



King's College Hospital
NHS Foundation Trust

Quality Account 2020-21



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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 progress the Trust has made across our quality domains during 2020/21. It highlights our successes and also acknowledges the areas in which we partially met our quality priority targets. High quality care demands a responsive approach, one which enables our teams to be able to react effectively to the immediate needs of our patients. In 2020/21 it is fair to say that our priorities for quality care changed.

The last year has been a year like no other. Our staff rose to meet the toughest challenge in the history of King's and the NHS during the COVID-19 pandemic. I could not be more proud of them. This includes our volunteer workforce who continued to support the Trust throughout the year providing valuable resource, expertise, compassion and kindness to our staff and patients.

We treated 7421 patients with COVID-19 over the year. This puts King's in the top 10% of all NHS Trusts in England and Wales for primary COVID-19 admissions. The impact of COVID-19 has been devastating and tragic for many of our patients, our staff and their families. The sacrifices and losses are impossible to describe in words. Every single death from COVID-19 is heartbreaking in its own right. I have been reassured to see early data suggesting that the expertise, skill and dedication of our clinical teams ensured that the COVID-19 mortality rate at King's has remain amongst the lowest in the country.

The experiences of the last year have reinforced the need to ensure that staff safety and wellbeing is at the heart of everything we do. We worked alongside colleagues from South London and the Maudsley (SLaM) and King's Health Partners (KHP) to develop a staff wellbeing programme to support our 14,000 staff in response to the COVID-19 pandemic. The programme was awarded the Health Service Journal (HSJ) Workforce Initiative of the Year in March 2021. The COVID-19 Staff Support and Wellbeing Programme was recognised for its ambition and demonstrable positive impact on patient and staff experiences. I was delighted to see this vital collaborative programme recognised nationally, but I am even more pleased that our staff are benefitting from this evidence-based approach. Our staff survey results are clear on the areas that we need to improve, and this work helps us to deliver a much-improved working

environment.

Outside of our pandemic response, we have achieved a great deal during 2020/21. I include a number of highlights below. This is by no means an exhaustive list:

- The King's Variety Children's Hospital Neuro Team were named Neuro Team of the Year by the Brain Tumour Charity UK. The team were selected from over 300 nominations from across the country. The charity specifically recognised the team's collaborative and innovative approach to caring for children and their families following the diagnosis of a brain and/or spinal tumour.
- Our Denmark Hill team of orthopaedic and plastic surgeons successfully completed their first combined orthoplastic surgical "fix and flap" procedure. This involved combining the fixing of complex fractures of the femur and tibia, followed by the use of microsurgical techniques to tackle soft tissue injuries using a 'free flap' transfer of skin and muscle from the chest wall. This landmark first for King's is the culmination of over four years of planning and the team aims to establish this as a regular part of the treatment pathway for severely injured patients.
- Newsweek has ranked the King's College Hospital's gastroenterology service 7th in the world and best in the UK. Our Endocrinology and Diabetes Department also made it into the Newsweek Top 50 for Endocrinology - ranked 45th in the world. Newsweek's ranking is based on a global survey of healthcare professionals who would refer or use the service themselves.
- The European Association for the Study of Obesity (EASO) has assessed our bariatric unit and accredited it as a Collaborating Centre for Obesity Management. The unit is only the 4th to be awarded this status in the

UK and it will allow our specialist staff to join European expertise exchange programmes.

- Channel 4 broadcast a feature length documentary on the experience of four COVID-19 patients at Denmark Hill. Filmmakers followed the patients and their families over six months showing their struggles with the virus and the incredible care they received from our staff. This will be aired as a Netflix documentary.
- King's researchers were awarded a prestigious grant, totalling more than £1.7m to trial new liver treatment. This will be a "world first" in the treatment of children with liver disease.
- Our recent "Big Thank You" campaign won the prestigious recruitment award at the RAD Awards. Under the Employee Engagement category, our work with the creative agency TMP Worldwide has brought our sites to life with vibrant and colourful images of various staff displayed. Each image is accompanied by a message of thanks from the person's management team, producing a really powerful display.

During the year we have completed the organisational structure review implementing a clinically-led model with 25 Clinical Care Groups each with a Clinical Director, Head of Nursing and General Manager to lead on quality, operational performance, workforce and financial stability.

The last year has also reinforced the crucial need to have a renewed and robust focus on equality and diversity for our staff and for our patients. We have conducted a full review of our Equality, Diversity and Inclusion (EDI) programme to ensure our deliverables were clearly articulated and aligned to what our patients and staff are telling us. We have designed and tested a new Equality Impact Assessment (EIA) Toolkit, guidance and training for managers. We have appointed an EDI Director who reports directly to the Chief Executive, we have developed an EDI training programme and we continue to engage with our three staff networks to ensure we are able to hear and respond to the needs of our staff.

We know that the recovery from the pandemic will prove challenging, and we recognise the impact of delayed tests, treatments and admissions for our population. We have a Reset and Recovery work-stream which is helping to ensure that we are proactively working to manage and reduce delays and ensure patients who most need our care are able to access it.

During the year we have completed a number of capital projects to improve our estate. This included oxygen equipment at the PRUH; high voltage cabling extensions; comfort cooling for Fisk and Cheere Wards; an additional endoscopy suite to increase capacity; new modular MRI, new modular buildings for PRUH Urgent and Emergency Care to support mental health, frailty, waiting areas and assessment; PRUH and Orpington Staff wellbeing hubs; ward refurbishments; replacement of 8 of the sites oldest lifts and refurbishment of the main theatre block at Denmark Hill. Improving our estate and infrastructure remains a key area of focus for us.

Our electronic health record (EHR) system is in need of a major overhaul to significantly support clinical staff with managing patients across the trust and other organisations

and in October 2020, we developed and approved the business case for Apollo, which is the most ambitious programme of clinical pathway transformation we have undertaken. Powered by Epic software, this new system will replace many of the systems we currently use with a single, integrated and comprehensive source of information. At King's, we plan to roll out this programme from late 2023.

The Care Quality Commission has continued with close monitoring of our services during the pandemic such as reviewing our COVID-19 infection prevention and control framework, emergency department Patient First reviews for both sites and regular monitoring meetings.

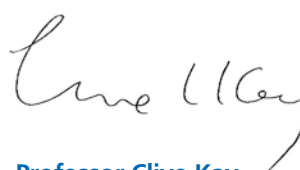
The challenges of the last year have impacted our ability to deliver against all of the aims we set for ourselves last year. We welcome the input and feedback from our commissioners and from Healthwatch on our assessments of progress for last year and we look forward to working more closely with them this year to monitor our progress towards achieving our aims for this year and to shape our priorities for the future. Based on their feedback and our assessments of progress, we are carrying forward three of our four priorities from last year so that we can effectively deliver on these important targets and embed the changes that we know will support our people to continuously deliver higher quality care. The three which we will carry forward are:

- Reducing harm to the deteriorating patient
- Reducing violence and aggression towards staff and improving patient safety
- Improving patient experience for inpatients

We recognise that our work to improve the clinical outcomes for patients with Chronic Obstructive Pulmonary Disease (COPD) was severely impacted by the pandemic last year. This work remains very important to us, and we will continue to support this collaborative work with the British Lung Foundation. However, we have prioritised the need to focus on the delivery of a 'Long Covid' service in 2021/22 in order to be responsive to the broader needs of our population at this time.

I am incredibly proud to be the Chief Executive of King's College Hospital NHS Foundation Trust. Our dedicated and passionate staff provide high 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.



Professor 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 part of South East London Clinical Commissioning Group. 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
- Antenatal and community midwifery services.

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 a bed base of 98 critical care beds 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
- COVID-19 vaccination clinics at King's College Hospital and Princess Royal University Hospital and a mass vaccination centre at Bromley Civic Centre.

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 2: Priorities for improvement of and statements of assurance from the Board

Part 2: Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement

Results and achievements for the 2020-21 Quality Account Priorities

Progress with the quality priorities has been affected by the COVID-19 pandemic as our all our resources moved to supporting the trust in treating patients and establishing new systems. Whenever possible we

continued to work on the priorities. Table 1 below summarises the achievements made against the targets in 2020-21.

Table 1: Summary of results and achievements for the 2020-21 Quality Account priorities

Domain		Quality Account Priority Targets for 2020-21
Patient Safety		
Priority 1	Reducing harm to deteriorating patients	Partially achieved
Aim 1	Support staff in documenting observations at the time they are taken, improve oversight of patient observations, improve dashboards for patients scoring NEWS ≥ 5 , collate reasons for delayed documentation	Partially achieved
Aim 2	Review and standardise education in relation to deteriorating patients for all staff:	Achieved
Aim 3	Learn from incidents relating to deteriorating patients and improve practice	Achieved
Priority 2	Reducing violence and aggression to staff and increasing patient safety	Partially achieved
Aim 1	Complete listening workshops with staff across the Trust. We held approximately 40 listening	Achieved
Aim 2	Engage with staff to identify and try ideas for improvement.	Achieved
Aim 3	Provide robust training for staff to prevent and manage violence and aggression.	Partially achieved
Patient Experience		
Priority 3	Improving patient experience for inpatients, outpatients, emergency departments, maternity services and cancer services	Partially achieved
Aim 1	Establish and deliver the Connected Leadership Programme for 24 wards.	Achieved
Aim 2	Support provided to all the wards from the central corporate teams such as Patient Experience, Kings Way Team and Quality Improvement Team.	Achieved
Aim 3	Involvement of patient representatives for feedback and progress.	Partially achieved
Aim 4	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.	Partially achieved

Clinical Effectiveness / Patient Outcomes		
Priority 4	Improving outcomes for people with Chronic Obstructive Pulmonary Disease (COPD)	Partially achieved
Aim 1	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.	Partially achieved
Aim 2	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.	Partially achieved
Aim 3 to 6	<ul style="list-style-type: none"> • 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. 	Not achieved [2][1]

[2][1] This work could not be undertaken due to the COVID-19 response.

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

Why was this a priority?

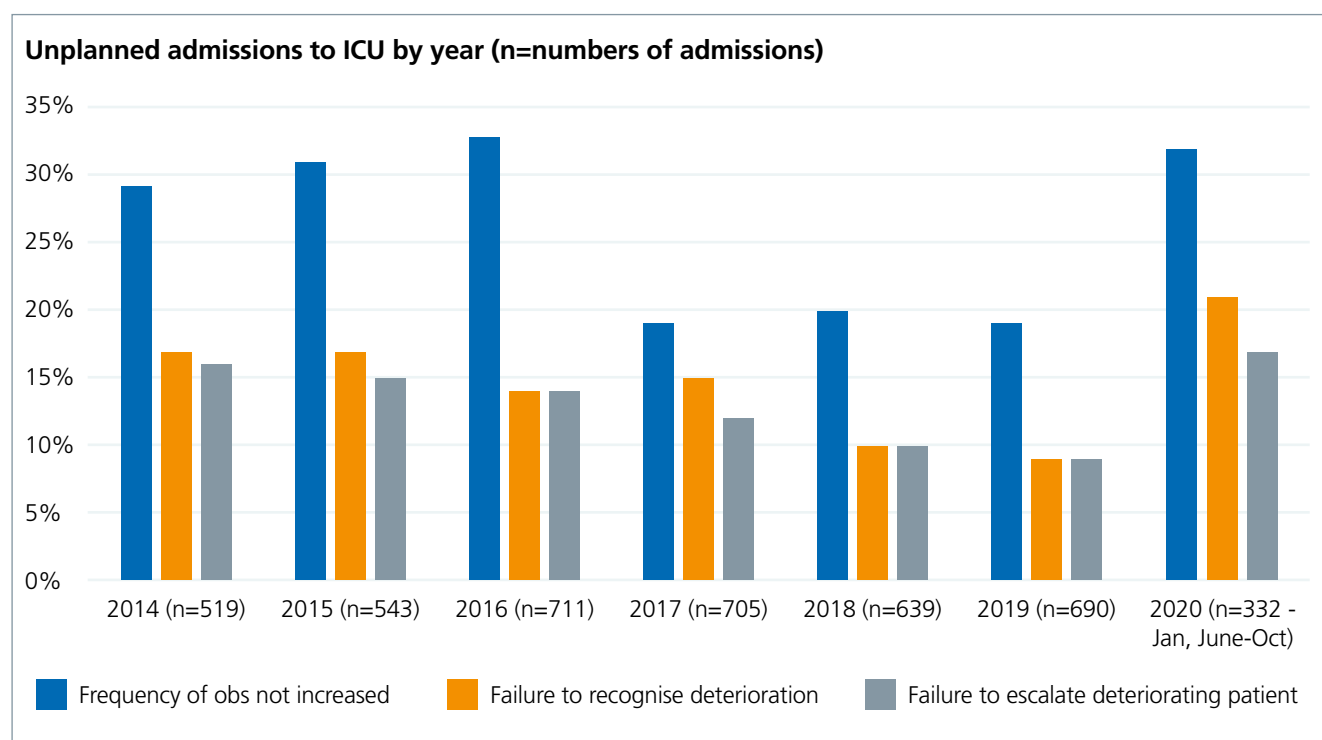
Reducing harm to deteriorating patients is one of the quality priorities for King's because detailed analysis has shown that we have opportunities to improve how we recognise, record, manage and escalate deteriorating patients.

