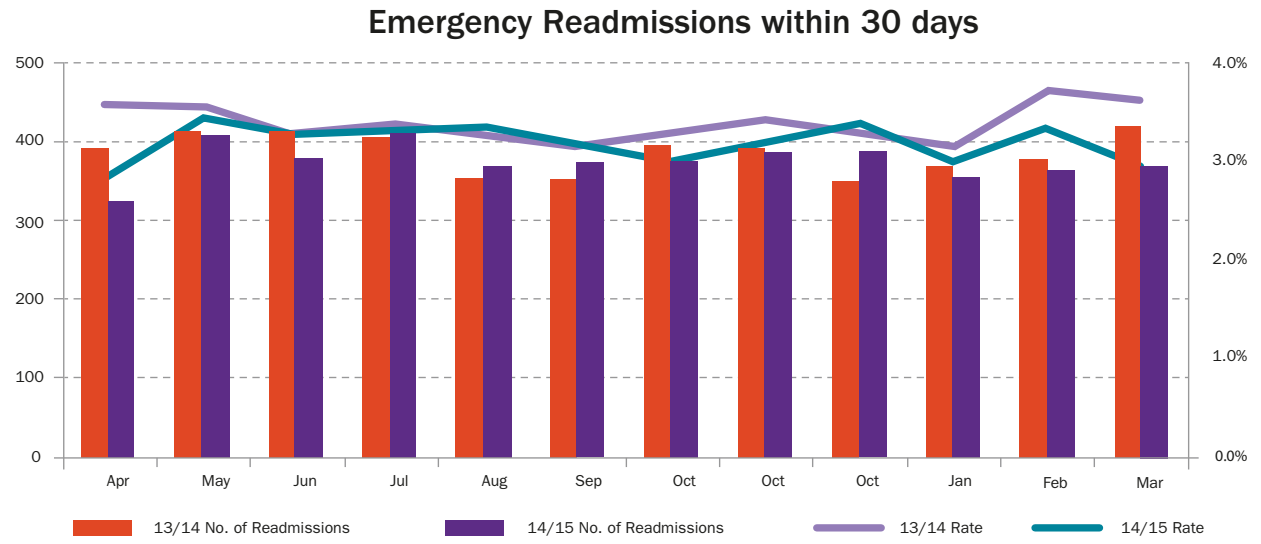
The risk is heightened in the winter when pressure on our services increases significantly. We have plans to help us to manage the surge in attendance and admissions in the winter, including opening a winter ward that is closed during warmer months when there is less emergency activity.

We also have a complex modelling system that helps us to predict how busy our emergency department will be at any given time by analysing activity levels over previous weeks and years. This helps us to make sure that we have the appropriate staffing levels in our emergency department. This of course means that waiting times are shorter, but more importantly that our patients receive the care and attention their condition needs.

How did we do?

Reducing emergency readmissions has always been one of our priorities. In 2014/15, 3.2 per cent of patients were readmitted to hospital within 30 days. In real terms this means that 4,500 patients were readmitted to hospital within 30 days of being discharged from their previous emergency or elective admission. 3.38 per cent of patients were readmitted within 30 days of discharge in 2013/14.





EMERGENCY READMISSIONS WITHIN 30 DAYS	2013/14	2014/15
Trust readmissions rate	3.38%	3.20%
Elective readmissions rate	1.40%	1.35%
Non-elective readmissions rate	5.98%	5.69%

Our increased readmission rates highlight the complexity of the challenges we face. As St George's Hospital is a major trauma centre, hyper-acute stroke unit and heart attack centre, we treat the most seriously ill patients and most complex cases from across south west London and Surrey. This means that the risk of patients needing to be readmitted after leaving hospital is higher for St George's than or other acute trusts in that area. We regularly receive patients via the helipad from Sussex, Kent, Hampshire and further afield.

EMERGENCY READMISSIONS WITHIN 30 DAYS	PATIENTS AGED 0-15	PATIENTS AGED 16+	OVERALL TRUST
Trust readmissions rate	1.30%	3.50%	3.20%
Elective readmissions rate	0.90%	1.40%	1.35%
Non-elective readmissions rate	1.50%	6.80%	5.69%

Our community virtual wards provide a highly responsive multi-disciplinary approach to the management of patients with long term conditions who are registered with a Wandsworth GP in their own homes. By providing care to patients in their own homes we can help to avoid emergency attendances and readmissions for some patients by addressing complications before they escalate into serious issues.

Our four community virtual wards in Wandsworth are helping us to treat patients with chronic long term conditions who are more likely to need acute services more effectively in the community, reducing the number of patients who need to be readmitted following discharge.

Our aims

Reducing hospital readmissions is a substantial task given the financial, regulatory, and systemic constraints. Reducing emergency readmission remains one of our key priorities and a continued area of focus for between St George's and our partners in primary care and local councils. Our key focus is on readmissions for patients aged 16 and above as an readmission rates for paediatrics are just five percent.

During 2015/16 we will continue our efforts to reduce readmissions by making sure that all discharges are properly planned, appropriate community services are in place, and patients are not discharged until it is safe to do so.

