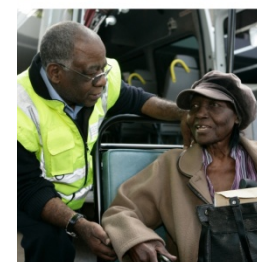
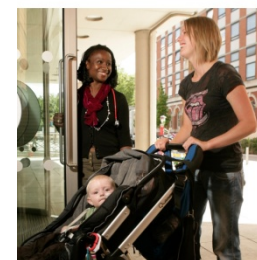
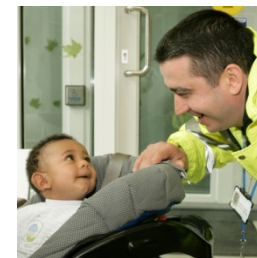


Guy's and St Thomas' NHS Foundation Trust

Southwark Scrutiny Committee
24 March 2014



Achievements against quality and safety priorities 2013/14

Quality Accounts: Progress update

Patient Safety

Quality priority	Objectives	Progress at Q3
Keep our patients safe and reduce the risk of harm	<p>We will reduce pressure ulcers, with zero attributable grade 4 pressure ulcers across our hospital.</p> <p>We will reduce moderate and severe harm events associated with falls by at least 10% in our hospitals and inpatient community services.</p> <p>We will achieve our 2013-14 C.difficile target of no more than 47 cases during the year.</p> <p>We will put in place an improvement programme to reduce the number of urinary tract infection associated with catheters.</p> <p>We will achieve 100% compliance with the WHO surgical safety checklist in all areas where our policy requires it to be used.</p> <p>We will have zero 'never events'.</p>	<p>One grade 4 pressure ulcer acquired</p> <p>Achieving a 10% reduction (n=3) is likely.</p> <p>On target to achieve this.</p> <p>Improvement programme in place.</p> <p>Significant improvement in compliance.</p> <p>One never event in May 2013</p>

Quality Accounts: Progress update

Patient Safety

Quality priority	Objectives	Progress at Q3
Keep everyone informed about our performance	<p>We will create a 'hub' of quality and patient experience information on our website, increasing the frequency, content and quality of data that we publish, including links to information about our services published by other organisations.</p> <p>Each hospital ward and community inpatient service will publish its Family and Friends Test results and provide regular updates on other performance and patient safety measures, including the number of days since the last patient safety incident and what has been done to prevent it happening again.</p>	<p>Content for 'hub' being finalised for publication before end of March.</p> <p>Achieved</p>

Quality Accounts: Progress Update

Patient Safety

Quality priority	Objectives	Progress at Q3
Capture how we are doing	In line with our acute and community CQUIN we will embed the national patient safety thermometer in the hospital and roll this out to community services.	Achieved

Quality Accounts: Progress Update

Clinical effectiveness

Quality priority	Objectives	Progress at Q3
Focus on quality standards from Board to ward	<p>Weekly 'Board to Ward' quality reviews will be considered by the trust's executive directors.</p> <p>Board to ward quality improvement</p> <p>We will report progress via the quarterly Patient Experience and Safety Report</p>	<p>Non-executive directors and executive directors have been paired and allocated areas in acute and community services to visit and listen to patient and staff experiences. They will report back to the directorate management team and the Board of Directors.</p> <p>Quarterly Board report achieved.</p>

Quality Accounts: Progress Update

Clinical effectiveness

Quality priority	Objectives	Progress at Q3
Improve communication between GPs and community nurses	We will see further improvement in consistent communication between the community nursing teams and patient's GP after initial assessment of a patient and following discharge.	Monitoring improvement has been a challenge due to limitations of the IT system.

Quality Accounts: Progress Update

Clinical effectiveness

Quality priority	Objectives	Progress at Q3
Protect the future health of local children	We will continue this improvement programme and will achieve our CQUIN target to increase the proportion of MMR1 and pre-school booster immunisation.	Achieved

Quality Accounts: Progress Update

Patient Experience

Quality priority	Objectives	Progress at Q3
Improve our complaints and PALS services	<p>We will formally review both our complaints and PALS services and will recommend and consult on improvements to processes that will ensure rapid Trust-wide learning from the feedback we receive</p>	<p>A review and consultation was undertaken, the proposal to merge PALS and complaints has been put on hold pending national guidance following the Clwyd-Hart report.</p>
	<p>We will improve the timeliness and quality of our responses to complaints</p>	<p>A satisfaction survey is being carried out of all complainants where the complaint closed in 2013.</p>

