

# Quality Account 2019-20



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

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## Part 1 Introduction

### Statement on quality from the Chief Executive

I am delighted to introduce the Quality Account for King's College Hospital NHS Foundation Trust. This report summarises the Trust's quality achievements during 2019/20 to assure our local population, our patients and our partners that we provide quality clinical care to our patients and service users. It also highlights areas for further improvement and sets out what we are doing to improve these.

During the year, we have strengthened the senior leadership team with a number of new executive positions with a site leadership model and some shared posts with Guys and St Thomas's NHS Foundation Trust to improve collaboration and streamline pathways for the benefit of our patients. Following the appointment of these posts we are now close to completion of a new Trust clinically led operational structure that will improve further our efficiency to analyse, review and improve services and decision making for the benefit of services provided to our patients.

The Care Quality Commission inspected our Sexual Health Service at the Havens and found the services of a good standard. There was also an inspection of our two emergency departments at King's College Hospital (rated as requires improvement) and Princess Royal University Hospital (rated as inadequate). We will continue to work through our improvement plans with these departments and other core service in the Trust and ensure we review and improve quality as part of our normal business.

We recognise the importance and value of our workforce and the impact this can have on quality for patients and for staff wellbeing. This year we continued running health and wellbeing events at all sites and our Healthier King's programme included health MOTs, healthy eating and sleep advice and the Younger Lives programme, which offers personal recommendations on what you can do to feel healthier, happier and have more energy. The Trust also approved the recruitment of a Staff Psychologist to support both staff and their managers through difficult situations. In autumn 2019, the Trust invested £350,000 in the Feel Good Fund, which gave teams a budget and decision making to spend on creating a better working environment or enhancing morale. We also invested in leadership programmes such as the advanced leadership programme, stepping into Management and Leadership apprenticeship courses. We also held our first diversity festival, which celebrated events, linked to the disability, Black Asian and Minority Ethnic (BAME) and LGBTQ+ activity attracting over 200 attendees.

The financial position for many healthcare organisations has a direct link to the quality of care. In 2019/20, we completed the year meeting our financial control total for the first time in a number of years. This was achieved through enhanced control and management but also through the implementation of quality improvements such as a reduction in agency spend by increasing permanent staffing establishments. We have invested in our ageing estate with some capital programmes including the light redecoration and floor repairs to 3 wards and purchased and commenced fitting of LED lighting in Caldecott Centre. In addition, we have continued with maintenance work against decontamination, ventilation, water and lifts.

The last two months of this year, the trust started responding to the COVID-19 pandemic where all the staff across the organisation have worked tirelessly with dedication and selflessness to treat patients admitted from COVID-19. In order to manage the demand and surge in cases the Trust deployed clinical and non-clinical staff into areas outside their experience or expertise. We established Intensive Care overview, and recognition and management of deteriorating patient training for staff being redeployed to try to provide a basic level of understanding and safety. We established staff welfare hubs on all our sites to support our staff and provide a space to reflect and support each other.

Our greatest challenge for the year ahead is to manage patients presenting with COVID-19 whilst returning all other services to pre-COVID-19 activity to ensure waiting lists reduce and patients are treated with long term or life threatening conditions. This requires careful planning and decision making for pathways and systems to separate potential COVID-19 cases, create bed capacity and ensure the flow through all our hospital sites is effective to release the pressure within the emergency departments.

We have achieved a great deal during 2019/20, with just a few examples listed below:

- In the October 2019 edition of the Royal College of Physicians membership magazine, the King's Adolescent Outreach Service (KAOS) whose goal is to improve the quality and age-appropriateness of care for adolescents, was highlighted as a "unique service designed to improve the care of adolescents in hospital".
- King's achieved the highest one-year unadjusted patient survival for paediatric elective deceased donor first liver transplants (99%) out of all three transplant centres (96.8% nationally).
- National Haemoglobinopathy Panel has awarded King's status to become Lead Haemoglobinopathies Centre.
- Between Jan-19 and Dec-19, there has been a 50% reduction in term babies being admitted to Neonatal Intensive Care Unit (NICU) at the PRUH.
- King's is the highest recruiter in the UK for TEST IT Point of Care (PoC) testing for sepsis in Intensive Care Unit (ICU) patients and Perspectives (perspectives on enhancing consent and recruitment in ITU) studies.
- King's recruited first patient in UK to Euro Shock trial (early use of ECMO in patients with cardiogenic shock) - only second patient internationally.
- To decompress the ED at King's College Hospital and to expand the offering of Same Day Emergency Care (SDEC), medical ambulation and surgical ambulation pilot units were opened. In addition, a seated assessment area, Ambulatory Decisions Unit (ADU), was opened for patients awaiting results.
- We achieved 10 NHS Resolution Safety Actions for Maternity Clinical Negligence Scheme for Trusts (CNST) no. 2.
- In quarter 4, 82% of our patients said they would recommend the PRUH Emergency Department (ED) in the Friends and Family Test, an increase from 70% the previous year.
- The PRUH ED has been commended by Emergency Care Intensive Support Team (ECIST) for their Nursing Recruitment Strategy, with nursing vacancy rate at the lowest they have ever been.
- King's was rated as one of the very best trainee paediatric placements.

- Professional Midwifery Advocate has been appointed on both sites, increasing support services available for midwifery staff.
- 2019-20's flu campaign was the most successful in our history, with 80% of our frontline staff having the vaccination. This meets the World Health Organization's target of 75% for at risk groups.
- King's was the second highest recruiting trust in the UK and the top recruiting in South London to the National Institute for Health Research (NIHR) portfolio studies during 2019-20.

I am incredibly proud to be the Chief Executive of King's College Hospital NHS Foundation Trust because our dedicated and passionate staff provide quality patient care and together we will continue to improve services and care to ensure we deliver quality care for every patient, every time.

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. To the best of my knowledge, the information contained in the following Quality Account is accurate.

Signed:



Dr Clive Kay  
Chief Executive

## About us and the service we provide

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 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 (PRUH)
- 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 PRUH.

### 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 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.



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

### 2.1 Priorities for improvement

#### *Results and achievements for the 2019-20 Quality Account priorities*

Summary of results and achievements for the 2019-20 Quality Account priorities		
		Quality Account Priority Targets for 2019/20 Achieved/ Not achieved
<b>Patient Outcomes</b>		
Priority 1	Improving the care of people with mental, as well as physical, health needs	<b>Achieved</b> Year 3 of a 3 year priority
<b>Patient Experience</b>		
Priority 2	Improving patients' experience of outpatients services	<b>Partially achieved –</b> Year 3 of a 3 year priority
Priority 3	Improving cancer services for patients and their families	<b>Partially achieved –</b> Year 3 of a 3 year priority
<b>Patient Safety</b>		
Priority 4	Improving our processes for patients leaving hospital	<b>Partially achieved</b>

Beyond 2019/20, further improvements are continuing for the four priorities that are described below.

## 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 College Hospital 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 (GSTT), South London and Maudsley NHS Foundation Trust (SLAM) and King's College London (KCL) University. Illustrated here are staff from KCL, SLAM, KCH and GSTT leading on the KHP Mind and Body Programme signing an agreement to signify continuing commitment to work together across physical and mental health.



Beyond this 3-year priority, we are committed to continuing to improve our care so that we are consistently meeting the needs of patients with mental, as well as physical, health needs. We are therefore launching a 5-year Mental Health Strategy in 2020-21 and will track its delivery through the Mental Health Board.

### *Aims and progress made in 2019-20*

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

- The number of outpatient clinics routinely undertaking mental health screening increased from 28 in March 2018, to 29 clinics in March 2019, and by March 2020 we have 32 outpatient clinics routinely undertaking mental health screening. Five more clinics were on track to go live for mental health screening at the point of the COVID-19 outbreak.
- In March 2018, 23,426 screens had been undertaken. By March 2020, this had increased to 36,150.
- Significant amounts of preparation work is being undertaken to prepare a further 38 clinics to begin mental health screening, including good progress being made to begin implementation of screening at the PRUH.

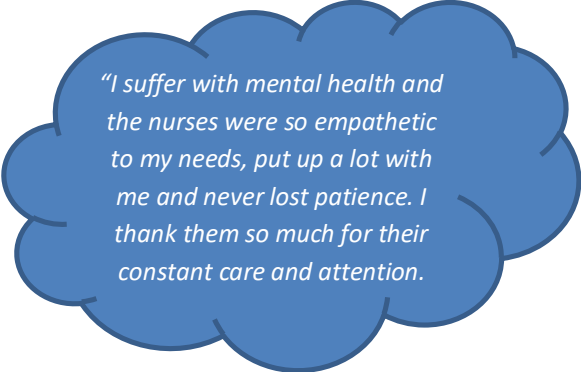
- In in-patient settings, mental health screening is now being undertaken in endocarditis and haemato-oncology, and work is progressing to implement screening as part of the King's Adolescent Outreach Service (KAOS).

Achieved: Aim 2 - Provide self-help resources for our patients on all our sites to help them manage their health and wellbeing:

- 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 were refreshed in 2019-20 to ensure that they are user-friendly and accessible. These resources are freely available to patients and the public via the new [IMPARTS website](#), which went live in January 2020. All patients that are offered the IMPARTS questionnaire are also informed about the free resources available on the IMPARTS website as part of the screening process. Self-help leaflets are available in clinical areas, which includes the website details. Every service has a bespoke protocol about how to respond to IMPARTS screening.

Achieved: Aim 3 - 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.

- King's Adolescent Outreach Service (KAOS) has expanded to improve the care of adolescents aged between 16-25 years in hospital. 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.
- Compass, a new online cognitive behaviour programme, provides tailored digitally enabled talking therapy to people with long-term conditions. Compass helps patients to self-manage their physical health conditions and associated distress or other psychological needs. Compass has been accepted for King's Commercialisation Institute Health Accelerator programme and is undergoing feasibility testing in six NHS services, as well as the local primary care mental health service in Southwark.



*"I suffer with mental health and the nurses were so empathetic to my needs, put up a lot with me and never lost patience. I thank them so much for their constant care and attention."*

Achieved: Aim 4 - 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 Foundation Trust, local GPs and other local hospitals and have improved the joining-up of mental and physical health services. For example, in 2019-20:

- A new service began seeing patients with Type 1 Diabetes and eating disorders. More than 50 referrals have been made so far.
- Building on the success of work in diabetes, a bio-psycho-social care approach has been implemented in clinics for patients with heart failure, chronic obstructive pulmonary disease and

hypertension. These services have embedded routine mental health screening and psychiatry, psychology and social support to provide joint clinical care for complex patients.

- Cystic Fibrosis & Eating Disorders virtual clinics have been launched between KCH, Brompton Cystic Fibrosis teams and the specialist Eating Disorders service at South London & Maudsley NHS Foundation Trust.
- We are working to understand the feasibility and potential benefits of direct links between South London & Maudsley NHS Foundation Trust and the cardiac electrophysiology department at KCH.
- We have implemented mental health screening in our haematology service and are delivering psychology, psychiatry and social support where appropriate.
- An integrated mind and body Erectile Dysfunction service was launched and a team recruited.
- We are supporting South London and Maudsley NHS Foundation Trust to launch a physical health clinic.
- A KHP-wide Learning Disabilities Strategy has launched with the aim of improving care for this vulnerable population. The Strategy Delivery Group has been established which will define the key performance indicators (KPIs) attached to each of the five priority deliverables outline below:
  - o Ensuring person-centred care & improved involvement with people with learning disabilities and their families and carers.
  - o Improving the consistency of our pathways across primary, community and secondary care.
  - o Focussing on workforce development across all partners, and sharing expertise.
  - o Development of a single dataset for everyone with learning disabilities living locally.
  - o A commitment to population-based clinical-academic research focussed on the needs of those with learning disabilities.

In previous years:

- We established a psychology service for patients with cancer.
- A mental health nurse was embedded 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 began working to improve the physical health of South London & Maudsley (SLAM) patients through the provision of advice, guidance and treatment across SLAM sites.
- A team-twinning project was established between King's Acute Medicine and SLAM's Acute Inpatient teams and expanded to Neuro-rehab and Neuropsychology teams, to build



**Alcohol & Drug Care Team**

The multidisciplinary Alcohol & Drug Care Team works across the Emergency Department and inpatient wards at Denmark Hill to offer comprehensive care for patients with alcohol or drug dependence. The team make sure patients are directed to community alcohol services, and have reduced the length of time those that are admitted need to remain inpatients.

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 was completed, aiming to improve screening, education, training, and links with mental health services.

Achieved - Aim 5: Support staff to provide better mental health care through training and supervision:

- KCH staff continue to access training and education on mind and body. In 2019-20, over 2,300 KCH staff received training and education on Mind and Body through a range of initiatives including induction, e-learning and face-to-face training.
- The Massive Open Online Course (MOOC) '*Integrating care: depression, anxiety and physical illness*' has reached nearly 20,000 people across 156 countries.
- The 1-day Mind and Body clinical skills course for adults has continued, and a new 1-day course focussing on children and young people has been launched. KCH staff have also attended multiple runs of 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 has enabled us to deliver simulation training on de-escalation, communication and inter-professional working skills for KCH Emergency Department, acute medicine and trauma staff.
- The Mind & Body Leadership Learning Network is in its second cohort and is supporting aspiring health and social care leaders to deliver sustained improvements in integrating mind and body care across the system.
- KCH staff are part of a south east London-wide Mind & Body Champions Network, of which there are 200+ KCH Champions, which supports Champions to role model and facilitate early adoption of mind and body practice in their area.



Achieved - Aim 6: 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:

- We have undertaken work to support our patients to access mental health voluntary support. This includes printed and online information promoting voluntary services on wards, such as Southwark Wellbeing Hub and Mosaic Clubhouse, and regular in-reach for carers by Southwark Carers.
- A Workshop held with local mental health voluntary organisations and 60 staff from medical wards explored how to better support inpatients mental health. This identified a series of priorities and opportunities for closer partnership working. As a result, information about key

mental health groups in Lambeth and Southwark has been produced and is being made available via the discharge coordination team and psychiatric liaison team as well as through medical wards.

- The following partnerships with voluntary organisations have been developed including:
  - o Working with Mosaic Clubhouse to pilot a project to support patients from SLAM on King's medical wards. This was paused due to COVID-19.
  - o The Listening Place and the Trust have signed a licencing agreement, allowing the charity to see suicidal patients referred from King's ED at an outpatient suite on our Denmark Hill site every Saturday. The service began in January 2020 and has already reached capacity. Plans are being developed to extend the service to Sundays.

## Priority 2: Improving patients' experience of outpatient services

### *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.

The improving patients' experience of outpatient services quality priority has been impacted by COVID-19. Since end of February 2020, only outpatient appointments that can be conducted by virtual clinics or telephone consultations, where clinically safe to do so, have continued. King's will resume all work as the Trust starts to operate 'business as usual'.

### *Aims and progress made in 2019-20*

The specific aims detailed were partially achieved in 2019/20. In quarter 4, the Trust decided to invest in a digital solution for the management of outpatients. The PRUH and South Sites Chief Executive, as part of the wider Outpatient Digital Transformation programme, lead this workstream. All the aims identified below will be addressed through the new programme.