We know, through learning from our incidents and complaints, that patient harm has been caused through delays in identifying and escalating patients who have deteriorated. We recognise that these incidents could be avoided if vital signs are taken at appropriate intervals, recorded, triggered on the National Early Warning Scoring System (NEWS 2) so that the iMobile Team (Critical Care Outreach) can be contacted to provide additional clinical support.

Between 2017 and 2019 we saw sustained improvement in both recognition and escalation of unwell patients. However, we recognise there is still work to do to keep our patients safe particularly in relation to escalating the frequency of observations in response to patient need. There were significant changes to our patient dynamics in 2020/21 as we dealt with large volumes of COVID-19 patients through wave 1 and wave 2, that make data comparisons more complex.

The graph in figure 1 below shows data collected from 2014. Data during 2020 only covers January and June to October and is vastly affected by the COVID-19 pandemic

Figure 1: Unplanned admissions to ICU from 2014 to 2020



Unplanned admissions to ICU 2014-2020– areas for focus. Sophie Hadfield, November 2020

Aims and progress made in 2020-21

Partially Achieved: Aim 1 - Support staff in documenting observations at the time they are taken, improve oversight of patient observations, improve dashboards for patients scoring NEWS ≥ 5 , collate reasons for delayed documentation:

We have continued to work hard on improving safety in this area, and over the last year we have successfully implemented the following measures to support the oversight of patient observations:

- A new observation guideline has been ratified, published and cascaded (September 2020)
- In conjunction with the Electronic Patient Record team, amendments have been made to the e-Observations section so that staff can document and visualise data relating to their patients early warning score more easily.
- We have designed new reports for clinical leaders to help them identify and respond to emerging safety issues more quickly. This enables us to be more responsive day to day, but also to better identify emerging trends and themes so we can act more quickly to prevent harmful incidents.

We plan to do further work on ensuring that observations are entered onto the electronic patient record as soon as they have been completed so that staff receive an immediate prompt to escalate, if required. We can now see reasons for delay in entering observations and will work directly at ward level to understand the

systems and human factors which may be causing these delays and support staff in overcoming them.

Achieved: Aim 2 - Review and standardise education in relation to deteriorating patients for all staff:

While COVID-19 has created delays in some project work, it has provided an opportunity to expedite training. This training has been instrumental in helping King's to achieve a lower mortality rate for COVID-19 patients that that seen nationally in both waves of the pandemic. King's also saw a further decrease in the mortality of patients with COVID-19 during the second wave. While all the reasons for this are being explored and we know this will include variations in treatments, age, demographics and differences in COVID-19 variants, there is no doubt that providing staff with the skills and expertise to treat patients has had a beneficial effect on patient outcomes.

Early in March 2020 the Trust recognised the need to train staff at pace, to best prepare for wave one of the pandemic. Nearly 500 staff were trained in care of the deteriorating patient in six weeks. Following the initial peak, a further 240 nurses from surgery and medicine care groups were trained in a two-week programme as follows:

Week 1: Modified in-house ALERT themed course

Week 2: Simulation training for nurses in charge.

The Trust collected feedback at each of these sessions. Themes identified included:

- Human factors training is as important as physiological teaching
- A multi-disciplinary approach is vital to mirror practice and improve confidence.

Between waves 1 and 2 of the pandemic the iMobile Team ran facilitated sessions aimed at the medical nursing teams. These sessions were designed with a respiratory focus taking into account the learning from wave one and the need to optimise patients' respiratory systems in areas outside of Critical Care Units (CCU). Topics covered included:

- Acute respiratory failure and COVID-19, safe monitoring, care of the patient receiving Optiflow, CPAP and NIV, safe transfer of acutely unwell patients, fluid management, skills sessions covering ABCDE assessments and oxygen delivery methods, basic life support and practicalities of setting up advanced non-invasive respiratory support

An education package was designed with the intention of each nurse spending protected time with iMobile, specialist Practice Educator Nurses and in specialist areas to ensure confidence and competence in caring for higher acuity patients. As wave two approached at pace the education plan was put on hold. Wards caring for higher acuity patients were allocated the support of a supernumerary senior ICU nurse to support the ward teams to safely care for patients seven days a week. This was supplemented by the iMobile team and overseen by the Deputy Director of Nursing.

Next steps:

Taking account of the discovery work with ward teams as part of this quality improvement programme, and the direct feedback given by staff during and after training, the Trust has reviewed and redesigned its training needs analysis (TNA) for deteriorating patients. This face-to-face and simulated training will commence in June 2021.

The Trust is also addressing human factors elements in escalating deterioration and films have been commissioned and completed to reflect patient, relative and staff stories around real life unplanned admissions to King's ICUs. These will be shown as part of facilitated sessions to the MDT to foster discussion, reflection and learning.

In addition to the TNA, an enhanced training package, with practical one-to-one bedside support is underway focusing on the care of tracheostomies. This is to support staff with the care of patient discharges from the Critical Care Units.

The Trust has also seconded a nurse full-time for several months to the Deteriorating Patient programme to work directly with wards in improving observation compliance and upskilling wards on each site.

Achieved: Aim 3 - Learn from incidents relating to deteriorating patients and improve practice

The Trust refocused the Harm Free Care (HFC) Forum between COVID-19 waves to encourage shared MDT discussion among care groups and teams. The forum agenda was balanced to examine root causes and actions in well-managed cases as well as incidents, so that we could learn from what we do well in addition to where we should be doing better. The HFC Forum was paused during the second wave of COVID-19. Further development and refinement of the terms of reference is underway and the group was relaunched in April 2021.

The Trust recognises that there are opportunities to improve the data collection about the harm that patients suffer as a result of incidents, so that we can readily translate that into changes in practice. A quality improvement project was commenced in 2020 with frontline clinical staff and the Electronic Patient Record teams to identify root causes and solutions to these issues. Project work was suspended as we focused all efforts on our COVID-19 response. However, we have now recommenced the project and will drive improvements in this area over 2021.

2020-21 Quality Priority 2: Reducing violence and aggression to staff and increasing patient safety

Why was this a priority?

The national staff survey (2018/19 and 2019/20) made it clear that King's College Hospital that our staff are experiencing some of the highest levels of violence and aggression in the workplace. The Trust's incident reports also reflects the day to day challenges our staff face in trying to deliver high quality care to our patient population. These incidents are detrimental to our peoples' health and wellbeing, which in turn, may impact on patient care. In the 2020, NHS staff survey the trust results showed in an improved position against the national picture comparative to other hospitals. However, the percentage of staff experiencing violence and aggression at King's has remained broadly similar, with a 1.4% reduction in the number of times staff reported experiencing physical violence at work from patients and members of the public.

The Trust has implemented a range of measures over the

last decade based on learning from our incident reports. Although incidents have started to reduce in 2020/21 it is not clear if this is because of the number of related restrictions such as reduced visiting and the positive messaging around NHS staff and the response to the pandemic.

The Trust remains committed to preventing and dealing robustly with violence against our staff. We also recognise that we can help to build staff resilience and their ability to de-escalate volatile situations and resolve conflict.

Violence and Aggression programme work was suspended twice during 2020/21 to allow all staff to focus on our response to the COVID-19 pandemic. Nevertheless, the Trust has seen many achievements against the objectives set out, and we remain committed to delivering on these priorities over the course of 2021.

Aims and progress made in 2020-21

Achieved: Aim 1 - Complete listening workshops with staff across the Trust.

We held approximately 40 listening events (almost 500 members of staff) and gained insight into peoples' experience of violence and aggression in the course of their work. We were very impressed by the insight and understanding staff showed into the causes of violence and aggression, often recognising that we can sometimes cause frustration to patients through our own Trust processes, protocols, environment and behaviours. Staff displayed great empathy for patients and relatives who may be in pain, anxious, confused or suffering from a condition that may affect their behaviour. They expressed the desire to learn more about conflict resolution and mental and physical conditions that affect patient behaviour.

It was also clear from the listening events that staff were concerned about the behaviour of some patients and members of the public who were openly aggressive regardless of how teams and individuals tried to help them.

Achieved: Aim 2 - Engage with staff to identify and try ideas for improvement.

Following the listening events, we identified the main topics that staff think contribute to violence and aggression. These were stratified into themes and we have mapped the improvement ideas that people have suggested to these themes. The areas that we are working on include

- Education for staff on recognition of escalating agitation and aggression, de-escalation, conflict resolution, customer care, Dementia, Mental Health;
- Better support systems for staff during and after a violent or aggressive incident. A staff charter has been agreed with selected groups of staff. This charter will be piloted in hot spot areas and developed before roll out across the Trust. A shift reflection tool has been piloted on five wards across the Trust's three inpatient sites. Review is underway and the Trust anticipates rolling this out across all wards pending results of the pilot;

- Improvements to the environment and patient entertainment – a programme of work is underway to improve Wi-Fi connectivity in all areas. The Trust is also in the process of procuring better entertainment solutions for patients at the bedside. Tenders have been received and are under consideration;
- Review of some of our pathways and processes (e.g. nicotine replacement, alcohol/drug withdrawal, visiting, etc.) so that we can support patients and relatives better. The substance misuse project has been restarted and improvements agreed with staff include earlier identification of withdrawal and rapid treatment with replacement therapy or medication;
- The Trust's visiting policy has been rewritten and includes sections on compassionate visiting, particularly for patients who have special needs, mental health conditions (including Dementia) and are at the end of their lives;
- Innovations in caring for patients with dementia;
- Standardised processes to help us to engage or disengage consistently with patients/the public who behave violently or aggressively – the process for behavioural contracts, warning and/or banning patients is under review.

Partially Achieved: Aim 3 - Provide robust training for staff to prevent and manage violence and aggression.

Due to the COVID-19 restrictions, the Trust has not been able to provide regular face-to-face conflict resolution training (CRT). However, all new staff are now offered online CRT through the Trust's learning and development platform (LEAP). The Trust also provides access to externally provided (IKON) online training for staff working in areas where violence and aggression is more frequent, e.g. the emergency department.

The Trust has continued to provide "bite sized" face-to-face training in "hot spot" areas identified through learning from our incident reports, so that staff are supported in recognition of escalating situations, de-escalation and break away.

We modelled how training will be provided going forwards. This includes:

1. An online package for staff who do not have contact with patients or the public in their work
2. CRT training for all frontline staff (either virtually or face-to-face)
3. Face-to-face training for staff in "hot spot" areas.

A training needs analysis (TNA) for Mental Health and Dementia training has been agreed and will be rolled out over the course of 2021/22.

Additional work undertaken includes updating the Trust's Intranet (Kwiki) for staff and the new "Not a Target" posters were designed, agreed and are now in place across the Trust. In addition, we held a webinar for all staff on 9 December 2020 to update staff on work done to date and to listen to any comments and suggestions.



2020-21 Quality Priority 3: Improving patient experience for inpatients, outpatients, emergency departments, maternity services and cancer services

Why was this a priority?

Patient feedback from the 2019 National Cancer Patient Experience Survey has shown a significant improvement from the last survey with the Trust moving from 137 out of 143 Trusts, to 107 out of 143, with 47 survey questions within the expected range and 5 below the expected. Patient feedback from National Inpatient, Emergency Department and Cancer Surveys clearly highlights there were ways in which we could make the experience of care for our patients better. The results of

the national surveys align with internal Friends and Family Test (FFT); 'How are We Doing' data; and also with feedback from Trust Governors, Healthwatch, the Care Quality Commission. We want to ensure all our patients accessing our services have a good experience of their care; and we identified that we needed to do more in these areas.

Aims and progress made in 2020-21

Achieved: Aim 1 – Establish and deliver the Connected Leadership Programme for 24 wards.

It is well recognised that there are links between staff experience and patient engagement. In order to support all of our staff to deliver the best possible experience for patients, we need to ensure that we are also working hard to ensure that our staff are well supported, well developed and well-led. This is why we have connected our quality priority on improving patient experience with the Connected Leadership programme for ward leaders. The Connected Leadership programme for Ward Leaders aims to bring together Ward Leaders from across the organisation for networking and professional development as a group of peers in a safe space for learning, reflection and sharing. The programme incorporates assessment of leadership skills and styles,

shadowing of the Ward Leaders in practice and coaching based on their developmental needs and objectives/ goals identified. The programme also includes a series of leadership masterclasses to empower the leaders, each masterclass has a different focus to improve day-to-day troubleshooting, management of complex issues and the ability to escalate with a focus on professionalism, effective communication and values and behaviours.