Quality Accounts: Progress Update

Patient Experience

Quality priority	Objectives	Progress at Q3
Improving the care of vulnerable patients	<ul style="list-style-type: none"> •Focus on individualised care for patients with dementia including early assessment, identification and communication •Caring for carers of patients with dementia •Achieve a 10% increase in referrals to the Dementia and Delirium Team (DaD) •Achieve a 30% increase in the use of the delirium bundle •Build on work achieved via Barbara's story to develop a culture of knowledge, understanding and empathy amongst staff and take the project forward to the next phase. 	<p>Achieved. CQUIN dementia screening target met.</p> <p>CQUIN achieved monthly carers survey established and actions being taken forward.</p> <p>Achieved.</p> <p>Achieved. Currently 79-80 uses of the bundle per month.</p> <p>An evaluation has been completed and 5 further episodes of Barbara's story have been launched.</p>

Quality Accounts: Progress Update

Patient Experience

Quality priority	Objectives	Progress at Q3
Extend user involvement in our quality checks	<ul style="list-style-type: none">•We will continually assess the quality of our care, through Safe in Our Hands Ward accreditation system carried out by our staff and governors. We will invite representatives from our local community to participate in assessments and feedback sessions•Following a pilot, further develop our mystery shopping programme and report our findings to the Board	<p>Achieved. All inpatient wards completed the accreditation programme with the continued participation of our governors. Local residents and patients took part in the PLACE assessments.</p> <p>Achieved. Our mystery shopping programme has been rolled out to more than 14 locations and a new call quality assessor initiative developed. Quarterly updates are included in the Patient Safety and Experience report to the Board.</p>

Quality Accounts: Progress Update

Patient Experience

Quality priority	Objectives	Progress at Q3
Achieve our hospital and community patient experience CQUIN targets	<ul style="list-style-type: none">•We will roll out and embed the Friends and Family Test across our hospital wards and Accident and Emergency Department at St Thomas'•Achieve our community patient experience CQUIN via a programme to roll-out near-time patient experience system across our community services	<p>Achieved. The test is rolled out to inpatients, A&E and also maternity services in line with the 2013-14 CQUIN requirements. Work is ongoing to embed further in A&E and maternity.</p> <p>Achieved. Near-time feedback system has been rolled out to inpatient units and domiciliary care services (adults and children)</p>

Quality Accounts: Progress Update

Patient experience

Quality priority	Objectives	Progress at Q3
Improve our outpatient department efficiency	<ul style="list-style-type: none">•Reduce the number of patients who 'do not attend (DNA)' or cancel their appointments•Reduce how long patients have to wait for their first appointment•Reduce clinic waiting times	<p>While the profiled reduction has not been met there has been a reduction in DNA numbers.</p> <p>Comparing waits with 2012/13 there has been a reduction in long waits for a 1st appointment</p>

Quality and Safety priorities 2014/15

Quality and Safety priorities 2014/15: Patient safety (*DRAFT*)

Consolidation of progress in basic patient safety practices: including use of the WHO surgical checklist and the NHS Safety Thermometer; keeping numbers low through attention to detail, case working and root cause analysis.

Adoption of the London Quality Standards for emergency care: improving the timeliness and regularity of clinical review by consultants, better to support patients admitted as emergencies or identified as acutely unwell.

Quality and Safety priorities 2014/15: Patient safety (*DRAFT*)

Investment in IT to support real time tracking of clinical decisions: major improvements in the systems used to record patient location and condition and the interventions and decisions made by clinical teams

The handover project: bringing in new ways of working to ensure safe and seamless handovers as clinical acute care teams come on and off shift

Quality and Safety priorities 2014/15: Clinical effectiveness (*DRAFT*)

Partnership working: we will improve the way we exchange information with primary care, with a special focus on patients discharged to our local colleagues in Lambeth and Southwark.

Peer comparison and support: we will look to share clinical expertise across the trust and compare the effectiveness of specific approaches with colleagues in Kings Health Partners and the Shelford Group

Quality and Safety priorities 2014/15: Clinical effectiveness (*DRAFT*)

Build capacity in perioperative assessment: We will double our efforts to improve the preparation and management of vulnerable patient groups before, during and after surgery.

Community based services: improving the offer
Further work to develop district nursing, the Hospital @ Home, and proactive care to help patients with long term conditions manage their health

Quality and Safety priorities 2014/15: Patient experience (*DRAFT*)

Complaints and PALS: maintaining the focus and discharging the recommendations of recent national reports

Barbara's trust: Continuing our focus on recognising and being responsive to the experience of older people, especially those with dementia and delirium

Quality and Safety priorities 2014/15: Patient experience (*DRAFT*)

Friends and Family Tests and other surveys: we will work to improve our scores about the positive experience of care across all settings

Full adherence to new principles of care for dying patients: management oversight to ensure good practice is adhered to

Mortality

Mortality

Hospital Mortality

The number of patients dying in hospital during June – November 2013 averaged 80/month which is similar to the numbers in 2012 but less than that for 2011 and 2010. These deaths occurred mostly in patients admitted as emergencies and we did not see an excess of deaths in patients >75years.

