8. Quality report (account) 2021/22

Part 1

Statement on quality from the Chief Executive

I am pleased to introduce our quality report which outlines the progress we have made in advancing the quality of services for our patients. This document summarises our commitment to continually improve and put patients at the forefront of everything we do. Of course, we still have a way to go to deliver our vision of providing outstanding care every time, and the challenges we have faced are also detailed in this report.

However, it's been inspiring to see how much our teams at St George's have been able to achieve during periods of high operational pressure, while supporting the safety of our patients. Staff have had to react very quickly to changing rules, restrictions and guidance, with many going above and beyond to give patients the best experience of care – I am very grateful for their hard work and dedication. Some key achievements from the year are outlined below, as well as some of our challenges.

Although we continue to respond to the effects of the pandemic, we have worked hard to reach national access measures and ensure patients get the planned and emergency care they need.

The impact of Covid on our waiting lists has been significant, but part of our recovery efforts have involved working collaboratively with Epsom and St Helier, Croydon and Kingston hospitals and partners in the region – for example the opening of the Surgical Treatment Centre at Queen Mary's Hospital in June 2022 created four new operating theatres. We have also increased elective and diagnostics capacity overall which has led to improved performance in these areas.

At the end of 2020/21, there were 2,644 patients waiting more than 52 weeks for routine surgery at St George's as a direct result of the pandemic. In January 2022 this number had reduced to 887. While this is a significant improvement, our focus over the coming months will be to reduce this number to an absolute minimum.

Over the past year we have committed significant time and resource to tackling the backlog and responding to an increase in operational pressures, however we recognise that we have more to do to make sure all our patients have timely access to the care and treatment they need. Improving our performance in cancer access is one of the areas where we will focus our attentions, as well as ensuring more people visiting our emergency department are seen, treated, and either admitted or discharged within four hours.

> "Over the past year we have committed significant time and resource to tackling the backlog and responding to an increase in operational pressures..."

We continue to review nosocomial infections at a local and system level and have revised infection prevention and control procedures as and when necessary. I am pleased to say that the steps we have taken to keep patients, staff and visitors safe has resulted in a reduction in nosocomial infections when compared to last year.

I am pleased to report on our progress with compliance against the eight 'immediate and essential actions' as part of the ongoing assurance processes for the Ockenden review. St George's is one of only six NHS Trusts in London demonstrating 100% compliance, validated by external review – despite the staffing challenges we faced over the year. As well as this, we have achieved Baby Friendly Gold Status, launched a maternity helpline for pregnant women, and introduced a new Maternity Support Worker Development Programme to upskill our staff – all ensuring we provide a safe and compassionate service for women who have their babies at St George's.

As well as improvements in care, we have also made progress with upgrading the environments that patients are treated in – for example the modernisation of our emergency department, upgrading cardiac catheter labs, and expanding MRI capacity. Patients as well as our staff have benefitted from these new environments.

We sustained our significant research portfolio and recruited over 7,500 patients to 50 clinical research studies. We are among the top NHS Trusts in the country for the number of urgent public health Covid studies, and we are leading a major Vaccine Task Force funded clinical trial on Covid vaccines in pregnancy – due to collaborative working with St George's, University of London.

Our performance metrics continue to evidence the shift in culture to one of an organisation constantly looking to improve, consistent achievement of SHMI (Summary hospital level mortality indicator) at lower than expected, VTE (venous thromboembolism) assessments have increased to 96.4%, a further reduction in C.difficile cases due to lapses in care. We also delivered a clinical audit programme where the Trust performed above the national average on a number of important quality and safety indicators.

Strengthening our own governance processes has been integral to our quality priorities. We completed the third external governance review last year and this year focussed on delivering its recommendations which have all been successfully completed giving the Trust increased confidence in this area.

The formation of the St George's, Epsom and St Helier University Hospitals and Health Group this year builds on our existing, long-standing relationship with Epsom and St Helier University Hospitals NHS Trust. As a group, we will continue to run efficient and high-quality services for the benefit of the health and wellbeing of our local people and communities.

The partnership continues to bring benefits to patient care, for example in February we signed a joint contract with Cerner to share electronic patient records. This new, shared system will allow clinical teams to access patient information and records, irrespective of where care is provided across the group.

To the best of my knowledge the information contained in this document is an accurate and true account of the quality of the health services we provide. I would like once again to thank our staff for continuing to deliver compassionate and outstanding care for our patients during another challenging year.

Jacqueline Totterdell,
Group Chief Executive
22 June 2022

Part 2

2.0 Priorities for improvement and statements of assurance from the board
2.1 Our quality priorities for 2022/23 Context

Our vision is to provide outstanding care, every time for our patients, staff and the communities that we serve as described in the Trust's Clinical Strategy 2019/2024.

In September 2020 the Trust Board agreed a refresh of our corporate objectives, setting out our priorities for rest of the year (October 2020 – March 2021). This did not change our vision or our five-year strategy and the new corporate objectives continued into 2021/22.

Our new corporate objectives drive everything we do, and help us focus our efforts on what matters most. They are not designed to be an exhaustive list of everything we are doing, but to help us prioritise and guide decision-making, at a Trust, managerial and staff level.

For each of our three new objectives of Care, Culture and Collaboration, a series of priorities underpin them, and these are set out below.

Throughout 2021/22 the Trust continued to implement the quality priorities set out in 2021/22 which were aligned to the seven priority areas in our Quality and Safety Strategy 2019/24:

1. We will minimise avoidable harm across our organisation, utilising the developments in technology and embedding further, robust quality assurance and learning processes

2. We will improve outcomes for patients through timely diagnosis, exceptional care and treatment and by working with our partners to ensure we contribute to developing the whole pathways of care for our patients

3. We will provide patients with an excellent experience through their journey with us, monitoring and acting on feedback to ensure continual improvements in the areas that matter the most to our patients

4. We will improve staff experience, enabling staff to feel valued, supported, and equipped to deliver high quality safe care and improve their work via quality improvement methodology

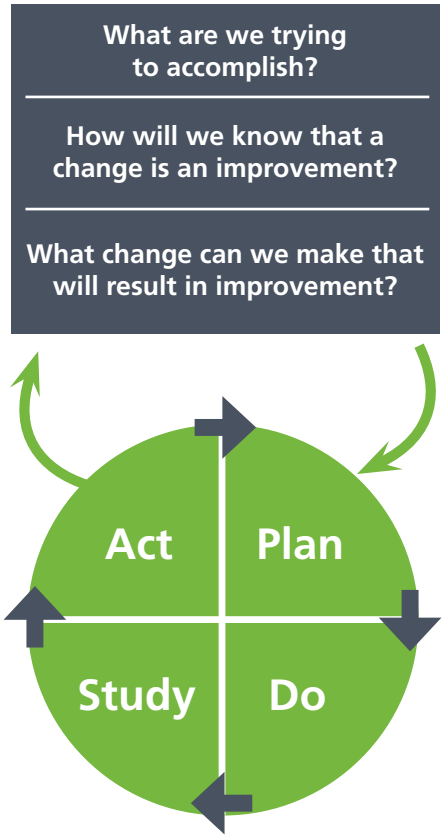
5. We will provide patients with an equitable experience by proactively reaching out with system partners to our communities and our vulnerable groups

6. We will embed a culture in which quality, safety and learning is embraced across the organisation, and is supported by robust systems of safety governance

7. We will be at the forefront of providing and developing pioneering and leading edge treatments for today and for the future

CARE	CULTURE	COLLABORATION
We will keep staff safe, and invest in their health and wellbeing	**We will make sure we are prepared to meet the demands of Covid-19, flu and winter**	**We will provide routine and planned care, and keep patients safe during their stay**
We will share the findings of our culture discovery project, so we understand how staff feel about working at St George's	**We will develop a plan with staff to improve our culture, and measure the impact it is having**	**We will celebrate diversity, and support our leaders to be more inclusive**
We will work more closely with local hospitals and partner organisations in south west London	**We will overcome challenges together, rather than as individual organisations**	**We will work with St George's, University of London to build our training and research expertise**

To support the delivery of our Quality and Safety Strategy we maintained our approach to quality improvement to help teams solve problems at their own level and to embed a culture of quality, safety and learning. Our experience is that we will best achieve this by continuing to use a simple yet effective improvement model to bring about positive change: Plan, Do, Study, Act (PDSA).



Staff undertaking service improvement initiatives continued to be able to draw upon support from our Quality Improvement Academy with particular emphasis on culture, leadership support, accountability, reliability and sustainability.

In 2021/22 we developed the year 2 implementation plan to support the delivery of our five-year Quality and Safety Strategy. Although, the objectives of the implementation plan were not fully met due to the impact of the pandemic, progress was made across all areas. The progress we made was reported on a quarterly basis to our Quality and Safety Committee, which is a sub-committee of the Trust Board.

Our quality priorities 2021/22 and why we chose them

Our quality priorities 2022/23 and why we chose them

The quality priorities for 2022/23 were informed by:

- Our progress against the Quality Priorities for 2021/22 which was impacted by the Covid-19 pandemic
- Themes highlighted from our ward and departmental accreditation scheme
- Actions from the 2019 CQC inspection which we implemented during 2020-21
- Analysis of our complaints and PALs enquiries
- Analysis of our serious incidents, moderate and low harm incidents
- Previous feedback from Healthwatch 'Enter and View' visits
- Local and national audit
- National priorities for sepsis, safe staffing, falls, and infection prevention and control

We have not held specific listening events in the last year

Each quality priority comes under one of three quality themes:

Priority 1
Improve patient safety:
having the right systems and staff in place to minimize the risk of harm to our patients and, if things do go wrong, to be open and learn from our mistakes

Priority 2
Improve patient experience:
meeting our patients' emotional as well as physical needs

Priority 3
Improve effectiveness and outcomes:
providing the highest quality care, with world class outcomes whilst also being efficient and cost effective

Priority 1 – Improve patient safety

Patients are safer when there is a safety culture that is fully embedded in everyday business. We believe that all our staff have responsibility to take all necessary steps to avoid harm to our patients, to learn from best practice, deliver the best possible outcomes and reduce unwarranted variation.

In 2022/23 due to the impact of the pandemic on our progress we want to continue to focus on nosocomial infection, Treatment Escalation Plans and consent, which were identified in 2021/22.

In order to address these patient safety priorities, we will work collaboratively across the new St George's and Epsom and St Helier University Hospitals Health Group. For the purposes of the quality account the measures for success will reflect St George's University Hospitals NHS Foundation Trust performance only.

WHAT	HOW	WHAT WILL SUCCESS LOOK LIKE
Prevent Nosocomial Covid-19 infection for in-patients	**Review Nosocomial Covid-19 at a local and system level and revise infection prevention and control procedures**	**Reduction in the level of Nosocomial Covid-19 infection when compared with 2021/22**
Emergency patients will have Treatment Escalation Plans (TEP)	**Ensure non-elective adult inpatients have a TEP in place within 24 hours of admission**	**60% of all adult inpatients will have a TEP in place by March 2023 (compared with 33% in April 2021 and 43% in March 2022)** **Reduction in the number of cardiac arrests compared with 2021/22**
Consent for treatment	**All patients will be supported to give consent for treatment**	**60% of adult inpatients will have a TEP (compared with 33% in April 2021 and 43% in March 2022)** **Audit of consent demonstrates an improved position when compared with 2021/22**

Priority 2 – Improve patient experience

We want to provide the fundamentals of care that matter to our patients: communication; privacy; dignity; safety; nutrition and hydration; comfort; and warmth, in order to meet both their emotional and physical needs. We will listen to our patients and their carers, and use patient feedback to focus on continuous improvement.

In 2022/23 due to the impact of the pandemic on our progress we want to continue to focus on patient feedback, equitable experience and discharge, which were identified in 2021/22.

In order to address these patient experience priorities, we will work collaboratively across the new St George's and Epsom and St Helier University Hospitals Health Group. For the purposes of the quality account the measures for success will reflect St George's University Hospitals NHS Foundation Trust performance only.

WHAT	HOW	WHAT WILL SUCCESS LOOK LIKE
Learn from complaints to provide patients with an excellent experience	**Monitor and review feedback to ensure continual improvement so we provide patients with an excellent experience through their journey**	**Reduction in the number of complaints when compared with the 2021/22 baseline**
Provide an equitable experience for patients from vulnerable groups	**Undertake NHS benchmark assessment against the National Learning Disability Standards having had the opportunity to make service improvements following the self-assessment in 2021**	**Improvement in our self- assessment when compared to baseline**
Improve patient flow particularly with reference to improved discharge processes	**Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support** **Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or investigation date if required**	**See an upward trend in our patients reporting involvement in their discharge arrangements when compared with 2021/22** **Improvement in the number of discharge summaries received in general practice within 48 hours of discharge when compared with 2021/22** **Improvement in the patients who were discharged from an inpatient setting with a follow up appointment or investigation date when compared with 2021/22**

Priority 3 – Improve effectiveness and outcomes

We want to support continuous learning and improvement. We want to demonstrate measurable improvement in patient outcomes and reduce unwarranted variation as evidenced in the results of national audits and quality standards reviews.