The Connected Leadership programme has now successfully been developed and launched. The table below (Table 2) sets out some of the key milestones and achievements over the last year. Progress has been slowed somewhat, rightly, when our organisational priorities shifted to pandemic support. We continue to work to evaluate and embed this programme.

Table 2: Overview of progress made with the Connected Leadership Programme in 2021-21

24x Ward Leaders (Cohort 1)	Programme completed and cohort now working with the King's Way team in their ward areas
	Feedback gathered highlighted various strengths of the programme
24x Ward Leaders (Cohort 2)	Programme completed
	Staff from ITU, Theatres, Maternity and Emergency Depts. Feedback gathered highlighted various strengths of the programme
	Programme on-going, currently finishing leadership masterclasses with some dates postponed due to COVID-19
Coaching course	Attended by King's Way team
	Feedback gathered highlighted various strengths of the programme
24 Matrons (Cohort 1)	Programme on-going
	Dates postponed due to COVID-19 and content delivered online rather than face-to-face.
	Will gather feedback during, post the programme, and share Trust wide.
24 Matrons (Cohort 2)	Programme on-going
	Dates postponed due to COVID-19 and content delivered online rather than face-to-face.
	Will gather feedback during and post the programme and share Trust wide

Achieved: Aim 2 – Support provided to all the wards from the central corporate teams such as Patient Experience, King's Way Team and Quality Improvement Team.

The central corporate teams play a critical role in improving patient experience and their input has massively contributed to achieving the Quality Account priorities. In addition to projects mentioned elsewhere in the quality account, the following teams have provided the following additional support to the wards:

- 1) The King's Way Continuous Improvement Team provided support to 18 wards across the DH, PRUH and Orpington sites through the Outstanding Care programme. The project includes analysis of patient experience related issues and setting up ward based quality improvement projects to address the issues. Support will continue into 2021/22.
- 2) In addition to the supporting wards with the nutrition and hydration and patient property project detailed in aim 4, the Continuous Quality Improvement Team provide the following additional support to the wards:
 - Supporting the End of Life Care (EoLC) Clinical Lead with the implementation of the EOLC strategy including improving Advanced Care Planning for patients and their relatives
 - Supporting the set-up of a new Pre-Operative Assessment facility in the Day Surgery Unit at DH
 - Supporting the Skull Base Surgery team to make improvements to the patient pathway and experience
 - Improving patient experience at the bedside through implementation a new bedside entertainment system for patients, which will be accessible from any Wi-Fi, enabled device with

a web browser. Patients will be able to use their own smart phone or tablet or use one of the 500 tablets that will be provided to the Trust as part of this contract. The platform will be suitable for our paediatric patients and is adaptable for use by patients with visual or hearing difficulties.

Partially Achieved: Aim 3 – Involvement of patient representatives for feedback and progress.

We are pleased to report that substantial progress has been made in the last year to improve the involvement of patient representatives.

- **Involvement Register:** Over 90 patients and members of the public recruited to Involvement Register.



- Over 200 patients who took part in COVID-19 interviews expressed an interest in further involvement.
- **Foundation Trust Associate Members** have over 64 organisations from the voluntary and community sector.
- **Virtual patient reference groups** established for

outpatients, Emergency Department and specific workstreams including 'Accessibility', improved patient nutrition and hydration.

- Further successful development of the **Cancer Voice group** which has increased its membership, established core workstreams and has two members attending the Trust Cancer Board.
- **Mental Health:** Scoping underway for **mental health service users** to support work streams led by the Trust Mental Health Board. Patient involvement is being scoped for all workstreams in the mental health strategy as agreed by the new mental health delivery group. Also scoping involvement of Governors and patient representatives from the Mind and Body Advisory Group. Initial scoping work completed with most of the workstreams to review existing feedback from service users to inform the development of their programmes and to identify existing groups/networks of service users who could advise the programme. 4 service users and the local Healthwatch are represented on the mental health delivery group, informing the development of a new Emergency Department psychiatric liaison survey.
- **Children and Young People:** Currently scoping plans for online listening events with parents/young people and the establishment of a parent/young people's advisory network to inform the Child health Board.

We consider that we have only partially achieved this priority aim, as we had planned to develop Care Group Patient Reference Groups aligned to the new organisational structure. The re-structure took place in October 2020, but the development of the associated patient reference groups has been impacted by COVID-19 pressures.

Partially Achieved: Aim 4 – 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.

The following core themes have been identified:

(1) For inpatient services, improvement projects focussed on:

- **nutrition and hydration for inpatients**, specifically providing enough help from staff for patients to eat their meals and ensuring that patients have enough to drink. An Improvement Action Plan was agreed through Patient Food Service Group with the following actions achieved in 2020/2021:
 - o Nutrition and Hydration Charter developed and piloted
 - o Series of mealtime audits carried out at Denmark Hill to inform improvement actions going forward. These include: reinstating of protected mealtimes and work with clinical colleagues to avoid diagnostic appointments during this time;
 - o Introduction of large mugs and new washable water cups on all wards to ensure they are easy to handle for patients and are a more sustainable

choice for the Trust

- o Introduction of squash as an alternative to water to encourage hydration – now routinely on hostess trolley and offered to patients at each beverage round
- o New pictorial menu developed, positively evaluated and rolled out to ensure we communicate our food options to our diverse communities in a language that they can understand
- o Training for hostesses now includes feedback from patients relating to mealtimes, communication and bedside manner, to improve interactions with patients.
- o In February 2021 we launched a new Nutrition and Hydration Improvement programme launched with support from Trust's continuous improvement team to focus on: protected mealtimes, patient screening, staff training, information, policies and processes.



- **Providing enough emotional support** for patients. This work is being led by the Trust Chaplaincy Team. An initial pilot was undertaken on five wards trialling additional support for patients from chaplaincy team, information leaflets and sessions for staff, reflective sessions with staff.
- **Improving the management of patient property** through a new Patient property policy. This has been completed and is currently being implemented across the Trust. This includes the provision of colour coded patient property bags and an electronic property form on the electronic patient record that follows the patient during their journey in the Trust. We hope that this will help to reduce the incidence of patient property being forgotten/lost if the patient moves wards.
- Clear **admission and discharge** booklet for wards have been developed and launched and being rolled out trust wide.
- **Increasing volunteer presence** on the wards is thing which we know can have a really beneficial impact on patient experience. However, during the pandemic it was right that we scaled back this support to ensure that we protected the safety of our volunteers, our patients and staff. Overall we saw a decrease in the number of volunteers and the volunteer hours contributed to the hospital. Between April 2020 and February 2021, we had 353 volunteers contribute 18,281 hours, a reduction from 587 volunteers, contributing 29,387 hours between April 2019 to February 2020.

During the first and second COVID-19 waves, volunteers supported in the following key areas:

- Staff Wellbeing Hubs,
- Front of House,



- Packing and Distributing of staff and patient packs,
- COVID-19 vaccination clinics
- distribution of lateral flow testing
- fit testing
- distribution of facemasks
- assisting in patient communication and administration of visitor passports

In the period between the waves, volunteers returned to wards and were supporting as patient befrienders, providing company and conversation, supporting at mealtimes, engaging through activities. In the week leading up to Christmas, volunteers dropped off cards and presents to over 500 patients. The volunteers also created Eid activity packs for patients which were very well received.

As the results of the 2020 CQC National Adult Inpatient Survey are not available at the time of writing to quantify improvements, detailed results will be reported in Quality Account 2021/2022

- (2) In our **Emergency Departments**, a patient experience improvement plan has been put together based on detailed analysis of national and internal patient feedback at Denmark Hill. Achievements to date include:
- A new system to text patients in ED waiting for to collect medication from the pharmacy has been introduced to avoid patients waiting outside or in the pharmacy queue
 - New patient information leaflet produced to explain paediatric ED department tested with young people
 - System in place for nursing and medical staff to receive positive named feedback about their care from patients

- New cleaning schedule introduced to address patient feedback about cleanliness
- Audits of pain management to understand areas that we can improve
- Food and drink trolley reinstated in adult ED
- Improved adult mental health facilities developed in consultation with the ED patient user group.

Other parts of the plan are ongoing including a task and finish group to develop solutions to explaining waiting times; revision of the food and drink policy, further patient information, customer care training for admin staff.

(3) **Continue with the Cancer Improvement programme and target specialties flagging on the survey feedback.**

In 2020-21, we aimed to deliver work against 9 priority areas identified as requiring improvements in the National Cancer Patients Experience Survey (NCPES). Our achievements and progress include:

- 100% of patients starting new cycles of chemotherapy are offered pre-chemotherapy consultations with high satisfaction.
- Cancer patient involvement group was set up in March 2020 and successfully imbedded during 2020-21. Patients are present in all workstreams, participating in interviews; development of patient information and available in advisory capacity for projects; surveys and service co design. Patient representatives are also part of the Cancer Board.
- Continuing professional development of the cancer Clinical Nurse Specialist workforce delivered with staff training in level 2 psychology holistic needs assessment and Sage and Thyme communication training.

We are starting to see the impact of these initiatives in the reported experience of our patients, which is very welcome. The 2019 National Cancer Patient Experience survey highlighted that the Trust had improved. Fourteen questions showed an improvement based on the baseline in 2018 and overall the Trust has moved up 30 places in the national league table. It is recognised that there is more to do, but it is reassuring to see that our work on these priority areas is making the experience better for our patients.

(4) **Continue with the Outpatient improvement programme.**

The Outpatient Transformation through a digitalised platform has continued to progress through the COVID-19 pandemic and, once complete, will improve the experience and effectiveness for patients accessing our outpatient services. The following innovations are well underway and implementation will continue during 2020/2021;

- Live chat service using chat bots to answer patient questions and enquiries while visiting the Trust website. Patient questions and chat bot answers are tracked to ensure accuracy of responses.

- Video consultation clinics
- Use of text reminders to patient mobiles at 1 week and 2 days prior to their appointments.
- Patient access to view their electronic clinic letters via a patient portal which is accessible on mobiles and tablets.
- Touch screen check-in for all outpatient units with waiting times displayed
- Electronic remote pre-assessment
- Video technology to remotely conduct clinical consultation, video consultations, and assess patients (i.e. view skin conditions). The Trust will be moving to a new platform, e-clinic which offers improved functionality.

2020-21 Quality Priority 4: Improving outcomes for people with Chronic Obstructive Pulmonary Disease (COPD)

Why was 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 set out 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. We initially planned for this to be a two-year quality priority but, as explained in the next section, our priorities changed due to the COVID-19 pandemic, which clearly had a significant impact on the work of our respiratory team.

Aims and progress made in 2020-21

Partially Achieved: Aim 1 - 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.

- We undertook a detailed literature review on patient-defined outcomes. This concluded that patient-defined outcomes can be very different to clinically-defined outcomes. In collaboration with the British

Lung Foundation (BLF), we set out to talk to COPD patients about the outcomes that matter most to them.

- The furloughing of BLF staff and the need for shielding for key project staff at KCH led to delays in identifying patients for interview. We believe that the pandemic also resulted in fewer patients coming forward than anticipated. Despite these difficulties, the British Lung Foundation identified a group of engaged patients and thirteen in-depth interviews took place online between September and November 2020.

- Although the sample was small, two themes could be identified in relation to outcomes that are most important to COPD patients:
 - o Return to previous physical activity abilities.
 - o Reduced time spent in hospital/clinical settings.

In addition, patients told us that they would like to see their wishes and/or hopes for treatment to be more central to communication and clinical decision-making. The intention was to use this feedback to inform indicators which would then be measured with feedback from a sample of KCH patients. This stage of the project has had to be put on hold due to COVID-19.

Partially Achieved: Aim 2 – 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.

- A prototype set of clinical outcomes indicators was developed and, in the summer of 2020, the clinical team undertook in-depth reviews of patients' hospital records to collect pilot data and test the indicators. Although the project had to be paused in September 2020, useful learning in relation to the methodology was obtained and this has been recorded for use once the project is able to recommence.

Not Achieved: Aim 3 - 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.

- This work could not be undertaken due to the COVID-19 response.

Not Achieved: Aim 4 - 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.

- This work could not be undertaken due to the COVID-19 response.

Not Achieved: Aim 5 - 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.

- This work could not be undertaken due to the COVID-19 response.

Not Achieved: Aim 6 – Identify key changes that will lead to an improvement in our provision of care to our patients.

- This work could not be undertaken due to the COVID-19 response.

Next steps:

The respiratory team is leading the development of new services in relation to COVID-19 rehabilitation and this will be the focus of operational work, and the Trust's quality priority for patient outcomes, during 2021-22. The Patient Outcomes Committee will consider the learning from the patient interviews with a view to developing further outcomes indicators in relation to time spent in healthcare and greater involvement of patients in decision making.

