

Annual Quality Report and Accounts 2013

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Contents

Foreword from the Chief Executive Officer,	3
Introduction to the GSTS Quality Account.....	4
How quality is embedded in our values, behaviours and strategic themes	5
What are Quality Accounts and what do they mean to GSTS and the public we serve?	6
GSTS Current Quality Position	8
How we are prioritising quality improvement in 2014	12
Statement of Assurance from the Board	19
'You Said, We Did'	21
Other Quality Successes in 2013.....	22
Statement of Directors' Responsibilities in respect of the Quality Report.....	25

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Foreword from the Chief Executive Officer, Richard Jones

Welcome to our Quality Account for 2014.

GSTS is a scientific organisation with a clinical purpose, and I am delighted to set out in this paper the central role of quality in delivering this purpose.

Looking back on 2013, it was a year of transition and reassurance for our stakeholders, partners and patients. We and they undertook several major service reviews, assessing the fundamental quality of service and our customer offering. All of our sites had unannounced inspections by the CQC and passed with flying colours. Audits with and by our customers resulted in some real improvements in a number of areas including reduced waiting times for Phlebotomy, and faster test results for A&E services.

We also strengthened our assurance framework in establishing an organisation-wide Governance Risk and Quality Committee that provides assurance to our Board.

In the year ahead, I want to build further on our successes and I plan to invest further to improve services to our patients, partners, commissioners and stakeholders.

We conducted a comprehensive review of the Francis Enquiry recommendations and I want to ensure that our learning from these findings is built into this quality account and our overall strategy.

Dr Ian Barnes Pathology Quality Assurance Review has just been published and our early response is included below.

This Quality Account has been prepared and written under the National Health Service (Quality Accounts Regulations) 2010 statutory instrument No 279. I confirm that I and my Executive team have reviewed the available information on the quality of GSTS services as described in these regulations.



To the best of my knowledge the information in this document describing progress in 2013 and objectives for 2014 is accurate.

Signature

Richard Jones, Chief Executive Officer

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Introduction to the GSTS Quality Account

Within the following pages we are outlining the content of our quality account demonstrating our key performance quality indicators and metrics and also telling you about several improvements we have and are about to deliver to ensure that Quality is at the core of our service and our organisation.

As this is our inaugural set of quality accounts we will be publishing these with our annual financial accounts so that you the customer can view both sets of accounts in tandem.

The Quality report gives you an indication of some of Quality successes for last year and also identifies areas that we want to improve on in the coming year. Our stakeholders, staff and commissioners all contributed to the decision making process in choosing the quality key performance indicators.



Some Facts About GSTS

GSTS is one of the country's largest pathology providers. We employ over 1000 individuals consisting of Clinician, Laboratory MLA's, to Biomedical Scientists.

We carry out 24 million tests annually and have a turnover of £98 million.

We received 78 compliments and 80 complaints in 2013. On investigation, we found trends in the taking of bloods, staff conduct and waiting times. We acted upon them and made several changes to improve our services.

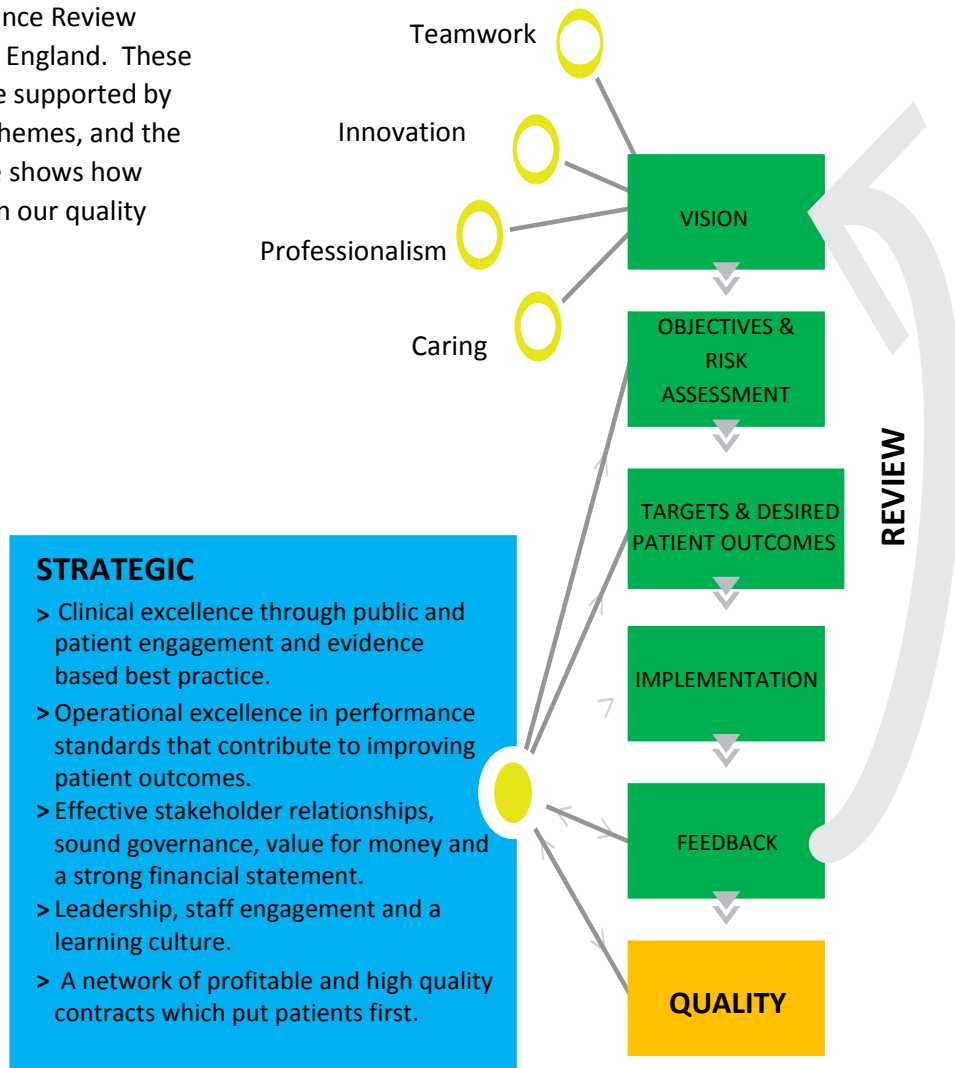
Quality can be defined for our purposes as 'the right result on the right specimen from the right patient that is accurate, timely, and properly interpreted'

