

Quality Account 2018/19



Understanding You, Inspiring Confidence in our Care, **Working Together,**
Always Aiming Higher, **Making a Difference** in our Community

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Introduction

King's College Hospital NHS Foundation Trust (King's) is one of London's largest and busiest teaching hospitals and is a founding partner of the Academic Health Science Centre with Guys and St. Thomas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust and King's College London University. King's works with many partners across South East London importantly including the two mental health providers: South London and Maudsley NHS Foundation Trust and Oxleas NHS Foundation Trust. King's has strong relationships delivering local services with its borough partners across Lambeth, Southwark, Lewisham and Bromley. King's provides many services across five sites including the following:

Local services such as:

- Two Emergency Departments - one at King's College Hospital and one at the Princess Royal University Hospital
- An elective Orthopaedic Centre at Orpington Hospital
- Acute dental care at King's College Hospital
- Sexual Health Clinics at Beckenham Beacon and King's College Hospital
- Two Maternity Units - one at King's College Hospital and one at the Princess Royal University Hospital.

Community Services such as:

- A number of satellite renal dialysis units, community dental services, and a Breast Screening service for South East London
- The Haven sexual assault referral centres at King's College Hospital and also at the Royal London and St Mary's Hospitals.

Specialist services such as:

- Specialist care for the most seriously injured people via our Major Trauma Centre, our two Hyper Acute Stroke Units, our Heart Attack Centre and our new 60-bed Critical Care Unit on the King's College Hospital site
- Europe's largest liver centre
- Internationally renowned specialist care for people with blood cancers and sickle cell disease
- World leading Neurosciences Institute providing research, education and care for patients who have suffered major head trauma and brain haemorrhages as well as brain and spinal tumours
- A centre of excellence for primary angioplasty, thrombosis and Parkinson's disease
- The Variety Children's Hospital based at King's College Hospital.

Research and Innovation

King's is a major research centre hosting the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) and currently chairing the National Institute for Health Research (NIHR) Clinical Research Network for South London.

King's works closely with King's College London and the Institute of Psychiatry, Psychology and Neurosciences to ensure patients benefit from new advances in care across a range of specialties.

We have over 12,500 staff across five main sites King's College Hospital, Princess Royal University Hospital, Orpington Hospital, Queen Mary's Hospital Sidcup and Beckenham Beacon as well as several satellite units.

Challenges in 2018/19

King's has faced significant financial and operational challenges over the last 12 months. Teams have worked hard to address the financial deficit, and through a range of cost controls and operational productivity programmes, the Trust has reduced its expenditure in staffing and particularly high cost agency spend.

King's has also been supported by various national programmes to improve its clinical productivity with a particular focus on the Getting it Right First Time (GIRFT) programme in Trauma and Orthopaedics, Ophthalmology and Neurosurgery.

Operationally, King's has faced particular challenges in meeting the national access targets, for example, meeting the four hour urgent and emergency care standards (UEC) at both King's College Hospital and the Princess Royal University Hospital sites, and in managing its elective waiting lists for patients waiting for outpatient appointments and/or surgery.

There is a recovery programme focused on all areas of emergency care across the hospitals to improve the waiting times for patients coming through our Emergency Departments. These programmes encompass the whole hospital but also our system partners, as key to success is reducing the large number of patients who come to either ED. In February when the CQC inspected both EDs they found issues at the PRUH that required immediate attention with the doubling up of patients in resuscitation areas and the use of non-clinical areas for patient care. The management of patients was rectified immediately and the team are progressing plans to use any capital resource to improve the environment in the PRUH ED. There was also an issue with one of the rooms in the DH ED and its suitability to assess children with mental health issues. This room is now used for an alternative purpose.

King's has also faced many challenges in delivering elective surgical care in line with the 18 week target. Over this year, the recovery programme ensured that the number of patients waiting for more than 52 weeks for elective surgery reduced from over 700 patients to just below 200. The aim during 2019 is that there will be no more 52 week waiters and that there will be a systematic trust wide approach to substantially reducing the waiting times for patients. During 2018 there was a period where the documentation of patients removed from the waiting list other than for treatment reasons was found to be missing or lacking in clinical sign off. An external audit was conducted by NHS Improvement and internally by the Trust which recommended education and training for managers and booking teams to ensure improved awareness, understanding and application of the national and Trust access policy.

There were also challenges over the year in some cancer pathways, although many pathways have improved in the last few months of the year, much attention is focused on the administration of the 2 week wait pathway and ensuring diagnostic tests are performed in a timely way. King's migrated on to "Somerset" one of the nationally recommended cancer ICT management systems this year in line with many London Trusts. During the migration there were issues with tracking patients from the Trust PIMs system onto Somerset, however there was no patient harm and all rectified by the 17th January 2019.

Finally, the Trust has not been able to meet the diagnostic target across the year. By the end of March 2019, all imaging targets were met with echocardiography across both sites expected to be

compliant by July 2019. The critical outstanding waiting time delays are for endoscopy at the Princess Royal University Hospital. As a result of the increased demand, challenges with capacity and prioritising the two week wait, the large backlog has increased over 2018/19. There is a new recovery programme in place to reduce the waiting times for endoscopy across 2019, using capacity at Denmark Hill, and other providers, with the aim of ensuring that in the future, capacity can meet the increasing national demand for endoscopy. A harm review is being led by the Executive Medical Director to ensure any patients who have waited longer than recommended have increased clinical scrutiny, and this is being augmented by an external medical review.

Achievements in 2018/19

Below are some of our patient outcomes and trust achievements during 2018/19:

Patient outcomes

- Risk-adjusted mortality (death rates) and risk-adjusted readmissions continue to be in top quartile nationally.
- We have lower than expected mortality in high-risk specialties, including liver, critical care, paediatric intensive care, renal replacement therapy and stroke, and around half the national average mortality for our emergency laparotomy surgery.
- Major trauma outcomes are the best nationally for the trauma network of which King's is part
- King's has the highest risk-adjusted 5-year survival rates nationally for adult elective and super-urgent liver transplantation.
- Over 10,000 patients have been recruited to participate in research studies in the current financial year, with King's leading the recruitment table in South London and in the top eight recruiting trusts in the UK. The areas with the highest recruitment are fetal medicine and HIV research.
- King's was rated as the best of 195 hospitals nationally for discharge planning for patients with dementia.
- King's College Hospital performed better than national average for the three key treatment targets for Type 1 diabetes and significantly more patients receive insulin pump therapy than average (32%; national 15%). We also performed better than national average for the number of patients with diabetes seen by the foot care service having major amputation.
- King's performed better than London and national average for key outcomes indicators relating to the care of women with diabetes who are pregnant, including large babies, pre-term deliveries and pre-pregnancy care.
- 98.7% of patients referred to our Fracture Liaison Service are assessed within 90 days, exceeding national average of 80%.
- The Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) perinatal mortality report demonstrated that King's stillbirth and neonatal death rates were 10% lower than peer Trusts.
- Survival following in-hospital cardiac arrest is better than national average for all patient age groups, and 21% survive to hospital discharge compared to 11% nationally.
- King's received 'exceptional' ratings for its organ donation service in the national Organ Donation Audit.
- Leading up to NHS70 we followed the national '*End PJ Paralysis*' campaign, enabling 10,885 patients at King's College Hospital and the Princess Royal University Hospital to 'get up, get dressed and get moving'.

King's staff

- We have improved the way we recognise our excellent staff with the launch of the King's Stars recognition scheme, with support from the King's College Hospital Charity. The scheme includes an annual awards ceremony, a quarterly awards ceremony and instant recognition pin badges and thank you cards designed to be given from line managers to staff.

- 2018/19s flu campaign was the most successful in our history, with 69.8% of staff having the vaccination. We also won the NHS Employers' Flu Fighter Award in the Most Improved Trust category.
- King's Able – Our Disability Network was formed to help build a better future for disabled staff at King's.
- We launched our new approach to appraisals and had the highest percentage of staff complete an appraisal on record: 89% of staff had an appraisal between April-June 2018.
- Our new anti-harassment campaign 'Not a Target' launched across site. Patient-facing posters are displayed in all hospitals, and a staff leaflet has been distributed with more information and details of the anti-bullying helpline.
- The new on-line staff learning, education and appraisal platform (LEAP) was introduced and an Advanced Leadership Programme launched in March 2019.
- We launched two new development programmes to develop, support and retain our staff and prepare them for future nursing leadership roles in the organisation: the Aspiring Matrons programme and the Aspiring Ward Managers programme.
- Over 2500 of our staff have been trained in supporting patients' mental health needs and new mental health staff have been recruited in renal, cancer and haematology teams. In addition, we are running a 'twinning' project, which links the staff on King's wards with those on wards at South London and Maudsley NHS Foundation Trust, so that they can get to know each other and communicate regularly to share skills and experiences in order to improve patient care.
- In July the Trust held two diversity events. The first was the 46th annual pride march that took place on Saturday 7 July. The event was organised by the LGBT+ staff Network in King's and over 30 staff attended the celebrations. The second event was the annual Black Asian and Minority Ethnic (BAME) conference which was attended by 100 staff at King's. The event was organised by the BAME Steering Group and the theme of the event was 'Involve to Evolve'.

King's infrastructure – information technology and environment

- King's is in the process of building a new state-of-the-art 60-bed Critical Care Centre which, when added to the existing Critical Care wards at King's, will be the largest and most progressive in the UK. Feedback from patients who have been treated in critical care has been incorporated into the design. We anticipate stage 1 to open in 2019.
- IT achievements included the roll-out of electronic prescribing and our Electronic Patient Record system at the Princess Royal University Hospital.
- A new entrance was completed for King's College Hospital Emergency Department.
- King's helipad has become the first Major Trauma Centre in London to be granted permission for air ambulances to land at night as well as during daylight hours. This will save up to 90 minutes in transfer time for patients on the Kent coast.
- A new Dialysis Unit opened in Thamesmead in October 2018.



King's volunteers

- Volunteering support continues to expand, with examples including:
 - The Home Hamper Service where we have provided patients with 278 donated food parcels during 2018/19 and 1000 donated food parcels since 2014.
 - The Hairdressing Service - we have two volunteers who provide hairdressing services to patients and have seen 92 patients since August 2018.
 - The End of Life Companion service was launched at the beginning of October 2018. Volunteers support and provide companionship to patients who are actively dying. Support ranges from many tasks such as sitting and talking, singing, listening to hymns, reading and taking patients outside.

Part One: Statement on quality from the Chief Executive

King's continues to place quality, safety and the experience of patients, families and its staff at the forefront of everything that we do. During this year, we have experienced many challenges but have continued to report excellent clinical outcomes and ground-breaking research across the breadth of our clinical areas. Although we have experienced unprecedented demand on our services, 89% of patients across all our services would recommend us and our overall mortality has remained consistently below the national average.

King's has faced significant financial and operational challenges over the last 12 months. Teams have worked hard to address the financial deficit and, through a range of cost controls and operational productivity programmes, the Trust has reduced its expenditure in staffing particularly high cost agency spend.

There were also challenges over the year in some cancer pathways, although many of these have improved in the last few months of the year, with many patients being able to see their diagnostic team within two weeks and then to receive their first definitive treatment within 62 days.

The Trust has not been able to meet the diagnostic target across the year. By the end of March 2019, all imaging targets were met with echocardiography improving across both sites. The critical waiting time delays are for endoscopy at the Princess Royal University Hospital. As a result of the increased demand, challenges with capacity and administrative issues with booking, the large backlog has increased over 2018/19. There is a new recovery programme in place to reduce the waiting times for endoscopy across 2019 using capacity at Denmark Hill, and other providers, with the aim of ensuring that in the future, capacity can meet the increasing national demand for endoscopy. A harm review is being led by the Executive Medical to ensure any patients who have waited longer than recommended have increased clinical scrutiny and this is being augmented by an external medical review.

King's current registration status with the Care Quality Commission (CQC) is 'Requires Improvement' following the inspection in September and October 2017 (report published 31st January 2018). King's was inspected between 30 January and 21 February 2019 for all five domains and we are currently waiting for the report detailing the findings and the overall rating. Some immediate areas requiring improvement were identified particularly concerning the PRUH Emergency Department (ED) and a possible enforcement action section 31 letter this was responded to within 48 hours and immediate actions taken and prospective audits commenced to address the concerns. Both EDs were also required to purchase and install digital locking fridges and this has been achieved. Both EDs were also required to improve the environment for the care of children and young people with mental ill health needs.

The foundations of quality (safety, experience and effectiveness) for the organisation are to listen to feedback from patients and families on the care we provide, to encourage an open culture where all staff are able to raise concerns and report incidents for investigation, to collect and review information on the outcomes of the treatment we provide and to ensure that we review all these and act on the findings through a robust improvement process.

During this year we have strengthened our senior leadership team with the appointment of new Board members and we have actively recruited a high number of clinical staff to ensure we have a stable workforce. This has resulted in the lowest nurse vacancy rate in the country. We have continued to develop our valuable volunteer workforce and engage with younger volunteers through partnership with the Prince's Trust. Our 'King's Way for Wards' accreditation scheme continues to develop and improve quality of care through regular auditing of systems and patient and staff feedback to identify areas for improvement for local teams to address.

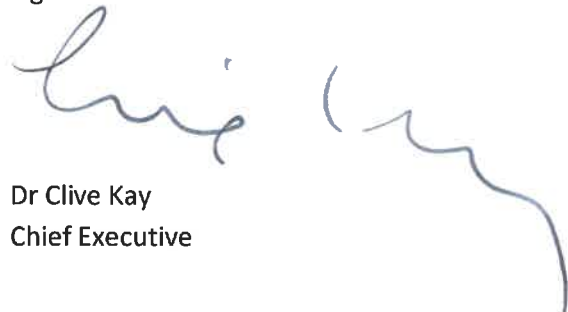
We have developed our improvement methodology and continue to train staff in improvement skills, with local quality improvement projects being undertaken by clinical staff across the organisation. King's is leading the way with the development of 'value-based healthcare' – a model of delivering the outcomes that matter to patients for the best use of resources.

The initiative in which we perhaps take most pride is our new King's Stars award ceremony, which celebrates our many staff who go the extra mile for our patients.

All this work and more is being brought together into a new strategy which is currently out for consultation and feedback from our staff. The strategy will set our future direction, with quality of care at its very heart.

There are a number of inherent limitations which may affect the reliability or accuracy of the data reported in this Quality Account. These include data being derived from a large number of different systems; local interpretations of national data and evolving data collection practices and data definitions. The Trust and its Board have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported, but recognises that it is nonetheless subject to these inherent limitations. The Trust acknowledges weaknesses in the quality of internal data produced with respect to the 4 Hour Accident and Emergency Waiting Times and cancer treatment within 62 days indicators and will work with the auditors to update an action plan to identify areas of improvement. Auditors' found a low error rate in relation to the Summary Hospital-level Mortality Indicator (SHMI) and no pervasive issues. Having had due regard for the contents of this statement and to the limitations as described above including the A&E 4 hour standard, to the best of my knowledge, the information contained in the following Quality Account is accurate.

Signed:

A handwritten signature in blue ink, appearing to read 'Clive Kay', with a long, sweeping horizontal line extending to the right.

Dr Clive Kay
Chief Executive

Part Two: Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement

Results and achievements for the 2018/19 Quality Account priorities

Summary of results and achievements for the 2018/19 Quality Account priorities		
Patient Outcomes		Achieved/Not achieved
Priority 1	Improving the care of people with mental, as well as physical, health needs	Achieved Year 2 of a 3 year priority
Priority 2	Improve outcomes for people having primary hip replacement	Achieved
Priority 3	Improving outcomes for people with heart failure	Achieved
Patient Experience		
Priority 4	Improve outpatient experience	Not achieved – Year 2 of a 3 year priority
Priority 5	Improving the experience of patients with cancer and their families	Partially achieved – Year 2 of a 3 year priority
Patient Safety		
Priority 6	Improve identification and treatment of sepsis	Partially achieved
Priority 7	Reducing harms to patients due to falls in hospital	Partially achieved

Priority 1: Improving the care of people with mental, as well as physical, health needs

Why was this a priority?

This has been an improvement priority for King's College Hospital NHS Foundation Trust since April 2017 and we identified from the outset that it would be a 3-year priority because:

- Nearly a third of people with long-term medical conditions have a mental health condition, and nearly half of people with mental illness have at least one long-term medical condition
- Joining-up the care of both mind and body leads to better patient outcomes
- It is also cost-effective - £1 in every £8 spent on caring for people with long-term medical conditions is linked to poor mental health
- National studies show that there is much that hospitals like King's and Princess Royal University Hospital can do to improve mental health care.



This work has been undertaken as part of King's Health Partners' (KHP) Mind and Body Programme. KHP is a collaboration between King's College Hospital NHS Foundation Trust, Guy's & St Thomas' NHS Foundation Trust, South London and Maudsley NHS Foundation Trust and King's College London University.

Aims and progress made in 2018-19

Achieved: Aim 1 - Increase number of outpatient clinics screening for mental health:

- In March 2018 we had 28 outpatient clinics where screening patients for mental health problems had been implemented and 23,426 screens had taken place.
- By March 2019, we had 29 clinics screening where screening had been implemented and 30,363 screens had taken place. Whilst this is just a small increase this year, a lot of preparation work has been undertaken and we have a further 20 clinics in the pipeline.

Achieved: Aim 2 - Provide self-help resources for our patients and help patients to refer themselves to psychology services:

- An extensive collection of patient-facing resources (30+) has been co-produced with patients and clinicians for a wide range of conditions in areas including rheumatology, neurology and gastroenterology. These are freely available on the IMPARTS website.
- A new online cognitive behaviour programme tailored for long-term conditions has been developed to help patients to self-manage their physical health conditions and associated distress or other psychological needs. Following extensive user-testing, it is currently being piloted (January 2019).

Achieved: Aim 3 - Work in partnership with South London & Maudsley NHS Trust, general practitioners and other local hospitals to develop new ways to join up physical and mental health care to improve the outcomes, experience and safety of our patients:

We have worked in partnership with South London & Maudsley NHS Trust, local GPs and other local hospitals and have improved the joining-up of mental and physical health services. For example:

- We have established a new psychology service for patients with cancer.
- A new steering group is currently clarifying objectives and agreeing the details of a work programme for eating disorders in patients with Type 1 diabetes.
- Building on the success of work in diabetes, mental health screening has been integrated into clinics for patients with heart failure, chronic obstructive pulmonary disease and hypertension, resulting in 750 referrals to the mental health team.
- A new integrated Mind and Body group has been established to increase awareness of all relevant Children's and Young People's services across King's Health Partners (KHP), and provide targeted education and training.
- Work to scope the current evidence base around men's cancers (prostate and testicular) and our understanding of the impact of mental health and psychological factors on cancer progression has been completed.
- A psychiatrist and psychologist have been recruited into the Haematology Institute and a mental health screening and education event is planned.
- A mental health nurse has been recruited to work in King's kidney care services to improve the mental health care and outcomes for patients with moderate to severe mental illness.
- King's medicine and pharmacy teams are working to improve the physical health of South London & Maudsley (SLAM) patients through the provision of advice, guidance and treatment across all four SLAM sites.
- A team twinning project has been established between King's Acute Medicine and SLAM's Acute Inpatient teams, to build a collaborative relationship between the teams and improve multi-disciplinary team working and the quality of patient care.
- A psychology-led review of King's palliative care services has been completed, aiming to improve

"I was referred from the mental health hospital and the staff here still treated me with respect without discrimination."