Choosing priorities



Choosing Priorities for 2021-22

The following improvement schemes have been agreed by the King's Executives and the Board for 2021-22. These will be reported in full in the 2021-22 Quality Account with quarterly reporting to the Quality, People and Performance Committee.

Each priority has been aligned to a quality domain (patient safety, patient experience, and clinical effectiveness). The trust made the decision to continue with three of the 2019/20 priorities as we were unable to complete due to pandemic pressures in 2020/21.

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.

2021-22 Quality Priority 1: Reducing harm to deteriorating patients

Why was this a priority?

In 2020-21, we made a commitment to reduce harm to deteriorating patients, improving patient safety and outcomes. In 2021-22, reducing harm to deteriorating patients will continue to be a quality priority across the Trust.

Reducing harm to deteriorating patients is one of the quality priorities for King's because detailed analysis has shown that we have opportunities to improve how we recognise, record, manage and escalate deteriorating patients.

We know, through learning from our incidents and complaints, that patient harm has been caused through delays in identifying and escalating patients who have deteriorated. We recognise that these incidents could be

avoided if vital signs are taken at appropriate intervals, recorded, triggered on the National Early Warning Scoring System (NEWS 2) so that the iMobile Team (Critical Care Outreach) can be contacted to provide additional clinical support.

Between 2017 and 2019, we saw sustained improvement in both recognition and escalation of unwell patients. However, we recognise there is still work to do to keep our patients safe particularly in relation to escalating the frequency of observations in response to patient need. There were significant changes to our patient dynamics in 2020/21 as we dealt with large volumes of COVID-19 patients through wave 1 and wave 2, that make data comparisons more complex.

What are our aims for the coming year?

In 2021-22, we will:

- Implement the Deteriorating patient training needs analysis(TNA)
- Deliver on the Live dashboard to monitor compliance on observations
- Improve the completion of timely observations and escalation
- Ensure the correct observation equipment is purchased and in place on wards.

How will we monitor and measure our progress?

Progress against these aims will be reviewed by the Deteriorating patient working group and reported to, and monitored by the Patient Safety Committee and the Quality, People and Performance Committee in the Trust's Quarterly Quality Priorities Report.

Measures of success will include the following:

- Monitor % compliance against the Deteriorating patient training needs analysis
- Delivery of the live dashboard with key metrics including
 - o NEWS score ≥ 5 and percentage (%) compliance in repeating observations within one hour on Electronic Patient Record (EPR).
 - o Documentation with FiO₂ > 40% or 10 Litres
 - o Previous 24 hours observation compliance
 - o Role completing observations
- Identification of themes and associated improvement plans from analysis of the reasons documented by staff as to why observations are not recorded within one hour
- Reduction in unplanned admissions to Intensive Care Unit (ICU)
- Trust-wide equipment audit in quarter 2 reviewing if the of correct observation equipment is purchased and in place on wards.

2021-22 Quality Priority 2: Improving outcomes for people with long term effects of COVID-19 ('long COVID' or Post COVID Syndrome)

Why was this a priority?

Some people experience symptoms that last weeks or months after the COVID-19 infection has gone. These long term effects have become known as 'long COVID'. Symptoms are wide-ranging and include, among many others, fatigue, shortness of breath, chest pain/tightness, 'brain fog' and depression and anxiety. The full range of long-term effects has not yet been defined.

Over the past 12 months, King's has cared for over 3,500 inpatients with COVID-19, making it one of the busiest Trusts nationally. We were one of the first Trusts to establish COVID-19 follow-up clinics and the research undertaken in these clinics has informed the

NICE guidelines on managing the long-term effects of COVID-19.

King's will continue to set up new clinical services to support people with long COVID over the next year, and to be involved in ground-breaking research to understand long COVID so that we, and others, can develop effective treatments and support. This will be a clinical priority for King's over the next year.

It is appropriate, therefore, that the Trust's Quality Priorities support this clinical priority.

What are our aims for the coming year?

This quality priority brings together several aspects of quality improvement – service provision, measuring outcomes including patients' experience to inform service development, and research and innovation.

In 2021-22, we intend to:

- **Set up new clinical services** to support people with long COVID, including (working collaboratively with colleagues in Guys and St Thomas') the specialist post COVID-19 syndrome assessment clinics for the South East London Integrated Care System.
- **Measure the outcomes of these services** including the outcomes that are most important to patients, so

that we can use data to inform the development of services and shared decision-making between patients and clinicians.

- **Collaborate and innovate**

We will continue to undertake and to collaborate in research on long COVID, to inform the development of our clinical services. This will include collaboration in the national Post-hospitalisation COVID-19 study (PHOSP-COVID). This is a consortium of leading researchers and clinicians from across the UK who are working together to understand and improve long-term health outcomes for patients who have been in hospital with confirmed or suspected COVID-19.

How will we monitor and measure our progress?

Measures of success will include:

- We will develop ways to measure whether we are effectively offering the appropriate level of appointments to meet the local demand in collaboration with our local network
- We will aim to collect 3 month and 6 month outcome data from more than 50% of patients who attend the long covid assessment clinics within 2021-22.

- We will aim to publish the outcomes of our research collaborations in a high impact journal

Progress against our aims and using these measures will be reported to the Quality Improvement and Prioritisation Committee and included in the Trust's Quarterly Quality Priorities Report.

2021-22 Quality Priority 3: Improving patient experience for inpatients.

Why was this a priority?

Patient feedback from the 2019 National Cancer Patient Experience Survey has shown a significant improvement from the last survey with the Trust moving from 137 out of 143 Trusts, to 107 out of 143, with 47 survey questions within the expected range and 5 below the expected. Patient feedback from National Inpatient, Emergency Department and Cancer Surveys clearly highlights there were ways in which we could make the experience of care for our patients better. The results of

the national surveys align with internal Friends and Family Test (FFT); 'How are We Doing' data; and also with feedback from Trust Governors, Healthwatch, the Care Quality Commission. We want to ensure all our patients accessing our services have a good experience of their care; and we identified that we needed to do more in these areas. Over 2020/21, we have made good progress with our patient experience improvement plan and want to continue to build on this.

What are our aims for the coming year?

- To continue delivering the Connected Leadership Programme for nursing and midwifery leaders
- To improve nutrition and hydration for inpatients
- To deliver an emotional support improvement programme that has been co-designed with our patients
- To embed, assess and improve our admission and discharge information based on feedback from patients and relatives
- To roll out a new patient entertainment system, which includes access to streaming services, television, print, film, web access and messaging/video calling functionality. We are planning to purchase an additional 500 tablets over the next 5 years.
- To improve communication between patients and healthcare professionals on the wards.

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:

- By December 2021, to achieve 96% Friends and Family Test recommendation rate across all inpatient services
- By March 2022, to sustain 96% Friends and Family Test recommendation rate across all inpatient services
- By March 2022, to increase Friends and Family Test response rate to 20%
- To achieve the following improvements in the National CQC Inpatient Survey Results:
 - o 7.2 score for patients reporting receiving help with feeding
 - o 9.2 score for patients reporting having enough to drink whilst in hospital
 - o 6.8 score for patients reporting receiving enough emotional support from hospital staff, if needed
- Completion of patient entertainment system roll out across all sites, including:
 - o Full business case developed and signed off at King's Executive / Investment Board
 - o Specification developed with - and agreed by - relevant internal teams (e.g. Procurement, ICT, Estates, Finance, etc.)
 - o Procurement and implementation of the system.

2021-22 Quality Priority 4: Reducing violence and aggression to staff and increasing patient safety

Why was this a priority?

The national staff survey (2018/19 and 2019/20) made it clear that King's College Hospital that our staff are experiencing some of the highest levels of violence and aggression in the workplace. The Trust's incident reports also reflects the day-to-day challenges our staff face in trying to deliver high quality care to our patient population. These incidents are detrimental to our peoples' health and wellbeing, which in turn, may impact on patient care. In the 2020, NHS staff survey the trust results showed in an improved position against the national picture comparative to other hospitals. However, the percentage of staff experiencing violence and aggression at King's has remained broadly similar, with a 1.4% reduction in the number of times staff reported experiencing physical violence at work from patients and members of the public.

The Trust has implemented a range of measures over the

last decade based on learning from our incident reports. Although incidents have started to reduce in 2020/21 it is not clear if this is because of the number of related restrictions such as reduced visiting and the positive messaging around NHS staff and the response to the pandemic.

The Trust remains committed to preventing and dealing robustly with violence against our staff. We also recognise that we can help to build staff resilience and their ability to de-escalate volatile situations and resolve conflict.

Violence and Aggression programme work was suspended twice during 2020/21 to allow all staff to focus on our response to the COVID-19 pandemic. Nevertheless, the Trust has seen many achievements against the objectives set out, and we remain committed to delivering on these priorities over the course of 2021.

What are our aims for the coming year?

- Clearly define the Trust approach to conflict resolution training
- Roll out comprehensive training package to improve staff confidence in managing complex patients
- Complete Trust assessment on NHS Violence prevention and reduction standard
- Roll out patient entertainment system (see priority 3)
- Develop and embed a comprehensive mechanism for staff support following incidents.

How will we monitor and measure our progress?

- Develop a series of monitoring measures to assess progress internally.
- Improvement in national staff survey results.

2.2

Statements of Assurance from the Board

1. During 2020-21, 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 2020-21 represents 90.0% of the total income generated from the provision of health services by the King's College Hospital NHS Foundation Trust for 2020-21.

Clinical Audits and National Confidential Enquiries

2. During 2020-21, 70 national clinical audits and 13 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 100% 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 2020-21 are as follows (see Table 3).
 - 2.3 The national clinical audits and national confidential enquiries in which King's College Hospital NHS Foundation Trust participated during 2020-21 are as follows (see Table 3).
 - 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 2020-21, 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 3).

Table 3: 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
BAUS Urology Audits- Bladder Outflow Obstruction Audit	Yes	Awaiting publication
BAUS Urology Audits- Cytoreductive Radical Nephrectomy Audit	Yes	Awaiting publication
BAUS Urology Audits- Renal Colic Audit	Yes	Awaiting publication
British Spine Registry	Yes	Data collection in progress
Intensive Care National Audit and Research Centre Case Mix Programme	Yes	Data collection in progress
Child Health Clinical Outcomes Review Programme- Young People's Mental Health	Yes	Not provided
Child Health Clinical Outcomes Review Programme- Long-term ventilation in children, young people and young adults	Yes	Not provided
Cleft Registry and Audit Network (CRANE)	Yes	Data collection in progress
Emergency Medicine Quality Improvement Projects (QIPs) - Assessing Cognitive Impairment in Older People/Care in Emergency Departments	Yes	Awaiting publication

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	Participation	% submitted
Emergency Medicine QIPs- Care of Children in emergency departments	Yes	Awaiting publication
Emergency Medicine QIPs- Fractured Neck of Femur (care in emergency departments)	Yes	Data collection in progress
Emergency Medicine QIPs- Infection Control	Yes	Data collection in progress
Emergency Medicine QIPs- Mental Health	Yes	Awaiting publication
Emergency Medicine QIPs- Pain in Children	Yes	Data collection in progress
Falls and Fragility Programme (FFFAP)- Fracture Liaison Service Database	Yes	Awaiting publication
Falls and Fragility Programme (FFFAP)- Fracture Liaison Service Database/Vertebral Fracture Sprint Audit	Yes	Data collection in progress
Falls and Fragility Programme (FFFAP)- National Audit of Inpatient Falls	Yes	Awaiting publication
Falls and Fragility Programme (FFFAP)- National Hip Fracture Database	Yes	Data collection in progress
Inflammatory Bowel Disease (IBD) Programme (IBD registry)	Yes	Data collection in progress
Learning Disability Mortality Review Programme (LeDeR)	Yes	Not available
Liver Transplantation	Yes	Not available
Mandatory Surveillance of Health Care Associated Infections	Yes	Data collection in progress
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
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)- Dysphagia in Parkinson’s Disease	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 Outcomes Review Programme (NCEPOD) – In-Hospital Management of Out-of-Hospital Cardiac Arrest	Yes	35%
National Asthma and COPD Audit Programme (NACAP)- Paediatric Asthma Secondary Care	Yes	Awaiting publication
National Asthma and COPD Audit Programme (NACAP)- Adult Asthma Secondary Care	Yes	Data collection in progress
National Asthma and COPD Audit Programme (NACAP)- COPD Secondary Care	Yes	Data collection in progress
National Asthma and COPD Audit Programme (NACAP)- Pulmonary Rehabilitation	Yes	Data collection in progress
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Data collection in progress
National Audit of Cardiac Rehabilitation	Yes	Data collection in progress
National Audit of Care at the End of Life (NACEL)	Yes	Data collection in progress
National Audit of Dementia (NAD)	Yes	Data collection in progress
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes	Data collection in progress
National Bariatric Surgery Registry	Yes	Data collection in progress
National Cardiac Arrest Audit (NCAA)	Yes	Data collection in progress
National Cardiac Audit Programme (NCAP)- National Audit of Cardiac Rhythm Management (CRM)	Yes	Data collection in progress