Jonathan Edgeworth Medical Director

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

How quality is embedded in our values, behaviours and strategic themes

GSTS promotes a corporate wide set of behaviours similar to those recommended in the Francis Report and by Dr Ian Barnes, Chair of the Pathology Quality Assurance Review Board for NHS England. These behaviours are supported by our strategic themes, and the chart opposite shows how these underpin our quality account.



We try to build quality into everything that we do in IT. This means understanding what people need, by when and putting the resources and effort in place to deliver it. We don't always get it right, but I'm convinced that we constantly learn and constantly improve.

Marc O'Brien, Chief Information Officer

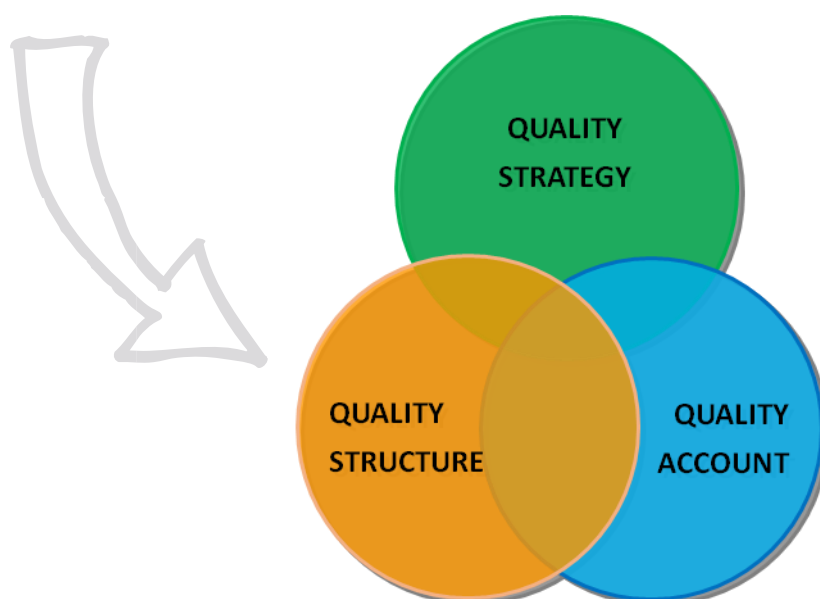
Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

What are Quality Accounts and what do they mean to GSTS and the public we serve?

Quality Accounts are annual statements. They are written for the public by all NHS organisations that provide healthcare. Quality reports and accounts are set against the context of three overlapping key themes which can be used to define quality of care.

The Quality Account can be seen as a 'self-assessment tool'. The value of which has never been more relevant or vital in the light of publication of the Independent Inquiry Report (2013) by Robert Francis QC into the serious fallings identified in the Mid Staffordshire Hospital, NHS Foundation Trust.

The Francis report found that there were systemic, deep rooted and fundamental deficiencies within the Trust, which the Board, managers and staff failed to take appropriate action to resolve.



'Our focus in operations is on delivering operational excellence, which has quality at its core. For me that's a journey towards being the best employer that we can be for our staff, having clear and simple processes that everyone understands, and working hard to increase our cost effectiveness'.

Rab McEwan Chief Operating Officer

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

In conducting his review, Mr Francis stated:

‘People must always come before numbers. Individual patients and their treatment are what really matters. Statistics, benchmarks and action plans are tools not ends in themselves. They should not come before patients and their experiences.’