Performance

INDICATOR	TARGET	2014/15 PERFORMANCE	2015/16 TARGETS
Mortality	Lower than expected mortality rate	**ACHIEVED** – St George's was identified by the Health and Social Care Information Centre (HSCIC) as one of 15 trusts that have had a lower than expected mortality rate in the latest period published (July 2013 to June 2014). The trust has maintained this position for two consecutive years.	Maintain lower than expected mortality rate
Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted	>= 90%	**PARTIALLY ACHIEVED** – 85.6% The trust met the target for Q1. However the Trust did not meet the target for Q2-4 2014/15, as breach of RTT targets was authorised as part of the national RTT backlog reduction programme.	To achieve sustainable compliance with 18 week waiting times target for admitted and non – admitted patients. To improve specialty level compliance in line with aggregate achievement.
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	>= 95%	**ACHIEVED** – 96.3%	
Maximum time of 18 weeks from point of referral to treatment in aggregate – patient on an incomplete pathway	>= 92%	**PARTIALLY ACHIEVED** – 91.4% The trust met the target for Q1. However the trust did not meet the target for Q2-4 2014/15, as breach of RTT targets was authorised as part of the national RTT backlog reduction programme.	
A&E: maximum waiting time of four hours form arrival to admission/transfer/discharge	>= 95%	**NOT ACHIEVED** – 92.31% The target was not met due to failure to meet 95% target in Q1, 3 and 4.	Improve performance above 95%
Patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust	Compliance	**COMPLIANT – 62.7%** – (percentage of patients admitted to stroke unit who had actually had a stroke)	Maintain compliance
62-day wait for first treatment from urgent GP referral for suspected cancer	>= 85%	**PARTIALLY ACHIEVED** – 85.6% Performance is greater than target for year cumulative Apr – Feb 2014/15. However the target was not met in Q3.	Improve performance against 62 day wait from urgent referral for suspected cancer target, with performance above 85%
62-day wait for first treatment from NHS Cancer Screening Service referral	>= 90%	**ACHIEVED** – 91.2%	Maintain and continue to improve performance
31-day wait for second or subsequent treatment – Surgery	>= 94%	**ACHIEVED** – 98.6%	Maintain and continue to improve performance
31-day wait for second or subsequent treatment – anti-cancer drug treatments	>= 98%	**ACHIEVED** – 100%	Maintain and continue to improve performance
All cancers: 31-day wait from diagnosis to first treatment	>= 96%	**ACHIEVED** – 97.7%	Maintain and continue to improve performance
Cancer: two week wait from referral to date first seen for all urgent referrals (cancer suspected)	>= 93%	**ACHIEVED** – 96.4%	Maintain and continue to improve performance

Clostridium C.difficile – meeting the C.difficile objective (M)	40	**ACHIEVED** – 38 cases against annual threshold of 40.	No more than 31 cases of C.Diff during 2015/16
MRSA	0	**NOT ACHIEVED** – 6 cases of MRSA	To meet our target of zero avoidable cases
Mixed Sex Accommodation Breaches	0	**NOT ACHIEVED** – The trust had 16 breaches of mixed sex compliance in 2014/15	Improve mixed sex accommodation compliance to prevent future breaches
Never Events	0	**NOT ACHIEVED** – The Trust had 5 Never Events in 2014/15	No never events in 2015/16
Certification against compliance with requirements regarding access to health care for people with a learning disability (Q)	Compliance	**COMPLIANT**	Maintain compliance
Data completeness: community services, comprising:			
referral to treatment information	50%	**ACHIEVED** – 55%	Maintain and continue to improve performance
referral information	50%	**ACHIEVED** – 88%	Maintain and continue to improve performance
treatment activity information	50%	**ACHIEVED** – 70%	Maintain and continue to improve performance
Note: 1. RTT performance reported is YTD average for April to February 2014/15. 2. Cancer performance reported is aggregate YTD for April to February 2014/15.			

Annex 1: Statements from commissioners, Healthwatch and Overview and Scrutiny Committees

Wandsworth CCG (on behalf of local CCGs)

Wandsworth Clinical Commissioning Group (WCCG) works closely with St George's University Hospitals NHS Foundation Trust to ensure that it provides high quality care for patients.

There are robust arrangements in place with the trust to agree, monitor and review the quality of its services. During 2014/2015 WCCG requested a board to board with St George's University Hospitals NHS Foundation Trust which gave commissioners the opportunity to share concerns and agree an open approach with a clear quality focus, there is an expectation that this transparency continues.

The Clinical Quality Review Group meets monthly and brings together GPs, senior clinicians and managers from both St George's University Hospitals NHS Foundation Trust, Wandsworth CCG, associate commissioners and NHSE. We have received assurance throughout the year from the trust in relation to key quality issues, both where quality and safety has improved and where it occasionally fell below expectations with remedial plans put in place and learning shared wherever possible.

WCCG recognises that St George's University Hospitals NHS Foundation Trust faces an extremely challenging year in 2015/2016, WCCG plans to actively engage with the trust on strategies to mitigate the effects of financial difficulties. It is our expectation is that quality will be prioritised despite the challenging context, we will therefore be implementing processes for enhanced quality surveillance.

WCCG are disappointed that there will not be CQUINS for the next financial year as we have considered them to be a powerful vehicle for improvement. We will continue to work with the trust to identify alternative ways to continue to progress these quality priorities.

The CQC report from the February 2014 (published in April 2014) found the overall standard of care to be good across all sites within the Trust. However there were eight areas which needed improvement and the trust's progress with the subsequent the action plan has been monitored by the Clinical Quality Review Group.

Wandsworth CCG commissioners have reviewed the trust's Quality Account for 2014/15 and the summary of performance against national standards, with expectations for the year ahead. The Quality Account does cover many examples of good quality within the trust and St George's University Hospitals NHS FT is open in identifying some of its own weaknesses.

The CCG note that the ED (emergency department) 4-hour target has been challenging during 2014/15 and has not been consistently achieved over the year. The CCG will continue to work with St George's University Hospitals NHS Foundation Trust to address the challenge for the year ahead to improve the flow of patients through the hospitals to support the 4-hour target. Another challenging area has been the achievement of the 18 week referral to treatment target and cancer target of maximum weight of 62 days from urgent GP referral to first treatment (excluding rare cancers).

WCCG would like to see an accelerated improvement in respect of the issue of bullying and harassment reported in the staff survey.