#### Not Achieved: Aim 1 - Improve our written communication to patients, by improving performance against national target for turnaround time of clinic outcome letters for patients:

- Data for turnaround times for the main specialities at DH has been obtained and is around 55% against a target of 85%. Some data has been obtained for the main specialities at PRUH and South Sites. However, an audit showed that the data quality around clinic dates is poor so it is not currently possible to calculate turnaround times from this. We are continuing to work to improve this as outlined below.
- A dashboard has been developed to enable care groups to access data on individual Consultant's performance. This will be reviewed by the care groups and action agreed to drive improvement.
- Next steps include working with Consultants, who are achieving the 85% target, to learn what works well and share with other services. Work with services to develop individual action plans to improve their letter turnaround times and achieve target. Anticipated achievable improvement is to 70% in year. This falls short of the 85% target. Delays incurred due to difficulties in identifying extracting and collating the performance data and staffing constraints.
- Work continues to identify service specific requirements for clinic outcome letters, with a generic outcome letter with additional service/ diagnosis specific sections that can be added as needed. Obsolete templates have been identified and removed from the Trust's system.
- The work on clinic letter turn around was paused in Q4 as a result of the COVID-19 pandemic.
- Work has started, with a new Outpatient Digital Transformation programme led by the Site Chief Executive for the PRUH and South Sites.

Partially Achieved: Aim 2 - Improve our written communication to patients, by reviewing King's 'Copying Letters to Patients' policy and undertake workshops with patients to obtain their views and then use this information to help us design new standardised letter templates.

- King's 'Copying Letters to Patients' policy, introduced in 2018 is being reviewed to ensure that the style, language and content of letters to patients is accessible and useful for both patients and GPs. The policy will be finalised once the template letters are agreed.
- Good progress has been made for developing and agreeing a template for appointment and other administration letters, but rollout of the new templates was delayed by a postponement of a planned upgrade to the Trust's Patient Administration System, which is required to launch new letter templates. The new appointment letter template has been reviewed and approved, along with a risks and benefits appraisal, by the Outpatients Board. King's was ready to launch the new outpatient letters from June 2020. This has been delayed by the COVID-19 pandemic and now overtaken by the new Outpatient Digital Transformation programme, which includes a review of the letter templates.
- Stakeholders' engagement events have been held with patients and Trust members to obtain their views on what should be included in the new standardised letter templates including preferred layout and content. The stakeholder feedback has been taken into account in the design of the new templates. In addition, King's has been in contact with other trusts to understand the lessons learned elsewhere.

Achieved: Aim 3 - Improve outpatients check-in processes for patients and information on waiting times in clinics, by successfully rolling-out the InTouch system in six further clinics and increasing volunteer support in outpatient areas to support patients waiting in clinic.

- The InTouch system has been successfully rolled out in additional clinics at KCH, PRUH and Orpington as shown in table 1 below:

**Table 1: Outpatients clinics across King's where InTouch has been rolled out during 2019/20:**

<b>Denmark Hill</b>	<b>PRUH</b>	<b>Orpington</b>
Bowel Scope Screening	Haematology	Neurology
Allergy	Colorectal Surgery	Gynaecology
Gynaecological Oncology	Gastroenterology	Trauma & Orthopaedic
Breast Surgery	Breast Surgery	Thoracic Medicine
Stroke Medicine SU	Cardiology	General Surgery
Gastroenterology (Medicine)	Trauma & Orthopaedic	
Thoracic Medicine	ENT	
Community Dental Services	General Surgery	
King's older Person's Assessment Unit	Gynaecology	
Rehabilitation		
Dermatology		
Colorectal Surgery		
Dietetics		
Gastroenterology (Liver)		
Paediatric Dentistry		
ENT		
Occupational Therapy		



- Volunteers have been supporting patients in new outpatient areas to use the InTouch kiosks, particularly at go live.

Not Achieved: Aim 4 - Improve outpatients check-in processes for patients and information on waiting times in clinics, by piloting and evaluating new waiting times information modules and a new mobile application for check-in and information on waits.

- This will be addressed in 2020/21 through the new Outpatient Digital Transformation Programme that is already underway.

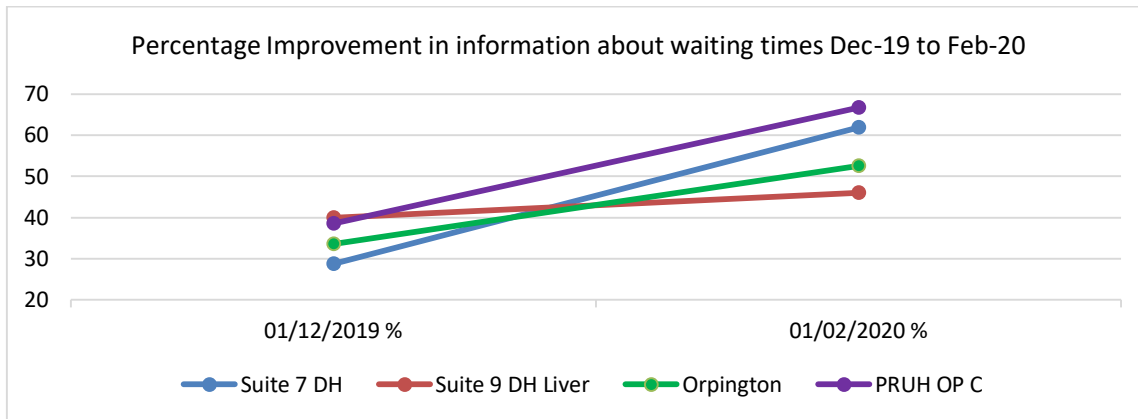
Achieved: Aim 5 - Improve outpatients check-in processes for patients and information on waiting times in clinics, by adding questions to the Trust’s ‘How are we doing?’ survey relating to communication in clinic and then measuring improvement over a six-month period. We will deliver a more detailed 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.



- New How are we doing outpatient survey launched in October 2019 which includes questions on:
  - o ease of use of the InTouch kiosks
  - o Communication about waiting times in clinic.
- Due to COVID-19, data has been collected for four locations as shown in table 2 and figure 1 below up to February 2020. All areas have shown an increase in the percentage of patients who say that they were given information about waiting times in clinics. The overall average increase for all four locations was 22% with Suite 7 increasing by an impressive 33%. Progress in the first four clinics to have InTouch deployed is encouraging and we will continue to measure the other areas once outpatient clinics reopen.

**Table 2: Percentage of patients who say that they were given information about waiting times in clinics**

Location	01/12/2019 %	01/02/2020 %	% Increase
Suite 7 DH	29	62	33
Suite 9 DH Liver	40	46	6
Orpington	34	53	19
PRUH OP C	39	67	28

**Figure 1: Percentage improvement in information about waiting times from Dec-19 to Feb-20.**

Achieved: Aim 6 - Optimise the use of outpatient appointment slots to reduce waiting times, by working with key clinical staff 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.

- DNA's have reduced from 14% 2018-19 baseline to 11.2% (trust wide) in February 2020. Additional speciality level actions plans have been developed focused on the top 10 clinics with the highest DNA rates.
- In December the Trust launched a daily Remind+ report which highlights teams if there if a patient has tried to contact the Trust to rearrange an appointment.
- Four pilots were launched in December for 2-way text and the trust wide business case is going forward for approval, ready for full switch on later this month.

Achieved: Aim 7 - Optimise the use of outpatient appointment slots to reduce waiting times, by increasing support from volunteers to telephone patients and remind them of their appointments, to reduce the numbers of missed appointments.

- Volunteers continuing to support specialties by calling patients most likely to DNA.

Achieved: Aim 8 - Optimise the use of outpatient appointment slots to reduce waiting times, by rolling-out the 'Drumbeat' programme, which allows clinical teams to plan clinic use in advance and ensure vacant appointment slots are filled.

- "Drumbeat" is a programme, which allows clinical teams to better plan clinic use in advance to ensure vacant appointment slots are filled and reduce waiting times.
- Drumbeat efficiency review meetings rolled out to Therapies and Urgent Care. Met with Bromley Clinical Commissioning Group (CCG) leads to discuss their outpatient initiatives and ensure alignment with our workstreams.

### Priority 3: Improving cancer services for patients and their families

#### Why was this a priority?

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 final year of the three-year improvement work and we aimed to make sustainable changes in how our cancer services are delivered and enhanced.

#### Aims and progress made in 2019-20

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

- Over the past two years, we have offered the multi-disciplinary team advanced communication training and level 2 psychology training for relevant staff. Schwartz Rounds have commenced at DH and started at the Princess Royal University Hospital in March 2020. 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.
- As of February 2020, 90% of Clinical Nurse Specialist (CNS) workforce have been trained in advanced communication skills achieved with two further sets of study days available to King's staff (baseline 42%). This has increased the opportunities to access specialist training and uptake of specialist cancer courses by highly specialist CNSs. In February 2020, training was suspended due to the COVID-19 pandemic.
- As of February 2020, 90% of CNS workforce trained (baseline 40%) in Psychology level 2. In addition, in house clinical supervision with new cancer psychological team was due to start in April 2020 was delayed due to the COVID-19 pandemic.
- Due to staff turnover, the CNS training standards for advanced communication skills and psychology level 2 were reviewed and set at 90% over 2019-20.
- 103 staff members, Bands 3 to 8 at DH and PRUH, have received SAGE & THYME Communication training in 2019-20. Of which, 62% work with cancer patients. SAGE & THYME is a mnemonic that acts as an aid memoire for a structured conversation with a person in distress or with concerns. 'SAGE' gets the user into the conversation and 'THYME' gets them out. The SAGE & THYME model is illustrated below:

<b>Setting</b>	If you notice concern - think first of the setting, create some privacy - sit down.
<b>Ask</b>	"Can I ask what you are concerned about?"
<b>Gather</b>	Gather all of the concerns - not just the first few - "Is there something else?"
<b>Empathy</b>	Respond sensitively - "You have a lot on your mind."

<b>Talk</b>	"Who do you have to talk to or support you?"
<b>Help</b>	"How do they help?"
<b>You</b>	"What do YOU think would help?"
<b>Me</b>	"Is there something you would like ME to do?"
<b>End</b>	Summarize and close - "Can we leave it there?"

- Future training is planned in discussion with Nurse Education and South East London Cancer Alliance (SELCA).

- To enhance knowledge of the Macmillan Information and Support Centres, Macmillan has adopted 80% of the cancer CNS workforce.

Partially Achieved: Aim 2 – Improve access to and the service provided to patients and their families by cancer CNSs

- 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.
- Bid was successful and money secured from Macmillan for eight support worker posts. Four posts have been approved via the internal Trust business case and are in recruitment. Two posts are pending approval via the internal Trust business case process. A bid for an additional three support worker posts was submitted and approved in March 2020, to help coordinate care and improve data collection, to free CNSs for complex clinical or psychological consultations. Unfortunately, due to the COVID-19 pandemic, the funding was withdrawn.
- Review into 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) is ongoing.
- In the 2018 National Cancer Patient Experience Survey (NCPES) report published in September 2019, the overall care score improved to 8.7 from 8.6; however, the national average also increased to 8.8. Statistically significant improvement was seen in patients knowing who their CNS is (94%, national average 91%); however, being able to contact their CNS became more difficult (79% national average 85%).

Partially Achieved: Aim 3 – Improve information and support for cancer patients and their families:

- Macmillan has raised the profile of the DH Macmillan Information and Support Centre with staff, patients and community through adoption of cancer CNSs.
- Working with Bromley CCG and Macmillan, an Information Centre for the Bromley catchment area will be developed and has been delayed due to the COVID-19 pandemic.
- A process has been established and is being sustained by the Patient and Public Involvement Team that allows people affected by cancer to be involved in shaping cancer care at King's, across all tumour groups, with opportunities for engagement across our diverse population. This includes defined processes and procedures for recruiting and utilising patient representatives, which was set up in March 2020.
- Real time feedback questionnaires based on the NCPES for each tumour group, linked to the Friends and Family Test have been rolled out in:
  - o Clinical Decision Unit
  - o Haematology DH Outpatients Department (OPD)
  - o Breast OPD both DH and PRUH.

Achieved: Aim 4 – Improve access to wider support for patients and their families:

- The availability of cancer psychological support across the Trust has been increased. The cancer psychology and haematology cancer psychology teams have been established and clinical supervision support will be moved to the new team.
- Workshop held in November 2019 with the CNSs on the module of the supervision and barriers to attend; role in supporting professional's health and wellbeing. New timetable with more availability to be circulated by psychology team in March 2020.
- The business case for specialist cancer Allied Health Professionals was successful and a Dietician and Psychologists have been recruited and are in post. A business case has been submitted to substantiate the service beyond the project from April 2021.
- Key Performance Indicators, referral criteria and pathway, service activity and outcomes data have been established, which are monitored by the Macmillan Cancer Board with monthly reporting.
- A project group was set up successfully to evaluate and monitor progress reporting into the Cancer Committee.
- 100% of the CNS workforce has access to electronic Holistic Needs Assessment (eHNAs), training is ongoing for new members, and refresher is provided in house.
- Working with local CCGs, King's led on the Institute of Cancer Research (ICR) project for South East London with NHS England and Improvement (NHSE&I) to ensure coordination of care, communication and provision of services across South East London.

Not Achieved: Aim 5 – Implement the Recovery Package:

- 40% of patients have access to pre-chemotherapy consultations.
- First Haematology drug Datatusimab – PCC pathway not yet fully imbedded (from 16 eligible patients 9 had PCC). Lessons learned to be disseminated and practice to be adjusted.
- A Holistic Needs Assessment (HNA) is a simple questionnaire that is completed by a person affected by cancer. It allows them to highlight the most important issues to them at that time, and this can inform the development of a care and support plan with their nurse or key worker. At King's, HNA care plan completion at diagnoses increased from 6% to 35% in some specialities (standard 70%). Close monitoring and validation of the data introduced.
- A working group was set up to improve compliance with HNA offered to patients around wider issues of cancer, social, emotional and practical support. A standard operating procedure (SOP) was ratified, standardising the use of eHNA and setting up report validation processes.
- Open Access Follow up was set up for breast cancer with the initial investment from SELCA and will be set up in 2020/21 for colorectal and prostate cancers. Information Technology (IT) implementation of the Somerset remote monitoring system is in negotiation with the Trust for IT implementation. The administration support posts are funded by SELCA and have been secured.

## Priority 4: Improving our processes for patients leaving hospital

### *Why was this a 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.

### *Aims and progress made in 2019-20*

#### Partially Achieved: Aim 1 - Undertake quality improvement work:

- During 2019-20, various quality improvement programmes were rolled out across the Trust, 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 detailed below.
- The Urgent Care, Planned Care & Allied Clinical Services (UPACS) Division has been working with improvement teams for continuous quality improvement. The programmes have included an element of aiming to improve our Length of Stay (LOS) for stranded patients at 7 days, 14 days and 21 + days. The new Chief Therapist has been instrumental in developing new ways of working with Therapies and our Community partners to improve the LOS of complex patients. The programmes include:
  - o The Here and Now Programme – Consisting of a number of key work streams including: ED, Acute Pathway (including Ambulatory Care), Frailty, Surgery and Patient Flow each with a clear work plan to redesign pathways and processes to achieve performance and quality improvements.
  - o Transformation Nous Programme – Programme of work to deliver improvements across the emergency pathway.
  - o The Hunter Programme – Part of the Emergency Care Recovery Programme focussing on improving end-to-end flow and achieve sustainable results across the emergency pathway.
  - o The DH Emergency Pathway Improvement Programme
  - o The KCH Transformation Team, LoS and Same Day Emergency Care (SDEC) programmes
  - o Red to Green programme.

- Networked Care has set about developing a LoS Programmes:
  - o SDEC model of care –developing an acute neurology hot clinic and Acute Oncology Services (AOS) assessment area
  - o Improving Repatriation
  - o Improving ward flow- Simple discharges <1100hrs and Complex pathway redesign- this work has started focusing on Cardiothoracic and Liver ERCP/TACE – identifying ERP procedures.
- The following transformation workstreams have taken place at the PRUH and South Sites:
  - o Alternative to ED pathways
  - o Site management and patient allocation, concentrating on accuracy of Expected Date of Discharge and real time bed state including accurate discharge data from EPR.
  - o Valuing inpatient time
  - o Red to green
  - o Discharging, collaborative working via the One Bromley network
  - o Long LoS meetings
  - o Nursing Lead for discharge care leading on a project to improve the quality of discharge care.