Dr Ian Barnes, NHS England’s Chair of the Pathology Quality Assurance Review Board said:

“Patient safety is paramount and is an essential part of everything the NHS does. It’s important that when mistakes are made like those in the testing of cancer patients at Sherwood Forest Foundation Trust that systems are reviewed and scrutinised for the benefit of patients and the public. Stringent assurance processes need to be in place to ensure testing is robust and of the highest standard to maintain the confidence of patients and medical staff alike. What I’ve offered through my recommendations is a way to improve structures, process and governance, with the aim of improving patient outcomes”

Dr Ian Barnes recommends:-

1. NHS England facilitate a new Oversight Group to keep a high level view of quality in pathology in the NHS, help open up quality data to support transparency, and to oversee the implementation of the recommendations.
2. Skills in quality management and improvement are updated through continual training as well as training in new developments.
3. Roles and responsibilities for maintaining and improving quality should be formalised, and testing and reporting methods be standardised.
4. A culture developed where any errors made, are done so in an environment primed to detect and correct them, seeking constantly to improve clinical and working practices through continuous learning, sharing and innovation.
5. Transparency within the quality assurance framework should be introduced allowing doctors and patients to clearly see how well the laboratory processing their test is performing.
6. A sharper focus on strengthening existing structures should be developed, rather than introducing new layers of management, and that these practices should be embedded in provider governance and assurance framework.
7. Commissioners take a more active approach to managing contracts with their pathology providers, to ensure that they are of high enough quality to serve and protect patients and offer value for money consistently across the country.
8. Laboratory processes should be harmonised so that patients can be confident about the consistency of their test results, especially as they start to gain access to their personal health records that may contain reports from different pathology services.

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

GSTS Current Quality Position

We believe that the GSTS Quality Account is an integral part of patient and public engagement by encouraging ongoing dialogue with our patients, the Board, managers, clinicians and staff about improving quality of care and service delivery. It allows us as an organisation to assess our quality of care and show our commitment in driving forward improvements and learning from best practice evidence.

The Quality Account lets us tell the story of our progress against set priorities and allows us to set further key priorities for ongoing and sustained improvement.

Reflecting on the evidence and recommendations within these reports and the over arching objective of the Quality Account for NHS organisations we have concluded that the purpose of this report for GSTS is:-

- To show how we encourage and respond to feedback and challenges from patients, the public and our external stakeholders.
- To explain to our patients and staff where we need to make improvements and how we will improve.
- To be held accountable for delivering quality improvements.
- To demonstrate our commitment to continuous evidence based quality improvement across the whole range of patient services that we deliver.

Effective Quality Accounts raise the profile of quality improvement across the organisation from the Board to our Laboratory staff.

We hope this Quality Account will provide a springboard for discussion amongst our staff and customers about how we are improving patient care and outcomes, and how we can work together in the interests of delivering safe and effective healthcare.

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

GSTS fully recognises the seriousness of the findings identified in the Francis Report and subsequent public inquiry and feels that it is important that this Quality Report includes the relevant recommendations to underpin our quality account. GSTS has identified and implemented learning points by fully reviewing the recommendations and understanding their implications for the services we deliver.

Failures at the Mid Staffordshire Foundation Trust were so serious, that GSTS feels that there are clear lessons to be learned by all healthcare providers, and specific areas of attention for GSTS.

All recommendations have been carefully considered by GSTS staff, the organisation's Board and our commissioners and regulators. We recognise the need to work together to create a culture where patients and their voices are truly heard at the heart of service providers to the NHS.

The Francis Report's key themes run as a thread throughout our Quality Strategy.

Part 2 of this Quality Account Report details our main areas of focus drawn from the Francis Report as well as other areas of strategic and regulatory importance.

THE FRANCIS REPORT KEY THEMES ARE:

- STANDARDS AND METHODS OF COMPLIANCE
- OPENNESS, TRANSPARENCY AND CANDOUR
- SUPPORT FOR COMPASSIONATE CARE
- STRONGER PATIENT CENTRED LEADERSHIP
- ACCURATE RELEVANT USEFUL INFORMATION

"Quality is at the centre of everything we do at GSTS. This applies equally to the support functions in Finance and Procurement who exist to provide a high quality service to our internal customers and to drive better operational and financial outcomes through first class analysis and insight. Any organisation with a strong culture of quality will be effective and cost efficient, which perfectly supports the financial ambitions of GSTS and its members."

David Brown, Chief Financial Officer

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

GSTS's strategic aims and how they fit with the Francis Report and Doctor Barnes's recommendations are detailed below:

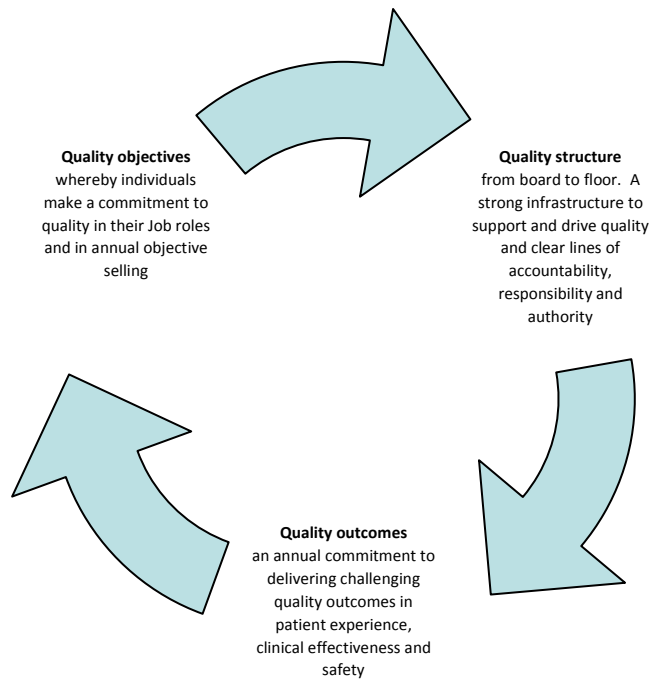
- **Clinical excellence** – Providing a positive patient experience in patient facing services eg Phlebotomy, while improving clinical outcomes and patient safety through feedback, investment in best practice, innovation and continuous service improvement
- **Operational excellence** – Achieving challenging diagnostic and screening test turnaround times, service efficiency whilst still putting the patient first, for example through reduced waiting times.
- **Effective stakeholder relationships, sound governance, value for money and strong financial standards** – Delivering NHS contractual standards, collaborative planning and service review, internal and external audit.
- **Leadership, staff engagement and a learning culture** – Developing our workforce and employment proposition, motivating and enabling our people to deliver excellence and compassion in a culture of openness and transparency.
- **A network of profitable and high quality contracts** – Efficient delivery of high value services means we are able to reinvest more profit back into the service.

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Providing high quality service is at the heart of everything GSTS does, but this can only be achieved if the organisational structure is at its strongest.

To ensure our organisational structure is at its strongest, we designated 2013 the year of quality, in which we improved and formalised our quality structure. This incorporated Site specific quality leads, A ‘Board to Floor’ quality committee and meeting structure, and the appointment of three additional Quality Managers. GSTS’s first ever Governance Risk and Quality Committee, Chaired by the Chairman of the GSTS Board, was held in February 2013.

The Quality structure is illustrated below:



‘Here at GSTS the HR department is committed to the highest possible levels of employee engagement through establishing and maintaining a positive employee relations environment. We aim to appoint and develop our people in line with GSTS’s success as a quality pathology service provider, and to reward individuals for delivering a quality oriented performance’.

Steve Bennett Human Resources Director

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

How we are prioritising quality improvement in 2014

Our focus remains on providing an excellent service to our patients in an organisation where both the users and the staff feel cared for. When areas of poor performance are identified, we are committed to learning lessons, implementing changes and supporting staff in training, learning and supervision where necessary.

Our patient and staff surveys, patient feedback, incidents, clinical audits, management review groups and Board committees all contribute to shaping our priorities, giving us focus and helping to identify areas for improvement.

GSTS used the NHS Quality Account Toolkit to inform how we engage stakeholders in prioritising targets for quality initiatives in 2014.

We have engaged with our clinical teams and our senior leadership team internally to establish where our focus will be.

This was a critical process in ensuring our efforts continue to be relevant and credible. Our approach shows that the public view and a clinical view has been listened to and included in planning our priorities.

Our staff were an important source of ideas for improving quality in 2014, and gave us direct and powerful feedback on the best ways to significantly improve the quality of service that we provide.

'The OPMS framework integrates quality at every level of reporting and review to reflect a granular level of detail in operating performance'.

Con McGarry, Performance Improvement Manager

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

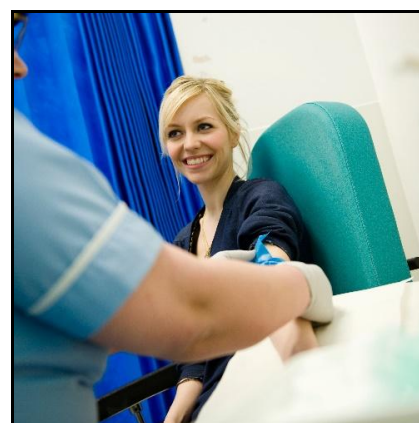
One Organisation is a campaign that we launched in 2013 to **Define** our stakeholders, **Listen to their Feedback**, **Transform** our culture, and deliver real **Outcomes** that matter to quality.



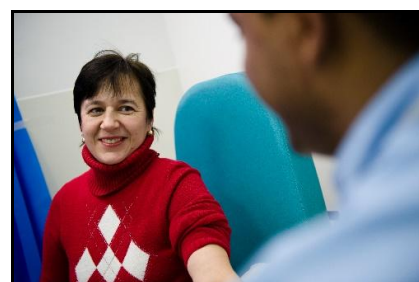
To determine what matters most to our stakeholders, we reviewed feedback, complaints and committee reports (particularly Governance Risk and Quality Committees), which covered a range of topics. Following the review we refined our priorities to those which we felt would 'stretch us' in delivering the highest possible quality of care. Then we surveyed our staff and other stakeholders, asking them to identify any opportunities we had missed and to prioritise.

The initiatives were assessed in terms of:-

1. **Impact** – By considering the likely improvement in safety, outcome and experience.
2. **Feasibility** – The ease of implementation, resources required and likely time to completion or delivery.
3. **Measurability** – Can the priority we have set be measured accurately in order that we can show improvements?
4. **Outcomes** – Will the initiative improve patient outcomes in the areas of safety, effectiveness and experience?



The patient is at the heart of everything we do



Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Following a further consultation with our service commissioners and customers and our senior leadership team and staff representatives the following priorities have been approved and confirmed for the year 2014.