The trust has been open and honest in its reporting of serious incidents to commissioners during 2014/2015 and has taken positive steps to learn for incidents and implement planned actions. There have been five 'never events' reported throughout the year which has increased, the CCG notes the work that the trust are undertaking in obstetrics and surgery to address the root causes of these incidents.

WCCG welcomes the continued focus on patient safety and patient experience and has endorsed the proposed quality indicators. We would like to see the Clwyd Hart recommendations fully implemented including asking complainants to feedback on the complaints process.

WCCG regularly gathers feedback from GPs and this has been used to identify primary care clinician's views and issues related to the care provision at St George's University NHS FT. The trust has worked collaboratively in addressing the issues highlighted by GPs and this demonstrates the value that the trust places in this feedback. The Quality Account could have reflected the good work that has been undertaken as a result of this feedback.

The CCGs fully endorse the proposals set out in the Quality Account. WCCG can confirm to the best of our knowledge that the account contains accurate information in relation to the quality of services provided by St George's University Hospitals NHS Foundation Trust. We welcome the specific priorities for 2014/15 which the trust has highlighted in the quality report; all are appropriate areas to target for continued improvement and link with clinical commissioning priorities.

Wandsworth Council (OSC)

Statement from Wandsworth Adult Care and Health Overview and Scrutiny Committee.

Whilst this statement is submitted on behalf of the Wandsworth Adult Care and Health Overview and Scrutiny Committee, the very tight timescale allowed for its submission means that it has not been possible to agree it at a Committee meeting. The comments made reflect the established view of the Committee and its work over the past year, and have been prepared in consultation with its leading members.

In previous years, statements from the Overview and Scrutiny Committee on the Quality Account have repeatedly highlighted the contrast between the clinical excellence of many of the services provided by St George's and the much less satisfactory measures of patient experience. The current Quality Account again highlights the significantly lower than average mortality rates associated with treatment at St George's. However, on this occasion there are also encouraging signs of improvements in patient experience, with improved results in surveys of the experience of users of cancer and maternity services. There is still a long way to go, with surveys of patient experience still rating the Trust at no better than the national average, but the direction of change is clearly positive.

The most evident challenge for the Trust over the past year has been in managing the demand for its services. Performance targets have been missed in relation to the length of time patients spend in the accident and emergency department, the 62-day wait from GP referral to treatment for cancer, the 18 week target for referral to treatment, and the proportion of cancelled operations not re-booked within 28 days. We are aware that the challenges the trust faces in the management of demand are exacerbated by its role as a provider of tertiary services, including its role as a major trauma centre. Whilst the Overview and Scrutiny Committee is strongly supportive of these specialist functions, from which Wandsworth residents benefit, it is important that they are managed in a way that does not disadvantage local patients who rely on the Trust for secondary care.

The Trust's ability to manage high levels of demand is also linked to the strength of its partnership arrangements with Wandsworth CCG and other local CCGs, and with the Council. Conversely, the ability of Wandsworth Council and Wandsworth CCG to achieve the targets set out in the Better Care Fund plan is dependent upon actions to be taken by the Trust. It is therefore important that the Trust continues to prioritise local partnership arrangements and to fully implement its commitments made under those arrangements.

There remain some issues that have been a long-standing concern for the Overview and Scrutiny Committee which remain problematic. For example, the proportion of complaints responded to within the target timescale has consistently been too low over several years. Whilst the Trust's acknowledgement that improvements are needed is welcome, it is important that action on this is prioritised and that a clear timetable for improvement is set.

It is also a concern that, for the second year running, that the Trust has reported five 'never' events. It appears that four of the five events related to retained swabs. Whilst these may not have resulted in harm to patients, it is important that they are learnt from and action is taken so that they do not recur.

The Overview and Scrutiny Committee is broadly supportive of the priorities for 2015/16 set out in the Quality Account, and welcomes the introduction of an additional priority around end of life care. However, a number of the targets in relation to the local priorities – for example, offender healthcare and sexual health in schools – are entirely process-orientated. It would be preferable to have an increased focus on outcomes. The Overview and Scrutiny Committee would also be supportive of a local priority on 'parity of esteem', seeking to ensure that people with a mental disorder are not disadvantaged in their use of acute care services.

Finally, the Overview and Scrutiny Committee acknowledges that the Trust is currently facing a very difficult financial position. It is important that the Trust should find ways of dealing with this that do not place at risk the safety or quality of services offered to patients.

Richard Wiles, Chair 18/05/2015

Healthwatch Wandsworth

For the purposes of HWW, the most important areas are patient safety, patient experience and outcomes and performance indicators.

In the National NHS Staff Survey, staff are asked whether *"If a friend or relative needed treatment I would be happy with the standard of care provided by my organisation".*

In the 2014 survey, 73 per cent of St George's staff said that they agreed with the statement. This is higher than the national average (median) for acute trusts of 65 per cent, and higher than last year when 68 per cent of staff said that they agreed with this statement.

As well as giving an individual score for each question, a score is calculated for a number of key indicators based on the answers to the questions grouped under each indicator. One of these key indicators is staff recommendation of the trust as a place to work or receive care. On a scale of 1-5, with 5 being the most positive, St George's scored 3.78 compared to 3.67 nationally for acute trusts. Last year its score was 3.73. This gives a very positive view of the hospital's standard, although over time, we would like to see this increase even further.

As a commitment to improving quality, the trust says: "We aim to further improve our score in the staff recommendation of the trust as a place to work or receive care indicator in the National NHS staff survey and maintain our status as one of the top 20 per cent of trusts in the country. We aim to further improve our scores in the Friends and Family staff survey in 2015." We hope that this can be achieved.

There is also quite a worrying figure, in that 31% of staff say that they have experienced harassment, bullying or abuse from staff in the past 12 months. The trust says it has a strategy to tackle bullying including coaching and training for managers dealing with difficult staffing issues, tracking and following up the range of concerns that were raised in the CQC inspection in 2014.