KAOS (King's Adolescent Outreach Service)


KAOS is a new, unique project to improve the care of adolescents, aged between 16-19 years, in hospital. Ten to twelve patients in this group are spread across many different adult wards at King's College Hospital at any one time. KAOS identifies and supports these young people by liaising with their medical and surgical teams to ensure that their needs are being met not only physically, but also mentally and socially. The service is led by a youth worker who meets with the young person and helps support the medical team in providing more holistic care to this vulnerable group of patients and is supported by over 40 multi-disciplinary team members working in different specialties.



screening, education and training and links with mental health services.

- An in-reach clinic has been established in gastroenterology from the local primary care mental health service.
- A new cross-KHP learning disabilities strategy group was established in November 2018 with the aim of improving the care of this vulnerable population.
- A new collaboration between the adult cystic fibrosis service and the SLAM eating disorders service has been established.

Achieved - Aim 4: Support staff to provide better mental health care through training and supervision:

- In 2018 more than 2,500 KCH staff received training and education on Mind and Body through a range of initiatives including induction, e-learning and face-to-face training.
- A Massive Open Online Course (MOOC) '*Integrating care: depression, anxiety and physical illness*' ran in September 2018 and January 2019 with more than 11,000 people registered.
- Delivery of a 1-day Mind and Body clinical skills course for adult mental health and new courses developed for child mental health, a 2-day Mind and Body simulation course, '*Healthy Lives, Healthy Mind, Healthy Bodies*'. In addition, funded places were offered to all staff for the specialist 5-day '*Mental Health Skills for non-Mental Health Professionals*'.

- A successful Health Education England bid in 2018/19 will enable the development of simulation training on de-escalation, communication and inter-professional working skills for KCH Emergency Department, acute medicine and trauma staff for delivery in 2019/20.

Priority 2: Improving outcomes for people having primary hip replacement

Why was this a priority?

Approximately 750 hip replacements are undertaken a year at King's College Hospital NHS Foundation Trust, with most undertaken on our Orpington Hospital site. Following surgery, patients' rehabilitation is provided either at Queen Mary's Sidcup (QMS) Hospital or at our King's College Hospital (Denmark Hill, DH) site.

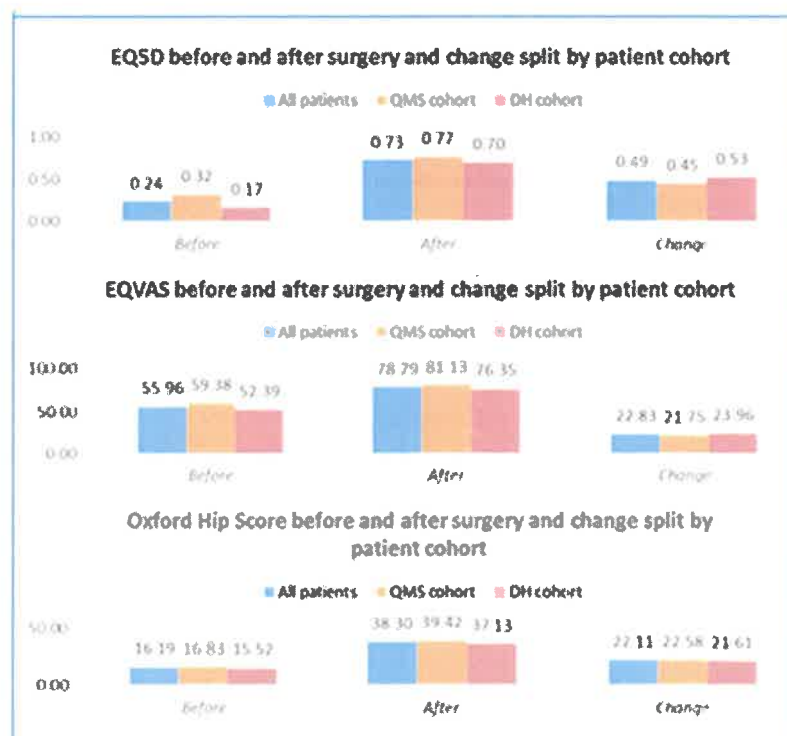
We planned to measure the patient-reported outcomes (PROMS) as mandated by the NHS as well as those outcomes that are important to patients and their carers, such as a return to normal activities and improved quality of life after surgery. The findings will inform service delivery and help us to develop the best approach for all our patients.

Aims and progress made 2018-19

Achieved: Aim 1 - Look at national information already gathered on patients' outcomes after surgery and compare the two services (QMS and DH) in detail

- Patient-reported outcome measures were measured using three internationally validated scoring tools (the EQVAS, EQ5D and the Oxford Hip Score). Patient-reported outcomes improved following hip surgery for both QMS and DH services (see Figure 1).

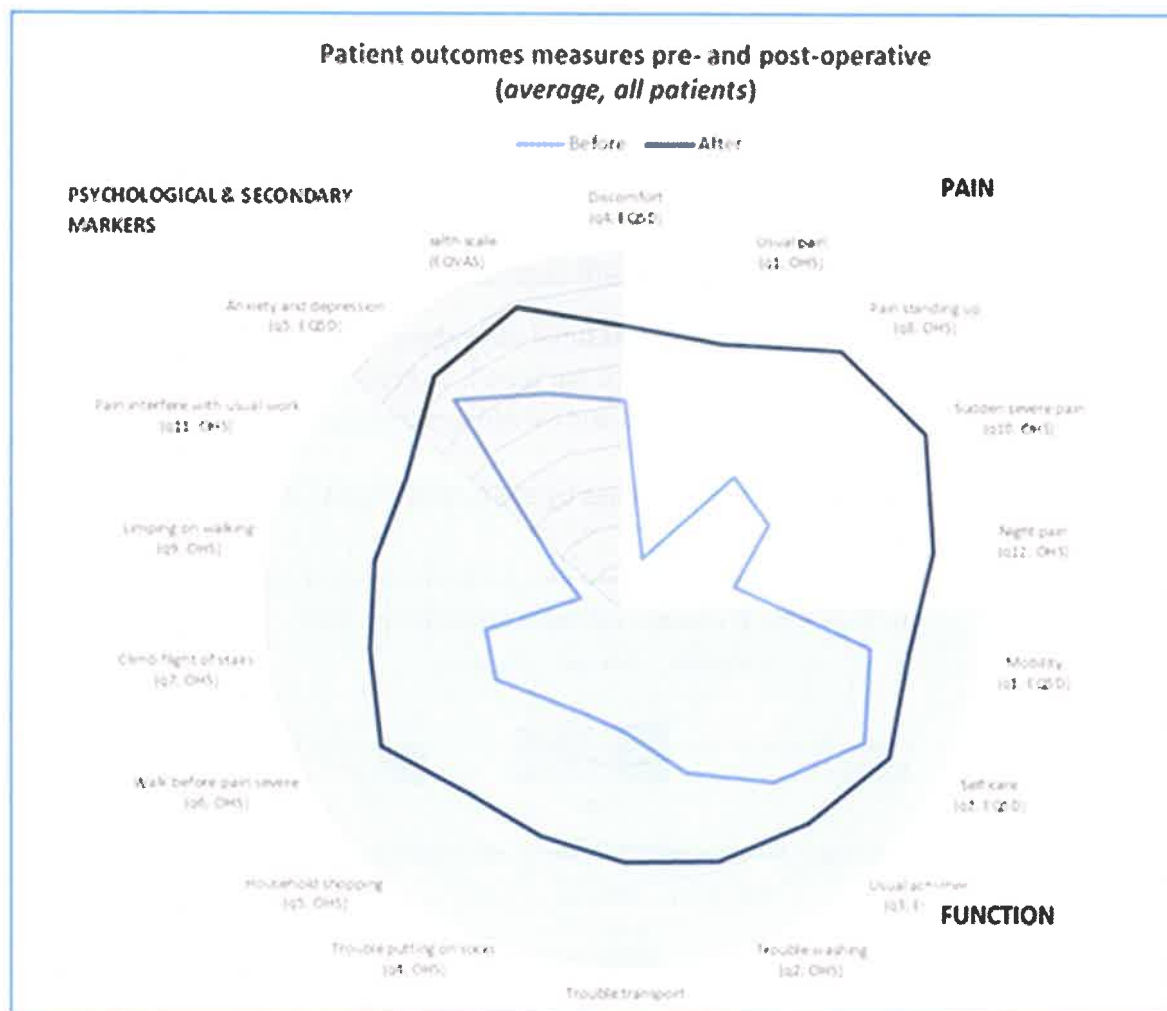
Figure 1: Patient-reported outcomes by EQ5D, EQVAS and Oxford Hip Score



Achieved: Aim 2 - Use this information to develop services that lead to the best possible patient outcomes at both hospital sites

- A method for identifying and using data to measure patient outcomes following hip replacement has been established. Figure 2 shows that, when measuring both physical and psychological outcomes that matter to patients, hip replacement surgery produces excellent results. Additional information is currently being obtained from patients, including addressing those aspects of recovery that are not included in existing measures, such as capacity to return to work.
- An approach for establishing the costs of providing this pathway of care has been developed.
- Work to embed the optimal pathway into routine care is in progress.

Figure 2: Outcomes that matter to patients - understanding what improves and by how much



Achieved: Aim 3 - Share this information with other local hospitals, improve the patient discharge process and information provided after a hospital stay

- This work has been shared with the King's Health Partners Chief Executive Officers' Action Group and Joint Boards, representing the most senior managers from King's College Hospital, Guys' and St Thomas', South London and Maudsley and King's College London University.
- Based on our new knowledge of outcomes that matter to patients and the optimal care pathway, information for patients is being redeveloped.
- This work has been shared nationally and internationally, including with the Institute for Healthcare Improvement National Forum, the International Forum on Quality and Safety in Healthcare, Arthritis UK, Aneurin Bevan University Health Board, the South East London Orthopaedic Network and the European University Hospital Alliance. A paper has been accepted for publication by BMJ Quality.

Priority 3: Improving outcomes for people with heart failure

Why was this a priority?

Heart failure (HF) is the most common reason for admission to hospital for patients over 65 years of age and, without appropriate treatment, is associated with high morbidity and mortality. UK audit data demonstrates that 30–40% of patients admitted to hospital with heart failure die within a year.



Despite this high cost to both the patient and NHS services, recognition of heart failure in community settings is challenging, with many patients remaining undiagnosed. It is estimated that 9,000 people are living with heart failure in Southwark and Lambeth and less than 3,000 are known to services, and the situation will be similar in Bromley. The Heart Failure Service aims to promote the benefits of timely, accurate diagnosis with diagnostic pathways and help people with heart failure live longer, with a better quality of life and in their own homes.

Aims and progress made in 2018-19

Achieved: Aim 1 - Ensure more patients are diagnosed and receive the treatment they need as soon as possible, and to keep people at home wherever possible:

- The Heart Failure Team worked with local GPs to roll out information on using the correct test to detect heart failure (NTproBNP test and echocardiogram). For January to April 2018, this had risen significantly, to 129 GP referrals, 85 having NTproBNP (66%) and 19 (14.7%) others having already had an echocardiogram (2019 data is currently being collected).

Table 1 Heart failure referrals

Period	Number of direct GP referrals to the Heart Failure team	% (Number) referrals having NTproBNP Results	% (Number) referrals having had an ECG
1/4/17 to 30/4/17	54	55% (30)	14.8% (8)
1/4/18 to 30/4/18	129	66% (85)	14.7% (19)

- Between January and April 2017 there were 238 new heart failure patient appointments (GP and other referrals). Between January and April 2018 there were 315 new patient appointments, representing a 32% increase (2019 data is currently being collected).
- KCH has been working with the @home service to provide care for HF patients in their home environment wherever possible. Nationally, there has been a 4.6% increase in hospital admissions for heart failure (National Heart Failure Audit, 2016-17). At KCH, our hospital admissions increased by 3.6% between 2017 and 2018 (April to November 2017 there were 249 patients discharged with a primary diagnosis of heart failure, between April and November 2018

there were 258 patients), indicating that more patients are able to stay out of hospital than national average. We are awaiting publication of the next annual audit results.

Achieved: Aim 2 - Work with local GP practices to ensure that it is easy for GPs to refer the right patients to specialist heart failure clinics

- To speed up the referral process, GPs are now able to refer patients to a single point of access to a Heart Failure Referral Assessment Service (RAS).
- We have worked with Clinical Effectiveness Southwark to provide evidence-based guidelines for the management of Heart Failure in primary care.
- Diagnostic referral pathways have been developed and educational events delivered.
- Two dedicated local GP champions have been identified to work with us and with local GP practices and ensure continuous improvement.

Achieved: Aim 3 - Provide a 'one stop shop' service for patients to ensure they get everything they need in one place, and to ensure they receive treatment quickly

- Protected slots for echocardiography have been secured for new referrals as part of patients' Heart Failure clinic visit, meaning that, wherever possible, patients only have to attend one appointment. An audit of new patient appointments demonstrated that 20% of patients received an echocardiogram on the same day as their review appointment between January and April 2017. This had risen to 36% between January and April 2018 and we expect to see a further increase for 2019 once data is available.

Achieved: Aim 4 - Ensure every patient receives information to help them live with their condition

- A series of patient information leaflets have been developed in collaboration with Guy's & St Thomas', including Medicines for Heart Failure, the Heart Failure Team, Self-Management Tool and Managing Fluid Balance.
- KCH and GSTT produced a series of films to give patients practical advice on how to cope with heart failure. 108 patients used the films between January and March 2018. 2018-19 data is currently being analysed.

Achieved: Aim 5 - Ensure that care continues after the patient leaves hospital

- Referrals to the community team following discharge has doubled. In 2015, 5.2% of discharges were referred, compared with 11.3% in 2017. 2018-19 data is currently being analysed.
- A monthly community HF nurse specialist multi-disciplinary team meeting is held at KCH to ensure effective coordination of patients' care after discharge, including the use of the @home care service to provide care for HF patients in their home environment where possible.

Priority 4: Improving outpatient experience

Why was this a priority?

We continued to focus on improving patients' outpatient experience as part of a three year programme of work, reflecting the scale of the challenge to make real and sustainable improvement. Feedback continues to show that King's falls short on the experience it delivers to outpatients. Despite a strong focus and good progress, scores from the Friends and Family Test have not shown improvement and the number of Patient Advocacy and Liaison Service (PALS) contacts and complaints relating to outpatients continue to be significant.

Aims and progress made in 2018-19

Although a lot of work has been undertaken to improve patient experience, the data shows that we have not yet achieved this. This was only year 1 of the quality priority, however, and we have taken a lot of improvement actions. We are continuing this quality priority for another two years and we aim to be able to report a positive change in patient experience in next year's Quality Account.

Progress we have made to date includes:


Developing outpatient standards

- During the year, we held a number of development and testing workshops with our staff, patients, Members, Governors and Volunteers. New Outpatient Standards were launched in October 2018 for all front line outpatient reception trust across all sites. The standards are comprehensive and include protocols from meeting and greeting patients, informing patients of waiting times to addressing the needs of patients with learning and communication difficulties to support compliance with the NHS Accessible Information Standards. A new working group has been launched to address how we can enhance the support given to patients and their families who have additional communication needs and ensure that we meet these national Standards.
- Alongside the new Standards, a new outpatient receptionist uniform was adopted.
- The bright yellow #hellomynameis badges and a staff pledge were also launched. The badges were initially brought in for patient facing staff and we are continuing to roll them out trust wide as a means of easily assisting patients to identify staff names.



Launching and embedding digital outpatients

- In 2018, we completed our pilot for digital patient letters in our musculoskeletal skeletal (MSK) service at Queen Mary's Hospital Sidcup. The aim of the pilot was to offer patients the opportunity to receive their outpatient appointment letters and other information digitally via a mobile phone or other mobile device. Patients were offered the opportunity, via text message, to opt into receiving the letters digitally. If they consented, their letter was sent to them on their device. This also enabled them to access maps and to translate information into other languages. Success was measured through patient uptake of the service, which at 40% was higher than many other digital interventions, which average 25% uptake. Patient feedback, as well as staff feedback, was positive. It proved difficult to assess potential impact on Did Not Attend (DNA) rates and, over the pilot, DNA rates fluctuated. This could be partly due to seasonality, insufficient data and the length of time in advance that MSK appointments are booked.
- We piloted a new electronic system for updating waiting times in some clinics, called 'InTouch'. This was introduced and tested in key outpatient areas including Suite 3 and the Venetian Building at King's College Hospital and in the Chartwell Unit at the Princess Royal University Hospital. The pilot has received positive feedback from patients and staff who appreciated more information about waiting times in clinic.
- In December 2018, the King's College Hospital Charity provided a generous grant to extend the InTouch system to a further six outpatient areas, including some of our largest specialties where patient feedback about a lack of information on waiting times is poorest. These include:
 - DH: Suite 9, Liver, Suite 7, General Surgery and Urology, Paediatrics, Haematology.
 - Princess Royal University Hospital: Outpatients C which sees patients from Colorectal, Urology, Gastroenterology, Neurology and General Surgery.
 - Orpington: Main Reception with multiple specialties.
- The extension of In Touch will include more detailed waiting times information and identify the consultant's clinic waiting time. There will also be new functionality for mobile check-in and information on waiting times including alerts to let patients know when their appointment slot is imminent. This will allow patients the freedom to leave clinic to get refreshments without affecting their appointment. The project is currently in planning and is scheduled to commence roll-out in 2019-20.
- We will be conducting a large-scale patient survey in the early summer of 2019 to assess the success of this exciting initiative and to see if it improves the experience of patients where the new system has been introduced. The survey will be part of our year three objectives.



Touch screens: "I only waited 30 mins for my appointment but the screen monitor alerted me to that as soon as I sat in the waiting room."