Partially Achieved: Aim 2 & 3 – 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. 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:

- Implementation and progress has remained challenging and inconsistent, with staff raising a number of concerns related to time of both the telephone call and any follow up required after the call. This applies to patients who have been admitted and who have remained in hospital for longer than 24 hours. Issues involving discharge can be flagged during the call and escalated for immediate resolution.
- UPACS: This initiative is currently only underway in surgery within UPACS on Katherine Monk, Coptcoat, Brunel and Trundle wards.
- Networked Care: The inclusion criteria for patients within Networked Care is patients with no cognitive impairment, discharged to their own home will be telephoned. In the first cohort in the pilot, registered nurses (RN) have been making the calls. Where clinical concerns are raised, the RN relays the information to their most appropriate clinical team.
- PRUH & SS: A collaborative approach to following up patients is being developed with Bromley Well and Age concern. Patients over the age of 75 returning to their own homes will receive a follow up call on the next working day. Signposting to the CCC and age concern is also offered to the patient during the call.

Partially Achieved: Aim 4 - 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. The scheme is now up and running in most London boroughs and most staff in the Trust who regularly see older people are aware of it. The service is dependent on the care homes sending in the bags when a patient is admitted and on the Trust staff ensuring the red bag and the paperwork stay with the patient.

- UPACS: There is feedback within the Division that the Red Bag scheme is very helpful and useful but is not used enough by care homes. The care homes are still to provide feedback to the Division.
- Networked Care: There are still some issues around ED filing the Red Bag documents, rather than them staying with the bag, but this is slowly improving. The specialist services may be less likely to look after very frail care home residents and therefore have less experience of the scheme. However, they should still be using it if an inpatient with a bag is on their ward. On occasion, in tertiary services, care home residents may come from an area outside of London where the red bag scheme is not in operation, but these are rare occasions.
- PRUH: No feedback has been received on the red bag initiative. However, the frailty front door initiative and pathway is about to be refreshed with the appointment of a new consultant.

Achieved: Aim 5 - Roll out these new approaches on surgical, medical, elderly care, maternity and paediatric wards as appropriate:

- The new approaches have been rolled out across the Trust with pilots and full embedment in some wards as described above in aims 1 to 3.
- The new approaches include:
  - o Transformation programmes such the Here and Now Programme, Transformation Nous Programme, Hunter Programme, Alternative to ED pathways, One Bromley network and Red to Green Programme
  - o Improvement programmes such as the DH Emergency Pathway Improvement Programme, LoS and SDEC programmes, improving repatriation and improving ward flow.

**Table 3: Divisions where the new approaches/ initiatives have been rolled out or piloted in some wards in 2019-20:**

Division	Initiatives			
	Quality Improvement work	Follow up calls	Red bag initiative	Coaching and support
UPACS	✓	✓	✓	✓
Networked Care	✓	✓	✓	✓
PRUH & SS	✓	✓	✓	✓

Achieved: Aim 6 - Provide coaching and support for ward staff to implement these new initiatives:

Across the Trust in all the Divisions, coaching and support has been provided by senior nursing, the associate directors of nursing, the King's Way team, the Quality and Continuous Improvement Team and the transformational teams, with training packages. Coaching was provided in the wards where the new initiatives have been rolled out partially or in full. Coaching included:



- A series of sessions with the wards teams on the various quality improvement initiatives.
- Supporting the ward managers and sisters to implement the transformation programmes as they apply to their wards.

Partially Achieved: Aim 7 - Set up this process within the King's Way for Wards Accreditation Programme, so that we can track how well wards are performing.

The following measures have been used to track how well the wards are performing:

- 1) Improved scores (+5 points) for the two of the worst scoring questions from the CQC National Inpatient Survey on the pilot wards, data illustrated in table 4 below.
  - a) Did you feel you were involved in decisions about your discharge from hospital?
  - b) Did hospital staff tell you whom to contact if you were worried about your condition or treatment after you left hospital?

**Table 4: CQC National Inpatient Survey data for patient felt involved in decisions about their discharge from hospital and patient told who to contact if they were worried about their condition or treatment after discharge**

CQC National Inpatient Survey Questions	Division	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Month Target	F-YTD Actual
Involvement in Discharge	UPACS	82%	83%	83%	82%	84%	83%	81%	81%	84%	79%	85%	82%
	Networked Care	83%	85%	83%	84%	83%	87%	84%	85%	84%	85%		84%
	PRUH & SS	84%	83%	81%	84%	86%	83%	83%	86%	91%	86%		85%
Shared Contact After Discharge	UPACS	84%	86%	86%	85%	84%	87%	86%	87%	88%	87%	80%	86%
	Networked Care	84%	88%	83%	88%	90%	91%	90%	91%	93%	93%		89%
	PRUH & SS	82%	85%	86%	87%	88%	86%	86%	90%	92%	90%		87%

- 2) Reduction in number of complaints, adverse incidents and quality alerts related to discharge. The data in table 5 below shows the complaints, quality alerts and adverse incidents related to discharges. The numbers remain high however, work continues into 2020/21 to reduce complaints, adverse incidents and quality alerts related to discharges. The following quality improvement workstreams that will improve the quality of discharges are continuing into 2020/21 across the Trust: The Here and Now Programme; Transformation Nous Programme; The Hunter Programme; The DH Emergency Pathway Improvement Programme; LoS and SDEC programmes; Red to Green programme.

**Table 5: Number of complaints and quality alerts related to discharge in 2019-20**

Discharge related:	Division	Q1	Q2	Q3
Complaints	UPACS	8	5	5
	Networked Care	5	4	2
	PRUH & SS	5	13	14
Adverse Incidents	UPACS	107		
	Networked Care			
	PRUH & SS			
Quality Alerts	UPACS	9	17	15
	Networked Care	18	19	5
	PRUH & SS	26		

## Choosing Priorities for 2020-21

The following improvement schemes have been agreed by the King's Executives and the Board for 2020/21. These will be reported in full in the 2020-21 Quality Account with quarterly reporting to the Quality, People and Performance Committee.

The priorities were chosen in consultation with senior teams and have been identified through patient and staff feedback systems. This ensures our improvement work for quality is aligned and we have a clear focus with a challenging but achievable plan with appropriate resources to deliver. Each priority has been aligned to a quality domain (safe care, patient experience, and clinical effectiveness) except priority 4, which is to improve staff experience. Improved staff morale is known to have a positive impact on quality care.

The priorities were shared and our approach discussed with the Trust Governors, Healthwatch and our Commissioners. Whilst working on the delivery of each priority we will use patient and or governor representatives as part of the working groups and seek patient or staff feedback at set points in the plans.

Our aims for each are set out below.

## 2020-21 Quality Priority 1: Reducing harm to deteriorating patients

### *Why is this a priority?*

Patient harm has been caused through failure to identify and then escalate a patient who is deteriorating that could have been avoided if their vital signs had been taken at appropriate intervals, recorded, triggered on the National Early Warning Scoring System (NEWS 2) and the immobile response team contacted. The Intensive Care National Audit and Research Centre (ICNARC) report for Denmark Hill indicates that our percentage of high-risk admissions from ward to Intensive Care Unit (ICU) is 18.7% compared with 10% for similar units. High unplanned admission scores are significant for prediction of hospital mortality.

### *What are our aims for the coming year?*

In 2020-21, we will:

- Support staff in documenting observations at the time they are taken, improve oversight of patient observations, improve dashboards for patients scoring NEWS  $\geq$ , collate reasons for delayed documentation.
- Review and standardise education in relation to deteriorating patients for all staff.
- Learn from incidents relating to deteriorating patients and improve practice.

### *How will we monitor and measure our progress?*

Progress against these aims will be reported to, and monitored by the Trust's Deteriorating Patients Committee and the Quality, People and Performance Committee in the Trust's Quarterly Quality Priorities Report.

Measures of success will include the following:

- Improving compliance with NEWS protocol as this is the main trigger for recognizing deterioration and taking action. Measured through Electronic Patient Record (EPR) audit.
- NEWS score  $\geq$  5 and percentage compliance in repeating observations within one hour. Measured through EPR audit.
- Reason why observations are not reported within one hour. Measured through EPR audit.
- Improvement in ward staff confidence in recognising and escalating (New measure following feedback and analysis of staff surveys). Surveys have revealed that lack of training has been an issue with regard to recognition, treatment and escalation of deteriorating patients. A new training plan will address this. We will measure;
  - o Number of registered staff who have received Alert, Immediate Life Support (ILS) and Advanced Life Support (ALS) training.
  - o Number of HCAs who have received Deteriorating Patient Training: BEACH – A Bedside Emergency Assessment Course for Healthcare Staff.
- Reviewing and identifying themes from unplanned admissions to ICU.

## 2020-21 Quality Priority 2: Improving patient experience for inpatients, outpatients, emergency departments, maternity services and cancer services

### *Why is this a priority?*

Our patient feedback from National Inpatient, Emergency Department and Cancer Surveys clearly demonstrates there are areas for improvement. In addition, our Friends and Family Test scores are lower than our Trust targets for all the core areas. We also received feedback from Trust Governors, Healthwatch, the Care Quality Commission and from our internal audit and patient feedback systems (“How Are We Doing”) on areas for improvement. We want to ensure all our patients accessing our services have a good experience of their care.

### *What are our aims for the coming year?*

In 2020-21, we will:

- Establish and deliver the Connected Leadership Programme for 24 wards.
- Establish and deliver the Departmental Leadership Programme for Emergency Department and Acute Medical Unit.
- Support provided to all the wards from the central corporate teams such as Patient Experience, Kings Way Team and Quality Improvement Team.
- Involvement of patient representatives for feedback and progress.
- Identification of 4-5 core themes to work on based on the survey results and other feedback that will have the greatest impact on improved patient experience for inpatient area, outpatients, maternity, cancer services and emergency departments.
- Continue with the Cancer Improvement programme (this was a priority in 19-20) and target specialties flagging on the survey feedback.
- Continue with the Outpatient improvement programme.

### *How will we monitor and measure our progress?*

Progress against these aims will be reported to, and monitored by the Quality, People and Performance Committee in the Trust’s Quarterly Quality Priorities Report.

Measures of success will include:

- Improvement in FFT score (this will change to a care rating in 2020) for each area: inpatient, outpatient, emergency department and maternity;
- Increased reporting rates in each area;
- Improvement in National Survey Results from previous report published in 2019 or 2018.

## 2020-21 Quality Priority 3: Improving outcomes for people with Chronic Obstructive Pulmonary Disease (COPD)

### *Why is this a priority?*

The NHS Long Term Plan identifies respiratory conditions as one of the top five causes of early death for the people of England. It affects one in five people and is the third biggest cause of death. Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally and remain a major factor in the winter pressures faced by the NHS. Incidence and mortality rates for those with respiratory disease are higher in disadvantaged groups and areas of social deprivation, such as the populations local to KCH.

At KCH, we have long recognised the impact of COPD on quality of life and premature deaths. We are fortunate to have an integrated respiratory team, which works across hospital and community and with our local GPs to deliver excellent care to our patients.

We want to improve the information we have on the outcomes that we achieve for our patients. By 'outcomes' we mean a change in health and/or wellbeing status, i.e. how well do we achieve what we set out to achieve. This will be a two-year quality priority.

### *What are our aims for the coming year?*

In 2020-21, we will:

- Identify the outcomes that are most important to our patients. We will work with the British Lung Foundation to get feedback from people with COPD on their experience of living with the condition, the things that matter most to them and the things that make the greatest difference to their quality of life.
- Identify the key clinical outcomes. We will work with the integrated respiratory team to define the outcomes measures that provide clinicians with the best indication of an improvement in health status.
- Measure outcomes. We will develop the feedback from our patients and clinicians into clear measures and we will gather data against these to give us a clear picture of the outcomes we achieve for people with COPD at King's.
- Obtain qualitative feedback. We will present this information to our clinical teams and understand how this data might influence their practice. We intend to include general practitioners in this work.
- Embed outcomes measurement. We will refine our measures and then work with the Trust's support teams to incorporate into our clinical systems, as well as into our performance and governance frameworks, as the most important measure of our performance and care quality.
- Identify key changes that will lead to an improvement in our provision of care to our patients.

*How will we monitor and measure our progress?*

Progress against these aims will be reported to, and monitored by the Quality, People and Performance Committee in the Trust's Quarterly Quality Priorities Report.

Measures of success will include:

- In Year 1, we will achieve:
  - A set of clear, measurable outcomes indicators defined by both patients and clinicians.
  - A first data collection on our performance at KCH.
  - Identified improvement actions.
- In Year 2, we will achieve:
  - A second data set, so that we can measure improvements in patient outcome
  - We will publish our results this in the public domain.

## 2020-21 Quality Priority 4: Reducing violence and aggression to staff and increasing patient safety

### *Why is this a priority?*

Incident reporting data and our national staff survey demonstrate that staff are subjected to violence and aggression from patients, relatives and members of the public. This is detrimental to their health and well-being and may impact on patient care.

In addition to reducing violence, it is recognised that there is work to be done on building staff resilience and their ability to de-escalate volatile situations and resolve conflict.

### *What are our aims for the coming year?*

In 2020-21, we will:

- Complete listening workshops with staff across the Trust.
- Engage with staff to identify and try ideas for improvement.
- Provide robust training for staff to prevent and manage violence and aggression.

### *How will we monitor and measure our progress?*

Progress against these aims will be reported to, and monitored by the Quality, People and Performance Committee in the Trust's Quarterly Quality Priorities Report.

Measures of success will include:

- Improved staff survey results
- Decrease in the number of incidents in "hot spot" areas.

## 2.2 Statements of Assurance from the Board

1. During 2019-20, the King's College Hospital NHS Foundation Trust provided eight relevant health services.
  - 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 2019-20 represents 88.0% of the total income generated from the provision of health services by the King's College Hospital NHS Foundation Trust for 2019-20.

### *Clinical Audits and National Confidential Enquiries*

2. During 2019-20, 67 national clinical audits and 14 national confidential enquiries covered relevant health services that King's College Hospital NHS Foundation Trust provides.
  - 2.1 During that period, King's College Hospital NHS Foundation Trust participated in 97% of the national clinical audits and 100% of the national confidential enquiries of the national clinical audits and 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 2019-20 are as follows (see Table 6).
  - 2.3 The national clinical audits and national confidential enquires in which King's College Hospital NHS Foundation Trust participated during 2019-20 are as follows (see Table 6).
  - 2.4 The national clinical audits and national confidential enquiries in which King's College Hospital NHS Foundation Trust participated, and for which data collection was completed during 2019-20, 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 6).