It is also worth noting that income generated by the NHS services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of NHS services by St George's University Hospitals NHS Foundation Trust for 2014/15, so at present, there are no competing demands for private care at the Trust.

Patient safety

The Trust has a good record on patient safety and in 2014, and in its inspection of the Trust in February 2014, CQC reported that there is an evident culture of positive learning from medicine administration errors at St George's, which is a very positive finding in HWW's view.

This year the National Reporting and Learning System has reported that St George's medication error reporting is higher than the national benchmark for reporting medication incidents, which indicates openness by clinicians, another positive sign. Last year it reported 1,574 errors, reflecting a good safety culture at the trust. Of these incidents, 92 per cent resulted in no harm, 5 per cent in low harm and 3 per cent in moderate harm. There were no medication errors that resulted in severe harm to patients.

We welcome the hospital's commitment to reducing the number of inpatient falls – SGH says it aims to reduce the current rate of reported falls during an inpatient episode and continue to reduce the admissions for falls patients in Wandsworth in 2015/16. It has also committed to identifying the trends and themes and implement targeted action plans through structured evaluation, which is again very positive.

The trust also has a good venous thromboembolism (VTE) assessment in place, which HWW welcomes. The national target for VTE risk assessments is 95 per cent, and in 2013/14, the trust achieved risk assessments for 95 per cent of 116,256 patients.

The Trust has a very robust infection control programme in place and is not above the national average on cases. Its target in 2015/16 target is to prevent all avoidable *C.difficile* infections and acquire no more than our nationally agreed threshold 31 cases of *C.difficile*.

In terms of patient safety incidents, there were 10,248 (provisional data) reported patient safety incidents in 2014/15 compared to 9,772 the previous year. Only a very tiny percentage of these led to patient harm, and as the Trust says, it shows that there is a culture of openness in the

organisation, and reporting incidents can help to improve standards in the long term.

The hospital's record on medical research is impressive, in its role as a teaching hospital, and the number of local people taking part in clinical trials has increased substantially in recent years, which is very encouraging and allows local people to help to improve health services for all. This is a great example of collaboration between the Trust and its local population.

Patient experience

The number of complaints received by the Trust has remained broadly the same for the last few years – in 2014-2015 it received 1052 formal complaints, a slight reduction compared with 1,083 complaints in 2013-14. Given that the number of patient interactions/consultations at the hospital is probably several million a year, this is a very good record and shows the high standard of services overall.

The National Patient Survey, carried out by CQC in which the Trust participates, appears to give a slightly mixed picture: inpatient and maternity services perform well but satisfaction with A&E services appears to be falling, based on figures for 2013-14. This is an area which needs special attention and we are aware that the Trust is currently trying to address the issues of capacity and demand.

The results of this year's inpatient survey are not yet available and have not been included in the QA. We hope that they continue to show a good general level of 3 satisfaction.

The Friends and Family Test, which was introduced in 2013, is a useful indicator of patient satisfaction, but it does not have any statutory penalties attached to poor performance, and so HWW believes this is a limited tool.

The programme of Quality Inspections conducted by St George's has been supported by HWW – both from a policy perspective and by providing volunteers to act as patient representatives on inspections. HWW has advocated for improvements in the programme, some of which have been implemented. It is therefore of concern to HWW that the QI programme has been stopped due to unfilled staff vacancies. It is hoped that the programme will be restarted as soon as possible because of its benefits to St George's staff and the potential for keeping standards of care as high as possible.

Patient outcomes

The Trust has a generally good standard of patient outcomes, according to figures obtained as part of their CQC inspection. However, two areas that need some improvement are the outcomes of varicose vein surgery and groin hernias, in which the Trust falls below the national average. We would like to see some progress in these areas in time for next year's QA.

The Trust appears to be doing some very good work in reducing hospital readmissions. In 2014/15, only 3.2 per cent of patients were readmitted to hospital within 30 days. In real terms this means that 4,500 patients were readmitted to hospital within 30 days of being discharged from their previous emergency or elective admission. This is very impressive achievement and we hope that this level can be maintained or improved on in the longer term.

Performance indicators

The Trust has performed well on most of its performance indicators, including mortality rates and cancer treatment waiting times. On mortality rates, the Trust deserves recognition for being one of only 15 Trusts in the country identified by CQC as having lower than expected mortality rates.

Cancer waiting times are within the 18-week limit specified in the NHS Constitution. However, A&E waiting times continue to be the problem area, and HWW realises there is no easy answer to these difficulties. As one of the busiest A&E departments in the country, the Trust faces major challenges, particularly after a winter in which A&E admissions nationally have increased. The Trust is trying to address these problems and we hope to have further meetings with Trust representatives to discuss how these can be resolved.

Ambra Caruso, Healthwatch Wandsworth Manager
18/05/2015

Healthwatch Merton

Healthwatch Merton would formally like to recognise the achievement of St George's acquiring Foundation Trust status over the last year, which recognises the high quality services and safe care provided at St George's hospital and in the community.

Healthwatch Merton is pleased to see that St George's Hospital has performed well across most of its performance indicators. Healthwatch Merton is also happy that the trust has been tackling the issue of hospital readmissions over the past year and have seen a reduction in this. We ask that St George's continues to tackle and improve on reducing the number of readmissions in the coming year.

We were pleased to read in the Care Quality Commission report that 'there is a positive culture of learning from medicine administration errors', this only further supports the trust's good record on patient safety over the past year and its commitment to continued improvement and self-learning.

On the subject of learning, Healthwatch Merton recognises the trust's good work as a teaching hospital and the excellent medical research that it does. We note that the research work has seen an increase in the number of local people taking part in helping to improve medical provision and services for the better.