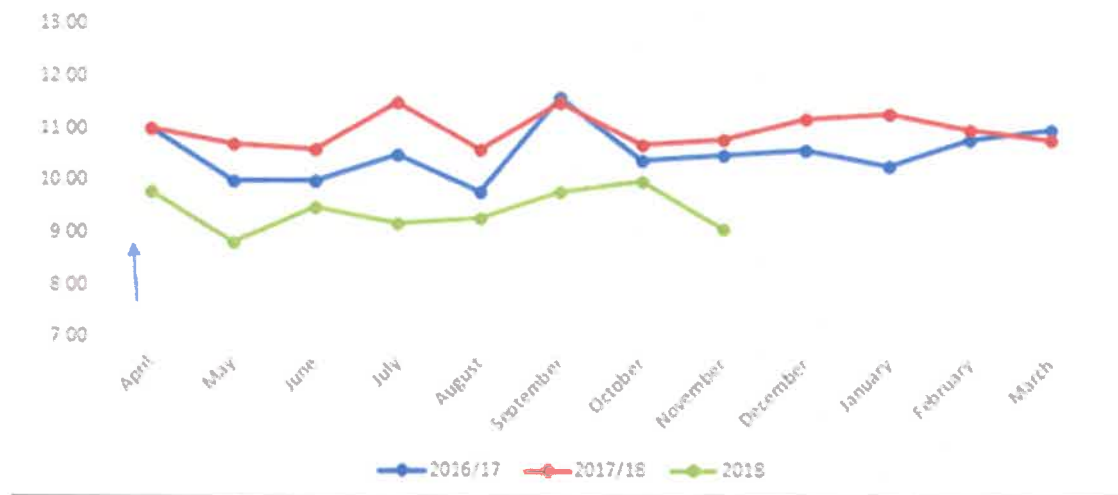
Focusing improvement work in specific specialties

Our plan was to carry out focussed improvement work in three specialties: Neurology, Cardiology, and Dermatology, and we completed the following work in these specialties:

Neurology:

- Clinic room availability was mapped and space freed up to schedule additional outpatient clinics to cope with capacity.
- Additional 'results clinics' provided advice to GPs to enhance the quality of referrals and avoid inappropriate referrals.
 - A pilot to help reduce 'Did Not Attends' (DNAs) was introduced with King's volunteers telephoning patients most likely to DNA to remind them about their appointment. This, along with other measures, has proved very successful and Figure 3 below demonstrates a clear reduction in DNAs in 2018.

Figure 3: Percentage 'Did not attend (DNA)' rate in Neurosciences at King's College Hospital 2016-18



The pilot has now been extended to additional specialties including Haematology, Nuclear Medicine, Radiology and to our therapy services and Ophthalmology (Glaucoma).

Dermatology:

- We reviewed our model of delivery and employed two GPs who are being trained to see patients referred via the cancer 2 week wait pathway. The GPs start by seeing a small number of patients and, as their skills and confidence increase, see a full clinic of patients, under the continued supervision of a consultant dermatologist. The model releases consultants to see more complex patients, whilst up-skilling GPs who become equipped to advise their GP colleagues about the appropriateness of referrals.
- The model started in December 2018 and is being seen as a prototype which, if successful, may be extended.

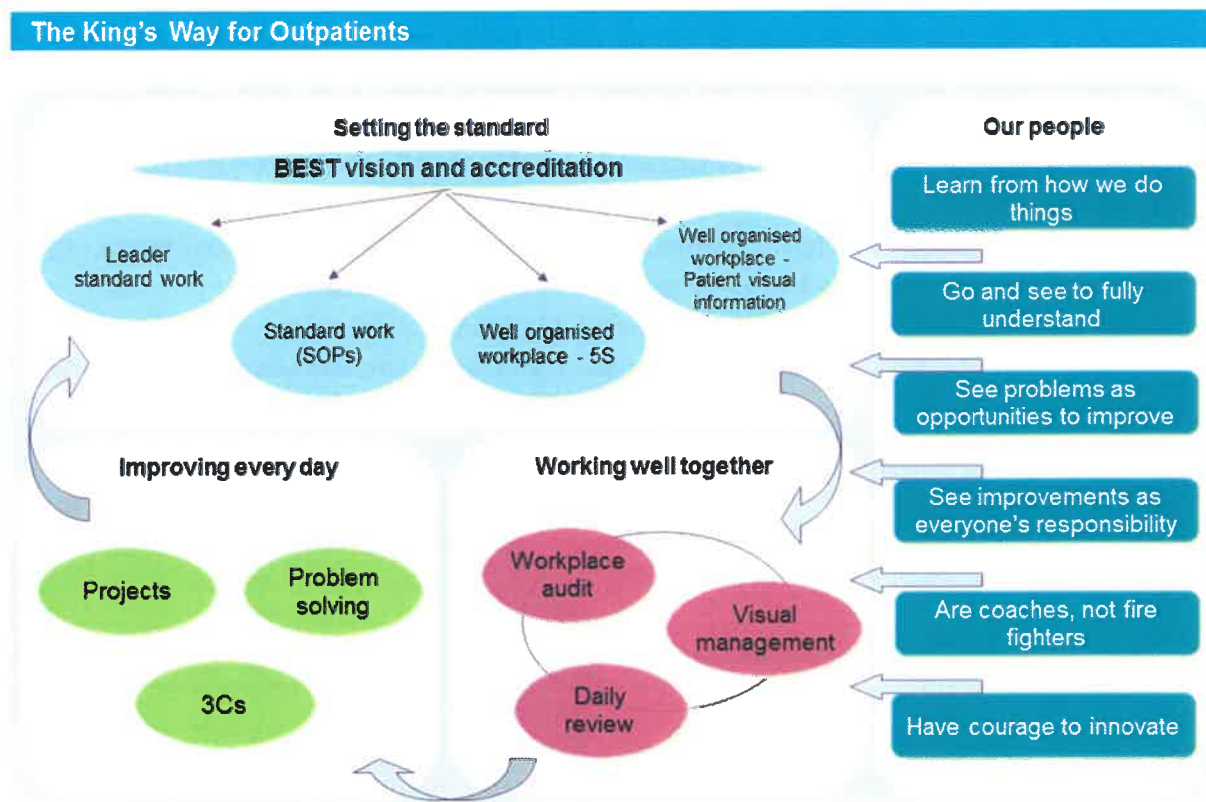
Cardiology:

- Our work in Cardiology focused on the development and pilot of King's Way for Outpatients.

Piloting King's Way for Outpatients

- King's Way for Outpatients aims to bring in standardised ways of working and accreditation of outpatient areas in the same way that the trust has already successfully done on its inpatient wards through King's Way for Wards. This involves taking a close look at outpatient departments across our sites to make sure that they: all follow the same processes; are a pleasant place for patients to be seen and/or treated and for staff to work; and have the skills needed to be able to solve problems or issues that arise.
- Over this year, we successfully piloted King's Way for Outpatients in Suite 6 Cardiology Outpatients at Princess Royal University Hospital. This system will allow us to measure many aspects of our outpatient service and environment and enable us to track how our outpatient areas are performing on a regular basis in order to be more responsive to issues such as waiting times in clinic, cleanliness and organisation of the clinic. As part of this, we have extended the Perfect Ward digital application to outpatients so that we can regularly track how we are achieving our targets.

Figure 4: The King's Way for Outpatients



Delivering coaching and mentoring workshops for outpatient administration staff

As part of our work to improve the experience of our outpatients, alongside the introduction of the outpatient standards, we ran twelve (against target of 24) coaching and mentoring workshops for outpatient administration staff across all sites to improve skills and staff morale. Unfortunately the Trust's financial position has meant that we have not had staff available to provide our target number of workshops. We know that staff who are satisfied with their job are more likely to give a better patient experience so was a key part of our priority. Research clearly shows that when staff have a good experience this extends to our patients.

Priority 5: Improving cancer services for patients and their families

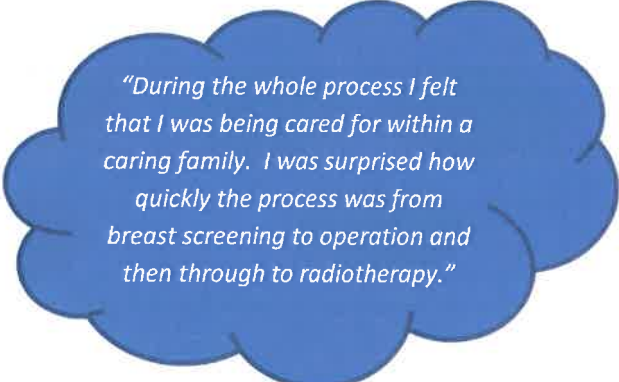
Why was this a priority?

We focused on improving the experience of our cancer patients and their families as we aim to make sustainable changes in how our cancer services are delivered and enhanced. The National Cancer Patient Experience Survey continues to highlight and direct our areas for improvement and will continue to be our marker of success.

Aims and progress made in 2018-19

Partially achieved: Aim 1 – Workforce Development, to give patients better access to specialist staff and to improve communication

- Over the past year we have offered the multi-disciplinary team advanced communication training and level 2 psychology training for relevant staff, which will continue into 2019. Schwartz Rounds have commenced at DH and will be started at the Princess Royal University Hospital in 2019. Schwartz Rounds are a group reflective practice forum which provide an opportunity for staff from all disciplines to reflect on the emotional aspects of their work. They were first introduced in the USA in cancer services and the programme in the UK is being led by the King's Fund.
- Many posts have been adopted by Macmillan to improve access to training as well as Macmillan providing clinical supervision for Level 2 practitioners (since August 2018).
- King's staff have attended the South East London Accountable Cancer Network tumour working groups, biannual cancer away days and team away days, to support and enhance collaborative working.
- We held our first Clinical Nurse Specialist Community of Practice event, to share learning and good practice amongst our Clinical Nurse Specialists who cover a wide range of cancer tumour groups. These will continue twice a year.
- To ensure learning from patient feedback, clinical teams have reviewed complaints, held four patient listening events, and established a pool of interested King's members, volunteers, governors and patients to take part in regular feedback events, working groups and training and interview panels for 2019-20.
- Patient experience, including detailed analysis from the National Cancer Patient Experience Survey, has been embedded into the work plan for each speciality to inform improvement actions.
- Cancer Nurse Specialist (CNS) provision has been reviewed to ensure effective cross cover and we have made two new CNS appointments through Macmillan.



"During the whole process I felt that I was being cared for within a caring family. I was surprised how quickly the process was from breast screening to operation and then through to radiotherapy."

- Further roles to support and develop chemotherapy, psychological input and the recovery package have been agreed, along with increased access to benefit services at Princess Royal University Hospital and DH.

Partially achieved - Aim 2: Accessible information for patients

- Work to optimise the usage and accessibility of the Macmillan Information and Support Centre (MISC) at DH resulted in a 40% increase in usage. In addition we ensured that information is readily accessible to patients at the PRUH and undertook preparation work for the opening of a MISC unit in Orpington by summer 2019.
- A review of current information for patients has resulted in the planning for new cancer information pack, which will include information about different treatments, the role of the multi-disciplinary team and practical information such as financial advice, benefits and free prescriptions.
- A directory of services for Bromley, Southwark and Lambeth has been produced to increase awareness for staff and patients into the services available and how to refer to or contact them. Volunteers have been recruited and trained to be able to signpost patients to information and support.

Work will continue to open the Macmillan Information and Support Centre at PRUH, develop the new cancer information pack for patients and embed our volunteer-led information service.

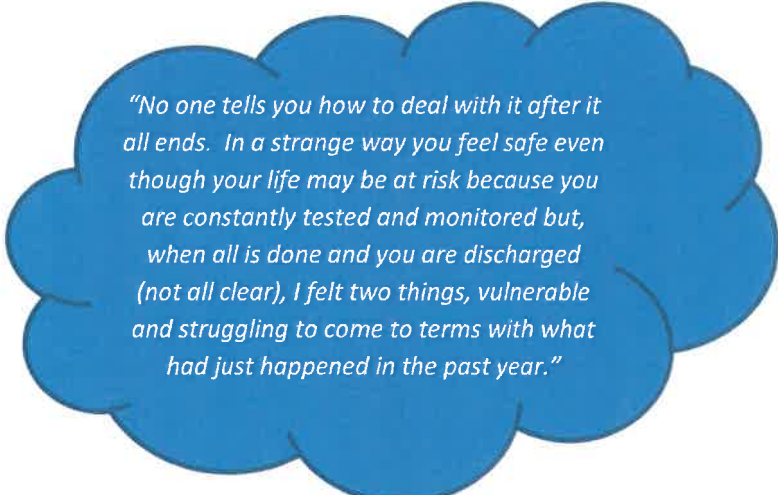
Achieved - Aim 3: Improving administration of care, including outpatients and care at home

- Listening events to capture feedback from patients and subsequent actions to develop alternative models for follow-up clinics, such as telephone or Skype clinics, have been adopted by some teams.
- The listening events have also given us insight into some of the negative comments from the National Cancer Patient Experience Survey and how to address the issues going forward.

Partially achieved - Aim 4:
Implementation of the Macmillan
Recovery Package

King's is committed to implementing the Macmillan Recovery Package which forms part of an overall support and self-management package for people affected by cancer, including physical activity as part of a healthy lifestyle, managing consequences of treatment, and information, financial and work support. Over the past year our focus has been on completion of the holistic needs assessment (HNA). We have:

- Appointed a project manager to deliver the Recovery Package
- Trained 85% of cancer staff in the delivery of electronic HNA, and this process is ongoing



"No one tells you how to deal with it after it all ends. In a strange way you feel safe even though your life may be at risk because you are constantly tested and monitored but, when all is done and you are discharged (not all clear), I felt two things, vulnerable and struggling to come to terms with what had just happened in the past year."

- Increased the use of the HNA for patients within Haematology, from 11% to 50%
- Taken steps to get Nurse-led clinics on PIMS in order to capture data, workload and provide allocated time for completion as well as ensuring electronic completion of the HNA.

Work will continue to train all cancer staff, further increase the use of the HNA, capture data and ensure electronic completion of the HNA.

Priority 6: Improve the identification and treatment of sepsis

Why was this a priority?

Sepsis is a rare but serious complication of an infection. It is vital that sepsis is identified and treated quickly and appropriately. Without quick treatment, sepsis can lead to multiple organ failure and death.

Aims and progress made in 2018-19

Our aim was to extend the quality improvement programme across a third year to improve our identification and treatment of sepsis in our emergency department and for inpatients.

Partially achieved – Aim 1: Extend and modify the Electronic Patient Record (EPR) toolkits on screening, and treatment bundle adherence, into paediatrics and cross-site

- The quality improvement project has worked with the electronic patient record (EPR) staff to ensure that these toolkits are available across site and across the majority of patient groups.
- A further update is currently being implemented with a view to roll-out in 2019-20, which includes a pilot version for paediatrics.

Achieved – Aim 2: Ensure that diagnostic information on sepsis is readily available to clinicians and coders alike to ensure that the hospital accurately records sepsis to support both timely antibiotic review and accurate coding

- The identification of sepsis in hospital coding has improved dramatically across the quality improvement programme and this is now much more representative of the caseload. Sepsis codes are now recorded for around 3,500 patients per year (see Table 2).

Table 2: Numbers of patients coded as having sepsis (Source: KCH Business Intelligence Unit) coding database

Financial year	Coded for sepsis
2014/15	500
2015/16	1781
2016/17	1898
2017/18	3596
2018/19 Q3 YTD	2558
Grand Total	10333

Achieved – Aim 3: Work towards automated flagging of patients who are qSOFA (see below) positive to the iMobile critical care outreach service, alongside the automated National Early Warning Score (NEWS) alerts, to ensure timely review of patients most at risk from sepsis

- The qSOFA (quick Sequential Organ Failure Assessment) score assists clinicians to estimate the extent of organ function and the risk of serious illness and death due to sepsis. It uses three criteria, assigning one point for low blood pressure (SBP≤100 mmHg), high respiratory rate (≥22 breaths per min), or altered mentation (Glasgow coma scale<15).
- During the sepsis quality improvement programme, data have been gathered on 2625 patients screened for sepsis. All patients had their qSOFA score identified and were flagged if qSOFA positive. The data (see Table 3) confirms that qSOFA is an effective marker of the high risk patient in the inpatient population ($p < 0.0001$). All patients flagged as qSOFA positive were under review by the iMobile critical care outreach service.

Table 3: Numbers of patients with the quick Sequential Organ Failure Assessment (qSOFA) completed (Source: KCH Business Intelligence Unit sepsis screening database)

Sepsis screening: qSOFA +ve patient outcomes	Patients with sepsis	% of Patients
No	1367	52.08%
1 Med Advice	9	0.66%
2 Self/relat	1160	84.86%
4 Death	21	1.54%
Not Yet Discharged	152	11.12%
Yes	1258	47.92%
1 Med Advice	11	0.87%
2 Self/relat	865	68.76%
4 Death	13	1.03%
Not Yet Discharged	345	27.42%
Grand Total	2625	100.00%

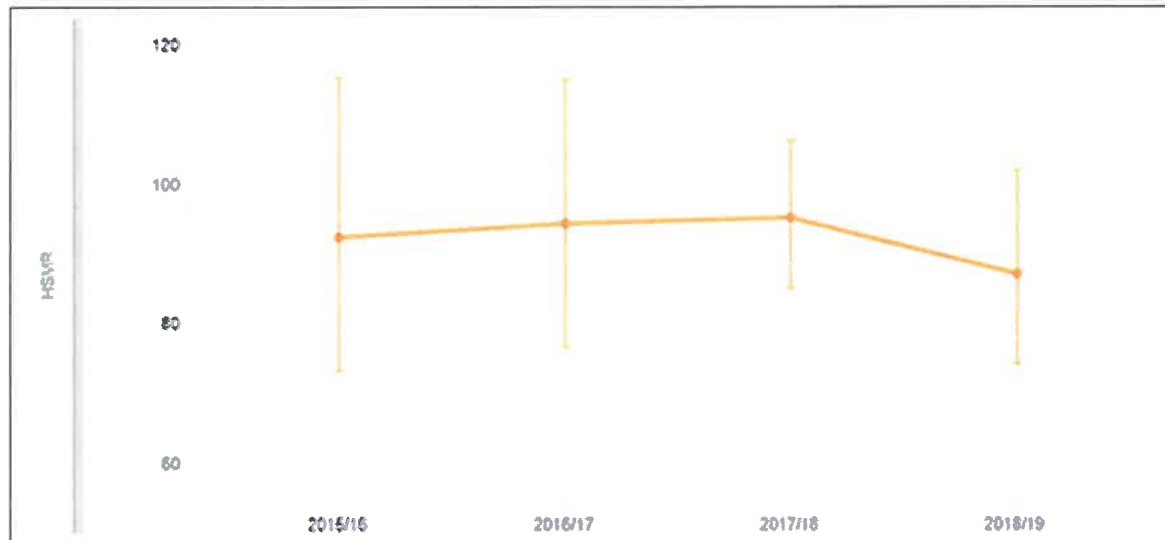
- Roll out of the National Early Warning Score (NEWS) 2 and e-observations within the electronic patient record will assist with the automated flagging of such patients.
- Clinical review, including antibiotic review, of patients has demonstrated compliance with the national Commissioning for Quality and Innovation (CQUIN) requirements.
- We aimed to reduce mortality and absolute mortality in patients with sepsis and we have seen a decrease in these patients across the trust ($p=0.0424$) (see Table 4).