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	Participation	% submitted
National Cardiac Audit Programme (NCAP)- Myocardial Ischaemia National Project (MINAP)	Yes	Data collection in progress
National Cardiac Audit Programme (NCAP)- National Adult Cardiac Surgery	Yes	Data collection in progress
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Interventional Procedures (PCI) (Coronary Angioplasty)	Yes	Data collection in progress
National Cardiac Audit Programme (NCAP): National Heart Failure Audit	Yes	Data collection in progress
National Comparative Audit of Blood Transfusion programme: 2019 Re-audit of the Medical Use of Blood	Yes	Data collection in progress
National Comparative Audit of Blood Transfusion programme: 2020 Audit of the Perioperative Management of Anaemia in Children Undergoing Elective Surgery	Yes	Data collection in progress
National Diabetes Audit (ADULTS)- National Diabetes Foot Care Audit	Yes	Data collection in progress
National Diabetes Audit (ADULTS)- National Diabetes Inpatient Audit (NADIA)	Yes	Data collection in progress
National Diabetes Audit (ADULTS)- National Diabetes Inpatient Audit (NADIA)- Harms	Yes	Data collection in progress
National Diabetes Audit (ADULTS)- Core Audit	Yes	Data collection in progress
National Diabetes Audit (ADULTS)- National Pregnancy in Diabetes (NPID)	Yes	Awaiting publication
National Early Inflammatory Arthritis Audit (NEIA)	Yes	Not given
National Emergency Laparotomy Audit (NELA)	Yes	Data collection in progress
National Gastro-intestinal Cancer Programme- National Oesophago-Gastric Cancer (NOGCA)	Yes	Data collection in progress
National Gastro-intestinal Cancer Programme- National Bowel Cancer Audit (NBOCA)	Yes	Data collection in progress
National Joint Registry (NJR)	Yes	Awaiting publication
National Lung Cancer Audit (NLCA)	Yes	Awaiting publication
National Maternity and Perinatal Audit (NMPA)	Yes	Data collection in progress
National Neonatal Audit Programme (NNAP)	Yes	Awaiting publication
National Ophthalmology Database Audit	Yes	Data collection in progress
National Paediatric Diabetes Audit (NPDA)	Yes	Data collection in progress
National Prostate Cancer Audit (NPCA)	Yes	Data collection in progress
Vascular Services Quality Improvement Programme (VSQIP)-National Vascular Registry (NVR)	Yes	Data collection in progress
Neurosurgical National Audit Programme (NNAP)	Yes	Data collection in progress
Paediatric Intensive Care Audit Network (PICANet)	Yes	Awaiting publication
Perioperative Quality Improvement Programme (PQIP)	Yes	Data collection in progress
Prescribing Observatory for Mental Health (POMH-UK)- Monitoring of Patients Prescribed Lithium	Yes	Data collection in progress
Prescribing Observatory for Mental Health (POMH-UK)- Antipsychotic Prescribing in People with a Learning Disability	Yes	Data collection in progress
Potential Donor Audit	Yes	Data collection in progress
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Data collection in progress
Serious Hazards of Transfusion (SHOT)	Yes	Data collection in progress
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Yes	Awaiting publication
Surgical Site Infection Surveillance Service	Yes	Data collection in progress
Trauma Audit & Research Network (TARN)	Yes	Data collection in progress
UK Cystic Fibrosis Registry	Yes	Awaiting publication
UK Registry of Endocrine and Thyroid Surgery	Yes	Awaiting publication
UK Parkinson's Audit	Yes	Awaiting publication
UK Renal Registry	Yes	Awaiting publication

2.5 The reports of 24 national clinical audits were reviewed by the provider in 2020-21.

2.6 King's College Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (see Table 4).

Table 4: Improvement actions taken as a result of national clinical audits reviewed

National Audit title	Improvement actions to date
Pulmonary Rehabilitation Clinical and Organisational Audits 2019 (published Dec 20)	The pulmonary rehabilitation service will undergo a detailed review as part of the COVID-19 recovery work.
National Oesophago-Gastric Cancer Audit (published Dec 20)	Participation in public health campaigns aim to improve earlier identification of oesophago-gastric cancer.
National Cardiac Arrest Audit Q2 (published Dec-20)	To improve data quality, a new case submission system was introduced in August 2020.
National Neonatal Audit Programme (NNAP) (published Nov 20)	<ul style="list-style-type: none"> A quality improvement project called "hot on cold babies" aiming to achieve normothermia in all babies admitted to the Neonatal Units at KCH and PRUH. The use of non-invasive ventilation and LISA (Less Invasive Surfactant Administration) as appropriate, to address bronchopulmonary dysplasia. Action to improve magnesium sulphate administration including continuous neonatology liaison with obstetrics team at the perinatal meetings and provision of advice about the importance of administering magnesium sulphate to mothers who fulfil the NNAP criteria.
Royal College of Emergency Medicine – Care of Children in the Emergency Department (ED) (published Jan 21)	<p>A Did Not Wait (DNW) pathway has been launched in Paediatric ED, designed by the Paediatric Emergency Medicine Modern Matron, to improve capture of information on all vulnerable children and young people.</p> <p>A presentation of children's safeguarding data (a comparison of data in lockdown compared to data from a similar time period and months pre-lockdown) was provided at the RCEM 2021 conference by Dr Lala Asim, and shortlisted for a prize.</p>
National Heart Failure Audit (published Dec-20)	Data capture issues will be reviewed as part of the roll-out of the planned new Electronic Health Record programme. Collaboration between KCH heart failure specialists and acute medicine to ensure that the care pathway in relation to follow-up review works effectively for all patients.
National hip fracture database	Quality of data submitted in relation to in-hospital hip fractures has improved.

2.7 The reports of over 96 local clinical audits were reviewed by the Trust in 2020-21. In addition, the Trust has a comprehensive programme of clinical audits known as Perfect Ward, an assurance framework for ward managers to inspect their wards against evidenced based criteria. This is a tool developed to give assurance around the following areas:

- Treatment and welfare
- Medicine Management
- Environment
- Documentation and confidentiality
- Staffing
- Equipment, Supplies & Devices
- Quality
- Hand Hygiene
- Outpatients
- Infection Prevention and Control.

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 structured quality and continuous improvement programme. Its core components are 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. While the COVID-19 pandemic has interrupted our face-to-face training, we have converted our White Belt training to a virtual course and an e-learning package has been developed for roll out in 2021. Since our training programme started, over 4,100 people have received training. While the bulk of this training is White Belt, King's has also trained 325 Yellow and Green Belts.

- o 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 will be prioritised and linked to support the Trust's quality priorities outlined above.
 - o Educational supervisors and doctors in training have access to continuous improvement training and are encouraged to undertake QI projects during their time at KCH.
 - **Continuous improvement on a daily basis through the application of lean philosophy and techniques** - The Outstanding Care 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 has undergone continuous improvement over the last year and has been developed in conjunction with a ward manager leadership programme. The Outstanding Care programme is designed to address culture and behaviours in addition to making practical changes so that the Trust runs its 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 5 below during 2020-21:

Table 5: Quality and Continues Improvement programmes for 2021-22

Name of Programme	Brief description of work
Reducing violence and aggression towards staff	See Quality Priority Section
Improved recognition of the deteriorating patient	See Quality Priority Section
Patient Safety	Harm free care – implement improvements in the capture, recording and sharing of patient safety data
Patient Safety	Portering – implement improvements in flow to reduce delays in patient diagnostics
Patient Safety	Support the set-up and governance of the Patient Safety Committee
Patient Safety	Support the implementation of new risk and incident management processes
Patient Experience	Nutrition and Hydration - support the six workstreams of this programme
Patient Experience	Procure and implement a new patient entertainment system at the bedside
Patient Experience	Accessibility - Support the six workstreams of this programme
Patient Experience	Support the implementation of the End of Life Care strategy through the four pillars of Care of the Patient, Care of the Relative, Care of Staff and Care after Dying.
Patient Experience	Skull surgery - Together with the MDT define and implement improvements that will improve the experience of patients with brain tumours.
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>In house training - The CI training programme (White, Yellow and Green Belt) 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.</p> <p>Flow Coaching Academy - Following a rigorous application and interview process the Trust was 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. This programme did not start in 2020 due to COVID-19. We will commence this work in April 2021.</p> <p>Life QI – 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. We support any member of staff undertaking improvement work to access this website and QI tools.</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 2020-21 that were recruited during that period to participate in research

approved by a research ethics committee was 20,999. This is comparable to the numbers recruited in the previous year and a illustration of the hospital's commitment to research.

Commissioning for Quality and Innovation (CQUIN) framework

Due to the ongoing COVID-19 pandemic, all Trusts were instructed to operate under monthly block contracts, of a value dictated by NHSE. CQUINs were also suspended, throughout 2020/21 with the following instruction:

providers do not need to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data. For Trusts, an allowance for CQUIN will continue to be built into nationally-set block payments.

NB: the normal value of CQUINs is currently 1.25% of the

Trusts contracted income.

(This direction remains the same for, at least, the first part of 2021/22).

Initial CQUIN guidance, published in early 2020 (before the pandemic), included the continuation of some CQUINs undertaken in 2019/20. Recognising the importance of continuing the work focusing on the Quality of care provided to our patients, the Trust supported a number of fixed term posts to ensure this work was able to continue.

Care Quality Commission (CQC)

4. 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 2020-21. The tables 6 and 7 below show the overall ratings by site.

Table 6: Overall CQC rating, King's College Hospital, published Jun-19

Ratings for King's College Hospital

	Safe	Effective	Caring	Responsive	Wel-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
Outpatients	Requires improvement May 2019	N/A	Good May 2019	Requires improvement May 2019	Good May 2019	Requires improvement May 2019
Overall*	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Requires improvement ↔ May 2019

Table 7: Overall CQC rating, Princess Royal University Hospital, published Jun-19

Ratings for Princess Royal University Hospital

	Safe	Effective	Caring	Responsive	Wel-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	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019
Overall*	Requires improvement ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019

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

6. 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. We have undertaken work to review compliance with the CQC well-led domain, identifying the key areas for improvement.

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

The percentage of records in the published data April 2020 – March 2021, which included the patient's valid NHS number, was:

- 99.4% for admitted patient care;
- 99.4% for outpatient (non-admitted) patient care; and
- 95.2% for accident and emergency care.

The percentage of records in the published data April 2019 – March 2021, which included the patient's valid General Medical Practice Code, was:

- 100.0% for admitted patient care;
- 99.8% for outpatient (non-admitted) patient care; and
- 99.6% for accident and emergency care.

Information Governance Assessment

Records Submission

8. King's College Hospital NHS Foundation Trust submitted 1,765,295 records during 2020-21 M1-12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

9. King's College Hospital NHS Foundation Trust's 2020/21 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 2020-21 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 diagnostic waiting time indicators. A final report into their findings and supporting management actions has been approved by the Trust.

Learning from Deaths

During 2020-21, 2521 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:

- 709 in the first quarter (April to June 2020);
- 443 in the second quarter (July to September 2020);
- 521 in the third quarter (October to December 2020);
- 848 in the fourth quarter (January to March 2021).

By 31 March 2021, 152 case record reviews and 22 investigations have been carried out in relation to 174 of the 2521 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:

- 67 in the first quarter;
- 48 in the second quarter;
- 56 in the third quarter;
- 41 in the fourth quarter.

1 patient death (0.04% of the deaths in the relevant period) during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 1 representing 1.5% for the first quarter;
- 0 representing 0 % for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% for the fourth quarter.

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

No death in this period was judged to be probably avoidable (i.e. more than 50:50 likelihood of being avoidable).

The usual mortality review processes were put on hold during 2020-21 due to the COVID-19 response. Trend analyses continued and detailed analyses of COVID-19 deaths were undertaken and reported to the Trust Board throughout the year. A total of 448 structured judgement reviews of COVID-19 deaths were undertaken.

Summary of learning from case record reviews and investigations

Cases of hospital onset COVID-19 were identified and rates were benchmarked against other trusts. A programme of response and Duty of Candour for the bereaved was initiated. Monitoring of areas with high levels of mortality led to the rapid identification of 'wards under pressure' and this led to the provision of real-time support and pastoral care for staff. Data on the Trust-level outcomes for COVID-19 has been fed back to staff in all disciplines to recognise their exceptional care and commitment during this challenging year.

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

The standardised reporting process has been re-instituted following COVID-19 and work is in progress to integrate with the working of the new medical examiner system.