Notes of caution

A&E waiting times continue to be problematic and though we are aware that the trust is continually trying to find solutions, we ask that you ensure you work with the many local Healthwatches surrounding the trust to aid you in doing this.

In addition to this A&E satisfaction rates seem to be dropping and highlight that this department needs a particular focus. Healthwatch Merton has identified A&E as a workstream for 2015/16 and would like to work with the trust in the coming year on this.

A happy and motivated staff team works and interacts better with its patients, families and others when managed in a supportive, learning and open environment. It is therefore concerning that a third of staff have reported experiencing bullying, harassment and abuse from other staff in the past year. We acknowledge the trust has a strategy to tackle this and hope to see the number of staff experiencing this dramatically reduced in the coming year, which can only be better for the people St George's Hospital serves.

Healthwatch Merton Manager.
18/05/2015

Healthwatch Lambeth

Healthwatch Lambeth is pleased to provide this response to St George's Hospital Quality Accounts for 2014/15.

Healthwatch Wandsworth work more closely with St George's Trust than we do and provide volunteers to act as patient representatives on inspections. Healthwatch Lambeth endorses their more detailed analysis of the evidence presented under patient safety, patient experience and outcomes and performance indicators in the accounts.

The Quality Account shows many good standards of patient safety, experience and outcomes including evidence obtained during the recent CQC inspection. However, we are concerned to read that 31% of staff say that they have experienced harrassment, bullying or abuse from staff in the past 12 months and hope that future accounts are able to show real progress as a result of the strategy to tackle bullying. All people caring for people, especially people who are ill, need to be treated with dignity and respect so they can deliver outstanding experience and outcomes.

Our work in Lambeth during 2014/15 has highlighted to us the importance of gathering feedback from families and carers as well as patients. Carers' views of hospital discharge/ going home from hospital provide a valuable insight to how these multi-agency processes can be improved. We would like to see greater reference to family and carer feedback in all Quality Accounts in the future.

Catherine Pearson, Healthwatch Lambeth Manager
18/05/2015

Statement from the governors of St George's University Hospitals NHS Foundation Trust

My governor colleagues and I feel the report is well written with clear presentation, and we are broadly supportive of the trust's priorities for improvement in the coming year. We are pleased to see that progress has been made on the action plan that was implemented following the CQC report. However, there are some areas of concern that are repeatedly reported at board meetings where governors are assured that action has been taken, so it's disappointing to see some of these appearing in the Quality Account.

- **Meeting London Quality Standards: Adult acute medicine and adult emergency surgery still require improvement with standards far from being fully met, more so in surgery than in medicine. This poor performance was also picked up by the CQC in their inspection. These acute pathways make up a large percentage of inpatient work at St George's. It's important that the trust focuses on its everyday clinical work as well as its specialist areas.**
- **Complaints: The stated standard response rate to patient complaints has been on the board agenda regularly but there appears to be little improvement in this area.**
- **Research: Research is incredibly important with its link to improving patient care and treatments. However, the needs of the research team should not override the needs of the patient.**
- **Never events: The report outlines three never events in obstetrics concerning retained swabs during the last year. It seems that very little learning has taken place from RCA in these instances. At a recent board it was reported that senior clinicians were continuing to review the situation so it is disappointing that it has not improved and the error keeps occurring.**
- **We welcome the steps being taken to improve the staff ratings around bullying, harassment and discrimination and hope this is reflected in the next staff survey results.**

Kathryn Harrison, Lead Governor
21/05/2015

Independent auditor's limited assurance report to the Council of Governors and Board of Directors of St George's University Hospitals NHS Foundation Trust on the Quality Report

We have been engaged by the Board of Directors and Council of Governors of St George's University Hospitals NHS Foundation Trust to perform an independent limited assurance engagement in respect of St George's University Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- Emergency re-admissions within 28 days of discharge from hospital

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditor

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2014/15', and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2014/15'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2014 to 28 May 2015
- papers relating to quality reported to the board over the period 1 April 2014 to 28 May 2015
- feedback from Commissioners, dated 21/05/2015
- feedback from Governors, dated 21/05/2015
- feedback from local Healthwatch organisations, dated 18/05/2015
- feedback from Overview and Scrutiny Committee, dated 18/05/2015
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated August 2014
- the national patient survey, dated 21/05/2015
- the national staff survey, dated 24/02/2015
- Care Quality Commission Intelligent Monitoring Report, dated December 2014

- **the head of internal audit's annual opinion over the trust's control environment, dated 26 May 2015**

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of St George's University Hospitals NHS Foundation Trust as a body and the Board of Directors of the Trust as a body, to assist the Board of Directors and Council of Governors in reporting St George's University Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Board of Directors and Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body, the Council of Governors as a body and St George's University Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- **evaluating the design and implementation of the key processes and controls for managing and reporting the indicators**
- **making enquiries of management**
- **analytical procedures**
- **limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation**
- **comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the quality report and**
- **reading the documents.**

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by St George's University Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- **the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';**
- **the Quality Report is not consistent in all material respects with the sources specified above; and**
- **the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual'.**

Grant Thornton UK LLP
Grant Thornton House
Melton Street
Euston Square
LONDON
NW1 2EP
28 May 2015

Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- **the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance**
- **the content of the Quality Report is not inconsistent with internal and external sources of information including:**
  - **board minutes and papers for the period April 2014 to April 2015 papers relating to quality reported to the board over the period April 2014 to April 2105**
  - **feedback from commissioners dated 25/05/2015**
  - **feedback from governors dated 21/05/2015**
  - **feedback from local Healthwatch organisations dated 18/05/2015**
  - **feedback from Overview and Scrutiny Committee dated 18/05/2015**
  - **the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 01/04/2014**
  - **the latest national patient survey dated 08/05/2015**
  - **the latest national staff survey dated 24/02/2015**
  - **the head of internal audit's annual opinion over the trust's control environment dated 26/05/2015**
  - **CQC Intelligent Monitoring Report December 2014**
- **the quality report presents a balanced picture of the trust's performance over the period covered**
- **the performance information reported in the Quality Report is reliable and accurate**
- **there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice**
- **the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and**
- **the quality report has been prepared in accordance with Monitor's annual reporting guidelines (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.**