Table 4: Absolute mortality from sepsis (Source: Business Intelligence Unit sepsis coding database)

Financial year	Death		Alive		Total Coded for sepsis
	Coded for sepsis	%	Coded for sepsis	%	
2015/16	321	18.15%	1460	81.85%	1781
2018/19 Q3 YTD	401	15.86%	2157	84.14%	2558
Grand Total	722	16.80%	9617	83.20%	4339

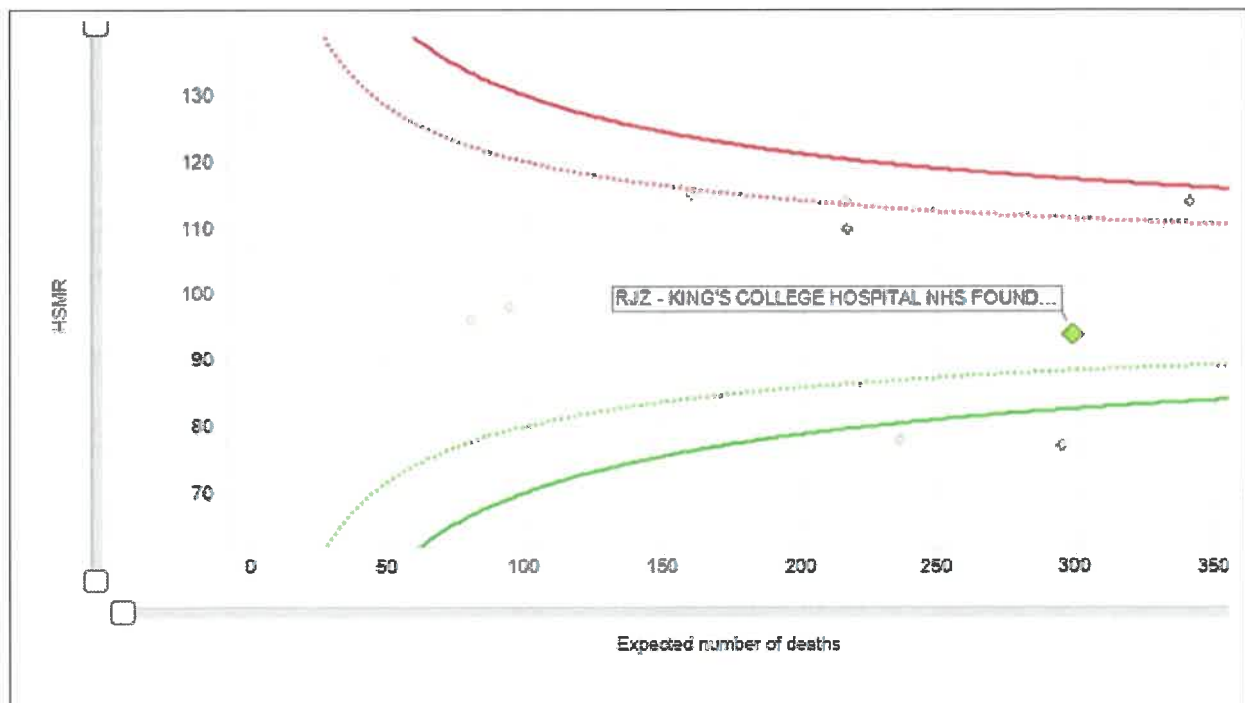
- Risk adjusted mortality from sepsis remains largely unchanged. This accords with the recent published data¹ that shows that co-morbidities are greater determinants of outcomes than sepsis in itself (Figure 5).

Figure 5: Hospital Standardised Mortality Ratio (HSMR): Septicaemia (except in labour) April 2015 to November 2018 (source: Hospital Episode Statistics via HED)



- Risk-adjusted mortality from sepsis at King's College Hospital is within expected national range and amongst the best performing in our peer group of NHS Trusts (the Shelford Group) (see Figure 6).

Figure 6: Hospital Standardised Mortality Ratio (HSMR): Septicaemia (except in labour) December 2017 to November 2018 – Shelford Group (source: Hospital Episode Statistics via HED)



¹ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2724768>

Priority 7: Reducing harms to patients due to falls in the hospital

Why was this a priority?

Patients are at risk of falling when in hospital because their underlying illness can predispose them to being weak, unsteady or disorientated. Patients may be on medication which affects their balance and the environment is unfamiliar.

While King's has been below the national average in the number of falls reported there are still falls occurring which can lead to serious harm, namely hip fractures or head injuries. Our patient demographic is vulnerable to such injuries as a high proportion are frail and elderly or are on anti-coagulants which may increase the risk of bleeding after a fall.

The Royal College of Physician's 2017 audit of inpatient falls showed that the Trust performed well in a number of areas. It also highlighted some areas of improvement such as assessing lying and standing Blood Pressure observations, medication review and assessment of a patient's vision.

Aims and progress made in 2018-19

Achieved: Aim 1 – Develop and standardise cross-site care plans and risk assessments (consider having an electronic assessment tool that can be audited)

- Standardised documents used across all sites with 90% compliance using the screening tool and 70% compliance using the risk assessment with continued improvement to 95% in (2019/2020) as per roll out.
 - We have developed and agreed an improved risk assessment and care plan based on the Fallsafe principles as outlined by the Royal College of Physicians (RCP), which has been positively received by staff.
 - In DH the introduction of the improved risk assessment has been staggered, starting initially in surgery and liver and is to be launched in medicine. Launch requires in-depth teaching to appropriate ward representatives.
 - At PRUH the assessment tool is being used on Darwin 2, with a plan to migrate the hard copy risk assessment into the Electronic Patient Record as part of the National Early Warning Score (NEWS) 2 project roll out. An electronic version will assist with completion, compliance and audit of this tool.
 - The post-falls care plan has been adapted and improved to include patients on anticoagulation to help clearly guide staff following a falls related head injury.
 - Current compliance with the new risk assessment is 100%.
 - At DH and Churchill Ward (Orpington Hospital) the health care support workers (HCSW) in the Health and Aging Units have been taught how to complete the bedside visual assessments.
 - All nursing staff have a 'preventing falls' session at induction and all HCSWs now receive additional session on visual screening at their induction.

Partially achieved : Aim 2 – Improve on Lying & Standing blood pressure (BP) measurement compliance in line with NICE guidelines by promotion, training and aid memoirs

- We aimed to achieve 95% compliance with Lying & Standing BP measurement assessments where required but we have not achieved our aim to date.

There is a challenge nationally in improving compliance with Lying and Standing blood pressure (L&SBP). The clinical importance of L&SBP is promoted by the Royal College of Physicians as an important assessment in minimising the risk of falls. This is a relatively recent addition in nursing assessment and requires a culture change. In addition, it is not an easy measure to record in our electronic vital signs observation system.

A poster and card campaign promoting the L&SBP was launched in Spring 2018, and instruction on 'how to do' L&SBP were disseminated. Screensavers were utilised to raise awareness and a Falls Focus mobile teaching board is planned which can move from ward to ward.

We continue to emphasise the importance of L&SBP in all falls awareness teaching and at other strategic meetings such as the Safer Care Forum, Clinical Governance meetings, ward managers meeting and the Falls Steering Group, and we will continue to develop our information technology to assist.

Achieved: Aim 3 – Improve adherence to standardised post-falls protocol, in particular where there was an unwitnessed fall

- An audit of all falls with moderate and major injuries occurring in 2018 was carried out across both sites and we found that the post-falls protocol was completed 95% of the time.
- There appeared to be some challenges related to medical staff adjusting the frequency of neurological observations following a head injury in accordance with NICE guidance. This meant that some neurological observations were completed less frequently than recommended (with no harms noted). As a result, we revised the post-falls algorithm and this is now included in all junior doctor induction packs. We will re-audit in Spring 2019.

We are also working to:

- Prevent readmission of frail and elderly people due to falls and ensure referral to falls clinics. A 6-monthly report on all patients attending ED due to a fall is being shared with the Bromley Falls Service (PRUH) and the Falls Clinic at DH. This will assist the falls clinics to identify priority patients who require assessment or review. We will analyse the data to ascertain whether this has resulted in a reduction in the re-attendance rate in ED.
- Promote early mobilisation and consider non-therapies assessments, through our falls awareness teaching. At PRUH the lead physiotherapist in medicine has developed a manual handling/mobilisation competency document which has been rolled out on 3 wards and which aims to improve the confidence and competence of nursing staff to mobilise patients as early as possible during their admission. Promotion of mobilisation is a core element of the Fallsafe principles.

- Increase collaboration with the Dementia and Delirium team, build this service at the PRUH and develop joint training. The Dementia Team is now established at PRUH and there has been joint working to promote best practice on the wards.

Choosing Priorities for 2019/20

In December 2018 we held an engagement event for patients, the public, the voluntary sector and Trust members to showcase our progress on the 2018-19 quality priorities and to ask for suggestions for quality priorities for 2019/20. The group gave their continued support for the three quality priorities which we proposed to carry forward – mental health, cancer and outpatients. An additional improvement area was identified – improving communication and information for patients leaving hospital.

These four quality priorities were all supported and approved by our Executive Quality Board, the Quality Assurance and Research Committee and the Trust Board, the Board of Governors and by commissioner-led Clinical Quality Review Group (CQRG).

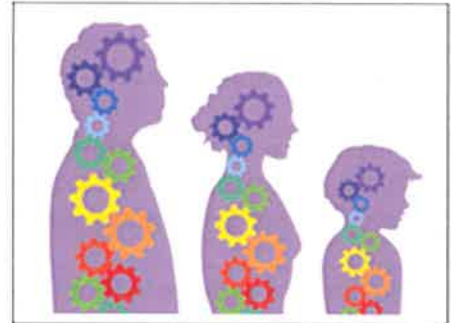
Our aims for each are set out below.

2019-20 Quality Priority 1: Improving the care of people with mental, as well as physical, health needs

Why is this continuing as a priority?

In 2017 we made a 3 year commitment to focus on mental health care. 2019-20 will be year 3 and mental health continues to be a quality priority because:

- Nearly a third of people with long-term medical conditions have a mental illness, and nearly half of people with mental illness have at least one long-term medical condition
- Joining-up the care of both mind and body leads to better patient outcomes
- It is cost-effective - £1 in every £8 spent on caring for people with long-term medical conditions is linked to poor mental health
- National studies show that there is much that hospitals like King's can do to improve mental health care.



What are our aims for the coming year?

In 2019-20 we will continue to:

- Increase the number of outpatient clinics undertaking screening for mental health and develop new models of screening in inpatient settings, as well as a screening platform that patients can access from home. Begin screening at PRUH and Orpington Hospital.
- Provide self-help resources for our patients on all our sites to help them manage their health and wellbeing.
- Improve links between physical and mental health services in our local system, for example, helping patients to refer themselves to psychology services or improving the care of those with severe mental illness within King's.
- Work in partnership with South London and Maudsley NHS Trust, Oxleas NHS Trust, general practitioners and other local hospitals to develop new ways to join up physical and mental health care to improve the outcomes, experience and safety of our patients.
- Support staff to provide better mental health care through training and supervision.
- Undertake an in-reach pilot with mental health and advocacy groups. Working with Healthwatch Lambeth we will develop and pilot a project to involve local mental health groups in providing signposting and support to staff and patients on some inpatient wards at King's College Hospital.

How will we monitor and measure our progress?

- Progress against these aims will be reported to the Trust's Mental Health Board and Executive Quality Board and included in the Trust's Quarterly Quality Priorities Report
- Measures of success will include:
 - o A 10% increase in the number of mental health screens, from 30,363 to 33,399
 - o An additional 5 clinics screening for mental health
 - o Self-help resources available in 2 new clinical areas
 - o A further 500 members of KCH staff receiving training and education in Mind and Body.
 - o In-reach project with local advocacy groups piloted on three wards and positively evaluated by patients and staff.

2019-20 Quality Priority 2: Improving patients' experience of outpatient services

Why is this continuing as a priority?

Improving outpatient experience is part of a three year programme of work, reflecting the scale of the challenge to make real and sustainable improvement to our outpatient services.

What are our aims for the coming year?

In 2019-20 we aim to:

- Improve our written communication to patients, by:
 - o Improving performance against national target for turnaround time of clinic outcome letters for patients.
 - o Reviewing King's 'Copying Letters to Patients' policy, introduced in 2018, to ensure that the style, language and content of letters to patients is accessible and useful for both patients and GPs. We will undertake workshops with patients to obtain their views and then use this information to help us design new standardised letter templates.
- Improve outpatients check-in processes for patients and information on waiting times in clinics, by:
 - o Successfully rolling-out the InTouch system in six further clinics at King's College Hospital and Princess Royal University Hospital.
 - o Piloting and evaluating new waiting times information modules.
 - o Piloting and evaluating a new mobile application for check-in and information on waits.
 - o Increasing volunteer support in outpatient areas to support patients waiting in clinic.
 - o Adding questions to the Trust's 'How are we doing?' survey relating to communication in clinic and then measuring improvement over a six-month period. We will deliver a more detailed outpatient survey, via text message, to all outpatients who have a mobile phone listed on their record. This will ensure a robust number of responses across our specialties.
- Optimise the use of outpatient appointment slots to reduce waiting times, by:
 - o Working with key clinical areas at King's College Hospital, Princess Royal University Hospital and Orpington Hospital, to reduce Did Not Attend (DNA) rates. This will ensure that as many appointment slots as possible are filled and aid the reduction in waiting times for appointments.
 - o Increasing support from volunteers to telephone patients and remind them of their appointments, to reduce the numbers of missed appointments.
 - o Rolling-out the 'Drumbeat' programme which allows clinical teams to plan clinic use in advance and ensure vacant appointment slots are filled.

How will we monitor and measure our progress?

- Progress against these aims will be reported to the Executive Quality Board and included in the Trust's Quarterly Quality Priorities Report.
- Measures of success will include:
 - o A 5% improvement in the overall patient experience score between the baseline patient survey and the first repeat survey.
 - o 85% compliance with national target of 7 day turnaround for clinic letters.
 - o New clinic outcome letter templates agreed by September 2019, for piloting and roll out commencing Q1 2020.
 - o Template for appointment and other administration letters agreed by December 2019, for piloting from March 2020 and roll-out in key specialties during 2020.
 - o 5% reduction in DNA rates in pilot specialties.
 - o 5% reduction in unfilled appointment slots.

2019-20 Quality Priority 3: Improving cancer services for patients and their families

Why is this continuing as a priority?

In the National Cancer Patient Experience Survey (NCPES) King's was ranked 136th out of 209 cancer care providers. Improving the experience of cancer patients was identified as a three year quality priority in 2017, to ensure that we achieve a sustainable step change in patient and family experience. This is the second year of the three year improvement work and it will continue to be informed by listening to patients with cancer and their families.

What are our aims for the coming year?

In 2019-20 we aim to:

- Develop our workforce, by:
 - Ensuring continued commissioning of Advanced Communication Skills Training.
 - Providing Psychology level 2 training and Sage and Thyme, a model to enable health and social care professionals to listen and respond to concerned or distressed people in a way that empowers the distressed person, for all staff.
 - Increasing opportunities to access specialist training and uptake of specialist cancer courses by highly specialist Clinical Nurse Specialists (CNSs).
 - Enhancing knowledge of the Macmillan Information and Support Centres and community services to support staff with meeting patients' needs.
- Improve access to and the service provided to patients and their families by cancer CNSs, by:
 - Completing a Cancer CNS review to ensure better service coverage to improve patient access to CNSs.
 - Evaluating the potential of the support worker role to help coordinate care and improve data collection, including submission of business cases for support workers to free CNSs for complex clinical or psychological consultations.
 - Reviewing patient pathways to ensure coordination of care and access to CNSs at any stage of the pathway from diagnosis to Living With and Beyond Cancer (LWBC).
- Improve information and support for cancer patients and their families, by:
 - Reviewing and revising current cancer information and utilisation and provision of the Macmillan Information and Support Centres to ensure timely provision and effective support to patients and their families, including:
 - Raising the profile of the DH Macmillan Information and Support Centre with staff, patients and community.
 - Working with Bromley Clinical Commissioning Group to develop an Information Centre for the Bromley catchment area.
 - Establishing and sustaining a group of patient representatives who can assist with improving cancer care across King's College Hospital and Princess Royal University Hospital.

- Ensuring defined processes and procedures for recruiting and utilising patient representatives.
- Improve access to wider support for patients and their families, by:
 - Increasing the availability of cancer psychological support across all King's College Hospital sites, including:
 - Launching our Cancer Psychological Support Project Team with three Cancer Psychological Support Staff planned to develop and deliver services at both King's College Hospital and the Princess Royal University Hospital.
 - Exploring options for provision of specialist cancer Allied Health Professional services focusing on Physiotherapy, Dietetics and Occupational Therapy across both sites.
 - Ensuring delivery of Holistic Needs Assessments to identify needs and increase access and uptake of well-being events and support.
 - Working with local CCGs to ensure coordination of care, communication and provision of services.
- Implement the Recovery Package, by:
 - Embedding Holistic Needs Assessment and Health and Well-Being Events (HWBE) as mandated practice for King's as part of the standard pathway of care, including:
 - Setting up working groups to improve compliance with Holistic Needs Assessments offered to patients around wider issues of cancer, social, emotional and practical support.
 - Standardising use of the electronic Holistic Needs Assessments in order to set up reporting validation processes.
 - Provision of generic Health and Well-Being Events at King's College Hospital and Beckenham Beacon, Bromley.
 - Achieving open access follow up in breast, colorectal and urology (the national priorities) by setting up the Somerset remote monitoring system.

How will we monitor and measure our progress?

- Progress against these aims will be reported to the Executive Quality Board and included in the Trust's Quarterly Quality Priorities Report.
- Measures of success will include:
 - Improvement in the 2019/20 National Cancer Patient Experience Survey (NCPES) results, from our last position of 136, to be within the top 100 trusts.
 - To increase King's overall score in the NCPES to at least national average (KCH most recent score 8.6, national average 8.7).
 - To achieve upper range for Clinical Nurse Specialist (CNS) targets in the NCPES questions relating to patients' contact with CNSs (current target >90%).
 - To implement real time feedback questionnaires (based on the NCPES) for each tumour group, linked to the Friends and Family Test, and improve responses in line with the NCPES outcomes.