In 2022/23 due to the impact of the pandemic on our progress we want to continue to focus on the quality, safety and learning culture, learning from cardiac surgery and waiting times for treatment, which were identified in 2021/22.

In order to improve effectiveness and outcomes for patients, we will work collaboratively across the new St George's and Epsom and St Helier University Hospitals Health Group. For the purposes of the quality account the measures for success will reflect St George's University Hospitals NHS Foundation Trust performance only.

WHAT	HOW	WHAT WILL SUCCESS LOOK LIKE
Develop and implement an integrated training and education framework	**With SWL and St George's Mental Health Trust we develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting**	**We will have an integrated education and training framework**
Embed a culture of quality, safety and learning	**Implement the national patient safety training syllabus across the Trust** **Launch the new Patient Safety Incident Reporting Framework** **Establish Patient Safety Partners** **Share learning via the bi- monthly Patient Safety Bulletin**	**Improvements in related questions in the NHS Staff Survey** **Level 1 and level training launched and 85% training performance target met by March 2023** **Patient Safety Incident Reporting Framework in place** **Patient Safety Partners in place and active participants in place**
Patients will not wait too long for treatment	**Deliver care in line with activity plans [revised to reflect the impact of the pandemic]**	**Achievement of targets for:** • **Four hour operating standard** • **Cancer standards** **Achievement of agreed trajectories for target recovery due to the impact of the pandemic for:** • **Referral to Treatment (RTT) within 18 weeks** • **Diagnostics within six weeks**

2.1.4 How progress to achieve these priorities will be reported

The progress against 'what will success look like' outlined against our quality priorities above will be reported and monitored by progress reports to the Patient Safety Quality Group and the Quality and Safety Committee, a sub-committee of the Trust Board.

2.1.5 Progress against priorities for 2021/22 [See part 3]

2.2 Statements of assurance from the Board of Directors

This section contains the statutory statements concerning the quality of services provided by St Georges University Hospitals NHS Foundation Trust. These are common to all quality reports and can be used to compare our Trust with other organisations.

St Georges University Hospitals NHS Foundation Trust is the largest healthcare provider in south west London, and one of the largest healthcare providers in the country. The Trust serves a population of 1.3 million people across south west London. A number of services, such as cardiothoracic medicine and surgery, neurosciences and renal transplantation, also cover significant populations from Surrey and Sussex, providing care for about 3.5 million people in total.

Most of our services are provided at our main site, St George's Hospital in Tooting, but we also provide services from Queen Mary's Hospital in Roehampton and from health centres in Wandsworth.

We also provide care for patients from a larger catchment area in south east England for specialist services such as complex pelvic trauma. A number of our services treat patients from across England this includes family human immunodeficiency virus (HIV) services and bone marrow transplantation for non-cancer diseases.

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.

In May 2021 we opened a new facility to care for patients undergoing interventional radiology (IR), which involves radiologists using minimally invasive imaging procedures to diagnose and treat a wide range of diseases. The new facility provides a dedicated space for day case and inpatients before and after their IR procedures.

In June 2021 we started treating patients in our new NHS surgery treatment centre on the Queen Mary's site. The new centre was set up in direct response to the pandemic to address the longer waiting times for patients for routine operations and procedures.

Procedures that will be carried out include plastic surgery procedures for skin cancer, as well diagnostic urology procedures (e.g. cystoscopies), gynaecological, vascular, general surgery and maxillofacial procedures. We run the treatment centre but it is also used by surgical teams from Kingston Hospital NHS Foundation Trust, and over time, it will be available for use by patients from across south west London requiring day surgery procedures.

In June 2021 we reopened two newly refurbished cardiac catheter labs containing state of the art equipment and the very latest in x-ray imaging technology. The cath labs contain specialist imaging equipment to allow for the diagnosis and treatment of cardiovascular diseases and conditions like heart attacks, palpitations, and thickened heart valves. The refurbishment of the first two labs was an essential upgrade to improve both the environment that patients are treated in, and the areas where staff work. The new labs bring the necessary x-ray imaging up to modern standards, which allows the team to more rapidly and effectively treat heart conditions.

In February 2022 the new St George's and Epsom and St Helier University Hospitals Health Group was formed which will provide further opportunities for collaboration across the new hospital group for the benefits of patients. Together with Epsom and St Helier University Hospitals NHS Trust we have signed complimentary contracts with Cerner to provide a shared electronic patient records system to deliver streamlined patient care. Due the complete in 2024, the shared system means that our clinical teams will in future be able to access patient hospital information and records, irrespective of where care is provided across the group. It also enables more effective working with health and care partners including neighbouring hospitals, with the potential for benefits to be scaled across the south west London Integrated Care System (ICS).

In March 2022 our Midwifery Services were awarded the London CapitalMidwife Quality Kite Mark Award for our Preceptorship Midwife Programme. CapitalMidwife is a regional programme across London which aims to ensure that midwives are supported to develop and grow throughout their career and which ultimately improves the quality of the support and training we offer to our newly registered midwives.

Also in March 2022 after a successful pilot period we launched MyCare St George's which now means that every time a new or follow up appointment is made our patients will receive a text message inviting them to register for MyCare St George's. Once registered, they can access MyCare StGeorge's from any computer or mobile device. MyCare St George's provides the ability for the patient to:

- View upcoming appointments and appointment letters, receive messages directly from your consultant or care lead
- Complete questionnaires prior to attending hospital, such as pre-op questionnaires
- View hospital letters and documentation
- View test results
- View known allergies
- Access links to useful healthcare information

In 2021-22 we also saw the start of Baby Surgeons: Delivering Miracles, a brand new Channel 4 documentary filmed at St George's. The documentary was a fascinating look at the work of our fetal medicine, neonatal and maternity units, showcasing some of the pioneering procedures they carry out on our tiniest patients.

Finally, this year we established the St George's Children and Young People's Council. The council serves as a platform for our younger patients to give us feedback on our services and suggest ways for us to improve. The council is an important voice for children and will help our teams to further improve the care we provide.

2.2.1 During 2021/22 the Trust provided and/or subcontracted 64 relevant health services. A detailed list is available in the Statement of Purpose on our website www.stgeorges.nhs.uk/about

2.2.1.1 The Trust has reviewed all the data available to us on the quality of care in 64 of these relevant health services through our performance management framework and our assurance processes.

2.2.1.2 The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by St George's University Hospitals NHS Foundation Trust for 2021/22.

2.2.2 Participation in clinical audit and National Confidential Enquiries

During 2021/22, 69 national clinical audits and 1 national confidential enquiry covered relevant health services that St George's University Hospitals NHS Foundation Trust provides.

2.2.2.1 During that period St George's University Hospitals NHS Foundation Trust participated in 99% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2.2.2 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust was eligible to participate in during 2021/22 are as listed in Table 1:

Table 1 Key:
N/A – Audit postponed due to the impact of COVID-19

TITLE		RELEVANT	PARTICIPATING
Case Mix Programme	Neurology Intensive Care Unit	✓	✓
	General Adult Intensive Care	✓	✓
	Cardiothoracic Intensive Care Unit	✓	✓
Child Health Clinical Outcome Review Programme	Transition from Child to Adult Health Services	✓	✓
Chronic Kidney Disease registry		✓	✓
Cleft Registry and Audit Network Database		X	X
Elective Surgery (National PROMs Programme)		✓	X
Emergency Medicine QIPs	Pain in Children (care in Emergency Departments)	✓	✓
	Infection Prevention and Control	✓	✓
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	✓	✓
	National Audit of Inpatient Falls	✓	✓
	National Hip Fracture Database	✓	✓
Inflammatory Bowel Disease Audit		✓	✓
Learning Disabilities Mortality Review Programme		✓	✓
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiries	✓	✓
	Perinatal Mortality Surveillance	✓	✓
	Perinatal confidential enquiries	✓	✓
Medical and Surgical Clinical Outcome Review Programme	Epilepsy	✓	✓
	Physical Health in Mental Health	X	X
Mental Health Clinical Outcome Review Programme		X	N/A
National Adult Diabetes Audit	National Diabetes Core Audit	✓	✓
	National Pregnancy in Diabetes Audit	✓	✓
	National Diabetes Footcare Audit	✓	✓
	National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	✓	✓

TITLE		RELEVANT	PARTICIPATING
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Paediatric Asthma Secondary Care	✓	✓
	Adult Asthma Secondary Care	✓	✓
	Chronic Obstructive Pulmonary Disease Secondary Care	✓	✓
	Pulmonary Rehabilitation-Organisational and Clinical Audit	✓	✓
National Audit of Breast Cancer in Older Patients		✓	✓
National Audit of Cardiac Rehabilitation		✓	✓
National Audit of Cardiovascular Disease Prevention		X	N/A
National Audit of Care at the End of Life		✓	✓
National Audit of Dementia		✓	✓
National Audit of Pulmonary Hypertension		X	N/A
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)		✓	✓
National Cardiac Arrest Audit		✓	✓
National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	✓	✓
	Myocardial Ischaemia National Audit Project	✓	✓
	National Adult Cardiac Surgery Audit	✓	✓
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	✓
	National Heart Failure Audit	✓	✓
	National Congenital Heart Disease	X	N/A
National Child Mortality Database		✓	✓
National Clinical Audit of Psychosis		X	N/A
National Comparative Audit of Blood Transfusion	Audit of Patient Blood Management & NICE Guidelines	✓	✓
	Audit of the perioperative management of anaemia in children undergoing elective surgery	✓	✓
National Early Inflammatory Arthritis Audit		✓	✓
National Emergency Laparotomy Audit		✓	✓
National Gastro-intestinal Cancer Programme	National Oesophago-Gastric Cancer	✓	✓
	National Bowel Cancer Audit	✓	✓
National Joint Registry		✓	✓
National Lung Cancer Audit		✓	✓
National Maternity and Perinatal Audit		✓	✓
National Neonatal Audit Programme		✓	✓
National Paediatric Diabetes Audit		✓	✓
National Perinatal Mortality Review Tool		✓	✓
National Prostate Cancer Audit		✓	✓
National Vascular Registry		✓	✓
Neurosurgical National Audit Programme		✓	✓
Out-of-Hospital Cardiac Arrest Outcomes Registry		X	N/A
Paediatric Intensive Care Audit		✓	✓
Prescribing Observatory for Mental Health	Prescribing for depression in adult mental health services	X	N/A
	Prescribing for substance misuse: alcohol detoxification	X	N/A

TITLE		RELEVANT	PARTICIPATING
Respiratory Audits - National Outpatient Management of Pulmonary Embolism		✓	✓
Sentinel Stroke National Audit Programme		✓	✓
Serious Hazards of Transfusion		✓	✓
Society for Acute Medicine Benchmarking Audit		✓	✓
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment		✓	✓
Trauma Audit & Research Network		✓	✓
UK Cystic Fibrosis Registry		X	N/A
Urology Audits	Cytoreductive Radical Nephrectomy Audit	✓	✓
	Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	✓	✓

Table 2:

2.2.2.3 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust participated in during 2021/22 (n=60) are listed in table 2 below:

TITLE		RELEVANT	PARTICIPATING
Case Mix Programme	Neurology Intensive Care Unit	✓	✓
	General Adult Intensive Care	✓	✓
	Cardiothoracic Intensive Care Unit	✓	✓
Child Health Clinical Outcome Review Programme	Transition from Child to Adult Health Services	✓	✓
Chronic Kidney Disease registry		✓	✓
Emergency Medicine QIPs	Pain in Children (care in Emergency Departments)	✓	✓
	Infection Prevention and Control	✓	✓
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	✓	✓
	National Audit of Inpatient Falls	✓	✓
	National Hip Fracture Database	✓	✓
Inflammatory Bowel Disease Audit		✓	✓
Learning Disabilities Mortality Review Programme		✓	✓
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiries	✓	✓
	Perinatal Mortality Surveillance	✓	✓
	Perinatal confidential enquiries	✓	✓
Medical and Surgical Clinical Outcome Review Programme	Epilepsy	✓	✓
National Adult Diabetes Audit	National Diabetes Core Audit	✓	✓
	National Pregnancy in Diabetes Audit	✓	✓
	National Diabetes Footcare Audit	✓	✓
	National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	✓	✓

TITLE		RELEVANT	PARTICIPATING
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Paediatric Asthma Secondary Care	✓	✓
	Adult Asthma Secondary Care	✓	✓
	Chronic Obstructive Pulmonary Disease Secondary Care	✓	✓
	Pulmonary Rehabilitation-Organisational and Clinical Audit	✓	✓
National Audit of Breast Cancer in Older Patients		✓	✓
National Audit of Cardiac Rehabilitation		✓	✓
National Audit of Care at the End of Life		✓	✓
National Audit of Dementia		✓	✓
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)		✓	✓
National Cardiac Arrest Audit		✓	✓
National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	✓	✓
	Myocardial Ischaemia National Audit Project	✓	✓
	National Adult Cardiac Surgery Audit	✓	✓
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	✓
	National Heart Failure Audit	✓	✓
National Child Mortality Database		✓	✓
National Comparative Audit of Blood Transfusion	Audit of Patient Blood Management & NICE Guidelines	✓	✓
	Audit of the perioperative management of anaemia in children undergoing elective surgery	✓	✓
National Early Inflammatory Arthritis Audit		✓	✓
National Emergency Laparotomy Audit		✓	✓
National Gastro-intestinal Cancer Programme	National Oesophago-Gastric Cancer	✓	✓
	National Bowel Cancer Audit	✓	✓
National Joint Registry		✓	✓
National Lung Cancer Audit		✓	✓
National Maternity and Perinatal Audit		✓	✓
National Neonatal Audit Programme		✓	✓
National Paediatric Diabetes Audit		✓	✓
National Perinatal Mortality Review Tool		✓	✓
National Prostate Cancer Audit		✓	✓
National Vascular Registry		✓	✓
Neurosurgical National Audit Programme		✓	✓
Paediatric Intensive Care Audit		✓	✓
Respiratory Audits - National Outpatient Management of Pulmonary Embolism		✓	✓
Sentinel Stroke National Audit Programme		✓	✓
Serious Hazards of Transfusion		✓	✓
Society for Acute Medicine Benchmarking Audit		✓	✓
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment		✓	✓
Trauma Audit & Research Network		✓	✓
Urology Audits	Cytoreductive Radical Nephrectomy Audit	✓	✓
	Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	✓	✓

2.2.2.4 The national clinical audits and national confidential enquiries that St George's University Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, 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.