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

By order of the board

Chairman: 

Chief Executive: 

Appendices

Appendix A: Participation in national clinical audits and national confidential enquiries

The national clinical audits and national confidential enquires that St George's University Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

	RELEVANT	PARTICIPATING	SUBMISSION RATE (%) / COMMENT
ACUTE			
National confidential enquiry into patient outcome and death	✓	✓	Sepsis: Currently 80%, data submission deadline 30th April 2015
			Gastrointestinal haemorrhage: 100%
			Lower limb amputation: 71%
			Tracheostomy care: 92%
Adult community acquired pneumonia	✓	✓	Ongoing: deadline for data entry is 31st May 2015
ICNARC case mix programme	✓	✓	Ongoing
National emergency laparotomy audit	✓	✓	2014 data – 19.4%. 2015 – ongoing
National joint registry	✓	✓	Ongoing
Pleural procedure	✓	✓	50%
Severe trauma (Trauma Audit & Research Network – TARN)	✓	✓	Ongoing
BLOOD & TRANSPLANT			
National comparative audit of blood transfusion	✓	✓	Audit of patient information and consent: 100%
			Audit of transfusion in children and adults with sickle cell disease: 100%
CANCER			
Bowel cancer	✓	✓	Ongoing
Head and neck oncology (DAHNO)	✓	✓	Ongoing (national data entry system not currently available)
Lung cancer (NLCA)	✓	✓	Ongoing, data entry for 2014 is open until 29th May 2015.
Oesophago-gastric cancer (NAOGC)	✓	✓	Ongoing
Prostate cancer	✓	✓	*Ongoing*
HEART			
Acute coronary syndrome or Acute myocardial infarction (MINAP)	✓	✓	Ongoing, data entry deadline 31st May 2015
Congenital heart disease	✓	✓	Ongoing
Cardiac rhythm management	✓	✓	Ongoing, data entry deadline 30th June 2015
Coronary angioplasty (PCI)	✓	✓	100%
National adult cardiac surgery audit	✓	✓	Ongoing, data entry deadline 30th June 2015
National cardiac arrest audit	✓	✓	Ongoing
National heart failure audit	✓	✓	Ongoing, data entry deadline 1st June 2015
National vascular registry	✓	✓	Carotid intervention: Ongoing
			AAA: Ongoing
			Peripheral arterial disease: Ongoing

LONG TERM CONDITIONS			
Diabetes (Adult)	✓	✓	*Core diabetes audit – Began collecting data in January 2015. Data collection is ongoing* Diabetes care in pregnancy: 100% Diabetes foot care – deadline 31st July 2015. We have not participated to date but intend to begin submissions in 2015/16
Diabetes (Paediatric) (NPDA)	✓	✓	100%
Inflammatory bowel disease (IBD)	✓	✓	Ongoing, data collection September 14 to February 16
National chronic obstructive pulmonary disease (COPD) audit programme	✓	✓	Organisational: 100% Secondary: 64.8% Pulmonary rehab: Ongoing, deadline for data entry is 10th July 2015
Renal replacement therapy (Renal registry)	✓	✓	Ongoing
Rheumatoid and early inflammatory arthritis	✓	✓	*Ongoing, data entry for 2014 is open until 30th April 2015.*
MENTAL HEALTH			
Mental health care in the emergency department	✓	✓	96%
OLDER PEOPLE			
Falls and Fragility Fractures Audit Programme National Hip Fracture database	✓	✓	Ongoing
Older people (care in emergency departments)	✓	✓	100%
Sentinel stroke national audit programme (SSNAP)	✓	✓	Ongoing
OTHER			
Elective surgery (National PROMS Programme)	✓	✓	Ongoing
National audit of intermediate care	✓	✓	Organisational: 100% Patient surveys: Number per organisation not reported
Adherence to British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) standards for ulnar neuropathy at elbow (UNE) testing	✓	✗	We did not participate due to extended clinics and insufficient staff to complete the audit
WOMEN'S & CHILDREN'S HEALTH			
Epilepsy 12 audit (Childhood epilepsy)	✓	✓	100%
Fitting child (care in emergency departments)	✓	✓	100%
Maternal, newborn and infant clinical outcome review programme (MBRRACE-UK)	✓	✓	Ongoing
Neonatal intensive and special care	✓	✓	Ongoing
Paediatric intensive care (PICANet)	✓	✓	Ongoing

Appendix B: National clinical audit actions undertaken

The reports of 10 national clinical audits were reviewed by the provider in 2014/15 and St George's University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