- o To achieve:
 - >95% of CNS workforce trained in advanced communication skills
 - >95% of CNS workforce trained in level 2 psychology
 - 80% of CNS posts adopted by Macmillan to enhance access to continuing professional development
 - Training of 100 staff members, targeting bands 2-6 in Sage and Thyme Communication Training
 - >95% of CNS workforce with access and trained to use my care plan (electronic HNA).
- o To be successful in a bid to Macmillan to secure 4 support workers posts.
- o To offer pre-chemotherapy consultations to >95% of patients starting new cycles of chemotherapy.
- o To increase the availability of cancer psychological support across King's College Hospital sites, including:
 - Establishing Key Performance Indicators, referral criteria and pathway and collating service activity and outcomes data.
 - Setting set up a Project group to evaluate and monitor progress.
 - Submitting a business case for specialist cancer Allied Health Professionals.
- o To ensure that 70% of patients from decision to referral will have been offered an Holistic Needs Assessment within 31 days of diagnosis.
- o To increase by 50% the number of individuals receiving treatment summaries.

2019-20 Quality Priority 4: Improving our processes for patients leaving hospital

Why is this a quality priority?

Effective patient discharge commences on, or even before, admission and is a smooth transition to ensure that the patient is safe at home or in the community after leaving the hospital. There are many factors and elements of planning and communication that must be put in place to achieve this.

Across King's we have learned of incidents and received complaints where the discharge process has been sub-optimal. The CQC National Inpatient Survey reports disappointing results for King's in relation to lack of information and communication with patients about leaving hospital and this is supported by our own patient surveys. Information provided to patients was raised as an issue during feedback from an engagement event held with the public, commissioners, members and trust governors in December 2018, and improving the whole process of ensuring an effective discharge has been raised as a quality priority by our senior management team, Governors and Board.

What are our aims for the coming year?

We aim to:

- Undertake quality improvement work, led by our most senior nurses and therapists and involving all members of the multi-disciplinary team, to improve communication and information and hospital processes to ensure a caring and effective discharge process.
- In 2019-20 we will:
 - o For patients who return to their own home, call them the day after they are discharged from hospital to ensure that arrangements are working well.
 - o For patients who return to a care home, we will call the care home staff the day after discharge to ensure that discharge arrangements have worked well and to provide the opportunity for improved patient-centred communication between hospital and care home.
 - o Fully embed the national 'Hospital Transfer Pathway', also known as the 'Red Bag' scheme, across the organisation. This approach provides a prompt, safe and efficient transfer of clinical care when patients move between hospital and care home or other clinical setting. The Red Bag contains all a patient's essential paperwork, personal belongings and medication, and it travels with the patient as they move between care settings.
 - o Roll out these new approaches on surgical, medical, elderly care, maternity and paediatric wards as appropriate.
 - o Provide coaching and support for ward staff to implement these new initiatives.
 - o Set up this process within the King's Way for Wards Accreditation Programme, so that we can track how well wards are performing.
 - o Align this work with other initiatives to improve discharge planning, both internally and with our external partners, adapting processes and identifying resources as appropriate.



- o Scope additional pieces of work, identifying management leads and initiating projects as required, to improve:
 - The complex needs of elderly patients, in particular those with dementia where we will work with the NHS London improvement lead to improve our care.
 - Information to patients and families and carers.
 - Clinical documentation.
 - Communication with GPs.

How will we monitor and measure our progress?

- Progress against these aims will be reported to the Executive Quality Board and included in the Trust's Quarterly Quality Priorities Report.
- Measures of success will include:
 - o Improved scores (+5 points) for the two of the worst scoring questions from the CQC National Inpatient Survey on the pilot wards. These will be measured through the Trust's inpatient survey questions:
 - Did you feel you were involved in decisions about your discharge from hospital?
 - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
 - o A structured programme of continuous quality improvement work, with identified senior nursing/therapy and operational leads, clear reporting structure and schedule of actions.
 - o Reduction in number of complaints, adverse incidents and quality alerts.
 - o The results of an audit of the new approach of calling patients and care homes on the day after discharge. We will then adjust the process to reflect feedback from patients, carers and care homes staff as appropriate.
 - o Feedback from care homes on the effectiveness of the Red Bag scheme.

2.2 Statements of Assurance from the Board

1. During 2018/19 King's College Hospital NHS Foundation Trust provided eight regulated activities across 10 registered locations with no conditions attached to the registration.
 - Assessment or medical treatment for persons detained under the 1983 Act
 - Diagnostic and screening procedures
 - Family planning services
 - Management of supply of blood and blood derived products
 - Maternity and midwifery services
 - Surgical procedures
 - Termination of pregnancies
 - Treatment of disease, disorder or injury.
- 1.1 The trust has reviewed all data available to it on the quality of care in these services.
- 1.2 The income generated by the relevant health services reviewed in 2018-19 represents 90% of the total income generated from the provision of health services by King's College Hospital NHS Foundation Trust for 2018-19.

Clinical Audits and National Confidential Enquiries

2. During the 2018/19 financial year, 61 national clinical audits and 12 national confidential enquiries covered relevant health services that King's College London NHS Foundation Trust provides.
 - 2.1 During that period King's College Hospital NHS Foundation Trust participated in 98% of the national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate.
 - 2.2 The national clinical audits and national confidential enquiries in which King's College Hospital NHS Foundation Trust was eligible to participate during 2018/19 are as follows (see Table 5).
 - 2.3 The national clinical audits and national confidential enquires that King's College Hospital NHS Foundation Trust participated in during 2018/19 are as follows (see Table 5).
 - 2.4 The national clinical audits and national confidential enquiries that King's College Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2018-19 (or on the required Quality Account list published by HQIP), 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 the audit or enquiry (see Table 5).

Table 5: Participation in national clinical audits and confidential enquiries

Participation in national clinical audits and confidential enquiries		
In which KCH was eligible to participate	Participation	% submitted
BAUS Urology Audits: Nephrectomy	Yes	Awaiting publication
Intensive Care National Audit and Research Centre Case Mix Programme	Yes	Data collection in progress
Child Health Clinical Outcome Review Programme (NCEPOD) - Chronic Neurodisability	Yes	Not available
Child Health Clinical Outcome Review Programme (NCEPOD) - Young People's Mental Health	Yes	Awaiting publication
Child Health Clinical Outcome Review Programme (NCEPOD) - Long-term ventilation in children, young people and young adults	Yes	Data collection in progress
Elective Surgery (National PROMs Programme) – Hip replacement	Yes	Data collection in progress
Elective Surgery (National PROMs Programme) – Knee replacement	Yes	Data collection in progress
Falls and Fragility Audit Programme (FFAP) - Fracture Liaison Database	Yes	Data collection in progress
Falls and Fragility Audit Programme (FFAP) - National Audit of Inpatient Falls	Yes	Awaiting publication
Falls and Fragility Audit Programme (FFAP) - National Hip Fracture Database	Yes	Data collection in progress
Inflammatory Bowel Disease (IBD) programme	Yes	Data collection in progress
Learning Disability Mortality Review Programme (LeDeR)	Yes	Awaiting publication
Major Trauma Audit	Yes	Awaiting publication
Mandatory Surveillance of bloodstream infection and clostridium difficile infection	Yes	Data collection not started
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Mortality Surveillance	Yes	Data collection in progress
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Mortality & Morbidity	Yes	Data collection in progress
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal Mortality & Morbidity	Yes	Data collection in progress
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal Mortality & Morbidity	Yes	Data collection in progress
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Acute Heart Failure	Yes	57%
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Cancer in Children, Teens and Young Adults	Yes	Not available
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Perioperative diabetes	Yes	83%
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Pulmonary Embolism	Yes	Data collection in progress
Medical and Surgical Clinical Outcomes Review Programme (NCEPOD) – Acute Bowel Obstruction	Yes	Data collection in progress
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Paediatric Asthma Secondary Care	Yes	Data collection not yet started
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Adult Asthma Secondary Care	Yes	Awaiting publication
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – COPD Secondary Care	Yes	Awaiting publication
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Pulmonary Rehabilitation	Yes	Awaiting publication
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Data collection in progress
National Audit of Cardiac Rehabilitation	Yes	Awaiting publication
National Audit of Care at the End of Life (NACEL)	Yes	Data collection not yet started
National Audit of Dementia	Yes	Awaiting publication
National Audit of Seizures and Epilepsies in Children and Young People	Yes	Not available
National Bariatric Surgery Registry (NBSR)	Yes	Data collection in progress
National Cardiac Arrest Audit (NCAA)	Yes	Data collection in progress
National Cardiac Audit Programme – National audit of cardiac rhythm management (CRM)	Yes	Data collection in progress
National Cardiac Audit Programme – Myocardial Ischaemia National Audit Project (MINAP)	Yes	Data collection in progress

Participation in national clinical audits and confidential enquiries		
In which KCH was eligible to participate	Participation	% submitted
National Cardiac Audit Programme – National Adult Cardiac Surgery Audit	No	Not applicable
National Cardiac Audit Programme – National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Data collection in progress
National Cardiac Audit Programme – National Heart Failure Audit	Yes	Awaiting publication
National Cardiac Audit Programme – National Congenital Heart Disease (CHD)	Yes	Data collection in progress
National Child Mortality Database	Yes	Data collection not yet started
National Clinical Audit of Specialist Rehabilitation for patients with complex needs following major injury (NCASRI)	Yes	Awaiting publication
National Comparative Audit of Blood Transfusion programme – Use of fresh frozen plasma and Cryoprecipitate in neonates and children	Yes	Awaiting publication
National Diabetes Audit – National diabetes foot care audit	Yes	Data collection in progress
National Diabetes Audit – National Diabetes Inpatient Audit (NaDIA)	Yes	Awaiting report
National Diabetes Audit – National Core Diabetes Audit	Yes	Data collection in progress
National Diabetes Audit – National Diabetes Transition Audit	Yes	Data collection in progress
National Diabetes Audit – National pregnancy in diabetes audit	Yes	Data collection in progress
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Data collection not yet started
National Emergency Laparotomy Audit (NELA)	Yes	Awaiting publication
National Gastrointestinal Cancer Programme- National Bowel Cancer Audit (NBOCA)	Yes	Data collection in progress
National Gastrointestinal Cancer Programme- National Oesophago-gastric Cancer (NOGCA)	Yes	Data collection in progress
National Joint Registry (NJR)	Yes	Data collection in progress
National Lung Cancer Audit (NLCA)	Yes	Data collection in progress
National Maternity and Perinatal Audit	Yes	Awaiting publication
National Mortality Case Record Review Programme	Yes	Awaiting publication
National Neonatal Audit Programme (NNAP)	Yes	Awaiting publication
National Ophthalmology Audit- Adult Cataract Surgery	Yes	Awaiting publication
National Paediatric Diabetes Audit (NPDA)	Yes	Awaiting publication
National Prostate Cancer Audit	Yes	Data collection in progress
National Vascular Registry	Yes	Awaiting publication
Neurosurgical National Audit Programme	Yes	Data collection in progress
Non-Invasive Ventilation- Adults	Yes	Data collection not yet started
Paediatric Intensive Care (PICANet)	Yes	Awaiting publication
Perinatal Mortality Review Tool	Yes	Awaiting publication
Royal College of Emergency Medicine (RCEM) – Feverish Child	Yes	Data collection in progress
Sentinel Stroke National Audit programme (SSNAP)	Yes	Data collection in progress
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance scheme	Yes	Awaiting publication
Seven Day Hospital Services Self-assessment Survey	Yes	Awaiting publication
Surgical Site Infection Surveillance Service	Yes	Awaiting publication
UK Cystic Fibrosis Registry	Yes	Awaiting publication
UK Parkinson's Audit	Yes	Awaiting publication
UK Renal Registry	Yes	Awaiting publication
UK Registry of Endocrine and Thyroid Surgery (UKRETS)	Yes	Awaiting publication
Vital Signs in Adults	Yes	Awaiting publication

2.5 The reports of 37 national clinical audits were reviewed by the Trust in 2018/19.

2.6 King's College Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (see Table 6).

Table 6: Reports of national clinical audits reviewed

Reports of national clinical audits reviewed	
Title	Improvement actions
National Diabetes Inpatient Audit England and Wales, 2017	Patients at PRUH visited by a member of the Diabetes Team and received foot risk assessment during stay is lower than national figures and there are comprehensive improvement actions in place, including establishment of a specialist diabetes foot service in March 2018, the introduction of consultant-led ward rounds and sweeps by the diabetes nurse specialists on the Acute Medical Unit, with the majority of patients seen within 24 hours of admission. The introduction of EPR has enabled the diabetes specialist team to receive alerts for patients with abnormal glucose levels. Foot risk assessments are now included in the medical clerking proforma and increased education for non-diabetes specialists, and possibly an EPR prompt, are under consideration.
National Maternity and Perinatal Audit, Clinical Report 2017 – revised version 2018. Annual Report.	The audit reported that DH 3 rd /4 th degree tears (4.7%) are higher than expected range (3.7%) and DH instrumental birth (16.7%) is higher than the expected range (13.0%). Improvements in 3 rd /4 th degree tears were made in 2016 (prior to the report publication) and the rate had fallen to 2.9% by 2016-17. Instrumental birth rate, particularly the use of forceps, is under close internal monitoring and is showing improvement. Improvement actions include teaching of trainees, a ROBUST course, consultant presence at trials of instrumentals and improved consultant support for juniors. PRUH did not submit data for the reported time period so improvement actions relate to ensuring data submission.
Trauma Audit and Research Network (TARN) – Major Trauma Dashboard Q4	Rapid access to specialist MTC care in DH is lower than national figures, driven by KCH capacity issues. Senior trust planning is in progress to address this issue and performance for this indicator has improved since previous Quarter. DH performed lower than national figures in delivering definitive cover of open fractures within BOAST 4 guidelines, driven by the lack of plastic surgeon availability at DH. The issue has been escalated and is being addressed by the senior management team. DH performed lower than national figures in administering Tranexamic Acid within 3 hours of incident to patients that receive blood products within 6 hours of incident. This is a data interpretation issue - first dose given at scene/ ambulance. Second dose is often not required.
National Cardiac Arrest Audit Published March 2018	At PRUH there are some results that are lower than national and the case mix of the aging population at PRUH is a major factor, coupled with lack of capacity in the resuscitation team at PRUH which impacted on data collection. Steps have been taken to address the issues with data capture and improve resuscitation team resource at PRUH.
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme : Pulmonary rehabilitation audit 2017	Proportion of patients reporting Medical Research Council dyspnoea score of Grade 5 at discharge assessment is lower than national result. Improvement actions focus on ensuring timely referral for rehabilitation.
National COPD Audit Programme : Secondary care audit 2017	Whilst inpatient mortality rate at DH is lower than national results, time of arrival to admissions at DH is higher than national results, due to Trust capacity issues. The proportion of patients at DH receiving acute treatment with NIV (Non-Invasive Ventilation) within three hours of arrival is lower than national results. The Trust NIV lead is leading an improvement project looking at the whole NIV pathway. The proportion of patients at DH prescribed Oxygen is lower than national results. This is an ongoing issue, senior leadership aware, improvement expected because of the new oxygen service, oxygen prescription will be added to COPD order sets
National Oesophago-gastric Cancer Audit (NOGCA) Annual Report	DH and PRUH patients are referred to GSTT for surgical procedures and, whilst GSTT adjusted 30-day and 90-day mortality rate is below the national average the adjusted rate of emergency admissions (21.3%) is higher than the national average (13.7%), suggesting an issue with late presentation amongst the local population, as found with other cancer audits. Information passed Cancer Network for public health and primary care to agree local action.

Reports of national clinical audits reviewed	
Title	Improvement actions
Royal College of Emergency Medicine - Procedural sedation in adults	Improvement action focuses on improved participation. For 2018/19 RCEM audits, leads for each audit have been identified prior to data collection period. RCEM audit timeline will be monitored through the governance tracker and reviewed in monthly governance meeting.
Royal College of Emergency Medicine - Fractured neck of femur, 2017/18	Improvement action focuses on ensuring recording of pain score. Local audit in progress to ensure improvement.
Royal College of Emergency Medicine - Pain in children	Mixed results indicate issues relating to recording of analgesia given. Improvement actions relate to improved recording.
Sentinel Stroke National Audit Programme (SSNAP) Hyper Acute Stroke Unit (HASU) and Stroke Unit (SU) data	Overall improvement in SSNAP score and much better than expected for risk-adjusted mortality following stroke. Team-centred SSNAP score is influenced by indicators relating to therapies provision. This is a data issue, known to the national audit team, whereby the denominator used is 'all patients' when it should be 'all patients for whom 45 mins of therapy is appropriate'.
National Paediatric Diabetes Audit Annual Report 2016-17	Improvement actions include the recruitment of a third nurse to complete annual review clinics to make sure the care processes are all completed and entered onto the sunrise system by the nurses.
National Diabetes Insulin Pump Audit	The data was fully prepared and submitted for this audit but was not included in the report due to technical system issues at the national diabetes audit team. No feedback/alerts were sent to KCH regarding the insufficient data submission and therefore the team assumed that the data had been submitted correctly. The national diabetes audit team have been contacted regarding the issues and the data collection process at national level has been amended. Subsequent period data was submitted by 29/06/2018 and King's has checked to ensure all data was received fully by the national diabetes audit team.
Intensive Care National Audit and Research Centre (ICNARC): Case Mix Programme. Medical and Surgical Critical Care Unit Report 2017-18	Most results within expected range including the ICNARC mortality ratio. DH achieved worse than national/similar units for 'High-risk admissions from the ward' (rated red), Improvement actions focus on monitoring of deteriorating patients and escalation to critical care outreach team, and this is being taken forward through the Deteriorating Patients Committee.
Intensive Care National Audit and Research Centre (ICNARC): Case Mix Programme: Liver Intensive Therapy Unit Report 2017-18	Most results were within expected range including the ICNARC mortality ratio. DH achieved worse than national/similar units for 'High-risk admissions from the ward' (rated red) but investigation demonstrated that this is due to the casemix of patients within Liver ITU. The national audit team accept this finding and are revising the national definitions for use in future reports.
National Audit of Percutaneous Coronary interventions (PCI) - Consultant Outcomes	Improvement actions focus on ensuring data completeness.
National Bowel Cancer Audit (NBOCA) Annual Report	Improvement actions focus on ensuring data completeness for patients undergoing major surgery.
National Joint Registry (NJR) Consultant Outcomes Publication Report	Improvement actions focus on ensuring data completeness across all sites. New computers and barcode scanner are being purchased to enable data entry in theatres in Orpington site. If successful, this approach will be rolled out to DH and PRUH sites.