Table 6: 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) - Young People's Mental Health	Yes	Not available
Child Health Clinical Outcome Review Programme (NCEPOD) - Long-term ventilation in children, young people and young adults	Yes	Awaiting publication
Elective Surgery (National PROMs Programme) – Hip replacement	Yes	Data collection in progress
Elective Surgery (National PROMs Programme) – Knee replacement	Yes	Data collection in progress
Endocrine and Thyroid National Audit	Yes	Awaiting publication
Falls and Fragility Fracture Audit Programme - Fracture Liaison Database	Yes	Data collection in progress
Falls and Fragility Fracture Audit Programme - National Audit of Inpatient Falls	Yes	Awaiting publication
Falls and Fragility Fracture Audit Programme - National Hip Fracture Database	Yes	Data collection in progress
Inflammatory Bowel Disease programme	No	N/A
Learning Disability Mortality Review Programme	Yes	Data collection in progress
Liver Transplantation	Yes	Data collection in progress
Major Trauma Audit	Yes	Data collection in progress
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 – Saving Lives, Improving Mothers' Care	Yes	Data collection in progress
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal mortality and morbidity confidential enquiries	Yes	Data collection in progress
Enhancing the safety of midwifery-led births enquiry	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	80%
Medical and Surgical Clinical Outcomes Review Programme (NCEPOD) – Acute Bowel Obstruction	Yes	33%
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Dysphagia in Parkinson's Disease	Yes	Data collection in progress
Medical and Surgical Clinical Outcomes Review Programme (NCEPOD) – In-hospital management of out-of-hospital cardiac arrest	Yes	Awaiting publication
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Paediatric Asthma Secondary Care	Yes	Data collection in progress
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Adult Asthma Secondary Care	Yes	Data collection in progress
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – COPD Secondary Care	Yes	Data collection in progress
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – Pulmonary Rehabilitation	Yes	Data collection in progress
National Audit of Breast Cancer in Older Patients	Yes	Data collection in progress
National Audit of Cardiac Rehabilitation	No	N/A
National Audit of Care at the End of Life	Yes	Data collection in progress
National Audit of Dementia	Yes	Data collection in progress
National Audit of Seizure Management in Hospitals	Yes	Data collection in progress
National Audit of Seizures and Epilepsies in Children and Young People	Yes	Awaiting publication
National Bariatric Surgery Registry	Yes	Data collection in progress
National Cardiac Arrest Audit	Yes	Data collection in progress
National Cardiac Audit Programme – National audit of cardiac rhythm management	Yes	Data collection in progress
National Cardiac Audit Programme – Myocardial Ischaemia National Audit Project	Yes	Data collection in progress
National Cardiac Audit Programme – National Adult Cardiac Surgery Audit	Yes	Data collection in progress
National Cardiac Audit Programme – National Audit of Percutaneous Coronary Interventions	Yes	Data collection in progress
National Cardiac Audit Programme – National Heart Failure Audit	Yes	Awaiting publication
National Cardiac Audit Programme – National Congenital Heart Disease	Yes	Data collection in progress
National Child Mortality Database	Yes	Data collection in progress
National Diabetes Audit – National diabetes foot care audit	Yes	Data collection in progress

Participation in national clinical audits and confidential enquiries		
In which KCH was eligible to participate	Participation	% submitted
National Diabetes Audit – National Diabetes Inpatient Audit	Yes	Data collection in progress
National Diabetes Audit – National Core Diabetes Audit	Yes	Data collection in progress
National Diabetes Audit – National Diabetes Inpatient Audit -Harms	Yes	Data collection in progress
National Diabetes Audit – National pregnancy in diabetes audit	Yes	Data collection in progress
National Diabetes Audit- National Diabetes Transition Audit	Yes	Data collection in progress
National Early Inflammatory Arthritis Audit	Yes	Data collection not yet started
National Emergency Laparotomy Audit	Yes	Data collection in progress
National Gastrointestinal Cancer Programme- National Bowel Cancer Audit	Yes	Data collection in progress
National Gastrointestinal Cancer Programme- National Oesophago-gastric Cancer	Yes	Data collection in progress
National Joint Registry	Yes	Data collection in progress
National Lung Cancer Audit	Yes	Data collection in progress
National Maternity and Perinatal Audit	Yes	Data collection in progress
National Neonatal Audit Programme	Yes	Data collection in progress
National Ophthalmology Audit- First prospective clinical report	Yes	Data collection in progress
National Ophthalmology Audit- Adult Cataract Surgery	Yes	Data collection in progress
National Paediatric Diabetes Audit	Yes	Data collection in progress
National Prostate Cancer Audit	Yes	Data collection in progress
National Smoking Cessation Audit	Yes	Data collection in progress
National Vascular Registry	Yes	Data collection in progress
Neurosurgical National Audit Programme	Yes	Data collection in progress
Paediatric Intensive Care (PICANet)	Yes	Data collection in progress
Perioperative Quality Improvement Programme	Yes	Data collection in progress
Potential Donor Audit	Yes	Data collection in progress
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Antibiotic Consumption	Yes	Data collection in progress
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Antimicrobial Stewardship	Yes	Data collection in progress
Assessing Cognitive Impairment in Older People/Care in Emergency Departments	Yes	Data collection in progress
Care of Children in Emergency Departments	Yes	Data collection in progress
Mental Health- Care in Emergency Departments	Yes	Data collection in progress
Sentinel Stroke National Audit Programme	Yes	Data collection in progress
Serious Hazards of Transfusion: UK National Haemovigilance scheme	Yes	Data collection in progress
Society for Acute Medicine's Benchmarking Audit	Yes	Data collection in progress
Surgical Site Infection Surveillance Service	Yes	Data collection in progress
UK Cystic Fibrosis Registry	Yes	Data collection in progress
UK Parkinson's Audit	Yes	Data collection in progress
UK Renal Registry	Yes	Data collection in progress

2.5 The reports of 71 national clinical audits were reviewed by the provider in 2019-20.

2.6 King's College Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (see Table 7).

**Table 7: Reports of national clinical audits reviewed**

Reports of national clinical audits reviewed	
Title	Improvement actions
Trauma Audit and Research Network (TARN) – Trauma Unit	<ul style="list-style-type: none"> <li>• Rehab-coordinator in post to identify and triage patients faster (PRUH site).</li> <li>• Local education re: identification of potential TARN-eligible patients through non-trauma workstreams (KCH site).</li> <li>• Getting It Right First Time (GIRFT) process undertaken and staff recruited (KCH site).</li> <li>• All cases appropriately clinically assessed by senior anaesthetic or critical care doctor with Major Trauma Centre consultant input in real-time (KCH site).</li> </ul>
National Neonatal Audit Programme (NNAP), 2018 Annual Report on 2017 data	<ul style="list-style-type: none"> <li>• Neurodevelopmental follow-up team in place for cross site to improve 2–year follow-ups.</li> <li>• Use of Less Invasive Surfactant Administration (LISA) and prophylactic hydrocortisone to reduce rates of bronchopulmonary dysplasia.</li> <li>• Improved data input in relation to positive blood cultures.</li> </ul>
National Audit of Seizures and Epilepsies for Children and Young People - Round 3 Epilepsy 12 Report 2018	<ul style="list-style-type: none"> <li>• Neurosciences Care Group to review nurse prescribing and development of transition services.</li> </ul>
National Paediatric Diabetes Audit Annual Report 2017-18	<ul style="list-style-type: none"> <li>• Recruitment of a stable and well-trained team.</li> <li>• Annual review clinic set up at DH to review report results and agree actions for improvement.</li> </ul>
National Cardiac Arrest Audit 2018/19	<ul style="list-style-type: none"> <li>• Development of an audit database to collect patient identifiable information on all 2222 calls, and the preparation of a business case for additional resuscitation personnel at the PRUH.</li> <li>• The results have informed the identification of the Trust’s patient safety quality priority for 2020-21.</li> </ul>
National Audit of Cardiac Rhythm Management Devices and Ablation	<ul style="list-style-type: none"> <li>• Work is being undertaken to address data submission issues at PRUH.</li> </ul>
National Audit of Dementia	<ul style="list-style-type: none"> <li>• Implementation of John’s Campaign (a national movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital), which has now been embedded in Trust, with senior nursing support.</li> <li>• A leaflet on advanced dementia, aimed at improving patient and carer information, has been written and is with the Trust’s Communications Team awaiting finalisation.</li> <li>• A carer’s area has been provided on Marjory Warren ward.</li> <li>• Using volunteers to assist with mealtimes on the Health and Ageing Unit wards.</li> <li>• Senior nurses and dieticians working to ensure the availability of snacks, a specific finger food menu (not just sandwiches and snacks) and provision of a freezer for ice cream on Marjory Warren ward.</li> <li>• Work has been undertaken in relation to staff training, including two senior nurses from the Health and Ageing Unit HAU trained to become Dementia and Delirium Champions. They now deliver dementia and delirium training to the Health and Ageing Unit staff. This has led to positive results in completion of a “this is me” document on the wards, which helps staff to personalise care for patients with dementia. This is now being audited on a regular basis and improved use of this document has been achieved. Trust Induction training on dementia has been improved and all nurses and HCAs now receive Dementia Friends training. Future plans include developing a dementia champions network across all wards so that these individuals can champion dementia and delirium care and take a role in training staff in their clinical areas.</li> </ul>
Royal College of Emergency Medicine (RCEM): Feverish Child Audit Report	<ul style="list-style-type: none"> <li>• Improved governance of national audit data submissions on the Denmark Hill site has been achieved through the establishment of an Emergency Department Patient Outcomes Group, which oversees, and provides problem-solving support, for future submissions.</li> </ul>
Royal College of Emergency Medicine (RCEM): Venous Thromboembolism (VTE) in the Emergency Department	<ul style="list-style-type: none"> <li>• The Virtual Fracture Clinic Risk Assessment includes deep vein thrombosis screening and has been mandatory for admissions since January 2019. Where one or more risk factors are identified then Enoxaparin is indicated and prescribed on EPR.</li> </ul>
Royal College of Emergency Medicine (RCEM): Vital signs in adults	<ul style="list-style-type: none"> <li>• Implementation of ‘E-obs’ in September 2019 will achieve significant improvement in documentation of vital signs.</li> </ul>
UK Renal Registry	<ul style="list-style-type: none"> <li>• Improving access to kidney transplantation and reducing times to wait listing is a major programme of service improvement at King’s Kidney Care.</li> <li>• Between 2017 and 2019, the work-up pathway was streamlined and a business case was built to address areas that were identified as under resourced. Staff are currently being appointed.</li> <li>• King’s Kidney Care is working with the Kidney Quality Improvement Partnership (KQUIP) and South London Renal Alliance in leadership roles to enhance access to transplantation locally and for the network.</li> <li>• Continued focus on enhancing home therapies access and vascular access.</li> </ul>

Reports of national clinical audits reviewed	
Title	Improvement actions
Myocardial Ischaemia National Audit Project (MINAP) and National Heart Failure Audit	<ul style="list-style-type: none"> <li>Work is being undertaken to resolve software issues and improve data submission.</li> </ul>
Intensive Care National Audit and Research Centre (ICNARC): Case mix programme - Intensive care/high dependency unit PRUH	<ul style="list-style-type: none"> <li>In 2017-18 KCH was identified as an outlier for high-risk admissions from the ward, this was investigated and conclusions were that this status was driven mainly by casemix (patients with significant chronic illness and high risk of death) but that contributory factors included failure to escalate appropriately. These findings were taken to the Deteriorating Patients Committee and improving escalation is a key Trust improvement work stream and will be a Trust quality priority in 2020-21.</li> </ul>
National Joint Registry (NJR), Annual Report	<ul style="list-style-type: none"> <li>Equipment has been purchased to enable data entry by surgeons direct into NJR and improve the Trust's submission.</li> <li>SE London Orthopaedic Network is leading on an acquisition of a new IT system to facilitate NJR participation, scheduled for implementation from April 2020.</li> </ul>
National COPD Audit Programme: Secondary Care Audit	<ul style="list-style-type: none"> <li>Oxygen prescribed to patients has been an area of continuous improvement work including ongoing education of ward nurses, oxygen training becoming mandatory on LEAP and implementation of e-noting. Improvement has been noted over the past 12 months with performance in May 2019 reaching 82%. A business case for more respiratory nurses is in progress.</li> <li>COPD has been identified as a Trust Quality Priority for 2020-21.</li> </ul>
National Emergency Laparotomy Audit 2019 Report	<ul style="list-style-type: none"> <li>Trust clinical and performance teams are working together to improve Trust data and submission to the audit.</li> </ul>
National Hip Fracture Database Audit	<ul style="list-style-type: none"> <li>The Gerontology Team is updating and improving the referral pathway with ED.</li> <li>A fractured neck of femur/femoral fracture acronym expansion in EPR is being developed and will act as a clerking form to ensure capture of essential information.</li> </ul>
National Adult Asthma Clinical Audit Report	<ul style="list-style-type: none"> <li>As of January 2020 ED are relaunching eObs as the single point for recording observations, which will increase consistency of recording observations.</li> </ul>
Sentinel Stroke National Audit Programme (SSNAP) Report	<ul style="list-style-type: none"> <li>On-going work to improve door to needle times, including reducing delays in reporting scans on both hospital sites.</li> </ul>
National Vascular Registry Annual Report	<ul style="list-style-type: none"> <li>The team are continuing to work to reduce time lag to surgery for carotid endarterectomy.</li> </ul>
Trauma Audit and Research Network-Trauma Unit (PRUH) Dashboard Report	<ul style="list-style-type: none"> <li>Work is currently being undertaken to improve the TARN eligible submissions within 40 days of discharge or death.</li> </ul>
National Bowel Cancer Audit Report	<ul style="list-style-type: none"> <li>To continue improve data completeness.</li> </ul>

2.7 The reports of over 112 local clinical audits were reviewed by the Trust in 2019-20. In addition, the Trust has a comprehensive programme of clinical audits known as Back to Basics, providing a standardised regular audit of the ward environment (physical, material, clinical and process). The Trust has also rolled out a Quality Assessment Toolkit providing an audit framework for departments and Care Groups to complete a self-assessment on all aspects of quality within their area of responsibility to ensure patients and service users receive the best possible care and experience. 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, through implementing the key components of the Trust's quality and continuous improvement programme outlined below:

- **Pathway redesign across clinical settings** – the Trust's structured approach to project management and service redesign is D5. This straightforward methodology takes teams through five phases of project management using a range of lean tools and techniques and comprehensive project management. Lean philosophy (which is typically described as a methodology that increases value to the customer/patient, reduces waste and supports continuous improvement), is used as a basis for our quality improvement work. It maps well to

the IHI Model for Improvement and these methodologies are seen as complementary ways of improving quality.

- ***The King's Academy Continuous Improvement Training*** – this is a capability building programme developed to equip our people with the skills, confidence and tools they need to deliver service redesign and continuous improvement. To date, over 3,700 people have received training. While the bulk of this training is White Belt (circa 3,300), King's has also trained 50 Green Belts and 220 Yellow Belts.
  - Yellow and Green Belt improvement projects have been completed across a range of departments and services. To date, these projects have largely been chosen by individual students based on their personal preferences. Future projects could be chosen to support the Trust's quality priorities outlined above.
  - Educational supervisors and doctors in training have access to continuous improvement training and are encouraged to undertake QI projects during their time at KCH. The QCI team also supports Speciality Lead Registrar Programmes and KITE (King's Improvement through Engagement) with White and Yellow Belt training
- ***Continuous improvement on a daily basis through the application of lean philosophy and techniques*** - The Outstanding Care the King's Way programme which is led by the Executive Nursing team is being implemented on our wards. It is linked to a ward accreditation scheme, which in turn, has been built around the CQC domains of Safe, Effective, Caring, Responsive and Well-Led. The approach is undergoing continuous improvement and will be further developed in conjunction with a ward manager leadership programme. The Outstanding Care King's Way programme is designed to address culture and behaviours in addition to making practical changes so that we run our services in the most efficient and effective way. Frontline teams are equipped with tools that enable them to see and measure how they are doing, solve problems and make improvements every day.