NATIONAL CLINICAL AUDIT	ACTION*
National diabetes inpatient audit	Overall 82% reported that they were satisfied or very satisfied with the overall care of their diabetes whilst in hospital. The main areas for improvement appear to be in the timing and suitability of meals and staff knowledge of diabetes. Action is underway to tackle these problems and funding from an external source is being used to finance a part time Band 6 nurse to conduct a project looking at the development of an inpatient diabetes team.
National head and neck cancer audit 2013 – ninth annual report (2014)	Action plan: • Explore the re-instatement of the RMH CNS)cancer nurse specialist) in the head and neck clinic to support those patients going for primary RT/Chemo-RT • All grades of medical staff when they start should be informed of the ideal pathway and who to involve • CNS, (and dietetic and SALT), contact numbers are displayed in all clinic rooms in ENT and Maxillofacialto remind doctors to refer patients and provide ease of referral • CNS to see patients when they are told the cancer diagnosis from FNA even if primary tumour has not been identified at that time • Letter with CNS information to be given to patients who come to the clinic for diagnosis but not able to see the CNS.
National cardiac arrest audit 2013/14	Action plan: • Closely monitor the numbers of emergency calls and determine what proportion are cardiac arrests and which are peri arrest (patient medical emergencies) • Identify any unusual trends in activity and report this back to individual care groups to investigate • Analyse cardiac arrest data monthly to look at the number of calls and survival, comparing these to previous months • Resuscitation training for all qualified nurses includes recognition and management of the deteriorating patient in an attempt to prevent cardiac arrest • Recently standardised all the defibrillators at St George's Hospital to a single model from four separate models • Ensure that emergency resuscitation equipment is readily available or accessible in all areas of the trust.
Sentinel stroke national audit programme (SSNAP)	Action Plan: The plan is multifaceted and requires engagement and support from other services within the trust, commissioners, ambulance services and local trusts. Some of the key actions include • Identified metrics to present to board as part of ongoing performance monitoring to raise awareness and suggest quarterly reporting in line with audit publication • Monthly data review by the clinical team at stroke care group • Monthly senior management meeting on stroke performance • Dedicated clinical time to validate data • A new clinical proforma • Consultant doubling-up on the HASU (hyper acute stroke unit) • Seven day therapy is now up and running. Planned improvements for the coming year include improved MRI access, increased TIA clinic activity and embedding extra consultant cover on the SU.
UK irritable bowel disease audit	At the time of this audit we did not have a paediatric IBD specialist nurse in post. This role was recruited to in February 2014 and now all paediatric inpatients are reviewed by an IBD nurse specialist.

College of emergency medicine sepsis audit 2013	Medical and nursing teaching sessions held to address: • Improving completeness of documentation of initial observations • Prescribing oxygen • Completion of audit form in notes • Prescription of fluids. Regular project meetings to ensure progress and delivery of the above actions.
British thoracic society (BTS) paediatric bronchiectasis report 2013/14	Since the appointment of the paediatric respiratory consultant the trust has contributed 1.5 WTE paediatric physiotherapists to the team to increase time available for respiratory physiotherapy and offer some cover for regional work. We now have a nominal lead for paediatric respiratory physiotherapy. From December 2014 we started a monthly bronchiectasis clinic as part of the respiratory clinic. For these clinics we are expecting the physiotherapist to be available to see children alongside the physician. It is anticipated that the development of a regular clinic will ensure a consistent approach to the performance of routine investigations.
National hip fracture database (NHFD) report 2014	Business cases have been prepared in order to increase consultant numbers. This will support improved discharge planning, facilitating quicker admission to the orthopaedic ward. Another business case has been developed to accommodate additional trauma capacity, thereby reducing delays between admission and surgery. It is expected that an additional ortho-geriatrician will be in post from March 2015. This role will impact on a number of standards, including senior review within 72 hours of admission and medication assessment. Three additional physician assistant posts have also been introduced which through a shared workload will enable improvement in a number of standards such as bone health assessment and conducting the abbreviated mental test. Recruitment of a dedicated trauma co-ordinator who will be responsible for co-ordinating the collation and completion of the trust's NHFD data will ensure robust data entry and an accurate reflection of our service.
Epilepsy 12 round 2	Action plan: • Audit results have been presented to all specialties and disciplines involved in the care of paediatric epilepsy patients for discussion, recommendations and action planning. • Changes to the waiting area have been made. • Explore the context and issues around staff not working well together. • Amend the epilepsy proforma to include a 'water safety' tick box.
Clinical audit of COPD exacerbations to acute units	Recommendations for access to specialist care has been partially addressed as, subject to provision of appropriate junior support the respiratory team will move to seven day working.

*Based on information available at the time of publication

Appendix C: Local clinical audit actions undertaken

The reports of five local clinical audits were reviewed by the provider in 2014/15 and St George's University Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

LOCAL CLINICAL AUDIT	**ACTION***
National early warning score (nEWS) audit	Actions are ongoing with continued education for registered nurses on Harm Free Care days (which are being expanded and strengthened further), nurse induction and other EWS training events. General ICU provides a three hour training session for healthcare assistants bi-monthly and EWS assessment is included as a part of the Band 5 assessment centre. It should be noted that electronic documentation has commenced in some areas and this will support accurate calculation of the warning score. Six-monthly re-audit was included in the annual programme for 2014/15.
Venous access device care audit	There was an improvement in four of the six standards compared to the 2013 audit. Poorly performing areas have been provided with their results and asked to submit action plans addressing local issues to the Venous access service and Infection control team. Ward staff will be supported through increased education provided by both of these teams, particularly in areas where attendance at FRED training has been low. All wards have also been asked to consider the use of tubi-grip instead of bandages. Re-audit will assess the impact of these changes. It is planned that the frequency of audit will increase to six-monthly and that performance across all areas of the trust will be measured.
Protected mealtimes audit	All ward areas have to ensure that they challenge and escalate non-clinically urgent interruptions, as appropriate. In addition wards that did not display information for staff, patients and visitors regarding protected mealtimes are required to display the corporate poster. Sisters and matrons, in liaison with dietitians have been asked to review nutritional screening practice and standards. Six-monthly re-audit included in the annual programme.
WHO surgical checklist audit Q3 2014/15	Action Plan: • Present findings at theatre care group and divisional governance board meetings. • MD to discuss with clinical directors and care group leads and request action plans for those specialties which are non-compliant. • Theatre matrons and team leaders to ensure there is discussion at local team meetings and an action plan for areas of non-compliance. • Theatre staff to report as adverse incident if checks are not completed.
Audit of type I education course (beta cell education resources for training in insulin and eating: BERTIE) at Queen Mary's Hospital	To explore other methods/times of presenting the BERTIE course or of providing education in smaller more manageable chunks by liaising with staff at other trusts to obtain details of the courses they offer and the rate of uptake they experience. If there is anything they are doing differently that increases attendance rate then we will consider a changed timeframe for BERTIE (e.g. evenings/Saturdays). To provide GPs with a new referral template and to re-audit to assess if this is used.