TITLE		SUBMISSION RATE (%)
Case Mix Programme	Neurology Intensive Care Unit	Ongoing
	General Adult Intensive Care	Ongoing
	Cardiothoracic Intensive Care Unit	Ongoing
Child Health Clinical Outcome Review Programme	Transition from Child to Adult Health Services	Ongoing
Chronic Kidney Disease registry		Ongoing
Elective Surgery (National PROMs Programme)		0%
Emergency Medicine QIPs	Pain in Children (care in Emergency Departments)	Ongoing
	Infection Prevention and Control	Ongoing
Falls and Fragility Fracture Audit Programme	Fracture Liaison Service Database	Ongoing
	National Audit of Inpatient Falls	100%
	National Hip Fracture Database	105.8%
Inflammatory Bowel Disease Audit		100%
Learning Disabilities Mortality Review Programme		Ongoing
Maternal and Newborn Infant Clinical Outcome Review Programme	Maternal mortality surveillance and confidential enquiries	Ongoing
	Perinatal Mortality Surveillance	Ongoing
	Perinatal confidential enquiries	Ongoing
Medical and Surgical Clinical Outcome Review Programme		100%
National Adult Diabetes Audit	National Diabetes Core Audit	Ongoing
	National Pregnancy in Diabetes Audit	Ongoing
	National Diabetes Footcare Audit	Ongoing
	National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	100%
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Paediatric Asthma Secondary Care	100%
	Adult Asthma Secondary Care	Ongoing
	Chronic Obstructive Pulmonary Disease Secondary Care	Ongoing
	Pulmonary Rehabilitation-Organisational and Clinical Audit	Ongoing
National Audit of Breast Cancer in Older Patients		100%
National Audit of Cardiac Rehabilitation		100%
National Audit of Care at the End of Life		100%
National Audit of Dementia		Data collection paused due to COVID-19 pandemic
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)		Ongoing – submission deadline 31st March
National Cardiac Arrest Audit		100%

TITLE		SUBMISSION RATE (%)
National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	Ongoing
	Myocardial Ischaemia National Audit Project	Ongoing
	National Adult Cardiac Surgery Audit	Ongoing
	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Ongoing
	National Heart Failure Audit	Ongoing
National Child Mortality Database		100%
National Comparative Audit of Blood Transfusion	Audit of Patient Blood Management & NICE Guidelines	100%
	Audit of the perioperative management of anaemia in children undergoing elective surgery	100%
National Early Inflammatory Arthritis Audit		Ongoing
National Emergency Laparotomy Audit		Ongoing
National Gastro-intestinal Cancer Programme	National Oesophago-Gastric Cancer	100%
	National Bowel Cancer Audit	Ongoing
National Joint Registry		96.2%
National Lung Cancer Audit		100%
National Maternity and Perinatal Audit		100%
National Neonatal Audit Programme		100%
National Paediatric Diabetes Audit		Ongoing
National Perinatal Mortality Review Tool		Ongoing
National Prostate Cancer Audit		100%
National Vascular Registry		Ongoing
Neurosurgical National Audit Programme		100%
Paediatric Intensive Care Audit		100%
Respiratory Audits - National Outpatient Management of Pulmonary Embolism		100%
Sentinel Stroke National Audit Programme		Ongoing
Serious Hazards of Transfusion		100%
Society for Acute Medicine Benchmarking Audit		100%
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment		Ongoing
Trauma Audit & Research Network		87%
Urology Audits	Cytoreductive Radical Nephrectomy Audit	100%
	Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	100%

2.2.2.5 National clinical audits - action taken

The reports of 31 national clinical audits were reviewed by St George's University Hospitals NHS Foundation Trust in 2021/22 and the Trust intends to take the following actions to improve the quality of healthcare provided.

NATIONAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
Falls and Fragility Fracture Audit Programme – Fracture Liaison Service (FLS) Database	The Fracture Liaison Service (FLS) audit report was released in October 2021. The results showed Trust performance to be above or in line with 4 of 11 key performance metrics but there was room for improvement in a number of areas. The clinical audit project lead provided an update on actions for the upcoming year: • Medical and nursing position vacancies continue to impact the ability to improve services. • New staff have been recruited and are currently undergoing training. The service is targeting independent working by summer 2022. FLS nurse clinic has been successfully implemented and has seen referral waiting times decrease.
Falls and Fragility Fracture Audit Programme – National Hip Fracture Database	The latest report was released in November 2021 examining data from 2020. 30-day mortality was recorded as 8.3% locally and nationally, with St George's performance improving despite the COVID-19 pandemic. The Trust was in the top quartile in cases that met the best practice criteria, as well as in surgery being supervised by a consultant surgeon and anaesthetist. Areas for improvement that the clinical lead is focussed on in the coming year are admittance to an orthopaedic ward within 4 hours, and the overall length of stay for patients.
Maternal and Newborn Infant Clinical Outcome Review Programme: Maternal mortality surveillance and confidential enquiries	The latest report was published in November 2021 and examined lessons learned in order to inform maternity care. The key findings based on national data show a non-significant decrease in overall maternal deaths, which indicates the need for continued focus on recommendations to work towards and achieve a reduction in deaths. There remain disparities in maternal mortality rates amongst women from black, Asian and white ethnic backgrounds. Cardiac disease remains the leading cause of direct maternal deaths, while neurological causes are the second most common cause. Thrombosis and thromboembolism continue to be the leading cause of deaths during or up to 6 weeks' post-partum and maternal suicide is still a leading cause of death within a year post-partum. The report has been shared with the service and actions for the following year will be based on the recommendations.
National Adult Diabetes Audit – National Inpatient Diabetes Audit, including National Diabetes In-patient Audit (NaDIA) Harms	The national report was published in July 2021. Although the report does not provide site level data, it does show that St George's were a key contributor to national data. St George's also continue to be compliant with all the key recommendations for NaDIA Harms. The clinical lead reports that the service has received additional funding to appoint a specialist diabetes nurse, and a project manager to support inpatient diabetes work.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Chronic Obstructive Pulmonary Disease Secondary Care	The latest report was published in June 21 for results in 2019/20. The Trust fell below the national average for 3 key quality improvement priorities. The project lead reports that the issues highlighted are the ability to identify smokers in a timely fashion, and then once identified, offering behavioural change intervention and/or a prescription. In response to these findings the service are planning a series of grand round teaching sessions, coupled with a drive to add a mandatory training module for all staff.

NATIONAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Pulmonary Rehabilitation- Organisational and Clinical Audit	The 2021 data indicates good performance with patients starting pulmonary rehab within 90 days of referral, and average wait times from referral at 34 days. The service has been running virtual clinics alongside face-to-face sessions with standard operating procedures in place, which is a key recommendation. The clinical lead reports that a service allowing all patients to complete a walk test has been implemented, along with a remote excursive test. In the coming year the service is looking towards: • Starting initiatives to improve completion rates of patients enrolled on pulmonary rehabilitation programmes. • Complete discharge assessments with the non-completers, despite them having chosen not to continue with the course.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Adult Asthma Secondary Care	The latest report was released in January 2021. The data showed that St George's performed well against 3 of the 6 key performance indicators. The service lead reports that workforce pressures continue, and that an action plan is being developed in line with the latest report recommendations.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme: Paediatric Asthma Secondary Care	The latest report shows the Trust performed well in a number of key metrics: recording of exposure to second-hand smoke; outcome measures – community follow-up requested within 48 hours, and referral to asthma clinic requested within 4 weeks. The Trust fell below the national average for the following metrics: patients reviewed by MDT member; administration of systemic steroids. The clinical lead has received the report and is working to draw up a comprehensive action plan.
National Audit of Breast Cancer in Older Patients	Most recent data shows that the service is generally in line with national averages. Performance with regards to risk-adjusted rates of reoperation (percentage of patients experiencing this are lower across all three age ranges – 50-69, 70-79, 80+) is good. The project lead is looking forward to continuing the positive performance in the coming year.
National Audit of Cardiac Rehabilitation	The latest national report showed that St George's obtained full certification for achieving green in the 7 key performance metrics. The clinical project lead reports that key recommendations have been responded to. The service is offering face-to-face clinics in conjunction with remote services for greater patient choice and improved outcomes. A goal for the service is to increase staffing numbers and obtain funding to explore the feasibility of additional group exercise and education sessions in a local leisure centre.
National Audit of inpatient Falls (NAIF)	The latest national audit report was published in November 2021 and examines data from 2020 and 2021 facilities data. Six recommendations were published in this report. An action plan has been completed by the project lead with all relevant recommendations being addressed: • Conducting a baseline retrospective audit of 50 inpatient falls across the organisation to identify, clarify, and gain greater clarity on the issues exposed and the changes that are required. • Commissioning local ward level audits across all sites of the Trust. Develop structured clinical pro-forma based on best practice tariff for hip fracture as a mechanism for reviewing femoral fracture management in inpatient settings.

NATIONAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	The national report looks at data from December 2018 to November 2019. The Trust continues to be a best practice clinic for this audit, with 100% of data submitted with data completeness at 96% compared to 82% nationally. The clinical lead has reviewed the findings and provided a response to the findings. St George's performed well for the 12 key performance measures and comprehensive care planning for patients. One area for improvement is children diagnosed with epilepsy being seen within 2 weeks of referral by a paediatrician with expertise in epilepsy. The project lead believes this highlights a need for more paediatricians with expertise in epilepsy.
National Cardiac Audit Programme – Myocardial Ischaemia National Audit Project	The latest report was published in October 2021 and examines data from 2019/20. The clinical lead has received and acknowledged findings. The service is formulating an action plan in conjunction with the central clinical audit team.
National Cardiac Audit Programme – National Adult Cardiac Surgery Audit	The latest report was published in October 2021 and examines data from 2019/20. The clinical audit project lead is continuing to drive high standards across the service, with performance being closely monitored and reported on.
National Cardiac Audit Programme – National Audit of Cardiac Rhythm Management	The national report was published in October 2021 with data from 2019/20. The audit lead is pleased with the overall performance with the report results reflecting this. One metric examining the re-intervention rates within a year of implanting some pacemaker models were high, but within control limits. The service is investigating whether this is due to a duplication of data issues are at fault. The clinical lead is to contact the audit provider and investigate the issue further.
National Cardiac Audit Programme – National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	The latest national report was released in October 2021 and examines data from 2019/20. Several key findings were highlighted in the report: • 58% of STEMI patients were treated within 60 minutes of arrival at the organisation. This is below the national average, but has improved by 9% compared to last year's publication. • 92% of PCI procedures were performed using radial access at the Trust which is above the national average, and shows significant improvement compared to previous results. The use of drug-eluting stents (DES) during PCI procedures in specific syndromes (2008- 2020) was recorded at 80%, which is below the national average. The clinical lead believes this is a result of the age of the software system being used The database system has recently been updated, and it is hoped that future national results will provide a more accurate reflection of performance.
National Cardiac Audit Programme – National Heart Failure Audit	The latest report was published in October 2021. The results showed the organisation was above the national average for 12 of the 15 key measures. The clinical lead has highlighted the following areas for improvement over the next year: • Hospitals should ensure that high-risk cardiac patients have access to cardiology wards. Heart failure patients are often the highest risk. Our most recent data shows we only achieved this for 38% of patients in 20/21. Hospitals should review their pathways for referral to cardiac rehabilitation to allow greater access and uptake for heart failure patients. Our referral rate to cardiac rehabilitation is 12% which is below the national average of 15%.

NATIONAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
National Diabetes Core Audit	The results of the latest report showed that St George's care processes and treatment targets were good for patients with Type 1 Diabetes. With the Trust being either in line or above for 8 of the 9 key metrics. However, the results showed St George's were below the national average for the metrics of patients with Type 2 Diabetes. An action plan is being compiled by the service to address these areas.
National Early Inflammatory Arthritis Audit	The Trust has historically struggled to participate in this project. However, this year the service has resumed participation in the audit. The clinical lead has highlighted the following actions for the coming year: • Recruiting a new consultant post in order to lead on an early inflammatory arthritis pathway. Recruiting more staff into the audit process, including Physicians Associates to assist with data entry onto the audit platform to reduce the burden on consultants and increase compliance.
National Emergency Laparotomy Audit	The national report was released in November 2021 and covered data from December 2019 to November 2020. The report shows that: • Adjusted mortality rate nationally was 8.7%, with STG performance at a near identical rate (8.8%). • Final case ascertainment in this audit round was 86.3% (RAG rated green), and significantly higher than the national average of 78.8%. • Trust patients arriving in theatre in a timescale appropriate to their urgency was 82.9%, slightly better than the national average (80.9%). • St George's also performed favourably (either in line with or above) national average on all measures relating to consultant surgeon and anaesthetist's input. • Finally, SGH performed better than the national average in terms of proportion of patients returning to theatre after an emergency laparotomy (3.4% against 4.8%). The service lead is producing an action plan in line with the latest report recommendations.
National Gastro-intestinal Cancer Programme – National Bowel Cancer Audit	The latest report is structured in two parts. The first part is based on patients diagnosed with bowel cancer in England and Wales between 1 April 2019 and 31 March 2020. Key findings include: • 90-day mortality improved from 3.5% in the 2015/16 audit period to 2.6% in the 2019/20 audit period • Patients presenting via screening programmes were more likely to have earlier stage disease and to undergo curative treatment (9 in 10 likely to be cured) • 61% of patients undergoing major resection for stage III colon cancer received adjuvant chemotherapy • Two-year all-cause mortality for all patients remained stable at 33% The second part of the report focuses on the recovery of bowel cancer services from the COVID-19 pandemic, and found that early in the COVID-19 pandemic there was a large impact on the diagnosis and treatment of bowel cancer patients, however service provision has largely recovered since then. The clinical lead is focussing on the quality of data collection in the coming year.

NATIONAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
National Gastro-intestinal Cancer Programme – National Oesophago-Gastric Cancer	The latest report was December 2021 and examined data from April 2018 to March 2020. The report recommends that all patients with oesophageal cancer undergo a PET-CT scan when being considered for curative treatment. St George's measured 61.1% of cases against 67.6% nationally. One area of possible concern is patients with clinical stage 0-3 disease who have a treatment plan. 60.8% of patients nationwide fit these criteria but only 28.1% of patients at St George's do. However, there are many reasons that could contribute to these figures. The clinical lead is investigating this further and is working to assemble an action plan for the coming year.
National Joint Registry	The latest report shows that the Trust meets achieved a Quality Data Provider Certificate for the year. With an expected compliance was 95% and which the Trust exceeded with 96.15%. The project lead is satisfied with the progress made. An action plan for the year ahead will focus on embedding current best practice.
National Lung Cancer Audit	The latest annual report was released in January 2022. The report data from January 2019 and December 2019 in Wales and Guernsey, and between January 2019 and December 2020 in England. The key findings include the 1-year survival of patients in England and Wales; curative treatment rates of non-small-cell lung cancer (NSCLC) patients with stage I/II and good performance status; lung cancer patient's diagnosis in England. The clinical lead reports that the Trust is working to expand its data quality and completeness.
National Maternity and Perinatal Audit	Two national reports were published in 2021 examining different aspects of care. The first report examined care for women with BMI 30+. The report makes core recommendations based on the likelihood of adverse outcomes for these women in pregnancy and birth. Ensuring accurate records of their care and that they are given information tailored to their circumstances. The clinical lead compiled an action plan with many of these are tracked through the Clinical Negligence Scheme for Trusts. The second report was a sprint audit report examining at ethnic and socio-economic inequalities in NHS maternity and perinatal care for women and their babies. The report key findings show that: There are differences in outcomes for women and their babies living in the most deprived areas, compared with those in the least deprived areas, and between minority ethnic groups compared to white ethnic groups. The report recommends improving access to information for women based on their individual circumstances and to help address the wider social determinants of health; for each Trust to understand backgrounds of women who access their services and use this to improve care and reduce inequality; improving and establishing facilities to support avoiding term admissions to neonatal units; review training around diversity and equality for staff and better recording around ethnicity. The clinical lead is working to compile an action plan for the upcoming year.

NATIONAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
National Paediatric Diabetes Audit	Two national reports were published in 2021 examining different aspects of care. The audit core report was published in June 2021. The Trust is performing in line with or above national average for key health checks. The report shows that St George's completion of all health checks since 2015/16 have improved year on year. The clinical lead has implemented all the recommendations made by the report. The second report examined young people with type 2 diabetes in England. The report recommends that services implement care plans for this group, and to ensure easy access to and usage of weight management programmes. These recommendations have been discussed within the service and are due to be implemented in the upcoming year.
National Prostate Cancer Audit	The latest report was released in January 2022. Based on data between April 2019 and March 2020, the report assessed the care provided and outcomes in addition to the impact of COVID-19. St George's compares favourably to the national average in both available measures. This report has been shared with the clinical leads who look forward to continuing the high quality work in the coming year, and closely monitoring results with supplementary local level audits.
National Vascular Registry	The national report was published in November 2021 for data collected in 2020. Benchmarking of the 5 key measures shows that St George's are either meeting the standard or within the expected range for 4 of these. The metric where the organisation fell slightly below the national average was for case ascertainment. The clinical lead has responded to these findings and is working towards addressing them in in the coming year.
Paediatric Intensive Care Audit	The 2021 annual report Focuses on 5 key metrics: case ascertainment, retrieval mobilisation times, number of qualified nurses per bed, emergency readmissions within 48 hours of discharge, and mortality. • The St George's site achieved 100% case ascertainment rate • The Trust were lower than the Paediatric Intensive Care Society (PICS) standards of a minimum number of 7.01 WTE qualified nurses to staff one level 3 critical care bed, with the Trust's level being just over 6 • Emergency readmission rates were lower at St George's than the national average • The risk-adjusted mortality rate for the Trust's paediatric intensive care unit fell below the 'expected' level and is therefore a positive result for the service. The clinical lead is working to compile an action plan based on the findings.

NATIONAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
Sentinel Stroke National Audit Programme	**The national report shows that the Trust is performing above or in line with national averages on all key indicators.** **Case ascertainment was down slightly this year (at 70-79% which is amber RAG rated), COVID could have played a part in this as generally ascertainment is green RAG rating. The audit lead has acknowledged this report and working to high standards across the service.**
Society for Acute Medicine Benchmarking Audit	**The service participated fully in this audit round, with the national audit report published in October 2021.** **The report is highlights 3 key quality indicators. St George's are in-line or above the national average for 2 of the 3 measures. The metric for improvement was for patients that had an early warning score recorded within 30 minutes of arrival, which was recorded at 67% at St George's compared to 77% nationally.** **The clinical lead has presented these findings and is working to improve this metric in the upcoming year.**

2.2.2.6 Local clinical audits – actions taken

The reports of 7 local clinical audits were reviewed by St George's University Hospitals NHS Foundation Trust in 2021/22 and the Trust intends to take the following actions to improve the quality of healthcare provided.

LOCAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
Audit of Patient Group Direction (PGD)	**An annual audit and review of every PGD in practice must be undertaken as per Trust Clinical Audit Policy (Org 2.23) and Trust PGD Policy. The Patient Directions Authorisation Group (PAG) are responsible for providing assurances and compliance is maintained as per Trust PGD policy. The 2021/22 audit took place in June 2021 and 125 PGDs were audited across the Trust over a 2-week period. PGD's were audited against 14 standards and greater than 80% compliance was achieved in all 14 standards. Action is taken through issuing of red, amber, or green letters which respond to compliance levels with standards in each of the specialities audited.**
Children and Young People's Patient Safety Thermometer	**This is a monthly audit which takes place on all Paediatric wards, Paediatric Intensive Care and the Paediatric Assessment Unit within the Emergency Department. It aims to measure commonly occurring harms in CYP patients who access these services. Between April 2021 and Feb 2022, the harm free rate has been above 90% for all months except one. 100% harm free rate was achieved for 3 of the 12 months. Actions are taken every month by the relevant wards to understand why the harms occurred and how to learn from them going forward.**
Controlled Drug and Stock Check Audit	**This audit is carried out quarterly and ensures that controlled drugs are correctly stored and secured and that an adequate record is kept which complies with controlled drug guidance. The project lead confirmed that performance in this quarterly project, that ensures storage and security of controlled drugs has been largely positive, despite wider disruptions due to COVID-19.** **Compliance was recorded at or above 90% for 15 or more of the 22 standards each quarter.** **Actions for the year ahead include expanded training outreach to ensure learning points are embedded across the organisation.**

LOCAL CLINICAL AUDIT	ACTION: BASED ON INFORMATION AVAILABLE AT THE TIME OF PUBLICATION
Early Warning Score Audit	**This audit measures the graded response strategy used by the Trust for patients identified as being at risk of clinical deterioration as per NICE guidelines, the project is carried out bi- annually. The 4 key measures for the audit are: frequency of observations consistent with triggers; complete set of observations recorded; NEWS scored correctly; and where NEWS has triggered a score, an appropriate response has been documented. The compliance target is 100% for each of these.** **The lead for this project laid out actions for the next audit round:** **• Ensuring that the audit results are shared further in the organisation** **• Working with ward managers to target below compliance areas to examine the causes.** **• Appoint NEWS compliance champions on each ward** **• Ensuring familiarity with Trust and local policies** **Working with the internal training department to continue to develop nursing staff.**
Local Safety Standards for Invasive Procedures (LocSSIPs) Audit	**This audit project examines the use of LocSSIPs for all invasive procedures across the entire organisation. It is made up of a theatre and non-theatre versions, and the project runs quarterly.** **The latest round of Theatre audit makes use of a redesigned audit tool and has led to a significant change in results, with departments no longer reporting 100% across all areas. This speaks to the efficiency of the new tool, and with results improving quarter on quarter, an effort from relevant teams to improve their performances.** **The clinical lead is satisfied with the performance so far and is working to compile an action plan.**
Protected Mealtimes and Nutritional Screening	**This audit is carried out quarterly across the Trust and is made up of two elements, firstly the audit examines the principals of avoiding non-clinically urgent mealtime interruptions for inpatients, along with if appropriate assistance was provided - the nursing team carry out this part of the audit. The nutritional screening component examines if appropriate measurements are taken of patients, and if nutritional assessments were carried out – dieticians carry out this element of the audit.** **Results for protected mealtimes showed good adherence to most standards of the audit, however some work remains around adequately preparing all vulnerable patients for their meals. Action for the coming year centre around targeted training in poorer performing areas.** **Results of the nutritional screening audit found that standards around weighing patients and if nutritional screening tool were completed within 24hours of admission, also if body mass index being recorded were missed.**
Smoking Cessation Audit	**The organisations smoking cessation team conducted a local review of data based on the metrics laid out in the national audit.** **The findings indicate a fall in the prevalence of inpatients who are current smokers, however the clinical lead cautions that smoking status is not recorded in all cases. Another finding was that only 35% of inpatient smokers were offered medication to support abstinence and reduce nicotine withdrawal symptoms during their stay, and only 25% were offered very brief advice and asked if they would like support to quit.** **The clinical lead is working towards the following goals in the upcoming year:** **• Smoking status to be documented in all patient notes.** **• Non-cigarette smoking to be documented in all patient notes.** **• All patients asked if they would like to stop smoking.** **Current smokers should be routinely offered nicotine replacement products to help them abstain from tobacco as well as referral to tailored smoking cessation support.**

*Based on information available at the time of publication

2.2.3 Our participation in clinical research

Research is core to the purpose of St George's. Through research, we play our part in developing the treatments for tomorrow, give our patients access to new treatments and improve our clinical care. We lead and undertake research across our clinical specialities, supported by our diverse research nursing teams and Clinical Research Facility.