2.7 The reports of approximately 200 local clinical audits were reviewed by the Trust in 2018-19. The Trust has a comprehensive programme of clinical audits known as King's Way for Wards, providing a standardised regular audit of the ward environment (physical, material, clinical and process) and a ward accreditation scheme. In addition, King's has just re-started its participation in the national Safety Thermometer.

A key focus for King's is the measurement of patient outcomes and a comprehensive approach to identification and monitoring of outcomes indicators is in place throughout the Trust.

2.8 King's College Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Continue the provision of comprehensive quality improvement (Lean) training programme rolled out across organisation, which has so far seen 2,336 staff trained (at 12/2/19).
- Continue the roll out of the King's Way for Wards Quality Improvement Accreditation Programme, so far completed by 38 of 78 wards and 1 outpatient area across the Trust (24 of the 49 wards at King's College Hospital (47%) and 14 of the 29 at PRUH (45%)), and demonstrating significant improvement.
- Four-monthly cycles of inspection audits across KCH wards has demonstrated good evidence of learning from incidents, staff feeling empowered to improve patient care and patients feeling that they are treated with care and compassion. We intend to continue this programme and identified improvement areas currently include early-warning score observations, fridge temperatures and adherence to uniform policy.
- Fully embed the use of the recently rolled-out Electronic Patient Record (EPR) on the PRUH site, and re-develop the trust-wide audit of electronic record keeping, discharge documentation, consent and hand-over documentation.
- Continued improvements in relation to the completion and communication of Do Not Attempt Cardio-Pulmonary Resuscitation (DNA CPR) forms, reinforcing the importance of reviewing the CPR status by the receiving team when patients are transferred between teams within the trust.
- Use of Dose Track in Radiology to improve patient pathway for inlet/outlet views. Sending post-operative patients for a low dose CT scan, following concern about multiple repeat of scans due to difficulty in patient positioning and discomfort.
- Improved optimisation lateral digital chest radiography following an initial audit which indicated that default kV for lateral chest X-rays was relatively low.
- The introduction of the National Safety Standards for Invasive Procedures and changed procedure sheet to ensure changes of staff are documented.
- Reduce the risk of retained swabs after vaginal birth and perineal suturing by sending out a safety briefing via email and providing paper copies in communal areas. Swab count to continue to be highlighted during Matron ward rounds. Issue will be re-audited monthly until 100%.
- Following publication of Safer Practice Notice in relation to the standardisation and use of wristbands for in-patients, SafetyNet newsletter will highlight the learning points and risks identified in relation to duplicate wrist bands. There will be a discussion at Nursing Board and information disseminated. Blood track compliance will continue to be encouraged.
- To reduce the risk of nasogastric tube misplacement, orders will be placed on EPR and learning points communicated to senior nurses. A safety briefing will be circulated to all staff and further education provided to teams.
- To reduce treatment dose errors with low molecular weight heparins, and to reduce the risk of low molecular weight heparins being used when contraindicated, the EPR clinical analytics suite will be adapted for use by the venous thromboembolism clinical nurse specialists so that they can identify currently admitted patients who are on the incorrect thromboprophylaxis prescription and take prompt action.

Information on participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the Trust for 2018/19 that were recruited to participate in research and approved by a research ethics committee was 19,712.

Commissioning for Quality and Innovation (CQUIN) framework

A proportion (2.5% of CCG and 2.8% of NHSE) of King's College Hospital NHS Foundation Trust's income in 2018-19 was conditional on achieving quality improvement and innovation goals agreed between King's and both NHS South East Commissioning leads and NHE England through the Commissioning for Quality and Innovation (CQUIN) payment framework. The monetary total for this income in 2018-19 was £20.09m.

For 2017-18 the Trust received £17.36m CQUIN related income and £0.92m related to other contracts (London Secondary Dental Care, London Breast Screening and NCAs) totalling £18.28m. For 2018-19 the Trust received £17.41m CQUIN related income and £0.82m related to other contracts (London Secondary Dental Care, London Breast Screening and NCAs) totalling £18.23m.

National CQUINS

National CQUINS have been published and the following schemes apply to King's College Hospital Foundation Trust (1.25% = £5,916,000) in 2018/19 (see Table 7):

Table 7: National CQUINS that apply to King's

National CQUINS	Description	Annual Financial Value
Improving Staff Health and Wellbeing (Continuation from 16/17)	Improvement in staff Health and Wellbeing. Healthy food for staff, patients and visitors. Improving the Flu uptake.	£1,183,200
Reducing the impact of serious infections (Antimicrobial resistance and Sepsis) (Continuation from 17/18)	Timely identification of sepsis in ED and Acute Inpatient areas. Timely treatment of sepsis in ED and Acute Inpatient areas. Antibiotic review. Reduction in antibiotic consumption.	£1,183,200
Mental Health in A&E	Improving services for people with mental health needs who present at A&E.	£1,183,200
Offering Advice and Guidance (New)	Increase areas offering Advice and Guidance.	£1,183,200
Preventing ill health by risky behaviours – alcohol and smoking (New 18/19 only)	Tobacco screening. Tobacco brief advice. Tobacco referral medication. Alcohol screening. Alcohol brief advice.	£1,183,200

Local CQUINS

Southwark CCG Contract (1.25% = £5,916,000) in 2018-19 (see Table 8):

Table 8: Local CCG CQUINS

Local CCG CQUINS	Description	Annual Financial Value
Vital 5	Launching routine recording and reporting of five key metrics for our entire population, across primary, secondary, tertiary and community care. It will offer the capacity to track health gain and benefits, to slow the progression to long-term conditions.	£2,958,000
Care Co-ordination – Lambeth and Southwark (Continuation from 16/17)	Develop and implement proactive and person-centred care coordination for people with complex needs and with long term conditions.	£2,958,000

NHS England CQUINS

NHS England contract (2.8% - £7,477,000) in 2018-19 (see Table 9):

Table 9: NHS England CQUINS 2018-19

NHS England CQUINS	Description	Annual Financial Value
Hepatitis C	Improving pathways through Operational Delivery Networks (ODNs) - continuation from 16/17.	£4,539,607
Haemoglobinopathy	Improving pathways through ODNs.	£133,518
Sickle Cell	Automated exchange transfusion for Sickle Cell patients (Continuation from 16/17).	£400,554
Clinical Utilisation Review	Implementation, application and use of system to which will assist in reduction of inappropriate hospital utilisation (continuation from 16/17) – PRUH to be rolled out in 19/20.	£1,388,506
Cancer Dose Banding IV SACT	Standardising chemo dosages (continuation from 16/17).	£267,036
Paediatric Networked Care	To reduce recourse to critical care distant from home.	£240,332
Spinal surgery	Networks, data and MDT oversight.	£240,332

NHS England CQUINS	Description	Annual Financial Value
Cystic Fibrosis Patient Adherence	This scheme employs an electronic Cystic Fibrosis (CF) adherence indicator captured by an IT platform (CFHealthHub) to deliver a complex behavioural intervention that increases patient activation and adherence, thus delivering better patient outcomes and avoidance of costly escalations. Objective adherence is measured for high cost inhaled therapies collected via chipped nebulisers and displayed in CFHealthHub.	£186,925
Neuro Rehabilitation	NHS England has reviewed neuro-rehabilitation services in London and recognised that the service does not run as part of properly co-ordinated network, instead there are delays in assessment, multiple referrals for assessment, a high level of rejected referrals and poor sign-posting early in the pathway. This results in delay for patients accessing the right service at the right time. Additionally NHS England London found that patient experience data was not available in a routine format within units.	£80,111
Difficult to deal with Asthma	The CQUIN scheme aims to ensure assessment and investigation of children with difficult to control asthma within twelve weeks of referral, so to ensure that all eligible children have appropriate and timely assessment and investigation in order to improve asthma control, reduce hospital admissions and avoid inappropriate escalation of therapy including the initiation of expensive monoclonal antibodies.	0
Dental	Activity reporting by Referral to Treatment for each dental specialty. Acute Dental Systems Resilience Group and acute dental portal.	£619,235

Full details on the contracts for 2017-2019 are available on request.

NHS England contract (1.55% - £4,308,820) in 2019-20 (see Table 10):

Table 10: NHS England CQUINS 2019-20

NHS England CQUINS	Description	Annual Financial Value (estimate value)
Medicines Optimisation and Stewardship	Optimising the use and management of medicines through a series of procedural and cultural changes	£691,484
Towards Hepatitis C Virus (HCV) Elimination	Improving pathways through Operational Delivery Networks (ODNs)	£2,308,145

NHS England CQUINS	Description	Annual Financial Value (estimate value)
Towards Hepatitis C Virus (HCV) Elimination Governance		£225,000
Clinical Utilisation Review: Avoiding Inappropriate Hospital Stays	Implementation, application and use of system to which will assist in reduction of inappropriate hospital utilisation (continuation from 16/17) – PRUH to be rolled out in 19/20.	£750,000
Networked Delivery of Cirrhosis Care Bundle	Improved patient care and reduced care costs through a network model to ensure adoption of nationally developed clinical guidelines and policies regarding management of patients with decompensated cirrhosis.	£334,190

Care Quality Commission (CQC)

King's College Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Requires Improvement' following the inspection in September and October 2017 (report published 31st January 2018). King's College NHS Foundation Trust does not have any conditions on registration. The Care Quality Commission has not taken enforcement action against King's College Hospital NHS Foundation Trust during 2018-19.

The tables 11 and 12 below show the overall ratings by site.

Table 11: Overall CQC rating, King's College Hospital, published Jan-18

Ratings for King's College Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Medical care (including older people's care)	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2016	Good Sept 2017	Good Sept 2017
Surgery	Good Sept 2017	Requires improvement Sept 2017	Good Sept 2017	Requires improvement Sept 2017	Good Sept 2017	Requires improvement Sept 2017
Critical care	Requires improvement Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017
Maternity	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2017	Good Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Requires improvement Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Outpatients	Good Sept 2015	Not rated	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Diagnostic imaging	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall*	Requires improvement Sept 2017	Good Sept 2017	Good Sept 2017	Requires improvement Sept 2017	Requires improvement Sept 2017	Requires improvement Sept 2017

Table 12: Overall CQC rating, Princess Royal University Hospital, published Jan-18

Ratings for Princess Royal University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Requires improvement Sept 2017	Requires improvement Sept 2017
Medical care (including older people's care)	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Requires improvement Sept 2017	Good Sept 2017
Surgery	Requires improvement Sept 2017	Good Sept 2017	Good Sept 2017	Requires improvement Sept 2017	Good Sept 2017	Requires improvement Sept 2017
Critical care	Good Sept 2017	Good Sept 2017	Good Sept 2017	Requires improvement Sept 2017	Good Sept 2017	Good Sept 2017
Maternity	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Requires improvement Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Outpatients	Requires improvement Sept 2017	Not rated	Good Sept 2017	Requires improvement Sept 2017	Requires improvement Sept 2017	Requires improvement Sept 2017
Overall*	Requires improvement Sept 2017	Good Sept 2017	Good Sept 2017	Requires improvement Sept 2017	Requires improvement Sept 2017	Requires improvement Sept 2017

The Trust was inspected between 30 January 2019 and 21 February 2019 for all five domains. We are currently waiting on the report detailing the findings and the overall rating however some immediate areas requiring improvement were identified and have been actioned to address the concerns.

Special reviews or investigations by CQC

King's College Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Records Submission

King's College Hospital NHS Foundation Trust submitted 2,215,708 records during 2018/19 M1-11 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data April 2018 – February 2019 which included the patient's valid NHS number was:

- 98.5% for admitted patient care;
- 99.1% for outpatient (non-admitted) patient care; and
- 91.3% for accident and emergency care.

The percentage of records in the published data April 2018 – February 2019 which included the patient's valid General Medical Practice Code was:

- 100.0% for admitted patient care;
- 99.9% for outpatient (non-admitted) patient care; and
- 99.8% for accident and emergency care.

Information Governance Assessment

In April 2018, NHS Digital replaced the NHS Information Governance Toolkit with the Data Security and Protection Toolkit (DSPT). King's College Hospital NHS Foundation Trust's 2018-19 submission of the Data Security and Protection Toolkit reports an overall assessment of Standards Not Met (Approved Improvement Plan in place). The key area not met was information governance training.

Payments by Results (PbR)

The Trust was not identified as necessary for a Payment by Results (PbR) clinical coding audit in 2018-19.

Data Quality

There are a number of inherent limitations in the preparation of Quality Accounts which may affect the reliability or accuracy of the data reported. These include:

- Data are derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in internal audit's programme of work each year.
- Data are collected by a large number of teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflect clinical judgement about individual cases, where another clinician might reasonably have classified a case differently.
- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.
- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to reanalyse historic data.

The Trust and its Board have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported, but recognises that it is nonetheless subject to the inherent limitations noted above.

The External Auditors have completed their data testing as part of the Quality Accounts review process, which included A&E waiting times, 62-day cancer pathway and Summary Hospital Mortality Index (SHMI) data. They have identified a number of errors in the A&E data that has been tested, and have made recommendations to improve the 62-day cancer pathway data quality. The External Auditor will be working with the Trust to review prior year recommendations and agree management actions following the results of this year's audit. The Trust acknowledges weaknesses in the quality of internal data produced with respect to the 4 Hour Accident and Emergency Waiting Times and the 62-day cancer pathway and will work with the auditors to update an action plan to identify areas of improvement.

Learning from Deaths

During 2018/19, 2296 (April 2018 to Jan 2019) patients died at King's College Hospital NHS Foundation Trust. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 552 in the first quarter (April to June 2018);
- 547 in the second quarter (July to September 2018);
- 595 in the third quarter (October to December 2018);
- 602 in the fourth quarter (January to March 2019).

By 31 March 2019, 336 case record reviews and 60 investigations have been carried out in relation to 396 of the 2296 deaths included above.

In 17 cases a death was subjected to both a case record review and an investigation.

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

- 131 in the first quarter;
- 161 in the second quarter;
- 90 in the third quarter;
- 35 in the fourth quarter.

2 representing 0.54% of the patient deaths reviewed 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 0.8% for the first quarter;
- 1 representing 0.9% for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% for the fourth quarter.

These numbers have been estimated using the locally-adapted version of the structured judgment review method of case record review.

Summary of learning from case record reviews and investigations

Case record review indicated probable contributions to death from issues relating to inadequate arrangements for care after discharge for a patient who was an 'outlier' on a ward not directly managed by the specialty responsible for their care.

Through review and multi-disciplinary discussion at the Morbidity and Mortality Meeting and through the adverse incident process, the medical, nursing and ward teams involved in the care of this patient have learned about potential weaknesses in the discharge process where a patient is outlying on a ward not directly managed by the specialty responsible for their care. These weaknesses included the formal communication and escalation of abnormal results received after the patient had been discharged and communications with GP and patient about further management necessary.

Serious incident reviews where patients have died have resulted in learning in relation to venous thromboembolism (VTE), insulin dosage and aortic dissection.

A description of the actions which King's College Hospital NHS Foundation Trust has taken in the reporting period, and proposes to take in the next period, in relation to Learning from Deaths

Based on the Learning from Deaths review described above, the medical, nursing and ward teams have clarified and confirmed arrangements for the discharge process, including for patients who are outliers on wards outside of the specialty, and including formal communication and escalation of results received following patient discharge, and communications with patient and GP. Discharge communications has been identified as a Trust Quality Priority for 2019-20.

Based on the Serious Incident reviews, action has included:

- Dissemination of information in relation to VTE prevention, a study day attended by more than 50 nurses and midwives, a 'Safer Care Day' attended by over 160 clinical staff, VTE prevention performance circulated trust-wide and reviewed in governance meetings.
- Insulin training updated at one of King's College Hospital's sites, insulin training added to the staff training and development portal, a SafetyNet message sent out trust-wide.
- A revised aortic dissection pathway agreed with Guy's and St Thomas's NHS Foundation Trust.

At King's we aim to ensure that learning from deaths and other safety incidents is shared widely and becomes embedded in clinical practice through a variety of internal communication mechanisms, including team meetings, accreditation boards, Quality and Safety feedback boards, newsletters, Grand Rounds and many other events. The SafetyNet Programme has been devised specifically for the purpose of sharing lessons learned and includes sharing of summaries of individual incidents and the themes identified from their analysis.

An assessment of the impact of the actions described

No further incidents have been reported similar to the cases identified above and it therefore appears that these were isolated cases and/or actions taken have been effective.

The effectiveness of the SafetyNet Programme has been surveyed and staff report that there is increased learning from incidents, including death reviews.

Previous reporting period

- 112 case record reviews and 25 investigations were completed after March 2018 which related to deaths which took place before the start of the latest reporting period.
- Zero representing 0% of the patient deaths before the latest reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the locally-adapted version of the structured judgment review method of case record review.

Four representing 0.2% of the patient deaths during 2017-18 were judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3 Reporting Against Core Indicators

Table 13: Reporting against core indicators

Indicator	Measure	Current Period	Value ¹	Previous Period	Value ²	Highest Value Comparable ² Foundation Trust	Lowest Value Comparable ^{1,3} Foundation Trust	National Average	Data Source	Regulatory Statement
Summary Hospital-Level Mortality Indicator (SHMI)	Ratio of observed mortality as a proportion of expected mortality	01/10/2017 to 31/09/2018	0.9589 (95% Confidence Interval 0.8926, 1.1203)	1/01/2017 to 31/12/2017	0.9287 (95% Confidence Interval 0.8948, 1.1176)	0.9847 (95% Confidence Interval 0.8914, 1.1218) – better than expected	0.7017 (95% Confidence Interval 0.8898, 1.1239) – better than expected	1.0	NHS Digital	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons: it is based on data submitted to NHS Digital and the Trust takes all reasonable steps and exercises appropriate due diligence to ensure the accuracy of data reported.
	Percentage of patient deaths with palliative care coded	01/10/2017 to 31/09/2018	2.4%	1/01/2017 to 31/12/2017	48.5%	2.6%	1.2%	1.8%	NHS Digital	King's College Hospital NHS Foundation Trust intends to take/has taken the following actions to improve the SHMI, and so the quality of its services, by continuing to invest in routine monitoring of mortality and detailed investigation of any issues identified, including data quality as well as quality of care.