The Quality and Continuous Improvement team are supporting the programmes outlined in the table 8 below over 2020-21:

**Table 8 Quality and Continues Improvement programmes for 2020-21**

Name of Programme	Brief description of work
Reducing violence and aggression towards staff	<p>The national staff survey demonstrates that King's is among the worst Trusts for staff experiencing violence and aggression. Our Datix reports show that violent and aggressive incidents are increasing year on year. Using a QI approach, we are engaging frontline staff on identifying the causes of violence and aggression and harnessing their ideas on what the Trust should do. These ideas have been stratified into themes such as:</p> <ul style="list-style-type: none"> <li>• Education for staff (de-escalation, conflict resolution, customer care, Dementia, Mental Health, etc.)</li> <li>• Improvements to the environment</li> <li>• Innovations in caring for patients with dementia</li> <li>• Standardised processes for engaging with patients/the public who behave violently or aggressively</li> <li>• Better support systems for staff</li> </ul> <p>Agreed changes/innovations will be scheduled over the next 12 months and benefits will include improved reporting of violent and aggressive incidents, an</p>

Name of Programme	Brief description of work																
	increase in the percentage of staff trained in de-escalation and conflict resolution, a decrease in violent and aggressive incidents in “hot-spot” areas and greater staff satisfaction with the support they receive from senior staff.																
Improved recognition of the deteriorating patient	<p>Thorough analysis of internal and external data has shown that King’s should improve its recording, recognition, management and escalation of deteriorating patients. Using a QI approach, we are engaging frontline staff in identifying the blocks to recognising and escalating deteriorating patients appropriately. Although still in the “describe” phase of the D5 methodology it is already becoming clear that there will be work streams relating to:</p> <ul style="list-style-type: none"> <li>• Education of staff both in recognition of deterioration and in communicating effectively</li> <li>• The ability to record observations in real time on EPR</li> <li>• Visibility of ward performance in recognition and escalation processes.</li> </ul>																
Digital Outpatients	<p>This programme’s objectives are to use digital solutions to improve patient experience, patient flow and to modernise pathways in order to reduce unnecessary follow ups. There are two work streams:</p> <ol style="list-style-type: none"> <li>1. InTouch expansion to six new areas which will improve the check-in experience for patients at clinic, inform them of wait times in clinic and introduce mobile functionality which will allow patients to check in and view wait times on their smart phones.</li> <li>2. Designing and implementing an App to reduce face-to-face follow-ups for patients with inflammatory bowel disease. The freed up capacity will be used to reduce wait times for new patients.</li> </ol>																
Outpatients Ophthalmology	<p>Ophthalmology forms 14% of the Trust’s Outpatient activity, with the service operating across all sites. The Ophthalmology Programme commenced in late October-19. Using a Define and Describe approach, the project team identified a number of areas that required intervention to help drive improvements, specifically around providing better information on waiting times to clinics, and the overall quality and experience of the Ophthalmology Outpatient Service. This programme continues into 2020/21 and will drive improvements in patient experience, help reduce PALS and Complaints, reduce DNAs, and improve the overall quality and experience of the Outpatient service. Work streams are underway to improve:</p> <ul style="list-style-type: none"> <li>• Signage, facilities and environment</li> <li>• Efficiency and patient flow by re-organising the work space</li> <li>• Patient information and how we communicate.</li> </ul> <p>Benefits will include reduced complaints, improved patient experience, increased completion of the Friends and Family Test (FFT) and improved wait times in clinic.</p> <p>Progress against Key metrics to support patient experience and FFT scores are detailed below:</p> <table border="1" data-bbox="443 1778 1409 2056"> <thead> <tr> <th data-bbox="443 1778 1034 1850">KPI</th> <th data-bbox="1034 1778 1166 1850">Baseline Jun 19</th> <th data-bbox="1166 1778 1295 1850">Plan May-20</th> <th data-bbox="1295 1778 1409 1850">Actual Feb-20</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 1850 1034 1921">Improve patient experience of 'Information on waiting times'</td> <td data-bbox="1034 1850 1166 1921">35%</td> <td data-bbox="1166 1850 1295 1921">20% increase</td> <td data-bbox="1295 1850 1409 1921">49%</td> </tr> <tr> <td data-bbox="443 1921 1034 1984">Improve patient experience of FFT scores</td> <td data-bbox="1034 1921 1166 1984">85%</td> <td data-bbox="1166 1921 1295 1984">90%</td> <td data-bbox="1295 1921 1409 1984">85%</td> </tr> <tr> <td data-bbox="443 1984 1034 2056">InTouch: uptake rates for usage of check-in at kiosks</td> <td data-bbox="1034 1984 1166 2056">0%</td> <td data-bbox="1166 1984 1295 2056">60%</td> <td data-bbox="1295 1984 1409 2056">0%</td> </tr> </tbody> </table>	KPI	Baseline Jun 19	Plan May-20	Actual Feb-20	Improve patient experience of 'Information on waiting times'	35%	20% increase	49%	Improve patient experience of FFT scores	85%	90%	85%	InTouch: uptake rates for usage of check-in at kiosks	0%	60%	0%
KPI	Baseline Jun 19	Plan May-20	Actual Feb-20														
Improve patient experience of 'Information on waiting times'	35%	20% increase	49%														
Improve patient experience of FFT scores	85%	90%	85%														
InTouch: uptake rates for usage of check-in at kiosks	0%	60%	0%														

Name of Programme	Brief description of work
Improving DH Endoscopy Processes	<p>The project objective is to improve the process of booking patients into Endoscopy appointments in order to improve 2-week rule performance. There are two main elements to this work:</p> <ol style="list-style-type: none"> <li>1. Improve team organisation through identifying roles and responsibilities for each team member and understanding and addressing concerns with the current way of working.</li> <li>2. Implement lean processes in Endoscopy (5S organisation of workspace, standardisation of booking processes, visual management and standard work).</li> </ol> <p>Precise benefits are being agreed with the frontline team and are likely to include reduced time taken to book appointments, reduced referral to wait times, increased patient and staff satisfaction, and increased number of booked appointments (closed referrals).</p>
Minimising internal delays to repatriation of major trauma patients	<p>Currently in "Define" this projects aims are to:</p> <ol style="list-style-type: none"> <li>1. Ensure a minimal delay from when the patient is identified as ready for repatriation to patient accepted by the receiving hospital. (Internal process delays currently contribute to around 7 days of additional stay at KCH</li> <li>2. Agree the internal processes and standard operating procedure for repatriation with clearly defined roles and responsibilities. There is currently a process in place, which is not known or understood by all. Consequently, it is not followed consistently.</li> </ol>
Continuous Improvement training and support	<p>This programme has a critical role in supporting the Trust to adapt its culture to one of continuous quality improvement. The following support is provided;</p> <p><b>In house training</b> - The CI training programme is based on lean thinking and incorporates elements of the IHI Model for Improvement. The courses support staff to become familiar with improvement tools and comfortable with implementing their own improvement projects. More than 3,700 people across the Trust have been trained so far as white, yellow and green belts.</p> <p><b>Flow Coaching Academy</b> - Following a rigorous application and interview process the Trust has been accepted as one of only three hospitals to become a flow coaching academy in 2020 in collaboration with the Health Foundation and Sheffield Microsystems Academy. We will start this work in April.</p> <p><b>Life QI</b> – this is a web platform that allows us to keep a record of all quality improvement projects underway in the Trust, it provides template improvement tools to help people describe and measure their improvement projects and it supports communication and engagement between people who are undertaking improvement work.</p>

### Information on participation in clinical research

3. The number of patients receiving relevant health services provided or subcontracted by King's College Hospital NHS Foundation Trust in 2019-20 that were recruited during that period to participate in research approved by a research ethics committee, 22,467.

### *Commissioning for Quality and Innovation (CQUIN) framework*

4. A proportion (1.25% of CCG and 1.55% of NHSE) of King's College Hospital NHS Foundation Trust's income in 2019-20 was conditional on achieving quality improvement and innovation goals agreed between King's and both NHS South East Commissioning leads and NHS England through the Commissioning for Quality and Innovation (CQUIN) payment framework. The monetary total for this income in 2019-20 was £10,177,320 (value decreased by around 50%, on previous years, due to review of CQUIN schemes by NHSE).

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. For 2019-20, the Trust received £5,665,809 for the National CQUINs and £4,469,320 for the NHSE Specialist Services CQUINs – giving a total of £10,135,129.

It should be noted that, due to the COVID-19 situation, NHSE issued revised CQUIN guidance for Q4 19/20 and Q1 20/21. This, recognising that all healthcare settings were feeling a major impact from the crisis, stated that there would be no CQUIN audits/submissions required for Q4 19/20 and that the commencement of 20/21 CQUINs was delayed until, at least, Q2. Further guidance is anticipated in the next few months and a further delay is likely. For the national CQUINs the CCGs advised that, for Q4 19/20, 100% payment would be awarded.

Further details of the agreed goals for 2019-20 and for the following 12-month period are available on request.

#### **National CQUINs**

National CQUINs have been published and the following schemes apply to King's College Hospital Foundation Trust (1.25% = £5,709,000) in 2019-20 (see Table 9):

**Table 9: National CQUINs that apply to King's**

National CQUINs	Description	Annual Financial Value
Antimicrobial Resistance - Lower Urinary Tract Infections in Older People & Antibiotic Prophylaxis in colorectal Surgery	Improving the management of lower urinary tract infections in older people and Improving surgical prophylaxis in elective colorectal surgery	£1,141,800
Staff Flu Vaccinations	Improving uptake of flu vaccinations by frontline clinical staff.	£1,141,800
Alcohol and Tobacco	Tobacco & Alcohol screening. Tobacco brief advice. Alcohol brief advice.	£1,141,800
Three high impact actions to prevent Hospital Falls	Older inpatients receiving key falls prevention actions	£1,141,800



National CQUINS	Description	Annual Financial Value
Same Day Emergency Care CCG11:	Aims to benefit both patients and the healthcare system by reducing waiting times and unnecessary hospital admissions of patients presenting with Pulmonary Embolus, Tachycardia with Atrial Fibrillation and Community Acquired Pneumonia	£1,141,800

### Local CQUINS

There were no local CQUINS in 2019-20.

### NHS England CQUINS

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
Medicines Optimisation	Improving pathways through Operational Delivery Networks (ODNs) - continuation from 16/17.	£691,484
Hepatitis C Virus	Improving pathways through ODNs.	£2,533,145
Clinical Utilisation Review	Implementation, application and use of system to which will assist in reduction of inappropriate hospital utilisation (continuation from 16/17).	£750,000
Cirrhosis	Improving pathways through ODNs.	£334,192

Full details on the contracts for 2019-20 are available on request.

Due to the ongoing COVID-19 pandemic, all Trusts are currently operating under monthly block contracts, with both the CCGs and NHSE, with no requirement to start CQUIN work until, at least, August 2020. The value of the CQUINS will therefore not be known until Contracts are agreed at that point. Further guidance is awaiting but the NHS England Specialist Services CQUINS are likely to be:

### Care Quality Commission (CQC)

- King's College Hospital NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'Requires Improvement'. 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 2019-20. The tables 11 and 12 below show the overall ratings by site.

**Table 11: Overall CQC rating, King’s College Hospital, published Jun-19**

**Ratings for King's College Hospital**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ May 2019	Good ↔↔ May 2019	Good ↔↔ May 2019	Requires improvement ↔↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Medical care (including older people's care)	Good ↑ Sept 2017	Good ↔↔ Sept 2017	Good ↔↔ Sept 2017	Good ↔↔ Sept 2017	Good ↔↔ Sept 2017	Good ↔↔ Sept 2017
Surgery	Requires improvement ↓ May 2019	Requires improvement ↔↔ May 2019	Good ↔↔ May 2019	Requires improvement ↔↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↔↔ May 2019
Critical care	Requires improvement ↔↔ Sept 2017	Good ↔↔ Sept 2017	Good ↔↔ Sept 2017	Good ↑ Sept 2017	Good ↑ 2017	Good ↑ Sept 2017
Maternity	Requires improvement ↔↔ May 2019	Good ↔↔ May 2019	Good ↔↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Good ↑ May 2019
Services for children and young people	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Good ↑ May 2019	Good ↑ May 2019	Good ↔↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Good ↑ May 2019

**Table 12: Overall CQC rating, Princess Royal University Hospital, published Jun-19**

**Ratings for Princess Royal University Hospital**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ May 2019	Requires improvement ↔↔ May 2019	Requires improvement ↓ May 2019	Inadequate ↓↓ May 2019	Inadequate ↓ May 2019	Inadequate ↓ May 2019
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 ↔↔ May 2019	Good ↔↔ May 2019	Good ↔↔ May 2019	Requires improvement ↔↔ May 2019	Good May 2019	Good ↔↔ May 2019
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 ↔↔ May 2019	Requires improvement ↔↔ May 2019	Good ↔↔ May 2019	Good ↑ May 2019	Good ↑ May 2019	Requires improvement ↔↔ May 2019
Outpatients	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
HIV and sexual health services						
<b>Overall*</b>	Requires improvement ↔↔ May 2019	Requires improvement ↓ May 2019	Good ↔↔ May 2019	Requires improvement ↔↔ May 2019	Requires improvement ↔↔ May 2019	Requires improvement ↔↔ May 2019

6. King's College Hospital NHS Foundation Trust has established a quality improvement framework outlining key priorities with measureable outcomes for each core services.

King's has also recently developed a self-assessment quality toolkit based on the CQC Key Lines of Enquiry, which is currently being rolled out. This will enable them to know where to focus and provides us with an overview of compliance and areas of weakness. We are presenting this as a quality assessment to embed in normal practice rather than a specific CQC exercise.

7. King's College Hospital NHS Foundation Trust participated in focused inspections of the Emergency Departments at PRUH and DH, by the CQC during the reporting period. The focussed inspections were on the 26<sup>th</sup> and 27<sup>th</sup> of November respectively. The subject matter of the focused inspection was to follow up on concerns from our previous inspection conducted in January and February 2019. The concerns focused on patient care and outcomes, culture, governance and leadership at DH and patient care and leadership at PRUH.

The focussed inspections concluded as follows:

- DH: concerns were raised which resulted in a 'Requires improvement' rating. Enforcement action was undertaken and the CQC have been monitoring progress against the ED DH action plan.
- PRUH: significant challenges were found and the ED were rated as 'Inadequate'. Enforcement action was undertaken and the CQC have been monitoring progress against the PRUH action plan.

Using a quality improvement approach, clear outcome monitoring measures were devised to assess and monitor progress against the key drivers behind concerns and challenges raised in the inspection report. Primary drivers and interventions were agreed to improve patient care and outcomes, culture, governance and leadership, across both EDs.

### *Records Submission*

8. King's College Hospital NHS Foundation Trust submitted 2,286,404 records during 2019-20 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 2019 – February 2020, which included the patient's valid NHS number, was:

- 98.8% for admitted patient care;
- 99.2% for outpatient (non-admitted) patient care; and
- 91.7% for accident and emergency care.

The percentage of records in the published data April 2019 – February 2020, which included the patient's valid General Medical Practice Code, was:

- 99.9% for admitted patient care;
- 99.6% for outpatient (non-admitted) patient care; and

- 97.9% for accident and emergency care.

### *Information Governance Assessment*

9. In 2019/20, NHS Digital replaced the NHS Information Governance Toolkit with the Data Security and Protection Toolkit (DSPT). King's College Hospital NHS Foundation Trust's 2019/20 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 staff annual Data Security and Protection Training.

### *Payments by Results (PbR)*

10. King's College Hospital NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2019-20 by the Audit Commission.

### *Data Quality*

11. 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.
  - A large number of teams collect data 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 re-analyse 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 requirement for external audit has been removed from the Quality Accounts due to national NHS response to managing the COVID-19 pandemic. The Trust had asked our internal auditors,

KPMG, to conduct a data quality review and they have specifically tested A&E 4-hour performance, zero length of stay and RTT waiting time indicators. A final report into their findings is yet to be published for review by the Trust.