St George's 2019/24 Research Strategy sets out plans to build on our strong research base, including investing more in our staff to support their research ambitions and developing our IT research infrastructure. Another key part of our research strategy is to gain core National Institute for Health Research (NIHR) funding, which we have achieved through a successful application for NIHR Clinical Research Facility designation which will commence in September 2022.

Crucial to our research is our partnership with St George's, University of London. We have set up four Clinical Academic Groups in specific areas where both institutions have expertise and critical mass, in which clinicians, clinical academics and scientists can collaborate to improve research activity. In 2020, we established the St George's Translational and Clinical Research Institute (TACRI), a joint NHS-University structure to increase collaboration and further our research.

A key way to develop and offer new treatments is through participation in clinical research studies that are approved by the NIHR, which supports NHS and academic institutions to deliver quality research that is patient-focused and relevant to the NHS. Recently, much of our focus has been on, Covid-19 clinical research. We have recruited over 7,800 patients to 53 clinical research studies and we are amongst the top NHS Trusts in the country for the number of urgent public health Covid studies. We are leading a major Vaccine Task Force funded clinical trial on Covid vaccines in pregnancy.

The number of patients receiving relevant health services provided or subcontracted by St George's University Hospitals NHS Foundation Trust in 2021/22 that were recruited during that reporting period to participate in research approved by a research ethics committee was 7,955.

2.2.4 Our Commissioning for Quality and Innovation (CQUIN) performance

No CQUIN schemes were published in 2021/22 for either CCG or specialised Commissioning (NHSE) due to ongoing COVID 19 pandemic. The CQUIN schemes were not applicable contractually and were brought within the scope of The NTPS. Block payments to NHS providers are deemed to include CQUIN financial values. Accordingly, the Trust received full CQUIN finding through its block allocation.

CQUINs have been reintroduced for the 2022/23 contract at the rate of 1.25% of the API contract value.

Ratings for St George's Hospital						
Division	Sale	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Dec 2019	Good Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Good Dec 2019	Requires improvement Dec 2019
Medical care (including older people's care)	Requires improvement Dec 2019	Requires improvement Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019
Surgery	Good Dec 2019	Good Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Good Dec 2019	Good Dec 2019
Critical care	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Maternity	Good Nov 2016	Outstanding Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Services for children and young people	Good Dec 2019	Good Dec 2019	Outstanding Dec 2019	Outstanding Dec 2019	Good Dec 2019	Outstanding Dec 2019
End of life care	Requires improvement Nov 2016	Requires improvement Nov 2016	Good Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Outpatients	Good Dec 2019	Not rated	Good Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019
Overall	Requires improvement Dec 2019	Requires improvement Dec 2019	Good Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019

*Overall ratings for the Trust are identified by the CQC by combining the ratings for the services. The CQC decisions on overall ratings take into account the relative size of services. The CQC uses their professional judgement to reach fair and balanced ratings.

2.2.5 Our registration with the Care Quality Commission (CQC)

St George's University Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered without conditions or restrictions".

The CQC has not taken any enforcement action against St George's University Hospitals NHS Foundation Trust during 2021/22.

The last formal CQC inspection of a group of core services was in July 2019; the report was published in December 2019 and our rating was confirmed as 'Requires Improvement'.

At that time we were pleased to see significant improvement in our ratings across the key lines of enquiry for core services when compared with the 'Requires Improvement' position in the 2018 CQC inspection. Services for children and young people were rated as 'Outstanding' overall and there were services that were rated as 'good' overall. In the caring domain we were also pleased to receive a rating of 'Outstanding' for services for children and young people and 'Good' for all other services. The table overleaf shows the published ratings for our core services and our overall rating.

In December 2019 the CQC also made a recommendation to NHS England and Improvement (NHSE/I) for the Trust to be removed from Quality Special Measures. In March 2020 NHSE/I confirmed the removal of the Trust from Quality Special Measures, a significant step forward and one that recognises the improvements in quality and safety for our patients, their families and our staff. In April 2021 the Trust was also removed from Financial Special Measures.

During the pandemic CQC inspection visits were suspended and over the last year the Trust has met with the CQC on a three monthly basis to discuss service and Trust wide issues of quality and safety.

During the last year the CQC has continued to explore and test new ways of working (which were not an inspection and Trust services were not rated) including the provision of an Emergency Support Framework and a Transitional Regulatory Approach which both included enhanced monitoring and the gathering of evidence against a set of structured questions. The structured assessments looked at Infection Prevention and Control practice in the Trust in July 2020, provision of care and treatment in Urgent and Emergency Care in October 2020. There were no structured assessments using this format in 2021/22. The Trust and the CQC continued to meet on a regular basis in 2021/22.

Throughout 2021/22 the quality and safety standards were maintained within the cardiac surgery service which is supported by the data from the National Institute for Cardiovascular Research (NICOR). The Trust Board continues to review the service's mortality on a regular basis.

2.2.7 St George's University Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Previous reports of inspections carried out of services provided by St George's University Hospitals NHS Foundation Trust are available on the CQC website at www.cqc.org.uk

2.2.8 Our data quality

St George's University Hospitals NHS Foundation Trust submitted records during 2021/22 for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 99.6% for admitted patient care (against 99.7% national average)
- 99.8% for outpatient care (against 99.8% national average)
- 98.7% for accident and emergency care (against 98.9% national average)

The percentage of records in the published data which included the patient's valid General Medical Practice code was:

- 99.1% for admitted patient care (against 99.7% national average)
- 99.1% for outpatient care (against 99.6% national average)
- 99.3% for accident and emergency care (against 99.5% national average)

2.2.9 Our Information Governance Assessment Report

The Trust was compliant with all the mandatory requirements of the NHS Data Security and Protection Toolkit (DSPT) for 2020/21 and planned compliance for 2021/22 by 31 March 2022. The Trust's Information Governance Manager together with the Informatics, Digital and Technology Services continued to work on the Toolkit submission under the leadership of the Chief Information Officer while tackling emergent challenges due to the impact of COVID-19. The Trust aims to submit the Toolkit with all the mandatory requirements by "Satisfactory Standard Met Status" by 30 June 2022.

The Data Security and Protection Toolkit managed by NHS Digital is available at https://www.dsptoolkit.nhs.uk/ together with facilities to view organisation compliance status.

2.2.10 Payment by results

St George's University Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22.

2.2.11 Learning from deaths

During 2021/22 1,487 of St George's University Hospitals NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of this reporting period:

- 298 in the first quarter
- 358 in the second quarter
- 433 in the third quarter
- 398 in the fourth quarter

By 31 March 2021, 145 case record reviews have been carried out in relation to 9.8% of the deaths included.

The number of deaths in each quarter for which a case record or an investigation was carried out was:

- 36 in the first quarter
- 26 in the second quarter
- 40 in the third quarter
- 43 in the fourth quarter

4 representing 0.27% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter this consisted of:

- 1 representing 0.34% of the number of deaths which occurred in the first quarter
- 0 representing 0% of the number of deaths which occurred in the second quarter
- 3 representing 0.69% of the number of deaths which occurred in the third quarter
- 0 representing 0% of the number of deaths which occurred in the fourth quarter

These numbers have been estimated using the structured judgement review, which was based on the Royal College of Physicians (RCP) tool. Any death that was judged to be more than likely avoidable (more than 50:50) was included in this figure.

What we have learnt and action taken

During the year a number of investigations were conducted. As part of these investigations issues were highlighted for local reflection and learning, including instances where excellent practice was observed, for example:

- The Trust has continued to demonstrate full compliance with the Clinical Negligence Scheme for Trusts (CNST) Safety Action One, as evidenced by the quarterly Perinatal Mortality Review Tool reports. In addition to summarising compliance with the safety standards each report also detailed potential areas for learning and improvement. Over the year these included enhancements to bereavement care through recruitment to a specialist bereavement midwife role and review of the bereavement pathway to ensure compliance with national standards. Improvements to the documentation and support provided to parents following loss, and provision of staff education and training has further strengthened this service.

- A review of mortality following major trauma has progressed significantly, leading to changes designed to improve clinical documentation, governance, and clinical pathways. Enhancements to our electronic patient record to enable improved documentation of immediate major trauma care have been designed to support efficient delivery of best practice care and accurate data collection. Clinical pathways that have been amended following the mortality review include those for patients admitted medically and those who have experienced pelvic trauma. The Trust is continuing to seek opportunities for improvement which will be further informed through a strengthened prospective mortality review process.

Summary of action taken in 2021/22 and plans for 2022/23

This year we have made significant progress against the action plan arising from the external governance review of mortality conducted in 2019. The aim of this work is to maximise the learning identified through review and investigation of mortality and to support implementation of improvements as a result. This year we have introduced a team of six Mortality and Morbidity Coordinators to support clinical teams and to facilitate enhanced governance across the Trust.

Each clinical team has an allocated coordinator who is facilitating Mortality and Morbidity meetings. The team are working with governance leads to develop and implement consistent approaches to mortality governance. This includes defining a core, but adaptable, range of data that will be examined for each death reviewed, alongside guidelines and protocols for the operation of the meeting and sharing of findings. Pilots are underway which will inform the agreed approach to be implemented in the coming year. The coordinators are beginning to support shared learning through facilitating liaison between teams where discussion identifies that consideration of the case is required within another service. A strengthened link with the learning from deaths review process has also been established.

This year our clinical lead for Learning from Deaths recruited two additional consultants to the Mortality Review Team. This team of four consultants working on a sessional basis support independent mortality reviews using the structured judgement review developed by the Royal College of Physicians. Through this increased team we have been able to support a larger number of timely reviews of deaths that meet the criteria defined within our Learning from Deaths policy. These include:

- Deaths where the Medical Examiner has identified a potential concern
- Deaths where bereaved families, or staff, had raised a significant concern
- Deaths of inpatients with learning disabilities
- Deaths of inpatients with a clinical diagnosis of autism
- Deaths of inpatients with severe mental illness
- Deaths in a speciality where the Mortality Monitoring Group agreed that enhanced oversight was required or that learning would inform the Trust's quality improvement work
- Deaths where the patient was not expected to die including all deaths following elective admission

For any death where the Mortality Review Team felt there was significant concern, the case was escalated immediately to the Patient Safety Team to consider if a serious incident, or other, investigation was required. Significant problems of care, whether or not it affected the outcome, were highlighted to the clinical team for discussion and local learning in their Mortality and Morbidity meetings. In addition to promoting reflection and learning by highlighting to governance and clinical teams where care or treatment could potentially have been better, the Learning from Deaths Lead also highlighted excellent practice.

During the year the Medical Examiner (ME) service continued to scrutinise all non-coronial deaths in addition to those referred to the coroner. The service continued to support accurate and consistent certification of death and to support the bereaved. Where the ME identified potential governance issues that need to be further explored these have been referred either to the Lead for Learning from Deaths, to the Patient Safety Team, or to the clinical team involved with the patient's care.

This year the service has prepared for the expansion of the service to encompass the scrutiny of all deaths that occur within Merton and Wandsworth. Through collaboration with colleagues in primary care the service have agreed a pilot in several practices prior to the introduction of the statutory system. Three Medical Examiner Officers have been appointed to the team and recruitment of two Medical Examiners from non-acute services is underway. These enhancements to the team are essential to the successful expansion of the ME service.

There were no (0) case record reviews and no (0) investigations completed after 30 April 2021 which related to deaths which took place before the start of the reporting period.

0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement review, which is based on the Royal College of Physicians (RCP) tool.

2.2.12 Standards for Seven Day Services

In 2021/22 having undertaken a further risk-based review the Trust remained non-compliant with standard 2 (consultant review within 14 hours of admission), standard 5 (access to diagnostics – MRI at weekends) and standard 8 (regular consultant review of high dependency patients).

In 2021/22 there was no requirement to make an assurance statement to the Board. However, quarterly progress reports were reported to the Trusts Quality and Safety Committee, a sub- committee of the Trust Board. The quarterly reports demonstrated that progress was made to achieve 7-day equitable access to MRI scanning and reporting, on care group recruitment to improve weekend access to consultant review and on the establishment of a divisional review process to facilitate divisional oversight and ownership of seven-day service compliance.

2.2.13 How our staff can speak up

Staff are encouraged and supported to speak up and have various ways of doing so. Staff are encouraged in the first instance to raise issues with their line manager, often concerns can be resolved at this level. However, it is recognised that some staff may not feel comfortable in taking this route, especially if the concern being raised pertains to their line manager.

Staff can raise concerns with:

- Any manager/ leader within their department
- Freedom to Speak up Guardian/ Champion
- Their Human Resource Adviser/ Manager
- Executive and non – executive leads for Freedom to Speak Up
- Chief Corporate Affairs Officer
- Chairman

Staff can raise concerns in different ways such as:

- Face to Face (verbally)
- In writing (letter/ email)
- Telephone contact

Staff are also advised of external reporting routes if they are unhappy with using any of the internal reporting routes or if they indicate that after raising a concern they do not feel the concern was investigated in line with Trust procedures, for example Care Quality Commission, and recognised professional or union body.