Previous reporting period

- 64 case record reviews and 1 investigation were completed after 31 March 2020, 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 was 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 8: Reporting against core indicators

Indicator	Measure	Current Period	Value ³	Previous Period	Value ³	Highest Value Comparable ^{2,3} Foundation Trust	Lowest Value Comparable ^{1,3} 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	01/09/2019 to 31/08/2020	0.9508 (95% Over-dispersion control limit 0.8904, 1.1231)	01/09/2018 to 31/08/2019	0.9507 (95% Over-dispersion control limit 0.8868, 1.1277)	0.9984 (95% Over-dispersion control limit 0.8909, 1.1224) – better than expected	0.6946 (95% Over-dispersion control limit 0.8865, 1.1280) – 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. 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.
	Percentage of patient deaths with palliative care coded at diagnosis	01/09/2019 to 31/08/2020	52%	01/09/2018 to 31/08/2019	51%	57%	28%	36%	NHS Digital	

² Shelford Group

³ Displayed by NHS Digital

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
Patient Reported Outcomes Measures - hip replacement surgery	EQ-5D Index: 118 modelled records	Apr 19 - Mar 20	Adjusted average health gain: 0.452	Apr 18 - Mar 19	Adjusted average health gain: 0.482	0.462	0.392	0.453	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"> Improve PROMS data collection through the implementation of a new IT system from April 2021.
	EQ VAS: 120 modelled record		Adjusted average health gain: 12.922		Adjusted average health gain: 14.534	15.558	12.199	13.966		
	Oxford Hip Score: 121 modelled records		Adjusted average health gain: 22.549		Adjusted average health gain: 22.457	23.176	20.042	22.315		
Patient Reported Outcomes Measures - knee replacement surgery	EQ-5D Index: 167 modelled records	Apr 19 - Mar 20	Adjusted average health gain: 0.340	Apr 18 - Mar 19	Adjusted average health gain: 0.328	0.359	0.289	0.334		
	EQ VAS: 165 modelled records		Adjusted average health gain: 6.164		Adjusted average health gain: 8.213	10.530	2.955	7.805		
	Oxford Knee Score: 179 modelled records		Adjusted average health gain: 16.707		Adjusted average health gain: 15.773	17.333	15.212	17.356		

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-20 to Feb-21	1.22%	Apr-19 to Mar-20	1.20%	Data not comparable due to differences in local reporting.	Data not comparable due to differences in local reporting.	N/A	PIMS	<p>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.</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 rolling out a 7 day occupational therapy and physiotherapy service across medicine to support early identification, acute treatment and onward referral to for rehabilitation 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.</p>
	Patients aged 15+ - %		7.96%		6.63%	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"> Were you involved as much as you wanted to be in decisions about your care and treatment? 	Score out of 10 trust-wide	2019 National Inpatient Survey	7.1	2018 National Inpatient Survey	7.1	8.8	6.5		CQC	<p>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.</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>

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
<ul style="list-style-type: none"> Did you find someone on the hospital staff to talk to about your worries and fears? 	Score out of 10 trust-wide	2019 National Inpatient Survey	4.4	2018 National Inpatient Survey	5.3	7.7	4.3		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>
<ul style="list-style-type: none"> Were you given enough privacy when discussing your condition or treatment? 	Score out of 10 trust-wide	2019 National Inpatient Survey	8.6	2018 National Inpatient Survey	8.3	9.5	7.9		CQC	
<ul style="list-style-type: none"> Did a member of staff tell you about medication side effects to watch for when you went home? 	Score out of 10 trust-wide	2019 National Inpatient Survey	4.3	2018 National Inpatient Survey	4.5	7.4	3.5		CQC	

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
<ul style="list-style-type: none"> Did hospital tell you whom to contact if you were worried about your condition or treatment after you left hospital? 	Score out of 10	2019 National Inpatient Survey	6.5	2018 National Inpatient Survey	7.4	9.7	6.5		CQC	<p>King's College Hospital NHS Foundation Trust considers that this data is as described as CQC national patient surveys are a validated tool for assessing patient experience</p> <p>King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by launching regular Care Group patient experience reviews with key actions for improvement. National Inpatient Action Plan in place</p>
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends.	%	Q1 2019-20 Q2 2019-20 Q3 2019-20 Q4 2019-20	No data (COVID-19) 72% 79%	Q1 2019-20 Q2 2019-20 Q3 2019-20 Q4 2019-20	76% 76% 67% 77%	No comparable data available at time of writing accounts	No comparable data available at time of writing accounts	No comparable data available at time of writing accounts	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>

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 2020-21	97.6%	Apr-19 to Mar-20	97.2%	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>

Indicator	Measure	Current Period	Value	Previous Period	Value	Highest Value Comparable Foundation Trust	Lowest Value Comparable Foundation Trust	National Average	Data Source	Regulatory Statement
The rate per 100,000 bed days of cases of <i>C. difficile</i> infection reported within the Trust among patients aged 2 or over during the reporting period	rate/ 100,000 bed days	April 2020 – March 2021	92 cases	April 2019 – March 2020	98 cases	National data not available at time of finalising Quality Account	National data not available at time of finalising Quality Account	National data not available at time of finalising Quality Account	https://www.gov.uk/government/statistics/clostridium-difficile-monthly-data-by-nhs-acute-trust	<p>King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons – there were 92 Trust-apportioned cases of CDI (for patients aged ≥ 2) in total; thus the performance target was met, and we achieved a 5% reduction (n=6 cases) compared to the previous year, 19-20.</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> <ul style="list-style-type: none"> • Training of junior doctors as regards review, choice & duration of antimicrobials. • Improve compliance & engage with medical teams • Discuss scores and compliance in team meetings • Increased focus on commode and environmental cleaning. • Document assessment and bowel movements in EPR • Ensure all staff groups comply with training • Ward-based training at handover.

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 2020 – March 2021	18,902 total and 39.40 per 1000 bed days	April 2019 – March 2020	25,859 total and 46.61 per 1000 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 2020 – March 2021	Death: 15 (0.03 %) Serious Harm 89 Severe Harm (0.19%)	April 2019 – March 2020	Death: 26 (0.05 %) Serious Harm 123 Severe Harm (0.22%)	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.

Part 3: Other information



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

Please see table 9 on page 47

Table 9: Overview of the quality of care offered by King's

Indicators	Reason for selection	Trust Performance 2020-21	Trust Performance 2019-20	Peer Performance (Shelford Group Trusts) 2020-21	Data Source
Patient Safety Indicators					
Duty of Candour	Duty of Candour was chosen as high performance is a key objective for the Trust as it demonstrates its positive and transparent culture. The Trust changed its reporting mechanism in April 2017 making it more robust, measuring full compliance rather than spot check audits. The higher the compliance % the better.	97%	>93%	Not available	Datix
WHO Surgical Safety compliance	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.	92.2%	96%	Not available	Local audit of data on Galaxy surgical system
Total number of never events	Outside of Surgical Safety, the Trust has a number of workstreams that aim to reduce the number of Never Events.	5	6	Information available at:	
Clinical effectiveness indicators					
SHMI Elective admissions	Summary Hospital-level Mortality Indicator (SHMI) is a key patient outcomes performance indicator, addressing Trust objective ‘to deliver excellent patient outcomes’.	0.63 (95% CI 0.49, 0.79) – Better than expected	0.83 (95% CI 0.68, 1.00) – Better than expected	0.67 (95% CI 0.63, 0.71) – Better than expected	NHS Digital data via HED, period: November 2019 to October 2020
SHMI Weekend admissions		0.95 (95% CI 0.88, 1.03) – As expected	0.95 (95% CI 0.87, 1.02) – As expected	0.98 (95% CI 0.95, 1.0) – As expected	
Patient experience indicators					
Friends & Family – A&E	Patients discharged from Accident & Emergency (types 1/2) who would recommend the Trust as a provider of care to their family or friends	Not available due to suspension of reporting due to COVID-19.	74%	Not available due to suspension of reporting due to COVID-19.	NHS England national statistics
Friends & Family – inpatients	Inpatients who would recommend the Trust as a provider of care to their family or friends	Not available due to suspension of reporting due to COVID-19.	95%	Not available due to suspension of reporting 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	Not available due to suspension of reporting due to COVID-19.	86%	Not available due to suspension of reporting due to COVID-19.	NHS England national statistics

Performance against relevant indicators

Table 10: Performance against relevant indicators

Indicators	Trust Performance 2020-21	Trust Performance 2019-20	National average	Target
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	60.5%	78.7%	61.6%	92.0%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	83.0%	71.5%	86.9%	95.0%
All cancers: 62-day wait for first treatment from Urgent GP referral for suspected cancer	69.5%	72.2%	75.1%	85.0%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	69.2%	86.3%	75.1%	>99%
<i>C. difficile</i> :	95 cases	97 cases	n/a	110
Maximum 6-week wait for diagnostic procedures	63.6%	91.6%	61.8%	>99%
Venous thromboembolism risk assessment	98.4%	97.8%	n/a	95.0%

Access to services

The Trust's operational response to the first wave of COVID-19 at the start of the 2020/21 financial year and the second wave from early December 2020 has had a profound impact on the achievement of elective access targets during 2020-21.

Consistent with 'Next Steps on NHS Response to COVID-19' issued by NHSE/I, the Trust limited elective inpatient admissions to urgent and life threatening cases during both the first wave and second wave, generating a 35.9% decrease in admitted elective patients seen (including day cases) and a 22.1% decrease in tertiary admissions. In parallel, the Trust implemented restrictions on e-Referral Service (eRS) so that only cancer two week wait and clinically urgent referrals were being accepted, with appointments being seen on a virtual basis where practical to do so. These actions significantly reduced the number of patients coming onto our hospital sites for elective surgery, attendance at outpatient clinics, and/or for diagnostic tests, which has greatly increased the average waiting times for key elective access targets.

We have transformed our outpatient services at pace to meet infection control standards required in response to the COVID-19 pandemic. Overall outpatient attendances have reduced by 18.8% compared to previous year due to enforced service cessation, but the number of non-

face-2-face attendances has increased by 192.6% (over 132,040 appointments).

The Trust's ED four-hour performance based on monthly ED Sitrep return submissions is 83.2% for the period April to February 2020-21, which is an improvement compared to the performance level of 71.5% achieved for April - March 2019-20. Performance has improved on both the Denmark Hill and PRUH sites this year compared to 2019/20. We have seen fewer patients attending our Emergency Department (ED) and urgent care centres on both the Denmark Hill and PRUH sites this year, with a 28.3% overall reduction in patients seen at a Trust level for the period April to February 2020.

Cancer referral demand in Q1 of 2020/21 reduced to 49% of referrals received in the same period of 2019/20 due to the impact of the first COVID-19 wave. The elective activity restrictions have also meant an increase in diagnostic and treatment delays impacting our ability to meet with 31 and 62-day cancer standards.

Diagnostic and endoscopy service demand and activity was greatly reduced in the first part of the year due to COVID-19 leading to an increase in the diagnostic waiting list from 9,740 patients waiting at the end of April 2020 to an in-year high of nearly 14,000 patients

waiting by the end of October 2020. We had seen a recovery in our performance from 39.7% of patients waiting less than 6 weeks for their diagnostic test to 81.7% in November as diagnostic services were brought back on-line, however during the second COVID-19 wave subsequent activity restrictions have meant that performance worsened again with only 40% of patients waiting less than 6 weeks compared to the 99% target at the end of February 2021.

Referral to Treatment (18 Weeks)

Delivery against the Referral to Treatment (18 Weeks) performance standard continued to be a challenge for the Trust during 2020-21. The total RTT waiting list has reduced by over 14,100 pathways due to the demand restrictions that have been imposed by the two COVID-19 waves during the year. There are over 60,330 patients on our RTT waiting list, and based on the latest publicly published data, King's has the 11th largest waiting list in England. The volume of completed pathways for the period April to February 2021 reduced by 21.5% compared to last year.

During 2019/20 the Trust continued to work with other NHS and independent sector hospitals 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 196 patients waiting over 52 weeks at the end of the last financial year. With the reduced elective activity that was delivered from March 2020 onwards as part of our operational response to COVID-19, the number of patients waiting over 52 weeks increased to 6,813 patients by February 2021, including over 1,800 patients waiting in both Oral Surgery and Ophthalmology.

During 2020/21 the Trust continues to work closely with local commissioners and providers to secure access to Independent Sector capacity to reduce the backlog that has developed for cancer as well as long waiting patients. These actions also link with Trust transformation programmes in outpatient re-design and digitisation, as well as theatre productivity improvement programmes to maximise the use of our day case and inpatient theatres and outpatient clinic throughput in-week. We have also implemented a new pre-operative assessment system (Synopsis) initially at the PRUH and South Sites to increase the pool of patients who are assessed as fit for surgery and to reduce the number of on-the-day cancellations.