### *Learning from Deaths*

During 2019-20, 2346 of the King's College Hospital NHS Foundation Trust patients died. This comprised the following number of deaths, which occurred in each quarter of that reporting period:

- 562 in the first quarter (April to June 2019);
- 542 in the second quarter (July to September 2019);
- 524 in the third quarter (October to December 2019);
- 718 in the fourth quarter (January to March 2020).

By 31 March 2020, **291** case record reviews and **76** investigations have been carried out in relation to **376** of the **2346** deaths included above.

In 9 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:

- 134 in the first quarter;
- 123 in the second quarter;
- 81 in the third quarter;
- 41 in the fourth quarter.

7 representing 0.3% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter;
- 2 representing 0.37% for the second quarter;
- 4 representing 0.76% for the third quarter;
- 1 representing 0.14% for the fourth quarter.

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

Of the 7 deaths judged to be probably avoidable (more than 50:50 likelihood of being avoidable):

- 7 have been subject to structured judgment review using the Trust's Mortality Review Forms. Of these:
  - 4 reviews have been finalised and the learning is summarised below.

- 3 are awaiting completion of adverse incident investigations before the findings can be finalised.

### **Summary of learning from case record reviews and investigations**

Key learning points related to:

- The identification of non-response to steroid therapy and the relationship of prolonged steroid therapy to the risk of severe fungal disease.
- Advice given to patients in relation to stopping blood-thinning medication in advance of dermatology procedures.
- Recognition of the spectrum of Chronic Obstructive Pulmonary Disease (COPD) in the Emergency Department.
- Ensuring adherence to the post-fall protocol.

### **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**

Actions taken following our learning from deaths have included:

- Internal learning plus feeding back learning points in relation to non-response to steroid therapy to the team at a referring hospital.
- Development of new clinical guidance and patient information in relation to blood-thinning medication and dermatology procedures.
- Education session delivered by the Respiratory Team for the Emergency Department team on the spectrum of COPD.
- Ensuring all staff are aware of the cohorting guidance and reinforcing adherence to the post-fall protocol undertaken through ward meetings, the morbidity and mortality review meeting and the Safer Care Forum.

In addition, a review of learning from the deaths of people with severe mental illness has been shared internally and externally, including with the Mental Health Board, Southwark Clinical Commissioning Group and South London and Maudsley NHS Foundation Trust.

At King's we aim to ensure that learning from deaths and 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 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.

### **Previous reporting period**

- 117 case record reviews and 23 investigations were completed after 31 March 2019, which related to deaths, which took place before the start of the reporting period.
- One representing 0.04% 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.

## 2.3 Reporting Against Core Indicators

The following set of nationally performance core indicators are required to be reported using data made available to the trust by NHS Digital.

**Table 13: Reporting against core indicators**

Indicator	Measure	Current Period	Value <sup>3</sup>	Previous Period	Value <sup>3</sup>	Highest Value Comparable <sup>1,3</sup> Foundation Trust	Lowest Value Comparable <sup>1,3</sup> Foundation Trust	National Average	Data Source	Regulatory/Assurance Statement
Summary Hospital-level Mortality Indicator (SHMI)	Ratio of observed mortality as a proportion of expected mortality	01/09/2018 to 31/08/2019	0.9507 (95% Over-dispersion control limit 0.8868, 1.1277)	1/10/2017 to 30/09/2018	0.9589 (95% Over-dispersion control limit 0.8926, 1.1203)	0.9980 (95% Over-dispersion control limit 0.8871, 1.1273) – better than expected	0.6871 (95% Over-dispersion control limit 0.8864, 1.1282) – 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 at diagnosis	01/09/2018 to 31/08/2019	51%	1/10/2017 to 30/09/2018	50.9%	58%	26%	36%	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.

<sup>1</sup> Shelford Group

<sup>3</sup> Displayed by NHS Digital



Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable1 Foundation Trust	Lowest Value Comparable1 Foundation Trust	National Average	Data Source	Regulatory Statement
Patient Reported Outcomes Measures - hip replacement surgery	EQ-5D Index:187 modelled records	Apr 18 - Mar 19	Adjusted average health gain: 0.482	Apr 17 - Mar 18	Adjusted average health gain: 0.459	0.480	0.413	0.457	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: <ul style="list-style-type: none"> <li>Improve PROMS data collection through the implementation of a new IT system from 1/4/2020.</li> </ul>
	EQ VAS: 182 modelled records		Adjusted average health gain: 14.534		Adjusted average health gain: 12.79	15.753	12.043	14.1		
	Oxford Hip Score: 196 modelled records		Adjusted average health gain: 22.457		Adjusted average health gain: 21.30	23.278	19.646	22.3		
Patient Reported Outcomes Measures - knee replacement surgery	EQ-5D Index:208 modelled records	Apr 18 - Mar 19	Adjusted average health gain: 0.328	Apr 17 - Mar 18	Adjusted average health gain: 0.333	0.351	0.293	0.337	NHS Digital	
	EQ VAS: 208 modelled records		Adjusted average health gain: 8.213		Adjusted average health gain: 7.204	9.863	6.441	7.5		
	Oxford Knee Score: 218 modelled records		Adjusted average health gain: 15.773		Adjusted average health gain: 16.516	17.967	14.423	17.2		

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 0-14 - %	Apr-19 to Feb-20 <sup>2</sup>	1.19%	Apr-18 to Mar-19	0.97%	Data not comparable due to differences in local reporting.	Data not comparable due to differences in local reporting.	N/A	PiMS	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 15+ - %		6.62%		7.11%	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: <ul style="list-style-type: none"> <li>Were you involved as much as you wanted to be in decisions</li> </ul>	Score out of 10 trust-wide	2018 National Inpatient Survey	7.1	2017 National Inpatient Survey	7.3	8.8	6.2		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.  King's College Hospital NHS Foundation Trust intends to take the following actions

<sup>2</sup> March 28-day readmission rates not yet available at the time of finalising the Quality Accounts.

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	2018 National Inpatient Survey	5.3	2017 National Inpatient Survey	5.2	8.0	4.1		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	2018 National Inpatient Survey	8.3	2017 National Inpatient Survey	8.6	9.9	9.1			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	2018 National Inpatient Survey	4.5	2017 National Inpatient Survey	4.9	7.4	3.4			

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"> <li>Did hospital tell you whom to contact if you were worried about your condition or treatment after you left hospital?</li> </ul>	Score out of 10	2018 National Inpatient Survey	7.4	2017 National Inpatient Survey	7.2	9.7	6.4		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.	%	Q1 2019-20 Q2 2019-20 Q3 2019-20 Q4 2019-20	76% 76% 67% 77%	Q1 2018-19 Q2 2018-19 Q3 2018-19 Q4 2018-19	80% 80% 68% 79%	Salisbury NHS Foundation Trust – 100% (Q2 data <sup>3</sup> )	Walsall Healthcare NHS Trust – 55% (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 morale and engagement through specific engagement work streams and introducing a new culture programme</p>

<sup>3</sup> Q3 and Q4 data is sourced through Trust staff survey therefore national comparators are only available for Q2.

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	%	Q1-4 2019-20	97.2%	April 2018-December 2018	97.1%	Bart's Health NHS Trust 99.1%	Sheffield Teaching Hospital NHS Foundation Trust 95.0%	95.5%	NHS Improvement	<p>King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons: This data was collected electronically. Ward audits are completed every month and they reflect similar compliance scores.</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: Optimising use of electronic solutions to enhance surveillance of VTE risk assessment rates. VTE CNSs will work closely with areas not meeting the National target for VTE risk assessment of 95% and develop action plans to address this. Use GIRFT VTE survey data to highlight areas for improvement.</p>
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 2019 – March 2020	98 cases	April 2018-March 2019	79 cases	Shelford group highest 2019-20 = 153 cases	Shelford group lowest 2019-10 = 21 cases	Shelford group average 2018-19 = 78 cases	<a href="https://www.gov.uk/government/statistics/clostridium-difficile-infection-monthly-data-by-nhs-acute-trust">https://www.gov.uk/government/statistics/clostridium-difficile-infection-monthly-data-by-nhs-acute-trust</a>	<p>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.</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: 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.</p>

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, where available, rate of patient safety incidents reported within the Trust during the reporting period	Number (rate per 1,000 bed days)	April 2019 – March 2020	25,859 total and 46.61 per 1000 bed days	April 2018 – March 2019	25,573 total and 49.85 per 100 bed days	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	<p>King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons –</p> <p>12-month national data is not yet available for benchmarking. Source is NRLS (National Reporting and Learning System)</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:</p> <p>Continue positive feedback from incident reporting, continue supporting open and transparent culture, allow for anonymous reporting, automatic feedback installed on incident reporting system.</p>

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 2019 – March 2020	Death: 26 (0.05 %)  Serious Harm 123 Severe Harm (0.22%)	April 2018 – March 2019	Death: 15 (0.059 %)  Serious Harm 123 Serious Harm (0.059%)	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, KCH reported 8 death incidents. Multiple Trusts reported 0 death incidents in 6 months. KCH reported 52 serious harm incidents. Three Trusts reported 0 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	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 benchmarking. 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 policy.

## 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 2019-20	Trust Performance 2018-19	Peer Performance (Shelford Group Trusts) 2019-20	Data source
<b>Patient Safety Indicators</b>					
<b>Duty of Candour</b>	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.	>93%	>92%	Not available	Datix
<b>WHO Surgical Safety compliance</b>	Even though the Trust has not listed Surgical Safety as a quality priority for 2019-20 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.	96%	94%	Not available	Local audit of data on Galaxy surgical system
<b>Total number of never events</b>	Outside of Surgical Safety, the Trust has a number of workstreams that aim to reduce the number of Never Events.	6	10	Information available at: <a href="https://improvement.nhs.uk/resources/never-events-data/">https://improvement.nhs.uk/resources/never-events-data/</a>	Transfer of Strategic Executive Information System (StEIS), NHS Improvement
<b>Clinical effectiveness indicators</b>					
SHMI Elective admissions	Summary Hospital-level Mortality Indicator (SHMI) is a key patient	HED: 0.83	0.78 (95% CI 0.64 , 0.95 ) –	HED: 0.68	Hospital Episode Statistics via



Indicators	Reason for selection	Trust Performance 2019-20	Trust Performance 2018-19	Peer Performance (Shelford Group Trusts) 2019-20	Data source
	outcomes performance indicator, addressing Trust objective 'to deliver excellent patient outcomes'.	(95% CI 0.68, 1.00) – Better than expected	Better than expected	(95% CI 0.64, 0.72 ) – Better than expected	HED, period: September 2018 to August 2019
SHMI Non-elective admissions		HED: 0.96 (95% CI 0.92, 0.99) –Better than expected	0.95 (95% CI 0.92 , 0.99 ) – Better than expected	HED: 0.92 (95% CI 0.90, 0.93) –Better than expected	NHS Digital data not available.
SHMI Weekend admissions		HED: 0.95 (95% CI 0.87, 1.02 ) – As expected	1.0 (95% CI 0.93 , 1.07 ) – As expected	HED: 0.99 (95% CI 0.97, 1.01) – As expected	
<b>Patient experience indicators</b>					
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	74%	81%	86%	NHS England national statistics
Friends & Family – inpatients	Inpatients who would recommend the Trust as a provider of care to their family or friends	95%	94%	96% (Data to end Feb 2020 due to COVID-19)	NHS England national statistics
Friends & Family - outpatients	Outpatients who would recommend the Trust as a provider of care to their family or friends	86%	87%	94%	NHS England national statistics

## Performance against relevant indicators

**Table 15: Performance against relevant indicators**

Indicators	Trust Performance 2019-20	Trust Performance 2018-19	National average	Target
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	78.7%	79.4%	85.5%	92.0%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	71.5%	76.0%	76.2%	95.0%
All cancers: 62-day wait for first treatment from Urgent GP referral for suspected cancer	72.2%	79.1%	77.7%	85.0%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	86.3%	87.4%	86.2%	>99%
<i>C. difficile</i> :	97 cases	80 cases	n/a	71
Maximum 6-week wait for diagnostic procedures	91.6%	92.2%	91.4%	>99%
Venous thromboembolism risk assessment	97.8%	97.3%	95.6%	95.0%

### *Access to services*

King's College Hospital NHS Foundation Trust continues to have high levels of General and Acute bed occupancy on its acute sites at Denmark Hill (98.2%) and PRUH (98.6%) based on our daily Sitrep submissions for the period April to March 2020. In the absence of additional escalation beds that we can open, this restricts our ability to be able to respond to peaks in demand above expected levels.

Similar to last year, 2019-20 continues to be challenging in our ability to maintain and improve on patient access standards for emergency, elective, cancer and diagnostic care. We have seen a 0.1% decrease in elective patients seen (including day cases) and whilst the number of emergency admissions decreased by 4.2% to last year, we have seen a 6.8% increase in tertiary admissions into the Trust.

We continue to see more patients attending our Emergency Department (ED) and urgent care centres on both the Denmark Hill and PRUH sites, with a 1.1% overall increase in patients seen at a Trust level for the period April to March 2020. We also continue to see an increase in frail elderly patients attending our ED on both acute sites who then 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 four-hour performance based on monthly ED Sitrep return submissions is 71.5% for the period April to March 2019-20, which is lower than the performance level of 76.0% achieved for the same period in 2018/19. Performance has reduced on both the Denmark Hill and PRUH sites this year compared to 2018/19, but we have also seen an increase in attendances at both sites this year.

Cancer referral demand into the Trust continues to increase with an 11% referral increase for the period April to March 2020 compared to the same period in 2018, which puts pressure on our ability to deliver the two week waiting time and 62-day time to first treatment cancer standards.

We have also seen increasing pressure on our ability to deliver against the national 99% target for patients waiting less than 6 weeks for diagnostic test. Whilst we have seen an improvement in our waiting time performance during the year, it had improved to 93.3% by February 2020, with specific pressure on demand and capacity in endoscopy modalities across the Trust and non-obstetric ultrasound test provision at PRUH. As diagnostic services and particularly endoscopy tests were reduced due to COVID-19, our performance in March 2020 reduced to 81.0%.

### *Response to COVID-19*

Consistent with the actions that were recommended for all NHS Trusts to implement based on the 'Next Steps on NHS Response to COVID-19' letter, which was issued to all Chief Executives of NHS Trusts on 17 March 2020, the Trust, had limited elective inpatient admissions to urgent and life threatening cases only. We also implemented restrictions on e-Referral Service (eRS) so that only cancer two week wait and clinically urgent referrals were being accepted, and as far as possible routine appointment patients were being seen on a virtual basis as far as possible. This meant that

there was a significant reduction in the number of patients coming onto our hospital sites for elective surgery, attendance at outpatient clinics or for diagnostic tests, which impacted year-end activity and performance across key patient access targets.

### *Referral to Treatment (18 Weeks)*

Delivery against the Referral to Treatment (18 Weeks) performance standard continues to be a challenge for the Trust for 2019-20. Kings has delivered a 0.5% increase in the year-on-year volume of completed pathways for the period April to March, and has the sixth largest RTT waiting list in England. The total waiting list has reduced by over 6,300 cases in the year to December, which is the 19th largest percentage reduction in England. Only four other Trusts with a waiting list over 50,000 patients has seen a reduction in its size, whereas all other large providers have seen an increase in their waiting list.

