NHS
King's College Hospital
NHS Foundation Trust

Quality Account
2021-22

OUR VALUES: AT KING'S WE ARE A KIND, RESPECTFUL TEAM

KIND **RESPECTFUL** **TEAM**

Contents

2005
King's performs the UK's first clinically successful islet transplantation in a Type 1 Diabetes patient

2008
King's is the first hospital in the country to take part in KingsCord

Emmacular brachytherapy is first performed in the UK at King's

2009
King's Health Partners is established

2010
The Cicely Saunders Institute, the world's first for palliative care, is opened

A 6-year-old boy at King's is the world's first patient to have a heart operation with MRI guidance

2011
The Hyper Acute Stroke Unit opens at the PRUH

24 hours in A&E (filmed at King's) debuts on Channel 4

The world's first injection of donor liver cells is undertaken at King's

2012
The King's Volunteer scheme launches

King's successfully carries out retinal implant (microchip) surgery

2013
The PRUH, Orpington, Queen Mary's Sidcup and Beckenham Beacon join King's College Hospital NHS Foundation Trust

The National Parkinson Foundation designates King's a centre of excellence

2014
King's nurses take part in pioneering diabetes therapy, providing psychological support online

2015
A cancer patient is the world's first to monitor their condition through a chemotherapy app

2016
Launch of the helipad at King's

2017
King's develops virtual MRI app for children

Cancer patients at King's are among the first to participate in the Government's "100,000 Genomes Project"

2019
King's becomes the first in Europe to implant a new generation brain stimulation device to treat epileptic seizures

King's performs Europe's first combined liver and small bowel transplant from a live donor

2018
King's becomes the first in the UK to perform fetoscopic surgery on babies with spina bifida in utero

King's becomes the first hospital in the UK to use CAR-T therapy to treat adult patients with lymphoma

2021
The new Critical Care Unit at KCH opens

The Trust wins the 2021 Workforce Initiative of the Year Award (HSJ)

King's completes its 1000th heli-pad landing

2020
King's was the first site in the UK to enrol patients on to the trial of Remdesivir for COVID-19

King's co-develops Kidney Beam, a national wellbeing platform to support patients with kidney disease

King's participates in multiple COVID-19 studies including RECOVERY, SIREN, and the Novavax clinical trial

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 provides an overview of the great progress we have made to improve the care provided for our patients. I am very proud of the commitment of our teams at King's to further improving the quality of care we provide mindful of the unique operational challenges that the last two years have created. This report acknowledges and celebrates our successes.

Our new Trust strategy, Strong Roots, Global Reach, launched in 2021 and it sets out our ambitious vision for the future of King's. Our vision is to be BOLD – to have brilliant people; to provide outstanding care; to be leaders in research, innovation and education and to have diversity, equality and inclusion at the heart of everything we do. The quality priorities which we have set for 2022-23, in conjunction with our valued stakeholders, have been developed to align with and build upon our BOLD strategy.

It is incredible to think about the events in the NHS over the last two years. So much has happened since the WHO first declared COVID-19 should be treated as a pandemic. We will never forget the devastation it has caused. We should also however, remember how many lives were saved during that time by the expertise, skill and courage of staff at King's and across the NHS.

Data from the start of the pandemic to the end of November 2021 shows that King's was one of the busiest Trusts in the country for treating COVID-19. We treated 7,341 patients with the virus, and we continue to treat many more. Crucially, data for the same period shows that the survival rate for COVID-19 positive patients under King's care was 83.6% which put us in the top 20% of Trusts in the country. I am incredibly proud of the extraordinary efforts of each member of staff at King's who played their part in treating patients with the virus whilst also maintaining many other vital and life-saving patient services at the same time.

The Trust has also played a significant role in supporting the vaccination program in South East London. We have delivered over 290,000 vaccinations to our local community, our patients and staff, as well as care home patients and staff, other healthcare workers and social care staff.

The long term effects of COVID-19 have become known as 'long COVID'. Given our volumes of COVID-19 patients, it is only right that King's was one of the first Trusts to establish COVID-19 follow-up clinics. The ground-breaking research undertaken in these clinics informed the NICE guidelines on managing the long-term effects of COVID-19. The focus of this Trust quality priority was to ensure that we are supporting patients with Long COVID to achieve the best possible health outcomes. We have made fantastic progress as we have delivered on this quality priority this year, and it's a wonderful example of the benefits of collaborations with our South East London colleagues. King's uses the English National Opera Breathe Programme to support patients with recovery from Long COVID. This is a breathing and wellbeing programme developed specifically for people recovering from COVID-19 who are still suffering from breathlessness and associated anxiety.

In March 2022, thanks to generous funding from King's College Hospital Charity, the Patient Entertainment System was officially launched. This has brought a world of entertainment to patients' bedsides, relieving boredom and connecting patients to the everyday world during their stay in hospital. The portal includes TV, radio, magazines, games and much more. Patients and their families can access this for free through their own devices. We have also introduced a tablet loan service to ensure that all of our inpatients can access the service. Delivering this improved experience was one of our key commitments in our Quality Account last year, and I have been delighted to hear about the high uptake and positive feedback from patients across all sites.

I am particularly pleased that we have been able to deliver on all of our commitments to our quality priority on reducing violence and aggression to staff and increasing patient safety. Our staff survey results over recent years demonstrate that our staff are experiencing some of the highest levels of violence and aggression nationally and reducing this is rightly one of our priorities. We welcomed a new Violence Reduction Matron who took up post in September 2021. This post, one of the first established by an acute trust nationally, is responsible for progressing the violence reduction work streams and implementing learning, ensuring that our approach is clinically led.