Patient Safety	Clinical Effectiveness	Patient Stake holder & Partner Experience	Key Priorities for GSTS 2013/14
<p>Reduce incidents of harm to staff and patients.</p> <p>Achieve a significant improvement in GSTS Health & Safety Performance rating.</p> <p>Further develop a culture and process for reporting laboratory errors and events to drive quality improvement.</p>	<p>Implementation of a single Quality Management system for all that we do.</p>	<p>Achieve improvement in the areas of most concern to patients.</p> <p>Achieve improvement in phlebotomy patient survey results.</p> <p>Implement a regular customer survey across primary and secondary care.</p>	<ol style="list-style-type: none"> 1. Raise awareness of patient and staff incident reporting with a reduction in serious incidents 2. Implement a QMS ISO15189 3. Real time measurement of patient and stake holder experiences to support learning and progress.

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Priority 1 - Patient Safety

Ensure staff can work in a culture where safety is paramount

Aims/Goals

- To ensure that our staff work in an environment where safety comes first.
- To implement a Health and Safety Management System across GSTS.
- To improve the safety culture where necessary.

Current Situation and Quality Assurances

The Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC made 290 recommendations which relate to ensuring high standards of patient care by creating a safe and open culture where failings are identified and addressed, communication is prioritised and there is greater transparency on all levels.

GSTS has a strong approach to Health and safety, but this currently borrows from the historic approach on each of our sites. GSTS needs its own universal, high standards of safety in every site, every Laboratory.

Currently GSTS has a strong clinical management structure with a clear point of contact and escalation process. Other initiatives include:

- Robust policies available to all staff on dignity in the workplace, whistle blowing and discipline and conduct.
- An established IR1 incident protocol for reporting adverse incidents recorded in 2013.
- A Serious Incident Requiring Investigation (SIRI) Review (takes place at each site GRQ committee on a monthly basis) who promptly investigate the most serious of incidents.

Identified Areas of Improvement

To improve the organisation's independent audit score against HSG 65 by 18% taking us to 45%, and achieving Level two of the Royal Society for the Prevention of Accidents (ROSPA) Award scheme.

Responsible Officer



Rab McEwan
Chief Operating Officer

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Patient Safety

To investigate and maximise learning from incidents resulting in significant harm

Aims/Goals

- To improve patient safety and experience by strengthening the existing learning process.
- Adhere to the duty of candour as outlined in the Francis Report.

Current Situation and Quality Assurances

GSTS take any incident resulting in harm very seriously and we already have a robust reporting system in place.

Adverse incidents are logged through our IR1 protocol and can be reported by any member of staff.

Early review of the IR1 reports by a dedicated management team means that any incident classed as a serious incident requiring investigation (SIRI) can be rapidly 'flagged up' and acted on approximately.

GSTS fully expects investigation of incidents that result in severe harm to become a mandatory indicator and wish to ensure our process is as thorough as possible as a result.

Accurate and complete data capture is essential to a successful investigative process and this starts with a clear outline of the incident with factual details and it can be downloaded immediately after an incident.

GSTS recognise that partnership working on SIRI's could be improved. Some incidents involve multiple agencies and historically investigations have run parallel to each other when they could and should be intertwined.

In 2014 GSTS will encourage partnership working whenever possible and participate fully in joint investigations in order to improve and speed up resolutions.

Identified areas of Improvement

- To implement use of the 'DATIX'/ Q pulse system which offers a complete workflow where all improvement actions can be managed together and trends identified.
- Develop a regular internal report on mistakes and how we can and have learned from them.
- Triangulate SIRI's with complaints to maximise learning.

An organisation-wide process for sharing learning from SIRIs across senior operational and clinical staff.

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Priority 2 – Clinical Effectiveness

Aims/Goals

To deliver continuous improvement in the clinical effectiveness of the tests that we provide.

Current Situation and Quality Assurances

GSTS is very proud of its track record of improvement in performing in relation to its services. However, improvements can always be made.

Currently, GSTS external accreditation is with Clinical Pathology Accreditation, the industry standard for the UK. CPA sets a high benchmark for all services to achieve. All GSTS laboratories are CPA accredited or in the process of becoming accredited, but we want to go further.

We believe that the International Standard for Laboratory accreditation ISO 15189, sets an even higher standard for clinical effectiveness, demanding continuous improvement, year on year to maintain accreditation.

Current initiatives within GSTS include:

An annual clinical audit plan to target key areas.

- A focused programme of clinical metrics for team leaders and their staff.
- A bespoke Operational Performance Management System (OPMS) with clinical metrics embedded.

Identified Areas of Improvement

To Implement a single Quality Management System for all GSTS services (ISO 15189).

Responsible Officer



Dr Jonathan Edgeworth
Medical Director

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Priority 3 – Patient , Stakeholder & Partner Experience

Utilise feedback from our stakeholders, our partners and our patients to improve patient experience

Aims/Goals

- Improve patient experience by learning from patient feedback
- Improve our customer experience of the services we provide.

Current Situation and Quality Assurances

GSTS is committed to working with service users and their families to make their experience of our services a positive one.

To do this we need to learn from complaints and other feedback, and act to improve our services.