Kings continues to work closely with NHSI/E, local and specialised commissioners to develop and invest in plans to improve our overall RTT compliance and elimination of 52+ week breaches. These plans link with Trust transformation programmes in outpatient re-design and theatre productivity improvement to maximise the use of our day case and inpatient theatres, and outpatient clinics in-week, and to reduce the number of on-the-day cancellations by looking at trends and improving our processes at pre-operative assessments. We have also continued to use an insourcing provider to deliver additional in-week and weekend capacity in endoscopy provision, as well as private providers to support test provision at the PRUH.

We continue to work with other NHS and independent sector providers to provide additional capacity, specifically in bariatric surgery, elective Orthopaedics and Neurosurgery to reduce the number of over-52-week breach and longer waiting patients. There were 262 breaches of the 52-week standard at the start of 2019, which reduced to 131 breaches by August. However, this has increased to 143 by the end of February 2020, and to 196 in March 2020, due to the reduced elective activity that was delivered as a result of COVID-19 operational measures that were implemented at the end of the year. This is a challenge for the Trust to reduce the breaches, with the added complexity of the continued COVID-19 pandemic. Since reduced elective activity due to COVID-19, an Elective Waiting List Recovery programme has commenced within 2020/21 to refresh the latest 52-week forecast for the end of this financial year has been completed. This suggests that there will be 3,215 patients waiting 52+weeks by March 2021 compared to our original phase 3 plan submission of 2,671 cases – due to lower than planned IS and Dental activity.

### *Cancer Treatment within 62 Days*

Referral demand for cancer services continues to increase with an 11% increase in 2-week wait referrals from GPs, comparing April 2019 to March 2020 this year against 2018/19, with particular in-year increases in Breast Surgery, Urology and Colorectal Surgery. As a result, we have been compliant with the two-week wait GP referral standard in 3 of the last 6 months in 2019-20. In the later stages of Q3 this year, we have seen increased numbers of 2-week-wait breaches in Dermatology and Colorectal Surgery.

We have not been compliant with the 62-day GP referral to treatment standard during 2019-20, where we have reported an average monthly performance of 72.2% compared to the national 85% target. Increased numbers of breaches have been reported for the urology, colorectal, Upper GI (HpB) and lung tumour sites.

A comprehensive action plan is in place for both acute sites, which is reviewed weekly, specific to tumour types, to improve performance for the two-week standard but also for the 62-day time to first definitive treatment standards.

In Urology, multiple actions in place to ensure that there is sufficient clinic capacity to see new 2-week wait patients within 7 days, in line with agreed timed pathway; and enabling same day suspected prostate cancer MRI scans on the first day of clinic attendance.

The Endobronchial Ultrasound (EBUS) service went live at PRUH in August 2019, and a lung pathway has been developed for DH for suitable patients to be scheduled at PRUH, where patients would previously have been scheduled at Guy's and St Thomas Hospitals.

Increased numbers of colorectal patients referred are being triaged in telephone assessment clinics, and introduction of more virtual clinics to reduce the proportion of patients who require a new outpatient appointment.

### *Diagnostic Test within 6 Weeks*

The Trust has not been compliant against the 99% target since December 2017, but performance has been better than our operating plan trajectory until December 2019. We implemented a new waiting list reporting system from November this year, and have seen a number of diagnostic test areas where available capacity has exceeded demand, particularly in endoscopy.

There is a particular capacity gap within the PRUH endoscopy service, which has resulted in a significant backlog of patients waiting on the activity diagnostic (DM01) waiting list as well as surveillance patients. South East London Cancer Alliance Network demand and capacity modelling suggests that the PRUH needs a minimum 100% increase in its capacity to meet with two week wait/cancer as well as urgent and routine diagnostic demand. External funding has been gained to support additional scope purchase and image capture equipment, which will give greater flexibility in the use of the Day Surgery Unit capacity.

Radiology continues to utilise additional capacity including the use of independent sector providers, mobile imaging scanners and by providing additional sessions in-house, in order to meet the changes in pathways and demands from cancer and emergency pathways. There are on-going issues with imaging equipment due to their age but work is in progress to replace some of our oldest CT and MRI equipment.

### *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 Denmark Hill and PRUH sites. Sustained high levels of bed occupancy throughout the year and an overall lack of patient flow within both of our acute sites is preventing any positive impact on performance improvement.

Emergency Care Improvement programmes with detailed action plans are in place for both acute sites, which are reviewed through working groups on both sites. Increased executive oversight is provided through regular reporting and progress against our recovery plans to the Kings Executive and Board committees.

As part of its commitments to implement Same Day Emergency Care (SDEC) pathways under the NHS Long Term Plan, an Acute Medicine Unit opened on 1 July 2019, and an SDCE facility for Surgery has been piloted from October 2019 on the Denmark Hill site. A further reconfiguration of services took place from 20 January 2020 on the Denmark Hill site including the creation of a 16-bed medical assessment unit, in place of the Clinical Decision Unit, which would previously have managed medical and other specialty patients.

On the PRUH site, the key areas of focus include ED Flow and escalation, extended ambulatory emergency care provision and facilitating early discharges. Extended operating hours have been put in place for 12 hours each day per week as well as embedding nurse-to-nurse referral for both medical and surgical patients. Site flow meetings now review discharge lounge utilisation 3 times per day and e-Board noting is driving improved early discharge planning and the number of discharges prior to 11am.

### **7-day Service Provision**

The aim of NHS England's Seven Day Hospital Services programme is to ensure that patients are able to access hospital services that meet four priority clinical standards (PCS) every day of the week:

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

The national requirement for an audit of seven-day provision changed in 2019 and Trusts are now required to undertake a self-assessment to provide assurance to their Trust Board on their performance against the four key standards. To inform this self-assessment, King's undertook an audit in autumn 2019.

The audit results demonstrated that overall the Trust achieved 77% compliance against standard PCS2 (national target 90%). Performance was better for patients admitted at the weekend (88%) than on a weekday (74%). Medical admissions demonstrated overall compliance against the

standard of 86% on weekdays and 90% at weekends. Overall compliance for non-medical admissions was 67% on weekdays and 83% at weekends.

Overall, the Trust meets standards PCS5 and PCS6. At weekends, echocardiography and magnetic resonance imaging (MRI) are not provided on-site at PRUH but are covered by referral to the KCH Denmark Hill site.

For PCS8, the Trust meets the standard for once-daily reviews on weekdays and weekends and twice daily reviews on weekdays on both sites, and twice daily reviews at weekends at KCH Denmark Hill. A new model is being introduced in 2020 to provide 7-day consultant working on the Acute Medical Unit and ensure twice-daily reviews at PRUH at weekends.

The Trust uses a variety of other metrics to review the outcomes of patients admitted at the weekend and data shows no difference between weekday and weekend admissions in respect to mortality (Hospital Standardised Mortality Ratio, Summary Hospital-level Mortality Indicator) or readmissions (Standardised Readmissions Ratio).

## Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

The Trust's Freedom to Speak Up Guardians are, Dr Stefan Karwatowski and Jen Watson with a team of nineteen ambassadors. Dr Stefan Karwatowski was appointed in January 2019, this was agreed at Board level to improve 'reach', ownership and access to the Guardian service at the PRUH and south sites.

The FTSU Committee chaired by non-executive director Sue Slipman was stepped down in August 2019. The FTSU service now sits within Integrated Governance, with Board responsibility aligning with Executive Director of Integrated Governance, Caroline White and will report into a new committee Quality, People and Performance (QPP) Committee.

### ***The National Update/Perspective:***

The National Guardian's Office (NGO) in collaboration with NHS England developed and published their first Freedom to Speak Up Index in January 2020. It has become evident that the Care Quality Commission (CQC) rates organisations that have a positive speaking up culture, as calculated using the index, as good or outstanding.

The speaking up index is calculated using specific scores within the annual NHS staff survey related to several pertinent questions, which appear to be indicative of the speaking up culture within organisations. This index enables trusts to see at a glance how their FTSU culture compares with others. Of the 220 trusts reviewed, 180 have improved since 2015; however, there has been a decrease in 40 trusts. King's is one of the trusts where the FTSU index has had the greatest overall decrease.

In July 2019 NHSI/E published guidance for Boards on FTSU in NHS trusts and Foundation trusts. The guidance supports Boards to create a culture where workers feel safe and able to speak up about anything that gets in the way of delivering safe, high quality care or affects their experience in the workplace. The executive lead for FTSU will use the guide to help the Board reflect on its current position and the improvement needed to meet the expectations from regulators.

Completion of the Freedom to speak up self-review tool remains outstanding at King's. This tool enables Boards to carry out in-depth reviews of leadership and governance in relation to FTSU and identify areas to develop and improve. Completion of this self-review tool and developing an improvement action plan will help trusts to evidence their commitment to embedding speaking up and help oversight bodies to evaluate how healthy a trusts speaking up culture is.

Since launching the FTSU Guardians (FTSUG) nationally in 2017, there has just been under 20,000 concerns raised and a 73% rise in the number of cases reported to guardians in comparison to last year, with one in ten raised anonymously.

King's has been collecting FTSU data since quarter 2 2017/18 and is shown below in table 16:

**Table 16: King's has been collecting FTSU data since quarter 2 2017/18 and is shown in the table below:**

Year	Quarter	Concerns raised through FTSUG
2017/18	Q2	9
	Q3	19
	Q4	14
2018-19	Q1	13
	Q2	26
	Q3	25
	Q4	22
2019-20	Q1	34
	Q2	31
	Q3	28
	Q4	33

Table 17: Number of concerns raised nationally in Quarter 4, 2019-20

Large organisations with >10,000 staff	Concerns	Anonymous	Patient Safety/ Quality	Behaviours incl. Bullying/ Harassment	Detriment
St Georges	17	1	7	10	0
Barts	31	4	1	1	0
<b>King's</b>	<b>33</b>	<b>6</b>	<b>8</b>	<b>15</b>	<b>1</b>
GSTT	56	5	2	7	0
Leeds	23	1	2	13	0
Nottingham	10	1	1	8	1
Northumbria	41	3	17	13	9
Oxford	25	1	4	10	2
Royal Free	13	7	0	12	0
Sheffield	4	0	1	1	0
Newcastle	14	4	0	3	0
Uni of Southampton	13	1	0	9	1
Uni of Birmingham	15	0	0	11	2
Manchester	19	0	6	16	1
Cambridge	32	7	7	8	0
Uni of Bristol	13	0	1	4	0
Uni of Coventry	14	2	0	0	0
Uni of Derby	76	40	17	34	2
Uni of Leicester	38	30	11	10	1
Uni North Midlands	27	1	3	17	0
Total number	514	114	88	202	20
AVE	25.7	5.7	4.4	10.1	1

In the year 2018-19 the average number of concerns raised in a large trust was 78, KCH had 86 cases in that same period. It would suggest FTSU at KCH has reasonable reach and connection with staff, but numbers are no indicator of an open culture. And the Speaking up Index would suggest that there is a lot to do to ensure KCH is an organisation which is open and responsive to staff needs and needs a whole systems approach.

However, performance related to staff engagement and staff confidence to report bullying, harassment and poor relationships remains challenged at King's.

There is good evidence that a high level of staff engagement improves quality of care. It is important that when any organisation overtly focuses on financial performance and with the enhanced oversight provided by regulators there could be a diverting of attention away from this primary purpose. Conversely, our recent nursing establishment review focusing on inpatient ward staffing, has provided significant reinvestment into nurse numbers, suggestive of better understanding and collaboration with regulators.



However, there is a risk that staff feel neglected, in a context where the demand for and complexity of care are increasing. King's needs to ensure that staff have a powerful sense of belonging and feel valued, not surprisingly those individuals who raise concerns commonly do feel

The divisional split continues to be balanced within DH, but PRUH and south sites continues to have substantially lower numbers of staff raising concerns. However, this year it is noted that there are a small number of clinical areas/departments, which have raised a number of concerns, with similar themes, four of these areas sit in the UPAC division and one in corporate services. The Associate Directors in HR Business partnering and the Associate Director of Workforce have provided welcomed support and direction.

The predominant theme of each concern in 2019-20 is captured in the table 18 below:

**Table 18: Predominant themes in 2019-20 ranked**

Type of issue raised ( <u>predominant</u> theme)	Ranking of concerns raised
Bullying & Harassment	1st
Behavioural /relationship	2nd
Patient safety/quality	3rd
Leadership	4th
System and Process	5th
Cultural	6th
Infrastructure/environmental	last

**Table 19: Breakdown of FTSU data submitted to the NGO by staff group in 2019/20**

FTSU – Breakdown of Staff Groups, 2019/20					
Staff Group	Q1	Q2	Q3	Q4	TOTAL
Administrative & Clerical	4	8	5	4	21
Allied Healthcare Professionals (other than pharmacists)	2	4	2	1	9
Board members	0	0	0	0	0
Cleaning/Catering/Maintenance/Ancillary staff	0	1	2	0	3
Corporate Services	0	0	1	4	5
Dentists	0	0	0	4	4
Doctors	4	4	4	2	14
Healthcare Assistants	1	0	0	2	3
Midwives	4	2	5	1	12
Nurses	14	9	9	11	43
Other	5	3	0	0	8
Pharmacists	0	0	0	4	4
<b>Total for Quarter</b>	<b>34</b>	<b>31</b>	<b>28</b>	<b>33</b>	<b>126</b>

A number of formal investigations have occurred secondary to concerns raised, however the majority of concerns are managed locally and informally. A number of individuals contact the

service and do not want to proceed with any direct action. Some staff are already within formal processes and an external investigation was also commissioned and completed this year. Issues raised through staff side and FTSU prompted this. It is extremely important that staff do not experience any detriment as a consequence of raising concerns. This is discussed when individuals meet with the guardians and staff are advised to inform them if this occurs. The policy also describes the Public disclosure Act (1998) which protects workers from detrimental treatment or victimisation from their employer if, in the public interest they speak up, the types of disclosures covered in this act are disclosures which the worker reasonably believes that one or more of the following matters is either happening now, took place in the past or is likely to happen in the future:

- A criminal offence
- Breach of legal obligation
- Miscarriage of justice
- A danger to the health and safety of any individual
- Danger to the environment deliberate concealment of information to any of the above

Contact details of the commission are also provided in the policy.

**Table 20: Staff group raising concerns ranked**

<b>Staff group raising the concern</b>	<b>Ranking of staff groups raising concern</b>
Nursing staff	1st
Admin and clerical	2nd
Midwife	3rd
Doctors	4th
AHP	5th
HCSW	6th
Student	7th
Agency/contractor	7th
Pharmacist	9th

#### **Actions associated with FTSU**

The FTSUG is working with HR colleagues, Black, Asian and Minority Ethnic (BAME) network representatives, safety team and complaints to triangulate areas of concern. Listening events are planned in departments, which have been identified as needing support. The aim is to incorporate a good, supportive management culture and embed any organisational development initiatives. This will be prioritised as a consequence of this collaborative work.

The employee relations team will alter the Dignity at Work policy to formalise the return/reintegration of staff back into environments following grievance and dignity at work processes. This will help both parties acknowledge and move forward following difficult/contentious issues. The grievance procedure is currently under review and there is an agreed move towards early resolution, focusing on mediation, facilitated conversation and coaching to enable this.

In order to maximise the management skill-set, the organisation has also planned a programme of courses to enhance the knowledge and skills for managers in managing people fairly and skilfully.

Look to plan the development of a 'just culture' approach to workforce engagement in order to promote a safer culture for patients and a fairer place to work; promoting a learning rather than punitive response to incidents.

The policy states that individuals should first consider raising their concern with a line manager/supervisor/mentor but when that is not possible they can contact the FTSUG's a FTSU ambassador, trade union or professional body. If still concerned a member of the Trust Board of directors, NHS Improvement, Care Quality commission, Health Education England, NHS Whistleblowing hotline and the National Guardians Office, all these contact details are provided within the policy.