Staff who speak up are advised to report incidents where they feel due to speaking up they have come to a detriment. If it is found that this is the case, the Trust will take appropriate action to mitigate the risk to the staff member concerned and if necessary appropriate action taken under the Trusts disciplinary procedure. Staff are also regularly referred for additional support after raising concerns to our staff support team and or Occupational Health by agreement with the staff member.

Once an outcome is received the feedback is given to the person raising the concern either in writing or verbally dependent upon the issue raised, how it was resolved i.e. formally or informally and the preference of the person raising the concern. Anonymous concerns cannot be fed back however the outcome is logged by the Trust.

2.2.14 Guardian of safe working

The year 2021/2022 continued to be dominated by the Covid-19 pandemic. During the first wave (April to June 2020) the Doctors in training were redeployed into acute areas. The result was a flexible workforce supported by senior colleagues; but who have had to compromise on many training opportunities despite the accommodation of speciality colleges and examination boards. Annual leave catch-up was completed by the end of March 2021. The second wave (November 2020 to March 2021) saw a different approach with doctors working shorter periods and rotating back to their specialities as soon as possible. The third wave (April 2021 to date) saw a more restricted redeployment into the Omicron variant wave and saw a fatigued junior doctor workforce with concerns raised with acute medicine about the inability to take breaks and the extra work generated by staff shortages. The Trust had provided wellbeing support with psychologists visiting the wards, wellbeing hubs and a mentoring scheme was offered although the take up suggests that junior doctors find it difficult to seek support, which is a national finding.

Unfortunately, exception reporting dropped from 210 compared with 458 in the previous year, which may in part be reflecting that trainees were committed to their work during the pandemic and they did not want to log their overtime. This may also be in part due to the increased vigilance consultants made to ensure that the shift work ran smoothly and trainees could get home on time where possible. Exception reporting is encouraged to help identify patient safety needs as well as supporting junior doctors to have their correct pay, training and rest. Rota gaps were not analysed in the same way as direct comparisons could not be made as the rotas were rewritten to support the Covid-19 response. Exception reporting has increased in the months of January-February 2022.

The majority of exception reports arise from the acute medical teams and early 2022 is seeing strategic meeting with the JDF to find solutions for staff shortages, delayed locum pay and non-taking of breaks working with medcard clinical leads, the deputy chief medical officer and Trust wellbeing lead.

Development for 2021/2022 included improving attendance to the Junior Doctors forum (JDF) which has already begun with the appointment of the new JDF chair who is the Chief Registrar, and three vice chairs, who will be encouraging speciality representatives to attend again after the pandemic has receded.

By April 2022 the BMA wellbeing fund will need to be spent and so junior doctor mess development plans have been finalised. The pilot for the mirror exception reporting scheme for fellow and trust doctors was delayed by the pandemic but is projected to be in effect by the beginning of quarter 1 2022/23 with the expected improvement of patient safety and junior doctor wellbeing in a section of the workforce who have lacked a voice. Further engagement with educational supervisors to support doctors to exception report will be supported through post graduate medical education and training into 2022/23.

From the wellbeing fund in 2021/22, £27,397 was spent on rest facilities and new bathroom facilities for the Doctor's mess; £32896 remains to be spent. No fines were issued in the last year.

2.3 Reporting against Core Indicators National Core Set of Quality Indicators

In 2012 a statutory core set of quality indicators came into effect. Eight indicators apply to acute hospital Trusts. All Trusts are required to report their performance against these indicators in the same format with the aim of making it possible for the reader to compare performance across similar organisations. For each indicator our performance is reported together with the national average and the performance of the best and worst performing Trusts.

2.3.1 Mortality

The Summary Hospital Level Mortality Indicator (SHMI) is a mortality measure that takes account of a number of factors, including a patient's condition. It includes patients who have died while having treatment in hospital or within 30 days of being discharged from hospital. The SHMI score is measured against the NHS average which is 1, a score below 1 denotes a lower than average mortality rate. It is recognised that the SHMI cannot be used to directly compare mortality outcomes between Trusts and for this reason 'best' and 'worst' Trusts are not shown for this indicator.

SUMMARY HOSPITAL LEVEL MORTALITY INDICATOR (SHMI)	Jun 18–May 19	Jul 18–Jun 19	Aug 18–Jul 19	Sep 18–Aug 19	Oct 18–Sep 19	Nov 18–Oct 19	Dec 18–Nov 19	Jan 19–Dec 19	Jan 20-Dec 20	Dec 20-Nov 21	Jan 21-Dec 21
SHMI	0.81	0.83	0.83	0.83	0.85	0.85	0.85	0.86	0.84	0.90	0.91
Banding	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	Lower than expected	As expected	As expected
% Deaths with palliative care coding	50	49	49	50	49	49	48	47	49	54	54

Source: NHS Digital – https://app.powerbi.com/view?r=eyJrIjoiMjAyMmRjMzItYWZlZC00MWU4LWFjYTQtNzRkODYyNmFmOTYxIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

2.3.1.1 The Trust considers that this data is as described for the following reasons:

- Our data is scrutinised by the Mortality Monitoring Committee and validated through the examination of additional data including daily mortality monitoring drawn directly from our own systems, and monthly analysis of information from Dr Foster. When validated internally we submit data on a monthly basis to NHS Digital. The SHMI is then calculated by NHS Digital with results reported quarterly for a rolling year. Our coding team work closely with our palliative care team to continually improve the accuracy of coding to fully capture the involvement of palliative care services.

2.3.1.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- We have fully implemented the Learning from Deaths Framework and embedded the implementation of the Medical Examiner System. We undertook a review of our mortality monitoring process. We have recruited an additional 6.0 wte posts to strengthen the administrative support to the monitoring process and additional Medical Examiner Officers to support the reviews. We review all deaths to ensure we identify and share every opportunity to learn and improve the care our patients receive.

2.3.2 Patient reported outcome measures

Patient reported outcome measures (PROMs) measure quality from the patient perspective and seek to calculate the health gain experienced by patients following one of two clinical procedures, which are hip replacement or knee replacement.

Percentage of patients reporting an increase in health following surgery		2017-18		2018-19		2019-20		2020-21		2021-22*	
		SGH	National average	SGH	National average	SGH	National average	SGH	National average	SGH	National average
Hip replacement	EQ-5DTM	71	90	66.7	90.2	No Data	90.1	No Data No questionnaires returned			
	EQ-VAS	43	68.3	66.7	69.6	No Data	69.8				
	Specific	75	97.2	100	97.2	No Data	97.3				
Knee replacement	EQ-5DTM	0	82.6	No data	82.7	50.0	83.2				
	EQ-VAS	33	59.7	No data	59	No data	60.1				
	Specific	33	94.6	No data	94.7	100	94.7				

Source: NHS Digital 9 https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/
*2021/22 – No data submitted

For both hip and knee replacement procedures, the EQ-5DTM and EQ-VAS scores give the patients view of their general health improvement. The specific score comes from questions about improvement related to the hip or the knee replacement, higher scores are better. 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 and coupled with the current lack of data collection tool this explains our variance from the national average score for these measures. A new data collection provider was expected to be in place for 2021/22 however, this was not in place until March 2022 which meant that the Trust could not participate in this audit.

2.3.2.1 The Trust considers that this data is as described for the following reasons:

- The Trust was unable to participate in this audit in 2021/22 due to the absence of a data collection provider

2.3.2.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- From March 2022 when the new data provider was in place, to offer patients the opportunity to participate in PROMs and contact the patient at the three month intervals to prompt a further response

2.3.3 Readmission within 28 days of discharge

Emergency readmission occurs when a patient has an unplanned re-admission to hospital within 28 days of previous discharge.

Readmissions	2018-19			2019-20			2020-21			2021-22		
	0-15	16 and over	Total	0-15	16 and over	Total	0-15	16 and over	Total	0-15	16 and over	Total
Discharges	13975	48206	62181	13022	47103	60125	8,522	34,886	43,408	9,945	35, 549	45, 494
28 day readmissions	751	4006	4757	932	4218	5150	524	3,638	4,162	672	3,233	3,905
28 day readmissions rate	5.37%	8.31%	7.65%	7.16%	8.95%	8.57%	6.15%	10.43%	9.59%	6.76%	9.09%	8.58%

2.3.3.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.3.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- By committing to reducing re-admission for all patients irrespective of whether that care is planned or unplanned, by ensuring that all patients are discharged when it is safe to do so and that there is a coordinated approach with our partners and local authorities to ensure that the right support is in place for them.

2.3.4 Patient experience

In the national inpatient survey five questions are asked focussing on the responsiveness and personal care of patients. Our scores are generally in line with the national average shown below. The data below shows the average, highest and lowest performers and our previous performance.

Patient Experience	2017-18	2018-19	2019-20	2020-21	2021-22*
St George's University Hospitals	65	67.2	67.1	65	
National average	68.6	67.2	64.2	67.1	
Highest (best)	85	85	84.2	84.4	
Lowest	60.5	58.9	59.5	54.4	

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework

* The 2021/22 data has not been published at the time of submitting this report. This data will be included in the Quality Report 2022/23.

2.3.4.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.4.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- Continue to maintain and improve performance, by continually engaging with patients, family, friends and carers
- Respond to the findings of our ward and department accreditation programme
- Take improvement waction in line with our Quality and Safety Strategy 2019/24

2.3.5 Staff recommendation to friends and family

We consider that this data is as described for the following reasons: we outsource the collection of data for the NHS National Staff Survey; it is collected and submitted annually to the Staff Survey Co-ordination Centre. The data for 2021/22 shows a 4.8% reduction in staff who would recommend St George's to their friends and families.

Staff recommendation	2017-18	2018-19	2019-20	2020-21	2021-22
St George's University Hospitals	73%	69%	72%	76%	71.2%
Average for Acute	69%	70%	71%	74%	66.9%
Highest Acute Trust	86%	87%	87%	92%	89.5%
Lowest Acute Trust	47%	41%	40%	49%	43.6%

https://www.nhsstaffsurveyresults.com/wpcontent/uploads/2021/02/NHS_staff_survey_2020_RJ7_full.pdf
https://public.tableau.com/app/profile/piescc/viz/ST20localdashboards/Aboutthesurvey

2.3.5.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.5.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- Focus on staff engagement and quality improvement, listening to staff and addressing their concerns.

2.3.6 Patient recommendations to friends and family

Our patients are very positive about our inpatient services in 2021/22 with 97.7% of our Inpatients saying they would recommend our services to their friends and family.

Unfortunately, due to the significant demand for A&E services and the associated waiting times 78.8% of those visiting our A&E department said they would recommend our services to their friends and family.

Friends and Family Test	2018-19		2019-20		2020-21- Dec21		2021-22- Mar 22	
St George's University Hospitals	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient	A&E	Inpatient
Response rate	26.20%	26.40%	15.27%	34.38%	18.97%	28.74%	12.82%	32.71%
% would recommend	87.00%	97.00%	82.41%	96.5%	89.83%	97.5%	77.86%	97.70%
% would not recommend	8.50%	1.00%	12.36%	1.14%	6.52%	0.75%	12.82%	0.60%
National comparison positive response rate	12.3%	24.6%	12.1%	24.4%	80%	94%	81%	94%
National comparison as at March 2020 % would recommend	86%	96%	85%	96%	N/A*	N/A*	N/A*	N/A*
National comparison as at March 2020 % would not recommend	8%	2%	9%	2%	13%	3%	12%	3%

https://www.england.nhs.uk/publication/friends-and-family-test-data-january-2022/

* FFT data collection was suspended in March 2020 and was re-started in December 2020 due to Covid-19. No national data has been published since national collection restarted.

2.3.6.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.6.2 The Trust has taken and plans to take the following actions to improve this indicator and so the quality of our services:

- Continue to improve the quality of its services, by listening to patients and addressing their concerns

2.3.7 Venous thromboembolism

Venous thromboembolism (VTE) occurs when a deep vein thrombosis (blood clot in a deep vein, most commonly in the legs) and pulmonary embolism (where such a clot travels in the blood and lodges in the lungs) causes substantial long term health problems or death. Risk assessments for VTE ensures that we intervene with preventative measures at the earliest possible time. Our scores are better than the national average shown below and were an improvement on the previous year. The data below shows the average, highest and lowest performers and our previous performance.

2.3.7.1 The Trust considers that this data is as described for the following reasons:
- This data is validated through the Trust's informatics and reporting processes

VTE Assessments	2017-18	2018-19	2019-20	2020-21	2021-22
St George's University Hospitals	95.90%	96.0%	93.9%	96.18%	96.8%
National Average	95.80%	95.6%	95.5%	95.33%	N/A
Best performing Trust*	100%	100%	100%	100%	N/A
Worst performing Trust*	72%	74.4%	71.7%	77.16%	N/A

https://improvement.nhs.uk/resources/venous-thromboembolism-vte-risk-assessment-q2-202021/

2.3.7.2 The Trust plans to take the following actions to improve this indicator and so the quality of our services:

- Continue to working to achieve higher VTE risk assessment rates
- Optimisation of iClip

2.3.8 Infection control

We are committed to improving safety by avoiding or reducing Clostridium Difficile which results in shorter length of stay and improved patient experience.