GSTS will conduct a survey in the first and fourth quarters of 2014 to establish satisfaction levels amongst service users and customers.

Most of GSTS's tests results are used by our NHS customers to improve diagnostic and clinical decision making. It is

therefore vital that we provide high quality results in a timely way that is consistently reliable and useful to clinicians.

GSTS has a Customer Service Lead who coordinates our customer interface. We carry out real time surveys, collect and report any issues or concerns, identify trends and respond to requests for further information.

Other initiatives include:

- Listening to patients' concerns and answering their queries.
- Working with patients and stakeholders to ensure their views are used to improve services.
- If a problem can't be resolved, we assist patients in making a formal complaint, and we respond to it in a timely manner.

Through partnership working, we know that

customer service is an integral part of our clinical purpose, and we can do more to improve the clinical utility of our test results.

Identified Improvements:

- Regular Customer surveys, at least bi-annually in 2014.
- A Customer Services Team to be in place across all sites providing a clinical interface.

Responsible Officer



Colin Carmichael
Commercial Director

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Statement of Assurance from the Board

This section provides assurance on statutory requirements of GSTS, and shows that GSTS is performing to essential standards, is measuring clinical performance; and is working across organisation boundaries to improve quality.

During 2013 GSTS provided services to:

- Acute trusts
- Mental health trusts
- CCG's
- GP practices
- Specialists commissioners
- DVLA
- A range of third party Health care organisations in the independent sector.

GSTS Executive Directors have reviewed the data available on the quality and delivery of GSTS services and reported the salient points to its Board of Directors. The GSTS Board has sought assurance on the Quality of services from a variety of independent sources, including:

- Patient surveys
- Partner reviews and stakeholder engagement
- Narrative from complaints and feedback and their resolution
- Root cause analysis of incidents and identified learning
- Pathology internal and external audit reports
- External reviews of quality
- Unannounced CQC inspections
- Leadership walk rounds/ road shows and engagement events
- Cyclic monthly committee meetings as per quality structure overview
- Staff engagement group meetings held regularly on each of our sites
- Our Operational Performance Management System (OPMS) balanced scorecard, which provides a detailed account of performance against a set of quality KPIs at lab, service line and site level.

We aim to put quality at the heart of everything we do and to constantly seek improvement by monitoring our effectiveness. As a part of any service improvement initiative key quality indicators are identified and monitored to ensure that change is embedded without adversely affecting the quality of the services we provide.

Jan Teahon, Pathology Modernisation Director

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

GSTS is required to register with the Care Quality Commission (CQC) and its current registration status is

'registered without conditions in all essential standards'

GSTS had not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

GSTS Pathology is committed to ensuring that all employees have access to learning and development opportunities to enable them to deliver a quality service and to develop in their chosen careers, in accordance with the identified needs of customers, patients and the organisation as a whole

2013 has been a year of many challenges in the face of increased demand, budget, and constraints.

We still face some challenges in the delivery of the quality agenda but our core values and strategic vision remain aligned with being patient focused and clinically led.

It remains important to us to act in a timely manner upon feedback we receive whether it is a concern or compliment. This part of the report shows the response we made in acting on things our staff said, and what we did about it.

The annual Operational and Financial Planning process produces business plans for each service, an essential element of which is workforce planning and the identification of individual learning & development needs.

Individual employee learning & development needs are also informed by the annual Performance Planning Review (PPR) and Personal Development Plan process.

The GSTS Scientific Learning & Development Council oversees the company's investment in laboratory based staffs' development and ensures funding is prioritised to deliver strategic, operational and service quality enhancements.

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

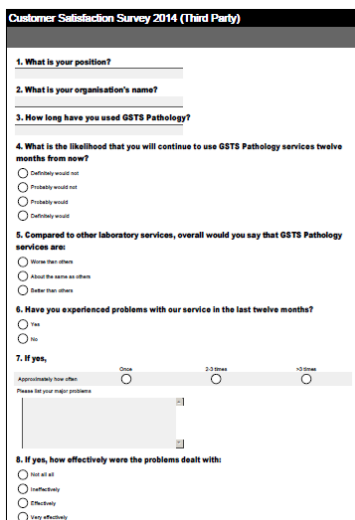
'You Said, We Did'

You said ...

More than 270 of our staff and users took the time to share their thoughts and ideas on what we could do better around three key themes that were identified in the Francis report:

- Putting patients first all the time
- Speaking up safely, and listening to staff and patients.

Below, summarises what you said and outlines how we acted on the feedback.



Customer Satisfaction Survey 2014 (Third Party)

1. What is your position?

2. What is your organisation's name?

3. How long have you used GSTS Pathology?

4. What is the likelihood that you will continue to use GSTS Pathology services twelve months from now?
 Definitely would not
 Probably would not
 Probably would
 Definitely would

5. Compared to other laboratory services, overall would you say that GSTS Pathology services are:
 Worse than others
 About the same as others
 Better than others

6. Have you experienced problems with our service in the last twelve months?
 Yes
 No

7. If yes, approximately how often? One 2-3 times 4-5 times More than 5 times
 Please list your major problems:

8. If yes, how effectively were the problems dealt with:
 Not at all
 Ineffectively
 Effectively
 Very effectively

We did ...