Cancer Treatment within 62 Days

Urgent 2-week rule GP referral demand has decreased by 22.2% when comparing April 2020 to February 2021 against 2019/20, with significant reduces observed in Colorectal Surgery, Dermatology and Gynaecology. As services resumed post-COVID-19 wave one, our 2-week wait compliance improved during the year achieving the

national 93% target in November and December 2020, and the Trust is currently achieving the target for March 2021.

We have not been compliant with the 62-day GP referral to treatment standard during 2020-21, where we have reported an average monthly performance of 69.4% compared to the national 85% target.

Our cancer waiting time programme has remained suspended during to the second COVID-19 wave. PRUH pathway mapping workshops were held in November 2020 to highlight new themes and areas for improvement. The root cause analysis review process was additionally re-commenced in November Trust-wide.

Increased numbers of suspected cancer patients referred are being triaged in telephone assessment clinics, and more virtual clinics introduced 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, and there are a number of diagnostic modalities where available capacity has been exceeded by demand; notably in endoscopy. There was a particular capacity gap within the PRUH endoscopy service which resulted in a significant backlog of patients on the activity diagnostic (DM01) waiting list as well as surveillance patients.

The Trust has continued to increase its use of Independent Sector endoscopy capacity particularly at BMI Chelsfield Park and Shirley Oaks, as well as at Lyca Health Care. On-site Trust capacity has been focussed on inpatient, urgent and 2 week wait suspected cancer demand.

Radiology continues to utilise additional capacity including the use of independent sector providers and mobile imaging scanners, in order to meet the changes in pathways and demands from cancer and emergency pathways. There is a significant volume of long waiters in MRI, particularly on the Denmark Hill site with capacity running at circa 60% pre-COVID-19 levels towards the end of the year. Recovery plans are being balanced alongside two major equipment replacement programmes for MRI and CT scanners.

Emergency Department four-hour standard

Achievement of the Emergency Department four-hour performance standard continues to be a significant challenge at King's despite reduced Type 1 and Type 3 attendance levels, particularly on its Denmark Hill site.

Four-hour performance at the Denmark Hill site was below 71% at the end of 2019/20 and achieved 91.8%

in July 2020 in a period where reduced numbers of patients were attending the department during wave one of COVID-19. Performance has since deteriorated to 62.2% in January 2021, but improved to 77.8% for March 2021. Attendance levels have been 69.3% of those observed in 2019/20.

As the number of COVID-19 patient attendances have reduced in Feb/March of 2021, all areas within the Emergency Department including the Medical ACU have re-opened on the Denmark Hill site. Swab turnaround times have improved since the implementation of ePlex which has been operational in the ED from 8am to 8pm. The Urgent Treatment Centre has also been re-tendered with plans to the service in place by September 2021.

On the PRUH site performance was achieving the 95% national target between May and July 2020 with a monthly average of 88.1% achieved for this financial

year. Attendance levels have been 74.4% of those seen during 2019/20.

At the PRUH, a joint ED and Acute Improvement Group has been established alongside senior medical, nursing and operational leads to review scope and effectiveness of ambulatory care models in line with national guidance on same day emergency care. Focus of the group includes delivery of the ten national presenting conditions, workforce models required to support acuity and demand, and operational hours of the ambulatory units.

Investment approval has also been given for two modular buildings to be co-located with ED and allow establishment of dedicated older person's assessment unit mental health assessment unit and an extended emergency waiting room area.

Freedom to Speak Up

Fostering a culture that encourages workers to speak up, as a normal aspect of their job, produces a healthy working environment. Listening to workers, helps reduce risk, prevent harm to patients and leads to improvements. It is also essential in making workers feel valued and supported.

At King's, we firmly believe that listening to workers is everyone's business. In 2020/2021, we have taken a proactive approach to identifying hotspots of poor workplace culture and barriers to speaking up. We believe that a supportive 'speak up' culture is one where we are all able to voice concerns about any issue, knowing that it will be well received and the right action taken. Where we can share ideas, seek advice, offer feedback, challenge decisions and speak without fear of repercussions.

In our determination to embrace a 'speak up', 'listen up', 'follow up' culture at King's, we have recruited a substantive full time post holder as the Freedom to Speak Up (FTSU) Guardian. We listened to our previous Guardian, (who had a substantive full time clinical role as well) and recognised that the FTSU role required the development of a full time post.

In July 2020, the Investment Board approved a business case submitted by the previous Guardian and Executive Lead for Freedom to Speak Up, for the appointment of a substantive 8b post. There is clear evidence that trusts with a full time FTSU Guardian have higher reporting and a safer culture. The King's full time Guardian took up post on 28 September 2020. At the same time, we also approved a non-pay budget for promotional materials, communication and training strategies.

Our Guardian is supported by a full time band 4 FTSU Support Officer, who came into post on 27 January 2021. As Vice Chair of the London Regional Network of Guardians, the King's Guardian not only represents our trust, but also our region, with the National Guardians Office (NGO). Through that contact they are able to ensure wider learning and best practice is brought back to King's.

The spread of King's staff across a number of sites and our engagement with significant numbers of contractors on site means that there are still challenges to overcome in ensuring full visibility and access to the FTSU service for all 'workers', including agency, bank staff, and volunteers, not just those staff directly employed by King's.

Looking back on the last year 2019/20

COVID-19 has had an impact on everybody. We recognise that there will be long term impacts on both the personal and professional lives of NHS workers and as a consequence, speaking up is even more important.

NGO reporting categories

The NGO requires Guardians to specifically identify concerns that involve elements of bullying and harassment and/or patient safety. From 1 April 2021 'Worker safety' has been added as a category. Also, the term 'detriment' has been replaced with 'disadvantageous and/or demeaning treatment'.

Nationally - 2019/20 NGO data:

- 36% of cases reported by Guardians had an element of bullying and harassment
- 23% of cases related to patient safety issues
- 13% of cases were reported anonymously
- 3% of those raised concerns regarding detriment

King's Cases

The breakdown of concerns reported at King's for 2019/20 and 2020/21 is detailed in table 11 below. For

the purpose of this report, categories have been aligned to NGO data reporting requirements.

Table 11: Breakdown of concerns reported at King's for 2019/20 and 2020/21

Quarter	Number of cases	Anonymous	Patient Safety / Quality	Bullying and Harassment	Reported detriment after speaking up
2019/20					
Q1 19/20	34	0	10	4	1
Q2 19/20	31	1	5	2	0
Q3 19/20	28	0	3	8	0
Q4 19/20	33	6	8	15	1
Total 19/20	126	7	26	29	2
2020/21					
Q1 20/21	41*	7	9	13	0
Q2 20/21	20	6	10	8	0
Q3 20/21	43*	0	8	15	4
Q4 20/21	45*	3	14	18	2
Total 20/21	149	16	41	54	6

* The COVID-19 pandemic, may be a caveat to higher case numbers as concerns regarding, vaccination, social distancing and PPE (first wave) were raised.

Analysis of King's data

(Please note, the figures for FTSU cannot reliably be analysed against the staff survey results, as FTSU is accessed by all 'workers' not just staff)

- In 2020/21, 146 concerns were raised, compared to just 126 in 2019/20. This represents an increase of 18% and of those 149 cases, 60% have been raised since 1st October, which coincides with the appointment of the full time Guardian.
- Anonymous reporting has reduced by 50% in the last 2 quarters of 20/21, compared to the same period last year. Of the anonymous concerns reported for Q4 20/21, 1 relates to PRUH, 1 Orpington and 1 at Denmark Hill (a detailed site by site breakdown will be included in the Annual Report)
- A downward trend in anonymous reporting and an increase in the number of concerns raised, implies a FTSU culture is being accepted and embedded at King's.
- Concerns involving an element of patient safety totalled 41 cases, equating to 27.5%. Overall an increase of 54% on the previous year. The rising willingness to report these issues, indicates an increased confidence in reporting, when things go wrong. Joint working with the patient safety and early resolution teams to embed a 'just culture' has contributed to this.
- The number of cases reported with an element of bullying and harassment equates to 36.2%. However, not all the cases relate to King's staff and include contract workers. Joint working with employee relations, middle managers and contract leads, is underway to effect cultural change in this particular area.
- The increase in reported 'detriment' is currently an unreliable statistic, as the definition of detriment has previously been open to interpretation. Some Guardians reported detriment in the legal context only, others reported it as disadvantageous treatment. Two of the cases of detriment reported in Q4 relate to staff working for one of our contract partners. The Executive team at King's support the Guardian with the message, 'Those who speak up, will not be disadvantaged'.
- Nursing and Midwifery remains the highest reporting group under FTSU, followed by Administrative and Clerical. However, this is to be expected as registered nurse/midwives account for 34.5% of trust staff. Administrative and clerical employees represent 19.35% of staff. A full breakdown of professional groups/level of workers raising concerns will be included in the FTSU Annual Report.

Areas of concern highlighted in the 2020/21 report, identified for improvement in 2021/22

Those facing barriers to speaking up

Many of the staff falling within this category are from ethnic minority and/or low pay working groups. To address this issue, the Guardian has established joint working with the Equality and Diversity and Inclusion teams and with the companies providing contract staff to the trust, to ensure they can access Freedom to Speak up. The Guardian is also a member of King's Able, the trust disability network

FTSU Ambassadors did not reflect the workforce

Between 1 October 2020 and 31 March 2021, 68 Ambassadors were recruited to support the FTSU culture at King's. Currently, 55 are based at Denmark Hill and 13 at the Princess Royal Hospital, Orpington. Ambassadors are supported by a supervision framework. The Guardian is in the process of delivering a bespoke training package. Ambassador ethnicity reflects the diversity of the workforce at King's, with 73% of Ambassadors from BAME or recognised disadvantaged groups
Lack of FTSU training for all staff

Training for all workers is now available on our learning platform. The Guardian has worked closely with the Organisational Development Team, to ensure training is embedded trust-wide. The NGO core training is available for all staff to complete. Training of Senior/Middle managers is strongly encouraged and disseminated through leadership programmes and meetings. The Guardian is highly visible and attends many team meetings to deliver training on FTSU. Due to COVID-19, the use of Teams for team meetings has enabled the Guardian to deliver training to all sites.

Lack of trust- wide awareness of FTSU

Since 1 October 2020, a proactive communication campaign has been in place to raise awareness and accessibility of FTSU. Joint working with employee relations, recruitment EDI, network leads, communication and wellbeing teams, has been successful in increasing knowledge. A budget provided for promotional materials, has ensured all workers have access to the FTSU confidential email address and phone number. A snapshot awareness survey, current live on the trust intranet demonstrates that 80% of King's staff know how to make contact with the FTSU Guardian and 70% of respondents answered that they felt confident to speak up.

The trust intranet has been updated to ensure FTSU information is easily accessible for all staff and workers.

A lack of a Just culture

The FTSU Guardian is working jointly with the Early Resolution team, for an approach that seeks to change and improve, rather than to blame. The FTSU Guardian is also working with the Patient Safety team and clinical leads. Listening events are carried out in areas with multiple concerns. This method has helped to establish themes and allow workers a voice in a confidential environment, leading to improvements for staff and patients.

Poor performance on Freedom to Speak Up Index

The FTSU Index allows trusts to see how any aspect of their FTSU culture compares with other organisations, so learning can be shared and improvements made. In the 2021, National Staff Survey, there will be an additional question relating specifically to access to Freedom to Speak Up.

The quarterly data submitted by the trust Guardian, is also used to inform the FTSU Index. The 2020 Index report was the second time an index had been published. In 2019 King's was one of 40 trusts which had the greatest overall decrease in the index (scoring 75%), implying that the FTSU culture at King's required improvement.

In the 2020 Index, King's score was 75.3%. The highest scoring trust achieved 86.6% and the lowest 68.3 %. Trusts with the highest index score are usually those rated good or outstanding and employ full time Guardians.

Incomplete Board Self-Review Tool / Board Assurance

In the 2019/20, Quality Accounts the trust reported that completion of the Board Self-Review Tool was outstanding. The tool allows the Board to reflect on what it perceives King's culture to be. The tool has now been made a live document and is managed by the Board Secretary.

The FTSU Guardian has direct access to the Chief Executive, Executive Lead for FTSU (Chief Nurse), Chair and Non-Executive Lead for FTSU (Nicholas Campbell-Watts). Scheduled meetings take place with the Executive Leads and CEO, on a monthly basis and include the Chair every quarter.

FTSU focus for 2021/22

The overall increase in the number of cases is a positive indicator of an improving trust culture, regarding FTSU. Going forward, the Guardian intends to build on the foundations of the last six months.

At King's, it is recognised that managers should be the first point of contact for workers raising a concern and do play a key role in fostering a culture where speaking up is valued. However, it is recognised that managers may also feel vulnerable when people speak up, particularly if the issue is personal or undermines their role. Managers

need support to listen without judgement and use the information to improve and share learning. From 1 April 2021, managers and senior leaders at King's will be encouraged and supported to make a pledge to 'listen up.'