Hospital Standardised Mortality Index (April - September 2013)

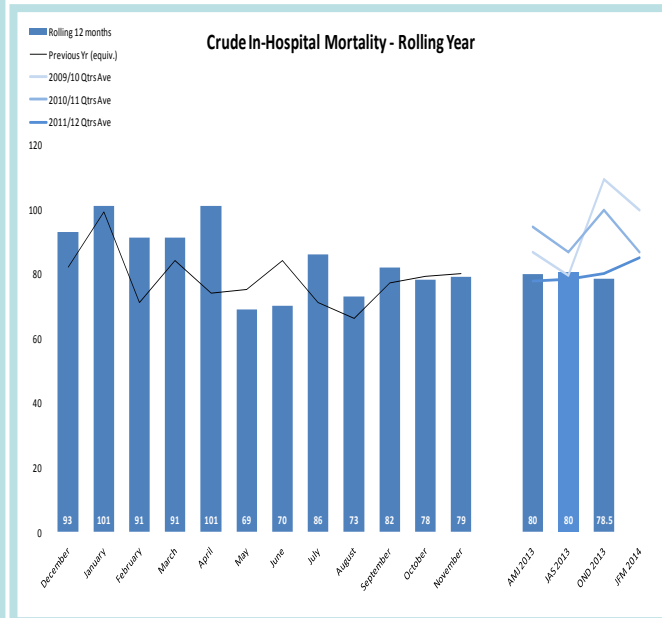
This remains at a low level compared to other NHS hospitals (Fig 1).

Weekend Emergency Mortality (April - September 2013)

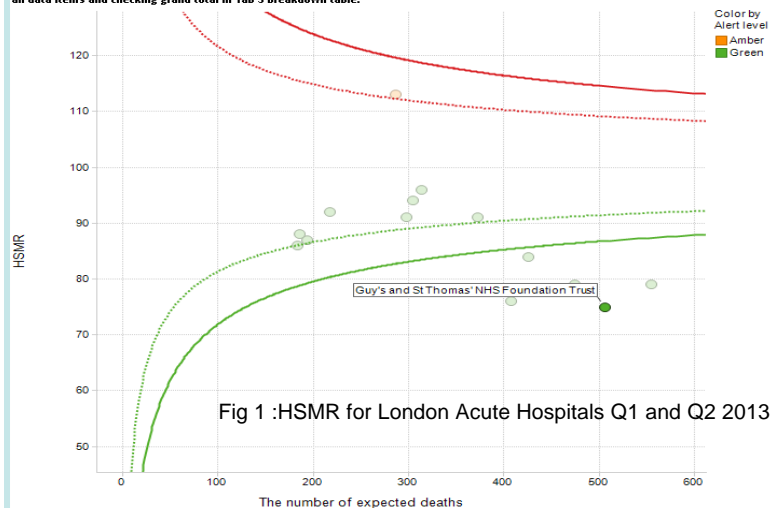
The Hospital Standardised Mortality Rate for patients admitted as an emergency at a weekend remains low compared to other NHS London hospital (Fig 2).

Review and learning from deaths in hospital

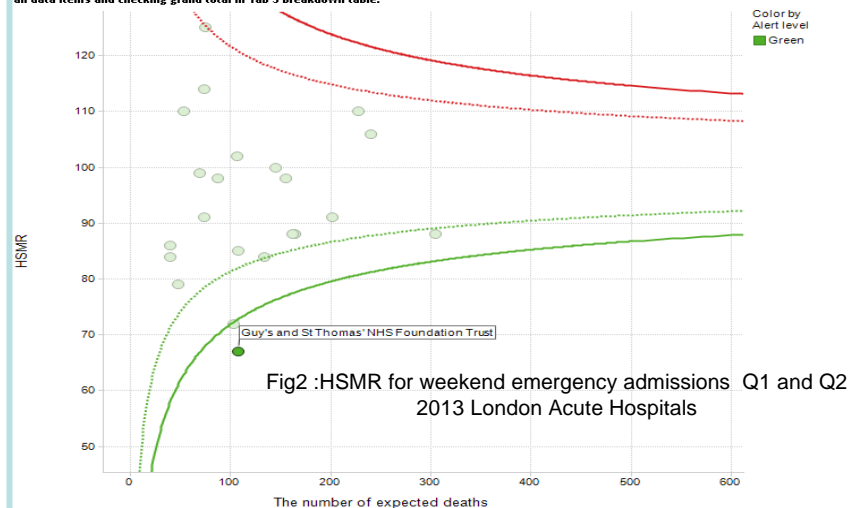
We are piloting a new system so that all deaths of patients in hospital are reviewed both to identify any patient safety learning points and also (particularly for those deaths that are expected) the quality of end of life care management.