Here's some of the things we've already been working on so far.

Staff Engagement Group (SEG) membership and Terms of Reference refreshed. We're

beginning to consult with them more and proactively asking for their team's feedback.

"Positive mental attitude to colleagues and our work"

Can we add a question into the **outpatients' survey**, so that where we are patient facing (Phlebotomy) we can find out what they think.

We have installed **Suggestion Boxes** around our sites. This was the single most popular request.

Remember there is a patient behind every test"

The **Exit Interview** process has been modernised and will be an online survey.

A **GSTS induction** was implemented in September 2013.

"Establish a measurable plan to improve quality and deliver it"

What Else?

- What we expect from our Managers
- Regular appraisals documented for all
- Use Lab shouts more consistently
- Proactively ask for GP feedback
- More training opportunities
- Recognition
- Clean communication framework
- A single intranet
- 'No-blame' culture

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Other Quality Successes in 2013

The next section of this report highlights other successes in quality improvement in which GSTS has made to improve the quality of our services to patients and stakeholders and also in raising the bar for our staff.

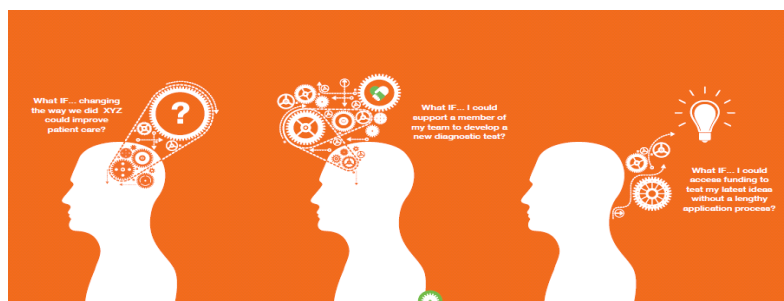
The Innovation Academy

was set up to promote strong peer-to-peer communication on developments within pathology and across the wider healthcare community.

We aim to create an environment supportive of innovation, quality and the development of our future scientific leaders. In short we know that good science equals good medicine.

The four broad themes within the academy are Child Health, Keeping People Healthy, Infectious Diseases and Next Generation Diagnostics.

Dominic Harrington
Scientific Director GSTT



Unlock the 'IF' - and let Innovation Fund your potential!

INNOVATIONacademy



GSTS Operations

Performance Management System - OPMS - is an operating framework that is rooted in ensuring the appropriate actions are being taken on a timely basis, at the right level, to continually drive operational performance improvements. The framework integrates quality at every level of reporting and review to reflect the granular operating performance.

Con McGarry
Performance Improvement Manager

Our H&S Score gave us a platform to develop a GSTS action plan for the implementation of a robust **H&S Management System**. This plan is well underway and has already seen some great successes in 2013 such as standardisation of risk assessment, implementation of lessons learned and the launch of a GSTS H&S forum. Our safety systems are integral to the Quality Management system and enable us to continually improve our H&S performance as an organisation.

Emer Nestor
Health & Safety Manager

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

'Customer service' is core to our business operations and we want to ensure that we deliver the highest possible quality of service to our patients. Our purpose is to make a lasting difference to healthcare and patients' lives. That is why in 2013 we began capturing patient feedback which will inform quality improvements and also highlight any lessons learned.

Colin Carmichael, Commercial Director

Results from our patient experience review 2013

Complaints	
Conduct	11
Experience	35
Health & Safety	7
Waiting Times	19
Samples Missing	3
Wrong Specimin	2
Paperwork Missing	1
Opening Times	2

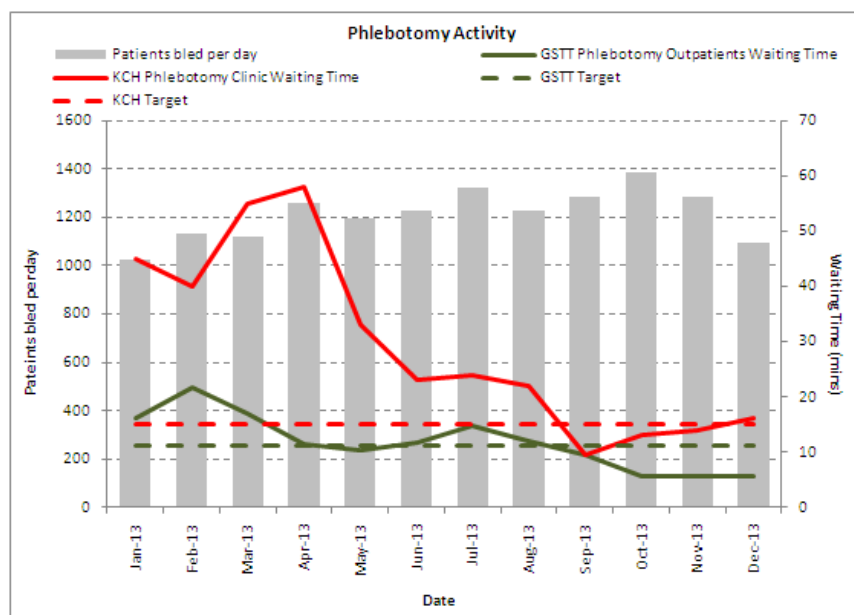
During the course of 2013 we surveyed our Patients and listened to what they had to tell us. The three main areas that required attention and improvement were:-

1. Conduct of staff;
2. The actual patient experience of our service;
- 3.. Patient, customer waiting times.

Compliments	
Conduct	2
Experience	53
Waiting Times	22
Opening Times	1

We introduced a training programme in customer services for all patient facing staff and implemented a 'click ticket' waiting time system as well as increasing our staffing levels within this service. These three changes combined to reduce waiting time by an average of 15 minutes on various sites.