Clostridium Difficile	2017-18	2018-19	2019-20	2020-21	2021-22
St George's University Hospitals *Data is from April 21 to Mar 22					
Trust apportioned cases *Change in reporting: denotes those Cases confirmed due to lapses in care	16	31	8	34	33
Trust bed-days	296,981	282,339	285,321	225,244	278,832
Rate per 100,000 bed days	5.4	11.0	2.8	15.09	11.8
National average	31.2	33	3	21.52	28.47
					99.74
Worst performing trust	113	177	15	90	0
Best performing trust	0	0	0	0	0

NHSI HCAI Dashboard: Trust Overview – Tableau Server (england.nhs.uk) Bed Occupancy: Acute Bed Occupancy – Tableau Server
C. difficile infection: monthly data by prior trust exposure – GOV.UK (www.gov.uk)
Data showing National, Worst and Best performing Trust included all CDIff data. Does not separate Hospital and Community Onset.

NOTE: Hospital capacity has had to be organised in new ways as a result of the pandemic to treat Covid-19 and non-Covid-19 patients separately and safely in meeting the enhanced Infection Prevention Control measures. This results in beds and staff being deployed differently from in previous years in both emergency and elective settings within the hospital. As a result, caution should be exercised in comparing overall occupancy rates between this year and previous years. In general, hospitals will experience capacity pressures at lower overall occupancy rates than would previously have been the case.

2.3.8.1 The Trust considers that this data is as described for the following reasons:

- We have a process in place for collating data on Clostridium Difficile cases. The data is collated internally and submitted to Public Health England. The CCG reviews the root cause analysis undertaken and provides validation as to whether Clostridium Difficile acquisition was due to a lapse in our care

2.3.8.2 The Trust plans to take the following actions to improve this indicator and so the quality of our services:

- Continue to implement a range of measures to tackle infection and improve the safety and quality of our services. These include a strong focus on improved environmental hygiene and antibiotic stewardship supported by continuous staff engagement and education

2.3.9 Patient safety incidents

Patient Safety Incidents	Oct 14-Mar 15	Apr 15-Sep 15	Oct 15-Mar 16	Apr 16-Sept 16	Oct 16-Mar 17	Apr 17-Sep 18	Oct 18-Mar 19	Apr 19-Sep 19	Oct 19-Mar 20	Apr 20-Mar 21	Apr 21-Mar 22
St George's University Hospitals											
Total reported incidents	5,188	5,353	5,453	5,964	5,928	5,548	5934	6268	6697	12352	Data not yet published
Rate per 1000 bed days	34.1	33.2	32.8	36.5	37.6	34.2	39.5	45.3	45.4	51.2	
*National average (acute non-specialist)	37.1	39.3	39.6	40.8	41.1	42.8	46.1				
*Highest reporting rate	82.2	74.7	75.9	71.8	69	111.7	95.9				
*Lowest reporting rate	3.6	18.1	14.8	21.1	23.1	23.5	16.9				

Patient Safety Incidents	Oct 14-Mar 15	Apr 15-Sep 15	Oct 15-Mar 16	Apr 16-Sept 17	Oct 16-Mar 17	Apr 17-Sep 18	Oct 18-Mar 19	Apr 19-Sep 19	Oct 19-Mar 20	Apr 20-Mar 21	Apr 21-Mar 22
St George's University Hospitals											
Incidents causing Severe Harm or death	16	23	20	15	13	14	23	10	9	21	Data not yet published
% incidents causing Severe Harm or death	0.31%	0.43%	0.37%	0.25%	0.22%	0.25%	0.38%	0.16%	0.13%	0.17%	
*National average (acute non-specialist)	0.50%	0.43%	0.79	0.38%	0.37%	0.35%	0.36%				
*Highest reporting rate	5.10%	1.96%	1.33%	1.38%	1.09%	1.23%	0.49				
*Lowest reporting rate	0.05%	0.09%	0%	0.02%	0.03%	0.02%	0.01%				

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-5-treating-and-caring-for-people-in-a-safe-environment-and-protecting-them-from-avoidable-harm-nof/5-6-patient-safety-incidents-reported-formerly-indicators-5a-5b-and-5-4

*As of April 2019 NHS Digital no longer publishes data on the national averages for patient safety incidents

The data submitted to the National Reporting and Learning System (NRLS) was previously published every six months. This has now changed to use annual timeframes, rather than six- monthly, and from 2020/21 the data will now be published on an annual basis.

2.3.9.1 The Trust considers that this data is as described for the following reasons:

- This data is validated through the Trust's informatics and reporting processes

2.3.9.2 The Trust has taken the following actions to improve this indicator and so the quality of our services:

- Continue to work towards enhancing existing mechanisms throughout 2022/23. These include: risk management input into training programmes, increased frequency of root cause analysis (RCA) training, increased involvement from medical staff in following up incidents, a bi-monthly patient safety newsletter and a quarterly analysis report and thematic learning.

Part 3

3.1 Our performance against the NHS Improvement Single Oversight Framework

NHS Improvement uses a number of national measures to assess access to services and outcomes, and to make and assessment of governance at NHS foundation Trusts. Performance against these indicators acts as a trigger to detect potential governance issues and can be seen in the table below.

Key performance indicators

Key performance Indicator	Indicator Description	Target	Annual performance 2018-19	Annual performance 2019-20	Annual performance 2020-21	Annual performance 2021-22
Referral to treatment times	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	N/A (Not reporting)	84.2%	69.3%	72.3%
Referral to treatment times	Number of 52 week breaches	0	N/A (Not reporting)	32	2,644	846
ED access	95% of patient wait less than 4 hours	>=95%	88.4%	83.2%	92.8%	81.6%
Cancer access	% cancer patients treated within 62 days of urgent GP referral	>=85%	86.9%	85.2%	77.1%	72.6%
	% patients treated within 62 days from screening referral	>=90%	86%	88.8%	80.8%	75.9%
Diagnostic waits	Maximum 6 week wait for diagnostic procedures	99%	99%	95.7%	89.8%	98.2%

3.2 Our performance against our Quality priorities in 2021-22

The progress we have made in delivering our quality priorities for last year is set out in the table below and where able, compared with performance for the previous year, 2020/21. All the data used to assess our success in achieving our objectives has been derived from the Trust performance management systems and, where applicable, the indicators are consistent with national definitions. In addition, all qualitative measures of success have been assured through the relevant Trust governance frameworks.

Patient Safety			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**
We will review Nosocomial Covid-19 infection for in- patients at a local and system level and revise infection prevention and control procedures	Reduction in the level of Nosocomial Covid-19 infection when compared with the previous year	We did not achieve this Between April 2021 and March 2022 the Trust had reported 227 cases of HOHA (hospital onset, hospital acquired) nosocomial hospital onset healthcare associated >14 days after admission Between April 2021 and March 2022 the Trust had reported 137 cases of HOPA (hospital onset, probable acquired) nosocomial hospital onset healthcare associated 8-14 days after admission	Important note: National definitions for HOHA and HOPA were not confirmed until June 2020. In 2020/21 we reported 180 cases of HOHA nosocomial hospital onset healthcare associated >14 days after admission In 2020/21 we reported 199 cases of HOPA nosocomial hospital onset healthcare associated 8-14 days after admission
We will ensure timely escalation and response to deteriorating patients	All adult inpatients will have a Treatment Escalation Plan (TEP) Reduction in avoidable harm and death associated with missed opportunities when compared with the previous year Improved response to the National Early Warning Score (NEWS2) when compared with the previous year Reduction in the number of cardiac arrests compared with the previous year	We did not achieve this We monitored TEP performance on a monthly basis in the Integrated Quality and Performance Report We developed an electronic mechanism to monitor the number of TEPs in place for adults within 24 hours of admission In March 2022 37.4% of adults had a TEP in place within 24 hours of admission The number of cardiac arrests in March 2022 was 7.7/1000 inpatient admissions	In 2020/21 we established an improvemen t project and built an electronic TEP in the test domain of iClip In March 2021 33.8% of adults had a TEP in place within 24 hours of admission. NEWS2 audits showed an appropriate response performance of 90.8% in March 2022 The number of cardiac arrests in 2020/21 was 2.3/1000 inpatient admissions NEWS2 audits showed an appropriate response performance of 89% in March 2021 which was a reduction in appropriate response performance from 94.1% in March 2020

Patient Safety			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**
We will ensure the identification, protection and care of patients who lack mental capacity to make certain decisions	We will demonstrate through audit of healthcare records that patients who lack mental capacity are identified promptly and have proper protection and care. We will achieve compliance with our training targets for Mental Capacity Act (MCA) training	We did not achieve this Mental Capacity Act and Deprivation of Liberties (MCA/ DoLs) Training – Level 1 training performance was 85.9% in March 2022 against the target of 85% Level 2 training performance was 69.7% in March 2022 against the target of 85% Important note: In 2021/22 the Trust was awaiting the release of the guidance for the implementation of the new framework for MCA/DoLS – the Liberty Protection Safeguards. The revision of the Level 2 training module was paused whilst the new framework was awaited which impacted on training performance	The electronic forms to standardise recording were implemente d on iClip A Trust wide audit of Consent was undertaken in December 2020 Mental Capacity Act and Deprivation of Liberties (MCA/DoLs) Training – Level 1 training performance had achieved the target of 90% or above since 2019 Level 2 training performance was 79% in March 2021 against the target of 85%
All patients will be supported to give consent for treatment	All non-elective adult inpatients will have a treatment escalation plan (TEP) in place within 24 hours of admission	We did not achieve this In April 2021 35% of adults had a TEP in place within 24 hours of admission, performance in March 2022 was 37.4% At the time of writing this report consent audit data has not been published	In April 2020 45% of adults had a TEP in place within 24 hours of admission, performanc e in March 2021 was 33.8% No consent audit data was available in 2020/21
Embed medical examiner service and learning from deaths processes	Maintain Summary Hospital Level Mortality Indicator (SHMI) within confidence intervals	We achieved this Mortality as measured by the summary hospital-level mortality indicator (SHMI) remained as or lower than expected	Mortality as measured by the summary hospital-level (SHMI) was lower than expected

Patient Experience			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**
We will undertake thematic analysis of our complaints to identify recurrent themes and share their findings	Reduction in the number of complaints when compared with the 2019/20 baseline (complaint numbers impacted in 2020/21 and 2021/22 due to the pandemic)	We partially achieved this We undertook thematic analysis on a quarterly basis which identified recurrent themes: care and treatment; communication; and staff attitude When compared with 2019/20 and 2018/19, the total number of complaints was 1,044	The number of complaints received in previous years was as follows: • 2020/2 1: 708* • 2019/2 0: 956 • 2018/1 9: 1101 *Impacted by Covid-19
Provide an equitable experience for patients from vulnerable groups	Improvement in our self-assessment against the National Learning Disability Standards having had the opportunity to make service improvements following the first self-assessment in 2020	We partially achieved this The second self-assessment was completed against national standards for Learning Disability patients and at the time of writing we are awaiting the results The action plan to address improvements identified against 11/ 79 national standards did not progress as expected due to significant staffing shortages in the team	In March 2021 we received the results of the NHS benchmark assessment that was completed against national standards for Learning Disability patients. There were 107 national benchmark Learning Disability Standards, of which 79 benchmark standards applied to SGH. 48/79 (61%) were in line with the national standard 20/79 (25%) were above the national standard 11/79 (14%) were below the national standard
Improve patient flow particularly with reference to improved discharge processes	Continue with our clinically led long length of stay meeting with local authority input to support patients with complex discharge needs. Progress further the implementation of Red to Green in iClip to highlight the issues that delay discharge Continue to survey our patients on discharge and respond to what they tell us to ensure our patients are equipped with the information they need to manage their health and know how to access appropriate support Continue to improve our process for discharge summaries and enable our patients to leave our care with a follow up appointment or investigation date if required	We achieved this Collaboration continues across SW London and in discussion with local authority partners with reference to Discharge to Assess The multi-agency Discharge Forum has continued The discharge summary for in- patients in iClip has been extended to include a multidisciplinary section for the inclusion of nursing and social care needs	Discharge hub implemente d and aligned to the site team to enable increased oversight of expected discharges Implemente d South West London system approach of agreed discharge to assess process Created a monitoring process: the multi-agency Discharge Forum