² Shelford Group

³ Displayed by NHS Digital

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable ¹ Foundation Trust	Lowest Value Comparable ¹ Foundation Trust	National Average	Data Source	Regulatory Statement
Patient Reported Outcomes Measures – hip replacement surgery	EQ-5D Index:136 modelled records	Apr 17 - Mar 18	Adjusted average health gain: 0.459	Apr 16 - Mar 17	Adjusted average health gain: 0.445	0.484	0.441	0.46	NHS Digital	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons - our performance is in line with Shelford Group peers. King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by continuing to provide excellent elective orthopaedic services.
	EQ VAS: 133 modelled records		Adjusted average health gain: 12.79		Adjusted average health gain: 15.006	19.588	10.441	13.53		
	Oxford Hip Score: 146 modelled records		Adjusted average health gain: 21.30		Adjusted average health gain: 22.002	23.401	19.950	22.14		
Patient Reported Outcomes Measures - knee replacement surgery	EQ-5D Index: 189 modelled records	Apr 17 - Mar 18	Adjusted average health gain: 0.333	Apr 16- Mar 17	Adjusted average health gain: 0.294	0.370	0.216	0.338		
	EQ VAS: 201 modelled records		Adjusted average health gain: 7.204		Adjusted average health gain: 5.823	9.963	2.862	7.938		
	Oxford Knee Score: 209 modelled records		Adjusted average health gain: 16.516		Adjusted average health gain: 14.641	18.008	13.228	16.971		

NB: In line with NHS England letter (3/10/17), KCH ceased participation in PROMs for Groin Hernia and Varicose Veins from 1/10/17.

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
Percentage of patients readmitted within 28 days of being discharged	Patients aged 0-15 - %	Apr-18 to Mar-19	1.01%	Apr-17 to Mar-18	1.25%	Data not comparable due to differences in local reporting.	Data not comparable due to differences in local reporting.	N/A	To be added	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons – readmissions data forms part of the divisional Best Quality of Care scorecard reports which are produced and reviewed by divisional management teams, and forms part of the monthly integrated performance review with the executive team. King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by rolling out a 7 day occupational therapy and physiotherapy service across medicine to support early identification, acute treatment and onward referral to for rehab and discharge planning needs; proactive referrals to community health, social care and voluntary sector services for those who need support to enable seamless transfer and delivery of onward care on discharge.
	Patients aged 16+ - %		7.03%		6.97%	Data not comparable due to differences in local reporting.	Data not comparable due to differences in local reporting.	N/A		
Trust's responsiveness to the personal needs of its patients:	Score out of 10 trust-wide	2017 National Inpatient Survey	7.3	2016 National Inpatient Survey	7.1	8.5	6.6		CQC	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons as CQC national patient surveys are a validated tool for assessing patient experience and in line with local survey results.
• Were you involved as much as you wanted to be in decisions										King's College Hospital NHS Foundation Trust intends to take the following actions

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
about your care and treatment?										to improve this score, and so the quality of its services, by launching regular Care Group patient experience reviews with key actions for improvement. National Inpatient Action Plan in place.
• Did you find someone on the hospital staff to talk to about your worries and fears?	Score out of 10 trust-wide	2017 National Inpatient Survey	5.2	2016 National Inpatient Survey	5.5	7.7	4.3		CQC	King's College Hospital NHS Foundation Trust considers that this data is as described as CQC national patient surveys are a validated tool for assessing patient experience.
• Were you given enough privacy when discussing your condition or treatment?	Score out of 10 trust-wide	2017 National Inpatient Survey	8.6	2016 National Inpatient Survey	8.7	9.4	8.00			King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by launching regular Care Group patient experience reviews with key actions for improvement. National Inpatient Action Plan in place.
• Did a member of staff tell you about medication side effects to watch for when you went home?	Score out of 10 trust-wide	2017 National Inpatient Survey	4.9	2016 National Inpatient Survey	4.2	7.7	3.7			

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
<ul style="list-style-type: none"> Did hospital tell you who to contact if you were worried about your condition or treatment after you left hospital? 	Score out of 10	2016 National Inpatient Survey	7.2	2015 National Inpatient Survey	6.9	9.8	6.5		CQC	<p>King's College Hospital NHS Foundation Trust considers that this data is as described as CQC national patient surveys are a validated tool for assessing patient experience</p> <p>King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by launching regular Care Group patient experience reviews with key actions for improvement. National Inpatient Action Plan in place</p>
Staff employed by, or under contract to the trust who would recommend the Trust as a provider of care to their family or friends.	%	2018/19 Q2	79.6%	2018/19 Q1	80%	Royal Brompton & Harefield NHS Foundation Trust – 100% (Q2 data)	The Hillingdon hospitals NHS Foundation Trust – 39% (Q2 data)	81%	NHs England staff family and friends test data	<p>King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons – This is taken from NHS England national staff family and friends test website.</p> <p>King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by: Improving staff moral and engagement through specific engagement work streams</p>

Please note:

Q4 Family and Friends data not available until after Quality Account publication date.

Q3 data is sourced through Trust staff survey the fore national comparators are not available.

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period	%	April 2018-December 2018	97.1%	April 2017-March 2018	96.7%.	Norfolk and Norwich University Hospitals NHS Foundation Trust 98.9%	East Kent Hospitals University NHS Foundation Trust 92.5 %	95.59%	NHS Improvement	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons: This data was collected electronically. Regular ward audits are completed every month and they reflect similar compliance score. The VTE CNSs also manually check a small proportion of the data to check accuracy. King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by: The Thrombosis team is currently working with ICT on additional strategies to prompt completion of the VTE risk assessments and to highlight patients assessed as high risk of VTE low risk bleeding without appropriate thromboprophylaxis prescribed. A newsletter is circulated regularly to recognise wards with high VTE risk assessment compliance. Ward and specialty VTE risk assessment scores are also circulated every month. The VTE CNSs continue to provide staff teaching on VTE prevention across sites.

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
The rate per 100,000 bed days of cases of <i>C. difficile</i> infection reported within the trust among patients aged 2 or over during the reporting period	rate/100,000 bed days	April 2018-March 2019	79 cases	April 2017-March 2018	88 cases	Shelford group highest 2018/19 = 153 cases	Shelford group lowest 2018/19 = 21 cases	Shelford group average 2018/19 = 76 cases	https://www.gov.uk/government/statistics/clostridium-difficile-infection-monthly-data-by-nhs-acute-trust	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons – 25% cases were colonisations; 35% were on laxatives; all had complex case histories. King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by: Ensuring appropriate testing in place. Undertaking root cause analysis and shared learning for every hospital-acquired infection. Implementation of effective antimicrobial and preventions stewardship, including routine audits and staff training.
The number and, where available, rate of patient safety incidents reported within the trust during the reporting period	Number (rate per 1,000 bed days)	April 2018 – March 2019	25,573 total and 49.85 per 100 bed days	2017/18	25,565	12 month Data not available from NRLS yet. In 6 month NRLS data KCH reported 12787 incidents. Birmingham reported 23692 incidents in 6 months. King's was 4th highest in reporting number of incidents.	12 month Data not available from NRLS yet. In 6 month NRLS data KCH reported 12787 incidents. Weston Health Foundation Trust reported 565 incidents in 6 months. King's was 4th highest in reporting number of incidents.	12 month Data not available from NRLS yet. In 6 month NRLS total average was 5582	NRLS reporting system 12 month national data is not yet available for bench-marking. Source is NRLS (National Reporting and Learning System) King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by: Continue positive feedback from incident reporting, continue supporting open and transparent culture, allow for anonymous reporting, automatic feedback installed on incident reporting system.	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons – 12 month national data is not yet available for bench-marking. Source is NRLS (National Reporting and Learning System) King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by: Continue positive feedback from incident reporting, continue supporting open and transparent culture, allow for anonymous reporting, automatic feedback installed on incident reporting system.

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
The number and percentage of such safety incidents that resulted in severe harm or death	Number (rate per 1,000 bed days)	April 2018 – March 2019	Death: 15 (0.059 %) Serious Harm 123 Serious Harm (0.059%)	2017/18	Death: 18 (0.07) Serious harm: 96 (0.38)	12 month Data not available from NRLS yet. In 6 month NRLS data KCH reported 8 death incidents. Guy's and St Thomas reported 22 death incidents in 6 months. KCH reported 52 serious harm incidents. Birmingham reported 72 serious harm incidents in 6 months	12 month Data not available from NRLS yet. In 6 month NRLS data based on figures only was 5.4 average for deaths and 13.5 average for major harm incidents in 6 months	12 month Data not available from NRLS yet. In 6 month NRLS data based on figures only was 5.4 average for deaths and 13.5 average for major harm incidents in 6 months	NRLS reporting system	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons – 12 month national data is not yet available for bench-marking. Source is NRLS (National Reporting and Learning System). To note that Trusts vary in size and incident numbers. King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by: Most of the serious harm incidents relate to pressure ulcers or falls for which the Trust has steady work-streams to reduce the number of such events. After a successful pilot in 2018 seeing a reduction of such incidents in specific areas the learning is being used across the Trust. As ever the Trust encourages reporting and has a positive culture which allows the organisation to learn from such serious events collaboratively with staff and patients/relatives. Any themes identified have specific work-streams to address them and reduce the likelihood of reoccurrence. The Trust also has a very robust Serious Incident

Part Three: Other information

Overview of the quality of care offered by the King's College Hospital NHS Foundation Trust

Table 14: Overview of the quality of care offered by King's

Indicators	Reason for selection	Trust Performance 2018-19	Trust Performance 2017-18	Peer Performance (Shelford Group Trusts) 2018-19	Data source
Patient Safety Indicators					
Duty of Candour	Duty of Candour was chosen as high performance is a key objective for the Trust as it demonstrates its positive and transparent culture. The Trust changed its reporting mechanism in April 2017 making it more robust, measuring full compliance rather than spot check audits. The higher the compliance % the better.	>92%	>90%	Not available	Datix
WHO Surgical Safety compliance	Even though the Trust has not listed Surgical Safety as a quality priority for 18/19 it remains a key objective and workstream at the Trust. Since the beginning of 2017 the Trust has been able to electronically monitor compliance with the WHO checklist. The higher the compliance % the better.	94%	93%	Not available	Local audit of data on Galaxy surgical system
Total number of never events	Outside of Surgical Safety, the Trust has a number of workstreams that aim to reduce the number of Never Events.	10	8	Information available at: https://improvement.nhs.uk/resources/never-events-data/	Transfer of Strategic Executive Information System (StEIS), NHS Improvement

Indicators	Reason for selection	Trust Performance 2018-19	Trust Performance 2017-18	Peer Performance (Shelford Group Trusts) 2018-19	Data source
Clinical effectiveness indicators					
SHMI Elective admissions	Summary Hospital-level Mortality Indicator (SHMI) is a key patient outcomes performance indicator, addressing Trust objective ‘to deliver excellent patient outcomes’.	0.7842 (95% CI 0.643 , 0.948) – Better than expected*	0.7960 (95% CI 0.654 , 0.964) – Better than expected	0.6797 (95% CI 0.641, 0.720) – Better than expected*	Hospital Episode Statistics via HED, period: January 18 to December 18
SHMI Non-elective admissions		0.9535 (95% CI 0.920 , 0.988) – Better than expected*	95.75 (95% CI 92.4 , 99.2) – Better than expected	0.8991 (95% CI 0.888 , 0.910) – Better than expected*	
SHMI Weekend admissions		0.9994 (95% CI 0.933 , 1.069) – As expected*	1.290 (95% CI 0.937 , 1.0730) – As expected	0.9818 (95% CI 0.958 , 1.060) – Better than expected*	
Patient experience indicators					
Friends & Family – A&E	Patients discharged from Accident & Emergency (types 1/2) who would recommend the Trust as a provider of care to their family or friends	78%	81%		NHS England national statistics
Friends & Family – inpatients	Inpatients who would recommend the Trust as a provider of care to their family or friends	94%	94%		NHS England national statistics
Friends & Family - outpatients	Outpatients who would recommend the Trust as a provider of care to their family or friends	88%	88%		NHS England national statistics

Performance against relevant indicators

Table 15: Performance against relevant indicators

Indicators	Trust Performance 2018-19	Trust Performance 2017-18	National average	Target
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	79.4%	78.2%	87.3%	92.0%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	76.0%	84.2%	88.0%	95.0%
All cancers: 62-day wait for first treatment from Urgent GP referral for suspected cancer	79.1%	83.8%	79.0%	85.0%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	87.4%	98.3%	97.2%	>99%
<i>C. difficile</i> : variance from plan	80 cases	88 cases	n/a	71
Maximum 6-week wait for diagnostic procedures	92.2%	98.3%	97.2%	>99%
Venous thromboembolism risk assessment	97.3%	96.7%	95.6%	95.0%

Access to services

King's College Hospital NHS Foundation Trust continues to have one of the highest levels of acute bed occupancy on its acute sites at King's College Hospital and PRUH throughout 2018/19, which restricts our ability to be able to respond to peaks in demand above expected levels. This year, 2018/19, has been challenging in our ability to maintain and improve on patient access standards for emergency, elective and diagnostic care. We continue to see more elderly patients attending our emergency department (ED) on both acute sites, and an increase in the number of elderly patients who require subsequent admission to the hospital. This places additional pressure on wider capacity within the Trust across beds (including step-down beds at Orpington Hospital that we provide), outpatient clinics and diagnostic services.

The Trust's ED type 1 and 3 attendances performance based on monthly ED Sitrep return submissions is 76.0% for 2018/19 overall, and includes type 3 Urgent Care Centre (UCC) activity provided at Princess Royal University Hospital. To support the external audit into our ED performance compliance, the auditors were provided with a patient-level attendance dataset based on the latest ED system data available as this level of data is not available from month-end snapshot data. This also excludes UCC type 3 activity at PRUH which is provided by Greenbrook Healthcare. Performance compliance for 2018/19 based on the datasets provided for audit is lower at 69.8%.

Cancer referral demand into the Trust continues to increase with an 11% referral increase during 2018/19 which puts pressure on our ability to deliver the two week waiting time and 62-day time to first treatment cancer standards.

Referral to Treatment (18 Weeks)

Achievement of the Referral to Treatment (18 Weeks) performance standard continues to be a challenge for the Trust. We continue to work closely with our regulator, local and national commissioners to develop and invest in plans to improve our overall RTT compliance and elimination of 52+ week breaches. These plans link with outpatient and theatre productivity improvement programmes to maximise the use of our day case theatres and outpatient clinics in-week, as well as use day case theatres and main theatres on the Orpington site at the weekend. We have also continued to use an insourcing provider to deliver additional weekend capacity in outpatients and day case theatres, specifically in Ophthalmology and Dermatology specialties, as well as endoscopy provision.

We are working with other NHS and independent sector providers to provide additional capacity in bariatric surgery and elective Orthopaedics to reduce the number of over-52 week breach patients which was increasing during the first half of the year. The number of breaches has been reducing since September 2018. Based on our year-end position reported for 2018/19, we had 37 bariatric breach patients in 2018/19.

RTT data quality and validation has been a key area of focus for the year, and we have published a number of data quality reports within our Operational PTL (patient tracker lists) system which can be accessed by our central validation team as well as divisional PTL users. We have been recruiting additional staff to the central validation team in the latter part of the year to focus on validation of 'lost to follow-up' pathways and the closure of these pathway referrals on our Patient Administration System.

Cancer Treatment within 62 Days

Referral demand for cancer services has continued to increase in recent years including 2018/19. As a result we have not been compliant with the two week wait GP referral standard since May 2018. Performance has gradually improved in the second half of the year, driven in part by the reduction in appointment polling ranges across all tumour groups at PRUH, with service areas in Gynaecology, Head & Neck and Urology all down to 8 days.

There are a number of high impact actions which the Trust has delivered throughout the year to improve performance and data quality, not only for the two week standard but also for the 62-day time to first definitive treatment standards. These form part of a comprehensive action plan which is reviewed weekly on both acute sites.

Urology at the PRUH have moved to delivering local anaesthetic template biopsies in an outpatient setting which enables for template biopsy capacity and removes the constraints of running the service in theatres. Pathology turnaround times have been another constraint in the prostate pathway and this has been resolved by bringing reporting back in-house from the outsourcing provider.

Additional virtual clinic capacity has been put into place on the King's College Hospital site for colorectal pathways which has resulted in a circa 300 patient reduction in the patient tracker list (PTL) size.

Diagnostic Test within 6 Weeks

The Trust has not been compliant against the 99% target since December 2017, with performance worsening throughout 2018/19 due to capacity constraints and demand exceeding available capacity in a couple of diagnostic test areas.

Endoscopy demand at PRUH for both surveillance and diagnostic patients has outstripped capacity by circa 80%, as during periods where emergency demand exceeds the available acute beds within our wards, we have been forced to admit patients to planned escalation areas such as our Endoscopy Suite overnight. This has a significant impact on our ability provide our endoscopy services as planned on the PRUH site. The South East London Cancer Alliance have supported the Trust and all local partners by funding operational management at PRUH as well as additional capacity in the Endoscopy Unit at Croydon University Hospital.

Radiology continues to utilise additional capacity including the use of independent sector providers, mobile imaging scanners and by providing additional sessions in-house. PRUH and South sites have also seen an increase in non-obstetric ultrasound breaches linked to the termination of a community scanning service.

Emergency Department four-hour standard

Achievement of the Emergency Department four-hour performance standard continues to be a significant challenge among London Trusts as well as at King's, on both its King's College Hospital and PRUH sites. An overall lack of patient flow within both of our acute sites is preventing any positive impact on performance improvement.

The Trust has recognised that a culture change that achieves site-wide engagement is a key enabler for both sites with targeted actions to deliver the recovery plan that has been agreed with NHS Improvement. There are at least weekly reviews of actions through working groups on each site, with increased Board and King's Executive (KE) oversight provided through monthly Board reporting and fortnightly KE reporting on progress against our recovery plan.

In the latter half of the year, the Trust has been working with Hunter Consulting to provide additional support to the Emergency Care Recovery Programme. The focus of this work is to improve end-to-end flow and achieve sustainable results. The team from Hunter are based across both of our acute sites with dedicated support to the challenges that are faced on each site. Hunter have also reviewed the Trust's governance framework structure and recommended a new Governance Structure which has been signed off by the executive sponsor, and these arrangements have been implemented in the last quarter of 2018/19.

On the King's College Hospital site the key areas of focus for flow improvement include ED flow and escalation processes, Ambulatory Care and Front End assessment, improving site function and Operational control, and a refresh of the Ward Board round standard.

On the PRUH site the key areas of focus include ED Flow and escalation, and rollout of Board Round Standards and Content.

7-day Service Provision

NHS England's Seven Day Hospital Services aim is for patients to be able to access hospital services which meet four priority clinical standards (PCS) every day of the week:

- **PCS2 Consultant Review:** initial consultant review within 14 hours of admission
- **PCS5 Diagnostics:** Patients have access to specific diagnostic tests
- **PCS6 Interventions/Key Services:** Specific consultant directed interventions are available to patients
- **PCS8 Ongoing Review:** Patients receive ongoing daily consultant reviews.

Since April 2016 six-monthly audit of a sample of patient case notes has been undertaken to enable measurement of performance against these standards. NHS England confirms that King's is compliant with seven day services (7DS) standards in relation to Diagnostics, Interventions/Key Services and Ongoing Review.