***Risk to quality of care due to staff reluctance to speak up when concerns are identified***

- Time constraints on the Ambassadors and Guardians has made it difficult to be fully visible. There is a need to provide more outreach to departments. The opportunity to raise awareness and promote the service is limited. This increases the risk of staff not being fully aware of the importance of speaking up about concerns.
- There is no allocated budget for FTSU to fund training, promotional material and activities.
- The FTSUG at Denmark Hill continues to have time conflicts as well as professional conflicts of interest. The FTSUG at PRUH has recently resigned, leaving the post vacant.

***Risk to organisational reputation as a result of poor reporting by staff under FTSU***

- A business case for the development of a substantive full time 8b post was submitted to the investment Board in July 2019. This was unsuccessful. Due to the volume of concerns and the need for a visible presence across both sites, the need for a substantive post remains crucial. There is evidence that trusts with a full time FTSUG have higher reporting and a safer culture.

## Rota gaps and the plan for improvement

Organisations are reminded that Schedule 6, paragraph 11b of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires: “a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account”.

In 2019-20, Health Education England (HEE) recruited 148 junior doctors to fill vacancy gaps and the monthly breakdown is shown below in table 21.

**Table 21: HEE rota gaps and hold gaps 2019-20**

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
HEE Rotation Gaps	20	2	0	0	39	12	17	8	6	1	30	13
HEE Hold Gaps	17	0	0	0	9	1	2	0	9	3	0	0

## **Annex 1 - Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees**

### **Commissioners' feedback: South East London Clinical Commissioning Group Statement on King's College Hospital NHS Foundation Trust Quality Account 2019/20**

South East London Clinical Commissioning Group was formed in April 2020 from a merger of the six borough based Clinical Commissioning Groups in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark and is grateful to King's College Hospital NHS Foundation Trust for the opportunity to comment on its 2019/20 Quality Account. The Quality Account has been produced in unprecedented circumstances and the CCG wishes to acknowledge the enormous amount of work undertaken and the speed to streamline services at the commencement of the pandemic and would like to thank staff for their continued endurance, compassion and commitment shown by all the staff at King's College Hospital NHS Trust. We recognise the response King's College Hospital NHS Trust has had during the year in investing in its workforce including the holding of its first diversity festival.

Throughout 2019/20, the local CCG worked closely with King's College Hospital NHS Trust to seek assurance of the quality of the services it provided and appreciated the robust and frank discussions that was had, including where there were challenges.

We congratulate King's College Hospital NHS Trust on the achievement of obtaining a 'good' rating from the Care Quality Commission following the inspection of its Sexual Health Service. We also note the ratings of the two emergency departments and the work being undertaken to improve and embed quality as part of their business as usual. They are to be commended in achieving a 50% reduction in term babies being admitted to the Neonatal Intensive Care Unit at the Princess Royal University Hospital and for the patient survival rates in paediatric liver surgery.

The CCG recognises the work undertaken to achieve improving the care of people with mental and physical health needs and the ongoing work in improving the discharge of patients, particularly at the PRUH and South Sites where a collaborative approach to follow up patients returning to their own homes with a phone call to check on their well-being.

The Quality Account demonstrates that a lot of work has been undertaken during the year to deliver services to their patient population and identifies areas where work is continuing. We commend the work undertaken to date in achieving their quality improvement objectives and look forward to their continued determination in providing a quality service and endorse the new quality priorities for 2020/21. We look forward to continuing our collaborative approach to quality improvement in the year ahead.



Kate Moriarty-Baker  
Chief Nurse, Caldicott Guardian

## Healthwatch Southwark's response to King's College Hospital NHS Foundation Trust's 2019-20 Quality Accounts



### Healthwatch Southwark (HWS) response to KCH Quality Account for 2019/20

Thank you for the opportunity to review and comment on KCH's Quality Accounts for 2019/20. In doing so we look at the information presented from a patient perspective, with a focus on patient involvement, and in light of the feedback raised with us about the Trust's services.

#### 2019/20 priorities

**Priority 1: Improving the care of people with mental, as well as physical, health needs:** We are happy to see that the number of clinics across the Trust screening mental health has continued to rise, with plans to expand further. It is encouraging to see the successes and continued commitment to joining up physical and mental health services, fortified by increased training of all levels of staff in Mind and Body initiatives. With many of those who are recovering from COVID-19 reporting both physical and mental health challenges, continued progress will be valuable.

We commend the Trust for co-producing the self-help resources with patients. We hope there is a clear pathway of access to these materials by those who are digitally excluded, visually impaired or have language barriers.

**Priority 2: Improving patients' experience of outpatient services:** We note the improvements particularly around communication on in-clinic waiting times and the reduction in DNAs.

It is not fully clear how some of the goals not yet achieved, such as outcome letter turnaround, will be met through the Outpatient Digital Transformation programme (described later in the Accounts). We also wonder whether the repeated review of the policy on copying letters to patients may unnecessarily delay the implication of improvements. These are both important areas in patient feedback.

**Priority 3: Improving cancer services:** We commend the achievements in workforce development to improve communication, and to deliver holistic support, both of which are priorities for patients. We support the establishment of processes for more patient engagement and real-time patient feedback.

It would be useful to see figures on patient access to the new psychology/dietician professionals as well as the 'access to wider support' KPI data mentioned. In the area of 'information', it would be good to see how improved profile for the Macmillan DH Centre is translating into increased patient access.

It would be useful to explain the action plans for completing the 'Access to CNSs' priority (in light of pandemic-related funding challenges) and the 'Recovery Package' priority, including ensuring that significant improvements in access to HNAs are continued.

**Priority 4: Improving processes for patients leaving hospital:** Discharge at KCH has been an area where we've seen a 'hotspot' of feedback in 2020. Overall, it is not clear from table 6 that overall complaints, alerts or

incidents related to discharge have decreased. We hope therefore that 'partial' achievements in this area will be completed despite the priority not being rolled over.

More data would be welcomed on how far goals have been met so far, for example what is still to be done in the area of quality improvement (aim 1), and how many calls are being made post-discharge (aims 2&3).

It is encouraging to see the Trust working with VCS organisations to improve the experience of discharge for elderly patients. The Red Bag scheme seems promising in reducing the burden on patients to repeat their medical history. We look forward to seeing the Trust and care homes continuing to work together, seeing plans for a more consistent discharge process and for aiding staff in difficulties with the process. More still needs to be done to improve information sharing at a system level.

### **New 2020/21 priorities**

Overall, the aims and monitoring plans seem achievable and comprehensive. It would be useful to see baseline and target data for each area.

**Priority 1: Reducing harm to deteriorating patients:** It would be useful to have a baseline and target for NEWS compliance. It would also be useful to know whether the next ICNARC audit could form part of the evaluation.

At a KCH A&E event in November 2019, patients were interested in how NEWS was used and how their knowledge of their own health could be communicated. Feedback shows that it is particularly important that patients feel listened to, including if they flag a health issue that might precede deterioration. It would be valuable for this to be considered, perhaps involving affected patients in training.

**Priority 2: Improving patient experience:** We commend such an ambitious patient experience goal, and the inclusion of department leadership programmes, which will reinforce the status of patient experience.

We support the use of survey responses and patient representatives to identify key themes for action. Local Healthwatch could input: listening and communication has been raised frequently by patients.

We would like to see more clearly how improvement will be measured, for example in terms of improving the challenging FFT scores.

**Priority 3: Improving outcomes for people with COPD:** It is fantastic to see that patient-led outcomes will be set early on in the work. We agree that COPD is a pertinent local issue. We hear through our partnership with Age UK to receive feedback from older people that COPD is often one of multiple long-term conditions. It would be good to see this considered in the context of the evaluation, especially how it might affect non-clinical/quality of life outcomes.

**Priority 4: Reducing violence and aggression to staff and increasing patient safety:** It would be helpful to know the baseline and target incidence of violence. Patient involvement in this area (perhaps in training) is difficult but could be valuable. We sometimes hear from people who perceived their behaviour as expression of pain, frustration, distress, mental illness or aphasia rather than aggression.

### **Further data and programmes**

It is helpful that the Trust outlines the actions being taken to improve quality in most relevant areas.

In addition to the main quality priorities the document outlines Quality and Continuous Improvement programmes (p38-9) - however, the two sets do overlap so it might be clearer to present them together. The programmes are well-justified in line with audits, challenges around waiting times, and known workforce issues across the NHS.

It would be useful to make it clear which audits generally raised higher levels of concern or were complimentary.

We commend continued improvement and achievement on patient safety indicators. It would be useful to see more detail on the progress of programmes to reduce pressure ulcers and falls, the cause for most serious harm incidents.

Waiting times are an area of particular concern to us, with non-A&E waiting times being the focus of our current engagement. We note the Trust's struggles in this area with several scores declining and poorer than average, but also the intense pressures faced, which require a system-level response.

We would welcome the inclusion of PALS and Complaints data in the report in order to prioritise the voices of patients.



## Healthwatch Lambeth response to King's College Hospital NHS Foundation Trust's 2019-20 Quality Accounts



### Healthwatch Lambeth

#### Statement on King's College Hospital NHS Foundation Trust Quality Accounts 2019/20

We welcome the opportunity to give a statement on the 2019/20 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 many achievements and support its priorities for 2020/21. We also acknowledge that KCH Trust provided platform for us to discuss and consider patients' feedback. In particular, we would like to take note of the following:

- We welcome the progress the Trust has made with improvements to discharge processes. However, we note that there is still work to be done in this area. We suggest this could include revisiting the recommendations from our previous joint work with the Trust on older people's experiences of the emergency department and consolidation of learning from recent responses to the covid-19 pandemic, such as the development of the new community support information leaflet for older people visiting A&E.
- We recognised the challenges faced by maternity services brought about by the pandemic. We are pleased to be working with the Trust in understanding the experience of women who gave birth during the pandemic. This is an indication that the Trust only endeavours to use patients experience to improve services. However, we also noted that the quality accounts were silent on work already done to improve the experience of women who had mental health problems. We suggest that the Trust includes how the recommendations from our Perinatal Mental Health Research in 2019 had been addressed.
- 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 emails and reports on patients' feedback. We are pleased that the patient engagement team, PALS, and other relevant departments are responsive to feedback and ensure that the feedback is addressed to improve people's experience of care.
- Outpatients' mental health. We are pleased to have worked with the Trust in the delivery of a workshop to its staff and volunteers with a view to understand how they can better support their patients. The project developed 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.

- Patient engagement. We would like to suggest that one priority would be to improve patient engagement.

We continue to commit to the same principles for better experience of patient care that KCH spouses. We look forward to working with KCH Trust in 2020/21 and beyond.

Catherine Pearson  
Chief Executive  
Healthwatch Lambeth

## Healthwatch Bromley response to King's College Hospital NHS Foundation Trust's 2019-20 Quality Accounts



### **Healthwatch Bromley is pleased to be able to respond to the King's College Hospital NHS Foundation Trust Quality Account for 2019-20.**

Firstly we are pleased to note the achievements for 2019/20 for the Trust that have included a 50% reduction in term babies being admitted to Neonatal Intensive Care Unit (NICU) at the PRUH, the King's Adolescent Outreach Service (KAOS) whose goal is to improve the quality and age-appropriateness of care for adolescents, highlighted as a "unique service designed to improve the care of adolescents in hospital".

Between Jan-19 and Dec-19, there has been a 50% reduction in term babies being admitted to Neonatal Intensive Care Unit (NICU) at the PRUH and 86% of patients now say they would recommend the PRUH Emergency Department (ED) in the Friends and Family Test, an increase of 20%.

The Trusts 2019-20's flu campaign was the most successful in their history, with 80% of frontline staff having the vaccination. This meets the World Health Organization's target of 75% for at risk groups.

Finally, the Trust implemented initiatives to better support the emergency department and to expand the offering of Same Day Emergency Care (SDEC), medical ambulation and surgical ambulation pilot units were opened. In addition, a seated assessment area, Ambulatory Decisions Unit (ADU), was opened for patients awaiting results.

### **Quality priorities for 2019/20**

We are pleased to note that the Trust priority of Improving the care of people with mental, as well as physical, health needs has been achieved in year 3 of a 3 year priority. We note the outcomes around patient experience focussing on improving patients' experience of outpatients services and Improving cancer services for patients and their families have been partially achieved and that the quality priority on patient safety, improving our processes for patients leaving hospital, has been partially achieved.

### **Quality priorities for 2020/21**

We are pleased to note that the quality priorities for 20/21 are focussing on:

Reducing harm to deteriorating patients – The trust have noted that The Intensive Care National Audit and Research Centre (ICNARC) report for Denmark Hill indicates that the percentage of high-risk admissions from ward to Intensive Care Unit (ICU) is 18.7% compared with 10% for similar units.

Improving patient experience for inpatients, outpatients, emergency departments, maternity services and cancer services – The trust have noted that patient feedback from National Inpatient, Emergency Department and Cancer Surveys clearly demonstrates there are areas for improvement. In addition, the Friends and Family Test scores are lower than Trust targets for all the core areas. The Trust have also received feedback from Trust Governors, Healthwatch, and the Care Quality Commission and from their internal audit and patient feedback systems ("How Are We Doing") on areas for improvement. The Trust has undertaken to ensure all their patients accessing services have a good experience of care.

Improving outcomes for people with Chronic Obstructive Pulmonary Disease – The Trust recognise the impact of COPD on quality of life and premature deaths and are fortunate to have an integrated respiratory team, which works across the hospital and wider community.

The Trust wants to improve the information on the outcomes that they achieve for patients. Specifically a change in health and/or wellbeing status, this will be a two-year quality priority.

Reducing violence and aggression to staff and increasing patient safety – We are very pleased to see this as a priority and the Trust have identified through Incident reporting data and the national staff survey that staff are subjected to violence and aggression from patients, relatives and members of the public. This is detrimental to their health and well-being and may impact on patient care.

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

#### **King's College Hospital NHS Foundation Trust – Annual Quality Account**

#### **Comments from Overview and Scrutiny Committee, London Borough of Lambeth**

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 2019/20. 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 feedback was received from Southwark Overview and Scrutiny Committee on submission of the Quality Account, 08/12/2020.

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

Bromley Health Scrutiny Sub-Committee provided detailed feedback. This has been collated, acted upon, incorporated within the Quality Account as appropriate, and a record held for reference, which has been shared with Bromley Health Scrutiny Sub-Committee.

### **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, which has been shared with the Trust Governors.

## 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 2019 to 31 May 2020
  - papers relating to quality reported to the board over the period April 2019 to 31 May 2020
  - feedback from commissioners dated 24/11/2020
  - feedback from governors dated 24/11/2020
  - feedback from local Healthwatch organisations dated 30/11/2020 (Southwark), 04/12/2020 (Bromley) and 26/11/2020 (Lambeth)
  - feedback from Overview and Scrutiny Committee 27/11/2020 (Bromley) and 27/11/2020 (Lambeth), o feedback received from Southwark at the time of publication
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/06/2020
  - the national patient survey May 2018
  - the national staff survey February 2020
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated 01/10/2020
  - CQC inspection report dated 12/06/2019 and focussed inspection on the EDs dated 18/02/2020.
- 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

Hugh Taylor Date 14.12.2020 Chairman

[Signature] Date 10.12.2020 Chief Executive

### **Annex 3 - Independent Auditor's Report to the Council of Governors**

Due to the COVID-19 pandemic, NHS providers are no longer expected to obtain assurance from their external auditor on their quality account / quality report for 2019/20.