Clinical effectivness and outcomes			
Our quality priorities	**What will success look like?**	**How did we do in 2021/22?**	**How our performance compared with 2020/21**
With SWL and St George's Mental Health Trust we will develop an integrated education and training framework for our staff to support the care and treatment of mental health patients in an acute setting	An integrated training and education framework will be in place with SWL and St George's Mental Health Trust	We did not achieve this Progress was impacted by Covid-19 and although this remains an objective of the SWLSTG-SGUH Mental Health reference group, further development work is now needed across the integrated care system in order to drive the work forward	The integrated training and education framework was not developed due to the new post of Head of Nursing commencing in post December 2020
We will embed a culture of quality, safety and learning by implementing the recommendations from the external reviews of our clinical governance processes to ensure they support the delivery of safe, high quality care	Improvements in related questions in the NHS Staff Survey 2021	IMPORTANT NOTE: In 2021 the NHS Staff Survey altered its methodology to focus on 6 People Promises together with Staff Engagement and Morale. https://cms.nhsstaffsurveys.com/app/reports/2021/RJ7-benchmark-2021.pdf Therefore, it has not been possible to make a direct comparison with 2020 scores as set out in the column to the right. We are compassionate and inclusive: Trust score 7.1 (average trust score 7.2) We each have a voice that counts: Trust score 6.5 (average trust score 6.7)	NHS Staff Survey 2020 Quality of Care: 7.6 (average trust score 7.5) Safety Culture: 6.6 (average trust score 6.8)
Deliver care in line with our revised activity plans to ensure our patients do not wait too long for treatment	Achievement of targets for: • Referral to Treatmen t (RTT) within 18 weeks • Diagnostics within six weeks • Four-hour operating standard • Cancer standards	We did not achieve this As reported in section 3.1, page 37 RTT: We delivered against the revised trajectories for 78 week waits other than for General Surgery and Cardiology. As required, we maintained the end of September 2021 position for the 52-week trajectory Diagnostics: We did not meet our diagnostics within 6-weeks standards Cancer: We did not meet our cancer access standards Four-hour target: We did not deliver against the four-hour operating standard	The Trust was unable to supply annual performance for 2020-21 due to the impact of Covid-19 on data reporting and data flows

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and Scrutiny Committees

A1.1 Statement from South West London Clinical Commissioning Group

Thank you for sharing the Trust's 2021/2022 Quality Account with South West London Clinical Commissioning Group (SWL CCG). Having reviewed the Quality Account, we are pleased to see the progress made by the Trust in maintaining high quality care standards despite the challenges of the Covid-19 pandemic.

SWL CCG congratulates the Trust on achieving the majority of the priorities set for 2020/2021 and identifying areas where work will continue into 2022/23. We acknowledge the trusts progress with compliance against the eight 'immediate and essential actions' as part of the ongoing assurance processes for the Ockenden review and being one of only six NHS Trusts in London demonstrating 100% compliance. We recognise the significant work the Trust is undertaking to reduce the routine surgery backlog, which is a key priority. We welcome the continued strengthening of your governance processes across the Trust. The Trust's commitment to partnership working and providing integrated care is evidenced through the new hospital group leadership model between St George's and Epsom and St Helier University Hospitals.

For 2022/2023 the Trust has identified three quality priorities:

- **Improve patient safety:** having the right systems and staff in place to minimize the risk of harm to our patients and, if things do go wrong, to be open and learn from our mistakes
- **Improve patient experience:** meeting our patients' emotional as well as physical needs
- **Improve effectiveness and outcomes:** providing the highest quality care, with world class outcomes whilst also being efficient and cost effective

St Georges Hospital is a partner of the newly formed Integrated Care System for SWL, this partnership will bring about increased collaboration and new ways of working. The ICS will focus on the following quality priorities from July 2022:

- The launch of a new System Quality Strategy. The ICS has been active in developing a quality strategy that will enable greater collaboration to improve quality and tackle inequalities across the system
- Our continuous goal is to improve patient safety, experience and outcomes across health and care.
- The SWL ICS is working in collaboration with all system partners to reduce health inequalities and has adopted Core20PLUS5 as a framework to address systemic inequities and discrimination
- As we establish SWL System Quality and Oversight Committee, we will work collaboratively with all system partners to agree and deliver on our shared system quality priorities.

We look forward to continued work with the Trust under the new arrangements and strengthening our collaborative approach to system quality improvement.

Kind regards,
Dr Gloria Rowland MBE SWL Chief Nurse and Allied Health Professional Officer

A1.2 Statement from Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) welcomes the opportunity to comment on the Quality Account 2021-22 for St George's University Hospital Foundation Trust. We respond with some general comments about the context of the quality performance described in the Account before looking more closely at some of the priorities it identifies. (Please note that our comments are based on a draft copy of the Account which does not contain all the information that will appear in the final version.)

First, we would like to put on record our congratulations and thanks to staff across the Trust for dealing with the extreme demands and pressures of the Covid-19 pandemic. These pressures may be partially responsible for the recent high turnover rates for medical and nursing staff, which create further challenges to the Trust in maintaining high standards of care. It is encouraging that the Trust is intent on improving the job satisfaction and overall well-being of its staff.

The year 2021-22 was dominated by managing the continuing impact of the pandemic. This involved not only dealing with the disease itself, but also meeting the challenge of supporting patients who were experiencing long waits for their appointments and treatment. We were kept informed of formidable systems of investigation into hospital- acquired COVID infections and were also kept abreast of the concerted effort and improvements made to tackle the backlog of patients in broad terms (with some exceptions, including referrals for breast cancer services). We are pleased that, despite many contextual difficulties, the Trust has successfully implemented the recommendations of an independent panel to improve the outcomes of cardiac surgery.

The disruption caused by the pandemic makes it difficult for HWW to make comparisons with the Trust's performance and expectations in previous years. In addition, we have experienced a reduction in our involvement in monitoring the Trust's quality improvement agenda. There have been fewer meetings of the kind that we would usually attend to perform a role in quality monitoring and ensuring that patients can inform service improvements. We continue to be involved through our Healthwatch-nominated Governor, who attends the Patient Safety and Quality subcommittee of the Trust Board; involvement in the Patient Partnership Engagement Group; and attendance at recently established, monthly 'touch base' meetings between the Trust and local Clinical Commissioning Groups. The latter is informative and valuable, but we understand that it is a transitional arrangement only before the South West London Integrated Care System is fully established. We had to suspend Enter & View visits, which are an invaluable way of getting direct feedback from patients and carers about their experiences. We have tried to compensate by organising a series of online and telephone surveys of service users.

The current restructuring of the health and care system, plus the recent joint -staffing arrangement with Epsom and St Helier University Hospitals Trust will bring significant changes to the organisation and governance of the Trust. These are likely to have an impact on our own involvement and opportunities to champion the voice of patients. We would welcome clarity and assurance that any new governance arrangements for assuring quality and safety will be appropriately robust and detailed, and that capacity for monitoring quality within the Trust will not be compromised. We hope over the coming year get to know new staff in key posts and also that there will be more clarity on how HWW and patients will be involved both at Trust level and at the level of the 'provider collaboratives' at the South West London Integrated Care System level.

With reference to the Quality Account process itself, we wish to draw attention to two unfortunate aspects influenced largely by the requirements of Government regulations. One is the rigidity of the Quality Account's content lending to detailed and formulaic statements required by the regulations that convey limited useful information and reduce the readability. The other is the rigidity of the imposed timetable. While stakeholders are invited to comment on the draft Account, the tight publication deadline results in little if any account being taken of those comments in the published version. We have some hope that the system may soon be changed following a review conducted by NHSE with the input of national and local

Healthwatch, including HWW, in 2021. We hope that individual Trusts will have freedom to devise a more rational Quality Account in consultation with their local stakeholders. But, for now we submit our comments under the existing system.

Improving collaboration

We are particularly pleased to see that one of the Trust's priorities next year is to work more closely with local hospitals and partner organisations in South West London. We commented on the importance of this in our submission on the last Quality Account. We hope that the Trust will devote the resources necessary to negotiate and agree cross-boundary pathways in the interests of assuring safe and seamless care between services. There is need for complete clarity about processes such as urgent referrals from general practice and transfers back to community health care and social services.

Hospital discharges

The discharge process is one of HWW's priority areas over the coming year, and we look forward to our future involvement in the Trust's refreshed Discharge Forum. We know that the Trust is already making great efforts to improve its discharge procedures. We have recently interviewed informal carers about their experiences of hospital discharge: respondents highlighted some important issues they thought were needed to improve the experience and outcomes for both patients and carers. We have presented our initial findings to members of hospital staff, and we plan to continue to work with the Trust, NHS England and other key organisations involved in the discharge process. We encourage the Trust to persist in its aim to give patients follow-up appointment dates before they leave hospital. This is one way of ensuring attendance at Outpatient clinics and - in extreme cases – of avoiding being lost to follow-up. The reported number of emergency readmissions for adults within 28 days of discharge from the Trust seem high, and in some cases is directly attributable to 'failed' discharges.

Maternity and perinatal mental health

We congratulate the Trust on the positive news that the midwifery service was found to be 100% compliant with the standards recommended by the Ockenden Review. Continuity of care has become a clear priority for ensuring good outcomes and good care in maternity, as was highlighted when we spoke to local people about perinatal mental health. We hope to be kept informed about progress in achieving continuity of care targets and the other recommendations made in our report.

Investigating mortality and morbidity

We welcome the progress that has been made to improve the Trust's capacity to investigate and report on mortality and morbidity which will provide important learning and help with quality improvement.

Communications

People regularly tell us they would like better communication between the Trust and patients to support co-ordination of their care. We are pleased that patients now have access to electronic records of their care via the new patient portal, MyCareStGeorge's. However, it is not clear at this stage if this will improve patient experience, communication and empowerment and we would like to hear about plans for evaluating this is effective.

We would like the Trust to do more to improve its direct communication with patients (for example, when sending out reminders and appointment information) by using email and landline calls as an alternative to text messaging where this is the patient's preference.

Patient experience and involvement (including Healthwatch Wandsworth)

We would like to hear more about how patients have been involved in quality improvements over the year 2021-22.

It is encouraging that the Trust will make it a priority next year to 'Improve patient experience: meeting our patients' emotional as well as physical needs' and 'to continue to focus on patient feedback, equitable experience and discharge' and plans 'to provide patients with an equitable experience by proactively reaching out with system partners to our communities and our vulnerable groups'. We would like more specific detail about what will happen.

We would have liked to see greater prominence given in the Quality Account to addressing inequalities throughout the reporting, including analysis and stratification of data to demonstrate if there are differences between demographics and to identify patterns of inequality do that the Quality Account can include information about actions to overcome them. One example that highlights the need for additional efforts to understand local health inequalities and capture the needs of a range of patients is that the national patient surveys for both adult and paediatric services were dominated by 'White British' respondents.

We have mentioned above how changes to local structures are having an impact on our own involvement and ability to champion the voice of patients. We would like assurance that there will be a commitment by staff at all levels to listening to the patient voice in quality improvement initiatives and projects, so that the Trust provides care that is tailored to individual needs.

Moving into 2022-3

Finally, HWW looks forward to continuing its engagement with Trust staff at a variety of levels about projects relating to our own priorities around discharge, dementia, hospital discharge, virtual wards and hospital at home.

Healthwatch Wandsworth
6 June 2022

A1.3 Statement from Wandsworth Adult Care and Health Overview Scrutiny Committee

[Not provided due to Covid-19 pandemic]

A1.4 2021/22 limited assurance report on the content of the Quality Reports and mandated performance indicators

[Not provided due to Covid-19 pandemic]

A1.5 Independent auditor's report to the Council of Governors of St George's University Hospitals NHS Foundation Trust on the Quality Report

[Not provided due to Covid-19 pandemic]

Annex 2:

A2.1 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.

NHS Improvement 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 2020/21 and supporting guidance Detailed requirements for quality reports 2010/21

- 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 2020 to 24 June 2022

- papers relating to quality reported to the board over the period April 2021 to June 2022

- feedback from commissioners dated 31 May 2022

- feedback from governors dated 30 May 2022 [Governors invited to comment at Council of Governors meeting]

- feedback from local Healthwatch organisations dated 6 June 2022

- feedback from overview and scrutiny committee dated [Not provided due to Covid-19 pandemic]

- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 [not available at the time of writing]

- the latest national patient survey Inpatient, June 2019; Urgent and Emergency Care, October 2019; Children and Young People, November 2019; and Maternity, January 2020

- the latest national staff survey dated March 2022

- the Head of Internal Audit's annual opinion of the Trust's control environment dated [Not provided due to Covid-19 pandemic]

- the CQC inspection reports dated 18 December 2019

- 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

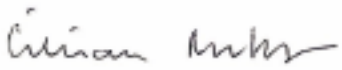
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

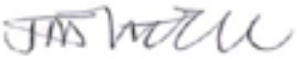
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporate the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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.



Gillian Norton
Group Chairman
22 June 2022



Jacqueline Totterdell
Group Chief Executive
22 June 2022