Please note that funnel plot is only valid when HSMR score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.

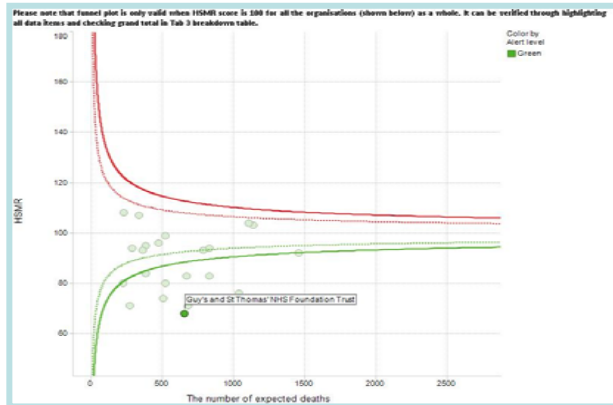


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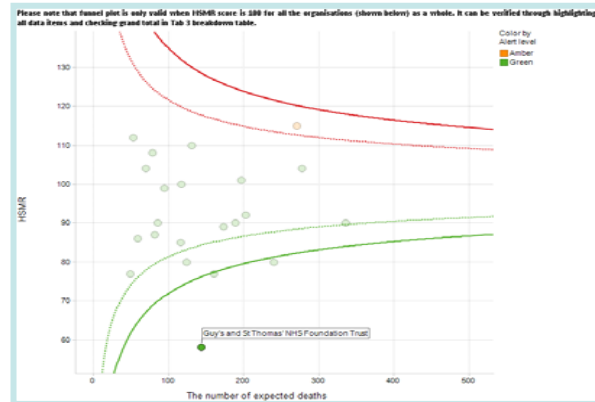


Mortality - Dr Foster Hospital Guide Trust of the year

HSMR 2013/14 for London Acute Hospitals



HSMR for weekend emergency admissions 2012/13 for London Acute Hospitals



In December Guy's and St Thomas' were named in the Dr Foster Hospital Guide, an annual healthcare report, as the only trust in England to be rated as 'better than expected' for all four key mortality indicators:

HSMR (Hospital Standardised Mortality Ratio) – measures whether the number of patient deaths in a hospital is higher or lower than expected, HSMR is based on 56 conditions that account for 80% of deaths

SHMI (Summary Hospital-level Mortality Indicator) – based on all conditions, this includes deaths in hospital and deaths in the 30 days after discharge from hospital. Death in low risk conditions and deaths after surgery.

The Dr Foster Hospital Guide 2013 uses a range of measures of mortality to rank hospitals in England for the year 2012/13. The GSTT score in each is given here, the NHS average is 1.00.

•Hospital Standardised Mortality Rate (HSMR)	0.67
•Standardised Hospital Mortality Index (SHIMI)	0.78
•Deaths following treatment for Low- Risk Conditions	0.32
•Deaths after surgery	0.74

Guy's and St Thomas' was the only trust in England rated better than expected for all four of these measures and was awarded the London Trust of the year.

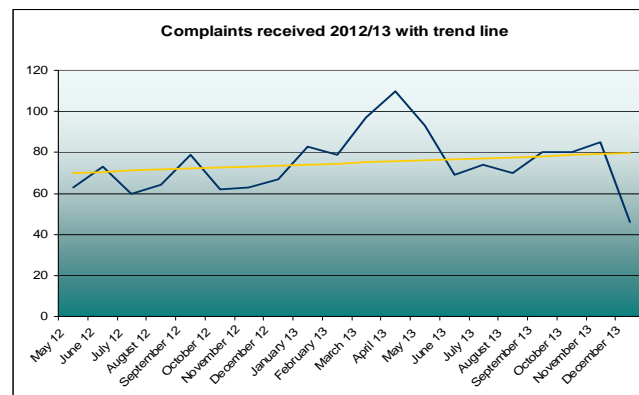
Weekend Mortality

The guide looked at mortality following emergency admission of patients at weekends. Guy's and St Thomas' was one of eight hospitals that were identified as having very low mortality rates at weekends.

Complaints

The chart illustrates the overall upward trend in complaints across two years, 2012 and 2013.

The supporting paper provides examples of complaints received and the action taken to improve care and services as a result.



The chart shows the subject of all complaints received by main subject during 2013, many complaints involve more than one subject.

The four most complained about areas are:

- clinical care
- communication/information
- waiting times/delays/cancellations
- attitude/behaviour of staff

The Trust numbers reflect the national picture for the main areas of complaint.