The standard relating to time to consultant review (PCS2) has shown progressive improvement since the audit programme began in April 2016. At that survey, 64% of acute patients were reviewed by a consultant within 14 hours of admission, a figure rising to 89% in the survey conducted in April 2018, and at January 2019 is 1% off achieving the standard (unreleased data, 7DS Programme, NHS England).

Other standard and non-standard metrics relating to Trust performance of 7 day operations are regularly reviewed. There is no difference between weekday and weekend admissions in respect of mortality metrics of HMSR (Hospital Standardised Mortality Ratio) and SHMI (Summary Hospital-level Mortality Indicator), or risk of readmission after discharge (Standardised Readmission ratio).

The Trust is a lead participant in the national High-Intensity Specialist-Led Acute Care (HISLAC) study, an academic research project funded by the National Institute of Health Research evaluating a key component of NHS England's policy drive for 7-day services: the intensity of specialist-led care of emergency medical admissions, with a particular focus on weekend provision.

Freedom to Speak Up

The Mid Staffordshire Inquiry and subsequent Freedom to Speak Up review by Sir Robert Francis highlighted the tragic consequences for patients and their families when health staff felt unable to speak up, are victimised for doing so, or their concerns were ignored.

The Trust's Freedom to Speak up Guardians are Jen Watson (DH) and Stefan Karwatowski (PRUH) working alongside a team of nineteen ambassadors.

The Freedom to Speak Up Committee (FTSU), chaired by non-executive director Sue Slipman, meets regularly to review activity as well as strategize and drive the service. The FTSU committee includes a further three board members: Dawn Broderick, Faith Boardman and Shelley Dolan.

The National Guardian's Office published annual data in May 2018. Since inception, 7,037 concerns have been raised nationally, equating to 0.6% of the NHS workforce. Nationally, 45% of concerns were related to bullying and harassment and 32% to patient safety. At King's College Hospital NHS Foundation Trust 49% of concerns were related to bullying and harassment and 16% related to patient safety.

The Guardians are contacted directly by individuals usually via email; increasingly the ambassadors are now also being contacted. There is a specific Freedom to Speak email address and mobile number. Occasionally staff will contact the guardians and ambassadors in person.

Staff are also able to speak up/whistle-blow through the Trust line management or Human Resource structure, or staff can raise concerns externally direct with the Care Quality Commission or other organisation. King's College NHS Foundation Trust's approach is outlined in its policy.

Annex 1 - Statements from commissioners, local HealthWatch organisations and Overview and Scrutiny Committees

Commissioners' feedback:

Dear colleagues

Thank you for sending over the draft KCH Quality Account for 2018/19. I am pleased to provide a response on behalf of the commissioners.

It is apparent from reading the Quality Account that King's College Hospital NHS Foundation Trust have achieved a lot in 2018/19 which is great to see and for this to be recognised in a public document. The developments with King's Volunteers are particularly notable and the excellent participation in national clinical audits.

The commissioners agree with the priorities chosen and recognise that these cannot always be achieved in one year. The mental health priority is a good example of something which needed to run for long enough that achievements were stretching and credible. We particularly welcome the new priority regarding improving process for patients leaving hospital as this is an area which is often a cause of negative feedback from patients and clinicians alike.

It is good to see that KCH have added tangible metrics to the priorities for 2019/20 with 'SMART' measures of success. The commissioners fed back that this was not the case in 2018/19 and it has meant it was difficult to track progress – and it would also have been difficult for KCH to be aware of and acknowledge where priorities were off target needing re-direction, so the addition of metrics is welcomed.

In lieu of SMART metrics for 2018/19 a little more information about what has changed and the impact, rather than descriptions of what has been done would be useful. It would also be useful for readers to have more information about the priorities which were partly-achieved - regarding what elements were not achieved - particularly the impact of that and any learning that can be gleaned to avoid this happening in the future. It would also be helpful for readers to understand if each priority and metric is Trust-wide or site specific as sometimes the narrative from 2018/19 is not very clear.

The Commissioners would like to note the productive discussions which take place at the monthly CQRG (clinical quality review group) and expect to track progress of these priorities at those meetings. The regular, senior level attendance of KCH directors contributes to the culture of open and honest discussion at CQRG.

In summary the commissioners are pleased to support KCH in working to maintain quality and congratulate the Trust on maintaining quality and safety in very challenging times.

Dr Noel Baxter
Chair of KCH CQRG
On behalf of commissioners

Healthwatch Southwark's response to King's College Hospital NHS Foundation Trust's 2018/19 Quality Accounts

Healthwatch Southwark thanks the Trust for the opportunity to comment on these Quality Accounts.

Especially given the current CQC 'Requires Improvement' rating in place and the considerable financial pressure under which the Trust is operating, we are pleased to note the progress made on a broad range of patient centric quality improvement initiatives.

Healthwatch Southwark participated in a well-attended public engagement event held prior to finalising the new quality priorities. We are pleased to see that the priorities now set were all championed by attendees at this event.

Priorities which have not been carried into 2019/20

It is commendable that Priority 2 (improved outcomes in **hip replacements**) and Priority 3 (improved outcomes in **heart failure**) have both been achieved. It would be informative to outline the changes to the hip replacement pathway now in progress.

The partially achieved status on Priority 6 (**sepsis**) and Priority 7 (**falls in hospital**) is noted.

Priorities carried into 2019/20

Whilst still work in progress, the focus on improving the **experience of patients with cancer** and their families (Priority 5), and partnership with Macmillan, are welcomed. The attention to patient engagement and the goal of increasing holistic needs assessments are particularly positive.

We are impressed by many developments under Priority 1 to **join up physical and mental health care**, particularly in training over 2,500 staff, increasing mental health screening activities, increasing specialist mental health support in a variety of services, and strengthening partnership working. This priority fits well with Healthwatch Southwark's ongoing priority work around mental health.

We also note the progress made on Priority 4, **improving outpatient experience**. These initiatives may well help to mitigate issues that have been reported to us by local residents. Efforts to reduce DNAs may also help to ease fundamental pressures on the system.

New priorities in 2019/20

We look forward to seeing improvements in **discharge planning and follow-up**, where better communication, patient involvement in decision making, and keeping patients well once home, have the potential to dramatically improve outcomes. This has been an area of focus for local Healthwatch for several years, through our work with older people seen in the Emergency Department, looking at discharge to a step-down unit, and work on reablement services.

Other activities

Prioritising the Freedom to Speak Up, training and education opportunities, equality and retention initiatives, notably the introduction of the 'King's Stars' awards for outstanding achievement, are all valuable investments in developing a workforce that will sustain the Trust in future.

We are delighted by the growth of the King's Volunteers programme. This represents an important way to engage local residents from diverse backgrounds (and particularly younger volunteers) in the Trust's services, as well as provide more personal support to patients.

Fundamental challenges for the Trust

We acknowledge that the Trust is under strain from many external factors, such as large numbers of elderly emergency department and inpatient admissions, and an increase in demand on cancer services. Nonetheless, we register significant concern at the lack of material improvement in meeting important performance standards for accessing treatment services, including referral to treatment (RTT) within 18 weeks, cancer treatment within 62 days, diagnostic tests within 6 weeks and the emergency department four-hour standard. We also note further capacity concerns raised in audits listed on p38.

We hope that the extensive suite of process improvements in progress will have a positive impact on waiting times. We will launch our own 'Referral to Treatment Times' priority work in Southwark later this year.

Data presentation

We found this year's report clearer than last year's. It is difficult to comment in full on some metrics before national data is available. In several places it would be helpful to include baseline/current figures in order to assess progress and ambition. In order to improve accessibility to the lay reader, we suggest colour coding some tables to indicate performance, and clarity on whether high or low scores are positive.

Patient engagement

Healthwatch Southwark appreciates the Trust's efforts to include us in their public engagement activities and we value our quarterly meetings with the KCH Engagement Team. We look forward to seeing the Trust progress in all its quality priorities this year.

Healthwatch Southwark

17 April, 2019

Healthwatch Lambeth response to King's College Hospital NHS Foundation Trust's 2018/19 Quality Accounts

We welcome the opportunity to give a statement on the 2018/19 Quality Accounts and acknowledge our good working relationship with KCH Trust in engaging patients and using their views to improve services.

We congratulate the Trust on its rating as the best nationally for discharge planning for patients with dementia and welcome the Trust's decision to make discharge information one of its quality improvement priorities for 19/20. We are keen to work with the Trust on this agenda, building on intelligence from our previous transfer of care work and our current audit of sample discharge information from King's and GSTT (at April 19). We welcome the inclusion of the Red Bag initiative for care home residents in the work programme for this priority area, and would be keen for the opportunity to take another look at it with the Trust, following the apparent low take up of the scheme when we assisted the Health Innovation Network with an early programme evaluation in summer 2018.

We welcome the emphasis placed on patient-oriented outcomes to measure improvements in hip replacements over the past year, and that intelligence from this project will be used to improve patient information.

We are pleased to hear that the Trust has been working with local GPs on improving testing for heart failure and that collaboration with the @home service is enabling some patients to avoid hospital admission. We hope to see the falls awareness teaching approach at the PRUH rolled out to the DH site. (p17)

However, we were disappointed that the Local Care Network partners involved in the local care coordination programme (local CCG CQUIN) were unable to develop an effective support offer to people with several long-term conditions in Southwark and Lambeth to enable them to better manage their own wellbeing and experience more joined up care. However, we support the decision to halt the scheme in its current form and to explore alternative models for tackling the fragmentation of care through the new Primary Care Networks. (p49).

We also acknowledge that KCH Trust provided platform for us to discuss and consider patients' feedback, such as the following:

- Enter and View at the Paediatric A and E by 15 young people. The Trust has welcomed the report and responded to the recommendations from that visit. The Trust also showed commitment by way of a forward plan to address the recommendations and more importantly, continue to involve young people in on how to best make the hospital more youth-friendly.
- Accessible Information Policy. We acknowledge that KCH Trust is improving on making information accessible to its patients. We are particularly enthused with our participation in the Accessible Information Working Group and the opportunity to speak to some of the staff on its current practice on information accessibility.
- Information and signposting. The Trust received a report from us on patients views of its services. We were pleased that the report was discussed at the patient engagement committee and how much they welcomed the feedback. This showed their commitment in making changes to ensure that the patients have better experience of care.

We are supportive of the ambitions of the King's Health Partners' Mind and Body programme to improve the holistic care and support individuals receive. We welcome the continued priority being given to improving the care of people with mental, as well as physical, health needs and the initiatives being undertaken to identify people with mental health needs. However, so far this has not always been reflected in improved patient

experience. For example there has been a decline in patient experience (reference: National In Patient Scores 2017) particularly patients' needs for help and support to cope.

In this context, we are pleased that KCH wishes to partner with us on a new project aimed at better meeting the needs of inpatients with mental health needs and staff, on a sample of adult inpatient wards. The project will make links to the programme of developing a coordinated 'training offer' to ward staff on mental health, working closely with the Mind and Body programme and the new KCH mental health lead nurse. We will identify the information and advice patients/carers would benefit from while in hospital and during discharge; help staff to better identify in-patients with emotional or mental health needs; build stronger links between local voluntary sector mental health groups and in patient wards; test options for in-reach support onto the wards; and better signpost and connect people who also have mental health needs to the right support and help for them in the community.

We continue to commit to the same principles for better experience of patient care that KCH espouses and look forward to working with them in 2019/20.

Catherine Pearson

Chief Executive

Healthwatch Lambeth

Healthwatch Bromley response to King's College Hospital NHS Foundation Trust's 2018/19 Quality Accounts

Firstly we are pleased to note the achievements for 2018/19 for the Trust that have included lower than expected mortality in high-risk specialties, including liver, critical care, paediatric intensive care, renal replacement therapy and stroke, and around half the national average mortality for our emergency laparotomy surgery and that major trauma outcomes are the best nationally for the trauma network.

We note that King's was rated as the best of 195 hospitals nationally for discharge planning for patients with dementia and that the Trust performed better than London and national average for key outcomes indicators relating to the care of women with diabetes who are pregnant, including large babies, pre-term deliveries & pre-pregnancy care.

Quality priorities for 2018/19

We are pleased to note that the priority outcomes of people with mental, as well as physical health needs, outcomes for people having primary hip replacement and improving outcomes for people with heart failure have all been achieved.

We are pleased to see that progress is being made and that the priority outcomes of outpatient experience and improving the experience of patients with cancer and their families have been partially achieved and that work is still on-going in these areas. We note that the two priority outcomes of implementation of sepsis bundles and reducing harms to patients due to falls in hospital have been partially achieved and look forward to further progress in these areas, falls particularly is a challenge nationally and we would welcome feedback on this.

Quality priorities for 2019/20

Whereas it is pleasing to see the Trust held an engagement event for patients, the public, the voluntary sector and Trust members to showcase progress on their 2018-19 quality priorities and to ask for suggestions for quality priorities for 2019/20, greater feedback and more involvement would be most welcome. Furthermore it is important to note some key themes identified from Healthwatch Bromley Patient Experience feedback which highlights some areas of positive reviews on the PRUH quality of treatment and staff attitude. However some areas of improvements are required around waiting times for assessment and treatment and on staff communication and appointments.

It is very positive to note the Trusts continuing commitment to mental health, cancer and outpatients and additional commitment to improving communication and information for patients leaving hospital as effective discharge is key to prevention and better wellbeing.

Overview and Scrutiny Committee, London Borough of Lambeth, feedback:

Lambeth Council's Overview and Scrutiny Committee would like to thank King's College Hospital NHS Foundation Trust for the invitation to submit a statement on the Trust's draft Quality Account 2018/19. It has not been possible to formally consider the draft QA within the timeline requested and the Committee is not therefore submitting a response. However the Committee would wish to acknowledge that a positive working relationship exists between OSC and the Foundation Trust.

Overview and Scrutiny Committee, London Borough of Southwark, feedback:

No reply received.

Overview and Scrutiny Committee, London Borough of Bromley, feedback:

No reply received.

Lambeth, Southwark and Bromley Overview and Scrutiny Committees were sent the draft Quality Account on 29/03/2019 and asked to feedback by 23/04/2019 in order to meet the external Quality Accounts deadline. Comments were accepted until 09/05/2019.

Trust Governors, feedback:

The Trust Governors provided detailed feedback. This has been collated, acted upon, incorporated within the Quality Account as appropriate and a record held for reference.

Annex 2 - Statement of Directors' Responsibilities for the Quality Report

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

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 2018/19 and supporting guidance, detailed requirements for quality reports 2018/19.
- the content of the Quality Report is consistent with internal and external sources of information including:
 - board minutes and papers for the period April 2018 to 31 May 2019
 - papers relating to quality reported to the board over the period April 2018 to 31 May 2019
 - feedback from commissioners dated 25/04/2019
 - feedback from governors dated 11/04/2019
 - feedback from local Healthwatch organisations dated 25/04/2019 (Southwark), 30/04/2019 (Bromley) and 02/05/2019 (Lambeth)
 - feedback from Overview and Scrutiny Committee dated 23/04/2019 (Lambeth), feedback not received from Southwark and Bromley
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 21/05/2019
 - the national patient survey May 2018
 - the national staff survey February 2019
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 30/05/2019
 - CQC inspection report dated 31/01/2018.
- the Quality Report presents a balanced picture of the NHS foundation 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 incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

30.5.19 Date..... *Hypn Taylor*Chairman

16/6/19 Date..... *[Signature]*Chief Executive

Independent auditor's report to the council of governors of King's College Hospital NHS Foundation Trust on the quality report

We have been engaged by the council of governors of King's College Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of King's College Hospital NHS Foundation Trust's quality report for the year ended 31 March 2019 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of King's College Hospital NHS Foundation Trust as a body, to assist the council of governors in reporting King's College Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and King's College Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with official performance statistics based on 50:50 breach allocation rules.

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

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in the detailed guidance; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the specified documents in the detailed guidance.

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

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

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by King's College Hospital NHS Foundation Trust.

Basis for qualified conclusion

Percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge

The "percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge" indicator requires that the NHS Foundation Trust accurately records the start and end times of each patient's wait in A&E, in accordance with detailed requirements set out in the national guidance. This is calculated as a percentage of the total number of unplanned attendances at A&E for which patients' total time in A&E from arrival is four hours or less until admission, transfer or discharge as an inpatient.

Our procedures included testing a risk based sample of 22 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified the following errors:

- In 2 cases of our sample of patients' records tested, the start or end time of treatment was not accurately recorded affecting the calculation of the published indicator; and
- In 8 cases of our sample of patients' records tested, the start or end time of treatment was not accurately recorded, but did not affect the calculation of the published indicator;

As a result of the issues identified, we have concluded that there are errors in the calculation of the "percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge" indicator for the year ended 31 March 2019. We are unable to quantify the effect of these errors on the reported indicator.

In addition, we identified:

- In 7 cases of our sample of patients' records tested, we were unable to obtain sufficient supporting evidence to confirm the details necessary to test the calculation of the published indicator.

As a result there is a limitation in the scope of our procedures which means we are unable to complete our testing and are unable to determine whether the indicator has been prepared in accordance with the criteria for reporting "percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge" indicator for the year ended 31 March 2019.

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with official performance statistics based on 50:50 breach allocation rules

The "Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with official performance statistics based on 50:50 breach allocation rules" indicator requires that the NHS Foundation Trust accurately record the start and end dates of each patient's treatment pathway, in accordance with detailed requirements set out in the national guidance. This is calculated as a percentage of the total number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers.

Our procedures included testing a risk based sample of 22 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified the following errors:

- In 1 case of our sample of patients' records tested, the duration of a clock pause was not accurately recorded affecting the calculation of the published indicator; and
- In 2 cases of our sample of patients' records tested, the end date of the pathway was not accurately recorded, but did not affect the calculation of the published indicator.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with official performance statistics based on 50:50 breach allocation rules" indicator for the year ended 31 March 2019. We are unable to quantify the effect of these errors on the reported indicator.

In addition, we identified:

- In 4 cases of our sample of patients' records tested, we were unable to obtain sufficient supporting evidence to confirm the details necessary to test the calculation of the published indicator.

As a result there is a limitation in the scope of our procedures which means we are unable to complete our testing and are unable to determine whether the indicator has been prepared in accordance with the criteria for reporting "Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with official performance statistics based on 50:50 breach allocation rules" indicator for the year ended 31 March 2019.

Qualified Conclusion

Based on the results of our procedures, except for the matters set out in the basis for qualified conclusion section of our report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in the detailed guidance; and

- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

A handwritten signature in black ink, appearing to read 'Deloitte LLP', is positioned above the printed text.

Deloitte LLP
St Albans
11 June 2019