Appendix D: Further details of the agreed CQUIN goals for 2014/15

Quarter 4 and final year end CQUIN (Commissioning for Quality and Innovation) performance and achievement is currently being reviewed and finalised with commissioners. The Trust forecasts CQUIN performance delivery of 90 per cent for 2014/15.

CQUIN goals and indicators	Achievement	Comments
National CQUINs		
Friends & family test – Implementation of FFT to outpatients and daycase services – Increased response rates – Improved performance on the Staff Friends and Family Test	**Fully met**	
NHS safety thermometer – Reduction in the prevalence of pressure ulcers acquired by patients in the trust, measuring reduction in grades 2&3 for pressure ulcers using national safety thermometer as the measure. – Audit 3 nursing homes and development improvement plans	**Partially met**	Audit undertaken and action plan developed. Training package also developed and delivered to nursing homes staff. Reduction target of no more than 40 grade 3+ pressure ulcers not met.
Dementia – Find, assess, investigate and refer – Clinical leadership – Supporting carers of people with dementia	**Fully Met**	
Local CQUINs		
End of life – Establish an ongoing education and training programme around keyareas of end of life care – Extension of use of CMC or equivalent and audit use of LCP	**Fully met**	
Smoking cessation – Smokers are supported by being given advice and sign posted to relevant SSS if interested in quitting.	**Fully Met**	
NIA/PAU consultant cover – To ensure the paediatric assessment unit has consultant cover for 7days a week, between 9am and 9pm	**Fully Met**	
Maternity services – Increase midwifery workforce ratio – Supernumerary midwife cover on Delivery Suite – Deliver 144 hours consultant cover	**Fully met**	
GP communication – Continue to improve on the quality and speed of communication of discharge letters to GPs. Expand the services involved and work on developments to improve communication to patients.	**Partially met**	OP and A&E discharge summaries targets met. IP discharge summaries target of 85% electronic delivery to GPs within 48hrs not met.
Care of the elderly – To improve patient care on discharge and help signpost patients to the correct care without the need for readmission.	**Fully Met**	
Heart failure – The aim of this indicator is to improve quality of care, and reduce mortality and morbidity	**Fully Met**	
COPD – (chronic obstructive pulmonary disease) To improve the COPD pathway.	**Fully Met**	
TB – Improve contacts with positive TB patients, improve communication with GPs, ensure positive plural TB patients have a home visit in two weeks and complex TB patient are better cared for	**Fully Met**	
Medicines management – Implementation of the New Oral Anticoagulants (NOACs) guidance. Improved reporting of medication-related safety incidents.	**Fully Met**	

End of Life Care – Improve training and awareness of how to deal with EOLC. Patients placed on CMC	**Fully Met**	
Community CQUINs		
Outcomes framework – Development of an outcomes framework for the services provided within the new community adult health service model	**Fully Met**	
Learning Disabilities – Review of the service to support future redesign	**Fully Met**	
Children's services – Review of the service to support future redesign	**Fully Met**	
Information sharing – Developing multi disciplinary teams and a platform for primary care to access community data	**Fully Met**	
COTE – MDT Team – Developing MDTs to ensure staff are sharing information and providing advice and support from people with different skills.	**Fully Met**	
NHS England CQUINs		
Dashboards – Ensure providers embed and routinely use the required clinical dashboards developed during 2013/14 for specialised services.	**Fully Met**	
Perinatal pathology – To implement a nationally predictable reporting time of 42 calendar days for 70% if perinatal autopsies and also adhere to the current specification a total of 90% of all perinatal autopsies issued within 56 days	**Not Met**	Database and reporting matrix set-up and implemented. Reporting time targets not met.
Cardiac surgery – Patients referred as semi urgent to have coronary artery bypass grafting as an inpatient (with or without transfer) within 7 days of angiogram. 20% reduction in patients not being treated within 7 days following baseline received.	**Fully Met**	
Specialised orthopaedics – Complex cases of orthopaedic surgery (mainly revisions) are discussed in a network MDT and in line with agreed network protocols, to improve outcomes and reduce infections and revisions.	**Fully Met**	
Tertiary level fetal medicine Opinion within 3 days	**Fully Met**	
Retinopathy in prematurity – Increase in screening of babies with a birth weight of <1501g or a gestation of <32+0 weeks who undergo 1st Retinopathy of Prematurity (ROP) screening whilst still an in-patient and screening 'on time'	**Fully Met**	
Neuro rehab – Patient flow improvement through clinical utilisation review. Implementation of a real time web-based waiting list management system	**Fully Met**	
Severe and complex obesity – Review clinical pathway and tariff	**Fully Met**	
Breast screening – Increase in uptake	**Fully Met**	
Early years – CHIS to CHIS interface and smoking cessation	**Fully Met**	
Offender healthcare – Hepatitis B immunisation – uptake	**Partially Met**	Implementation plan was developed and delivered. However, uptake targets were not met in Q3 and Q4.
Offender healthcare – TB screening	**Fully Met**	
Offender healthcare – Staffing – The indicator measures the level of staffing in post across Offender healthcare services and aims to reduce instances where offenders cannot access healthcare due to staffing shortages.	**Partially Met**	All targets were delivered. However, final staffing establishment agreement was delayed and exceeded original deadline of Q2.
Offender healthcare – Access to mental health	**Fully Met**