It is acknowledged that one of the reasons why workers do not speak up, is because they don't believe anything will change. Embedding a follow up culture is essential. Working with the leadership team, the Guardian will ensure concerns are followed up, lessons learned and those who speak up are thanked.

Rota gaps and the plan for improvement

Consolidated annual report on rota gaps

In 2020-21, Health Education England (HEE) were unable to provide junior doctor trainees for 139 posts and put on hold filling an additional 40 junior doctor trainee posts. This puts additional strain on Specialties to fill these gaps

with local recruitment in addition to their own Trust junior doctor posts. The monthly breakdown is shown below in table 12.

Table 12: HEE rota gaps and hold gaps 2020-21

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
HEE Rotation Gaps	13	2	3	0	34	15	20	6	10	0	26	10
HEE Hold Gaps	7	0	0	0	16	3	2	0	12	0	0	0

Plan for improvement to reduce these gaps:

- Where registrar positions are not filled additional trainees may be available from HEE to fill the gaps.
- For posts which prove difficult to appoint to, clinical fellows are appointed and locums utilised to temporarily cover positions.
- Recruitment is also undertaken in anticipation depending on skill mix within the care groups.
- Ensure schemes such as the Medical Training Initiative (MTI) are being fully utilised for International Recruitment and working closely with the Royal Colleges.
- Continue to introduce roles such as Physicians Associates to support Junior Doctor rotas.

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 2020/21

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 Trust for the opportunity to comment on its 2020/2021 Quality Account. The Quality Account has been produced in the most unprecedented circumstances and the South East London Clinical Commissioning Group wishes to acknowledge the enormous amount of work undertaken by King's College Hospital NHS Foundation during the pandemic and would like to thank staff for their continued endurance, compassion and commitment shown by all of the staff. Special recognition is also given to the volunteer workforce who supported the Trust throughout the year.

The South East London Clinical Commissioning Group continued to work with and support King's College Hospital NHS Trust and have attended their serious incident meetings in lieu of the Clinical Quality Review Group which was stood down from March 2020. The fact that the Trust was awarded the Health Service Journal's Workforce Initiative of the year in March 2021 is testimony that their staff have a commitment to deliver safe care throughout the pandemic.

The CCG recognises the work undertaken to achieve the quality priorities set in 2019/2020 and acknowledged that some were affected as a result of the pandemic. The work undertaken to improve documentation of observations is noted as is the standardisation of education in relation to deteriorating patients and learning from incidents within this category. The work being undertaken to address and improve violence and aggression against staff is to be commended including

the introduction of conflict resolution training. Other notable activities are:

- The progress made with the involvement of patient representatives.
- The identification of core themes based on the results of various surveys.
- The progression of the digitised platform for outpatients.
- The ongoing work for patients who suffer from chronic obstructive pulmonary disease.

The Quality Account demonstrates that despite the pandemic quality improvements continued and also identifies areas where work is continuing. We commend the work undertaken to date and look forward to their continued determination in providing a quality service and endorse the new quality priorities for 2020/2021. We look forward to continuing our collaborative approach to quality improvement via attendance at their Quality, People and Performance Committee and via informal meetings with the Director of Nursing, Corporate Medical Director Quality, Governance and Risk in the year ahead.

Yours sincerely



Kate Moriarty-Baker
Chief Nurse

Caldicott Guardian
NHS South East London CCG

Healthwatch Bromley, Healthwatch Lambeth, and Healthwatch Southwark' comments on KCH's Quality Account 20-21



General comment:

We would like to highlight that this is the first time Healthwatch Bromley, Lambeth and Southwark are collectively providing a joint statement on King's College Quality Accounts, and we appreciate the opportunity to comment as 'critical friends' on KCH's Quality Account. Our responses are based on the experience of the public and service users which have been shared with us as we aim to promote the voice of patients to improve care.

We appreciate that the pandemic has had impact on the delivery of health services, with King's College Hospital at the forefront in responding to the needs of COVID-19 patients whilst continuing with the other non-COVID-19 related matters. Despite the challenges, the Trust has had some successes.

There is also an appreciation of the relationship that the Trust has built with the three Healthwatch. In particular, we commend the Patient Engagement and Experience Team for reaching out to us on relevant projects or accommodating us as we scoped engagement activities with King's patients.

Given the time that was given for us to respond to the report, our comments are not exhaustive. Nevertheless, we tried our best to highlight some aspects that are common to all three London boroughs. However, we would appreciate being given sufficient time and would expect this improves next year.

Specific comments:

Old priorities – all 'partially achieved'

Priority 1 - Reducing harm to deteriorating patients

We highly commend the training of staff in recognising and treating rapidly deteriorating patients, especially in the context of the pandemic. It may be worth exploring non-clinical factors of deterioration, for example patients not being listened to, and engaging patient experience on this.

- It is commendable to see the Trust engaging and listen to staff feedback, particularly in respect to having training around the role of human factors in patient deterioration and we are happy to see the patient stories are included in this training.
- We are unsure whether it is fair to claim that Aims 2 and 3 have been achieved since both projects have been suspended. We thought that 'partially achieved' may be more appropriate.
- In regard to the Harm Free Care quality improvement project, we feel that it would be a great opportunity to feed patient experience into it. This, for example, could be in the form of consulting with patients in well-managed cases and incidents to see what could be learnt and applied.
- It is good to hear that the need for improvement in the care of deteriorating patients has been prioritised, including an increased observation. We would like to see more results from those observations.
- In relation to aim 2, as it has been rightfully indicated, there are many variables to be considered when reviewing and standardising education in relation to deteriorating patients. It would be good to see evidence to show that staff training resulted in the decreased mortality of patients with COVID-19 during the second wave.

Priority 2 - Reducing violence and aggression to staff and increasing patient safety

- It is great to read about the listening events, including opportunities for staff to feedback and the inclusion of staff ideas to reduce violence. It would be good to know the numbers of staff that were able to attend.
- We are also pleased to see the support for staff in these situations especially, as highlighted in Aim 3, ensuring staff are provided with tools during the pandemic and being flexible by providing bite-sized training on preventing and managing violence.

Priority 3 - Improving patient experience for inpatients, outpatients, emergency departments, maternity services and cancer services

- It is very encouraging to see the interest and uptake with the Involvement Registry and that so many patients expressed an interest in further involvement. It would be good to know how many of the 200 people were engaged further and how many have continued to be involved.
- It would also be useful to know the demographics of those patients who are involved, and whether plans are in place to increase patient engagement amongst underrepresented groups.
- We are also glad to read about patient involvement being used to make a difference, especially the virtual patient reference group for 'Improving nutrition and hydration for inpatients. We look forward to seeing continued commitment and progress in patient and public involvement within KCH.
- It is also great to hear about the use of 'discharge booklets. The lack of information at post-discharge was a concern that people have told us about over the year. It would be good to know more about the contents of the booklets.
- Regarding the outpatient digital programme, it would be good to know whether patients' potential barrier to access - e.g., visual impairment, having no working phone or computer, low bandwidth, or data plans - have been recorded in their records, to ensure they receive the most appropriate, efficient communication.
- The 'two-week wait' cancer pathway is very good as there are separate teams to sort out any problems for the patients.
- There is also an excellent Cancer Advisory Service run jointly by KCH and Macmillan.

Priority 4 - Improving outcomes for people with Chronic Obstructive Pulmonary Disease (COPD)

- It is great that despite the challenges of the pandemic, that effort was made to directly consult with patients to define outcome metrics for Chronic Obstructive Pulmonary Disease.
- However, we feel it would be more appropriate to mark this priority as 'Not achieved' rather than 'Partially achieved' as no implementation has taken place – which we understand is related to the pressures of the pandemic.
- Currently, we are unclear if the project has been suspended indefinitely or will continue into its second year at a later stage. If it does continue, it would be good to see the plans for Aims 3 to 6.

New Priorities

Priority 1: Reducing harm to deteriorating patients

- We have heard feedback over the past year, including at King's, that patients can feel they are not being listened to because of discrimination, for example against their age or migration status. In certain cases, this has led to harm or worsened outcomes. We feel it is important to acknowledge that discrimination can underpin the lack of communication and not seriously taking patients concerns.

Priority 2: Long COVID

- We highly commend this as a priority, as a lack of support for people with Long COVID is something we have heard about this year and raised with KCH and GSTT.
- It is great to see KCH is linking with GSTT, but it would be good to see mental health acknowledged or included in the work – for example through a link with SLaM.
- It is also important to us that patient eligibility for Long COVID clinics is wider than in the past and reflects current knowledge on the range of symptoms (e.g., that have been documented on the Zoe app). Local people have raised concerns that those with Long COVID that are too ill for the GP, but do not have respiratory issues, fall through the gaps.
- There is an appreciation of making 'Long COVID' a priority.

Priority 3: Improving patient experience of inpatient's services

- It is great to see plans to improve communication between patients and health professionals, but we would like to know more about how this will be achieved. What strategies or system will be out in place and by when?
- There had been some feedback from service users that some KCH staff do not seem to communicate well with patients and whilst policies are in place to keep patients informed, it seems they are not always followed.
- The KCH telephone system, with most phones being outgoing only or never answered, is a serious problem which has presumably been made worse by COVID-19. This needs to improve for better overall patient experience.
- Patients reported that their experience of staff attitude/behaviours varied. Whilst some are extremely polite, there are a few who are rude to patients. There are also staff members who may benefit from disability awareness training to better support people with disabilities.

Priority 4: Reducing violence and aggression to staff and increasing patient safety

- We note entertainment systems and Wi-Fi are included in actions to reduce violence and aggression and are keen to know if this is based on any patient engagement or external research.

Performance against core indicators

- The decline against waiting times targets is concerning, but we understand the huge impact of COVID-19.
- It would be good to know about longer-term recovery plans to reduce waiting lists. There is some information on 2020/21, but it would be useful to know about plans for 2021/22.
- Following our qualitative report on the experiences of people waiting for hospital treatment, it would be great to see some focus on improving the experience of waiting, for example improving communication.
- During the first wave of the pandemic, some patients have had to wait until September 2021 for their surgery but the communication about this was lacking and made with very short notice. This impacted on the mental health of patients with long term health needs.
- As the use of independent sector services increases to manage waiting lists, we have concerns about record-sharing and communication between services, and with patients. Particularly in Healthwatch Southwark's report Waiting for Hospital Treatment,

we heard about experiences of appointments being missed, miscommunication, and poor communication between hospitals.

Some areas that need further clarification or inclusion:

Targets VS Outcomes. We would like to see some indicators that show certain aims are achieved. Also consider including some baseline data against which you measured the achievements.

Mental health. There is currently very little mention of mental health as experienced by service users and how KCH addressed their needs, particularly maternity mental health, and young people's mental health. With the current pandemic, we would love to see mental health made a priority.

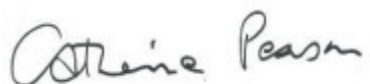
Transition of young people with mental health needs. We would like to see how KCH is supporting young people's transition to adulthood or independence, including the transition from child to adult services. In particular, please elaborate on the engagement of the Trust with primary care and community and voluntary organisations.

We are grateful that KCH has thrived during the pandemic. We hope to work with you more in the coming years as we jointly plan to improve service users' experience of health and care. We hope to continue our partnership as we recover from the pandemic and share learning from it.

Thank you very much.
Yours truly,



Marzena Zoladz
Healthwatch Bromley



Catherine Pearson
Healthwatch Lambeth



Shamsur Choudhury
Healthwatch Southwark

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

King's College Hospital NHS Foundation Trust Quality Account for 2020-2021.

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 2020/21. 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 received at time of publication

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

No feedback received at time of publication

Trust Governors, feedback:

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

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

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2020-21 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 2020 to March 2021
 - papers relating to quality reported to the board over the period April 2020 to March 2021
 - feedback from commissioners dated 21/06/2021
 - feedback from governors dated 27/05/2021
 - feedback from Bromley, Lambeth and Southwark Healthwatch organisations dated 08/06/2021
 - feedback from Overview and Scrutiny Committee 28/05/2021 (Bromley), 27/05/2021 (Lambeth) and 28/05/2021 (Southwark)
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/06/2021
 - the national patient survey July 2019
 - the national staff survey March 2021
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated 29/04/2021
 - 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.

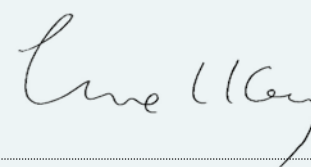
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Date
Chairman



Date
Chief Executive



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

Due to the COVID-19 pandemic, NHS providers are not expected to obtain assurance from their external auditor on their quality account / quality report for 2020/21.





King's College Hospital
NHS Foundation Trust