It was noted that following these changes our number of compliments increased significantly which demonstrated that these improvements did improve the quality of the service we provided for our patients service users.

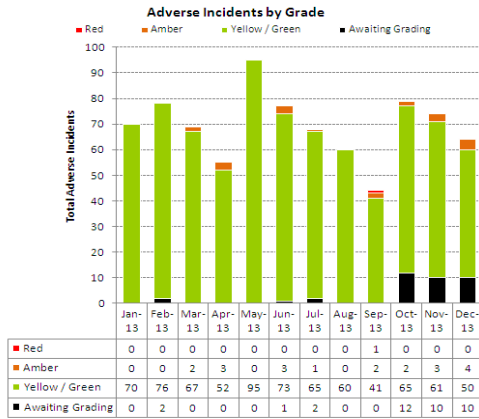


Another of our quality successes which we can demonstrate using our Quality Management System and our Operating Performance Management System clearly demonstrates that we have and continue to reduce our Phlebotomy patient waiting times at both GSTT and Kings Hospitals. Putting our patient experience first while maintaining a quality service.

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Incident reporting, trends and lessons learned

Adverse Incidents



During 2013 we had a total of 833 incidents reported of which the grading breakdown is as follows:

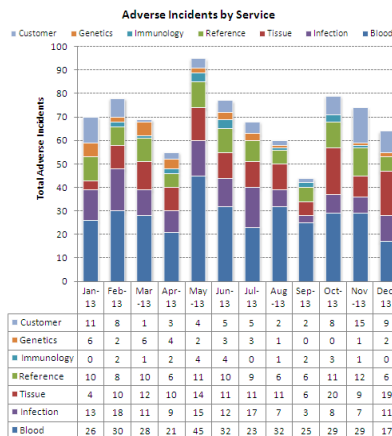
Red = 1
Amber = 20
Yellow/Green = 775

The high proportion of green rated incidents is testimony to the reporting culture in GSTS, where we encourage staff to report near misses and minor concerns or issues, so that significant problems can be anticipated and avoided.

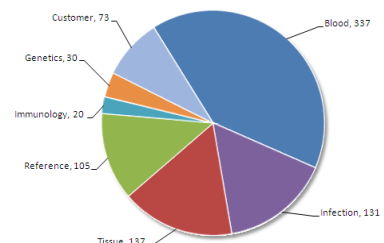
We have a high degree of confidence that serious incidents are being reported and investigated and that lessons learned are being disseminated throughout the organisation. There are regular lab, service line and site level reviews to encourage reporting. To ensure learning we do a root cause analysis of all amber and above graded incidents. Any trends are reviewed at our Governance, Risk and Quality monthly meetings to ensure that lessons are learned and shared throughout GSTS. We implemented a Lessons Learned Group Standard early in 2014.

Following a review of incident trends in 2013 we noticed that we had a number of sharps related incidents, including two HSE reportable RIDDOR incidents. We reinforced the system for capturing sharps 'issues' and reduced risk by standardising equipment across the service. We also implemented 'Management of Sharps in Healthcare Regulations (2013)'. Going forward, we would like to see an increase in reporting of 'Green' rated incidents and issues. To this end we have made this one of our KPI's for 2014.

Throughout 2013 we identified many areas for improvement through incident reporting and management, including better training and recording of training, customer services, turnaround time improvements, better communications, investment in facilities and the patient environment.



2013 Adverse Incidents by Service



Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Statement of Directors' Responsibilities in respect 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 by the DH (document) and the executive team.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period January 2013 to December 2013
 - Papers relating to Quality reported to the Board over the period January 2013 to December 2013
 - Feedback from the commissioners and partners minuted on a monthly basis from the JPC
- The 2013 patient experience survey

- Our staff survey is ongoing and we are continuing to review employment packages.
- GSTS did have a CQC review / inspection during 2013, no identified non compliances.
- CPA/ISO15189 ongoing assessment and attainment
- The Quality Report presents a balanced picture of the Organisation
- 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.

Signed on behalf of the Directors
Rab McEwan
Chief Operating Officer

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014

Invitation to Feedback on the Quality Account

Please tell us what you thought of this Report.

- Did you find it useful?
- Did the report tell you what you wanted to know?
- Do you agree with our priorities for 2014?
- Is there anything else you would like to see included in future reports?

Please tell us by contacting GSTS in the following ways:

Email: customersupport@gsts.com

Post: Customer Services, Francis House, 9 King's Head Yard, London, SE1 1NA

Author	Benita Playfoot	Version	17.0
Authorised by	Rab McEwan	Issue date	April 2014