Our clinical teams continue to impress me with their patient-centred innovations including:

- Daycase Joint Replacement Service which we anticipate growing substantially over the next few years to enhance both quality and experience
- Implementation of a 7 day thrombectomy service which means that we offer the second biggest service in London
- In collaboration with our One Bromley partners the Trust received national recognition for its work in support of Single Point of Discharge assessment
- From January 2022, Kings Kidney Care became the first renal service in London to provide night-time haemodialysis, giving patients the opportunity to have their haemodialysis treatment provided overnight whilst they sleep. Evidence suggests that people who have their dialysis overnight achieve improved patient outcomes, and importantly feel better too! Our first patients at the Tessa Jowell Health Centre in Dulwich tell us that their lives are becoming more socially and professionally functional and that coping with the disease is more manageable.

We recognise that outstanding care is not just about delivering excellent clinical outcomes. It is also about making sure that our patients feel listened to and supported. How we manage and keep their belongings safe reflects how we care for and respect our patients as individuals. In response to patient, relative and staff feedback we have recently launched new patient property products and processes. This includes a general property bag made from cardboard which helps to ensure that property is packed and presented in a dignified way; a new valuables tamper proof bag and a washing bag. There is also a new denture pot, with a clear lid to avoid unintended disposal of dentures, whilst maintaining dignity. We know that these changes make a real difference to our patients and staff, and importantly all of the new products are recyclable so they will also make a real difference to our environment.

Our estate does sometimes provide challenges for delivering the standard of care that our patients deserve, and we continue to invest significantly in making changes which improve the care and experience for patients and for our staff.

We have opened a new state of the art operating theatre complex at our Orpington site. The new facility includes an operating theatre and recovery suite, which will help us to see more patients more quickly. The new operating theatre has three patient recovery bays, as well as staff changing facilities. One of our commitments in our new strategy is towards sustainability - and the steel used in the new theatre is 25% recycled content. The facility was also built in an off-site factory before being delivered to Orpington, meaning 90% of the waste produced could be recycled. These are small steps in terms of protecting the environment, but important ones nonetheless.

Last year, we restarted work on the Critical Care Unit at the Denmark Hill site and commenced the construction of a new Outpatient Centre, to be called the Willowfield Building. The latter is an enabling development to our Modernising Medicine Programme. We were able to open a new Haematology Assessment Unit site within the main hospital building and a new Outpatient Therapies centre and Trust offices at Coldharbour Works.

We also completed a number of extensive refurbishments, including our Liver Transplant Theatres, Davidson Ward, Matthew Whiting Ward (for patient discharges), Paediatric Theatre Recovery and the hospital "main street". Our ventilation and water safety improvement programme also delivered a number of important patient environment upgrades across the hospital.

We continue to invest significantly in our people to ensure that they are best placed to deliver world class care. Promoting a culture of lifelong learning is at the heart of King's, and we aim to support the personal growth, education and development of all our staff. I was delighted to see the General Paediatric Team win the Best Training Unit at the London School of Paediatrics PAFTA awards which recognises the very best in paediatric training in the UK.

Over the course of the year we supported the development and capacity of our leadership teams in each of our Care Groups through a 10 month programme of support from the Good Governance Institute (GGI). Consultants from the GGI have worked alongside Care Group leadership teams to assess their maturity in relation to quality governance and support them to develop and implement an improvement plan. This included the development and roll out of a range of quality governance tools and templates. This work recognises the vital importance of quality governance as the foundation for outstanding care and continuous quality improvement.

One of the most significant investments in improving the quality of care at King's is upgrading our electronic patient record. Funding was agreed this year for us to proceed with the Apollo programme to introduce the EPIC electronic patient record. It is designed to improve care for patients, free up time to care by reducing the administrative burden on staff, and support efforts to drive research across our services. The system will also support and empower our patients to be more involved in their own care, via a patient portal. The system is due to launch in October 2023.

We talk a lot about being an anchor organisation, and I am really pleased to see so many examples of this across the Trust. In particular, it is great to see young people with learning disabilities fulfilling internship roles at both Denmark Hill and PRUH. These include Jake, who lives locally and has been interning in the Spar shop at PRUH since January. He said that his internship 'has made me feel like part of King's. No-one seems to notice my autism.'

I have now been Chief Executive for three years and I remain incredibly proud to be have the chance to work alongside our Brilliant People who always go the extra mile in delivering Outstanding Care. We have achieved so much together, and whilst there is much work still to do, I am confident that our BOLD delivery plan will support us to achieve even more.

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
- Outpatient physiotherapy and outpatient occupational therapy at Coldharbour works
- 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 13,750 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 and statements of assurance from the Board

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2.1 Priorities for improvement

Results and achievements for the 2021-22 Quality Account Priorities

Progress with the quality priorities has been affected by the COVID-19 pandemic as 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 2021-22.

Table 1: Summary of results and achievements for the 2021-22 Quality Account priorities

Domain		Quality Account Priority Targets for 2021-22
Patient Safety		
Priority 1	**Reducing harm to deteriorating patients**	**Partially achieved**
Aim 1	Review observation audit cycle to include peer review.	**Partially achieved**
Aim 2	Pilot patient activated trigger e.g. introducing a 'worse / better' question for the patients in their observations.	**Not achieved**
Aim 3	Scorecard to be developed to include the monthly audit and a monthly deteriorating patient huddle to be set up and metrics to be agreed.	**Partially achieved**
Aim 4	Relaunch 'Situation, Background, Assessment, Recommendation', SBAR, and agree communication strategy to support nurse escalation.	**Partially Achieved**
Aim 5	Refresh and relaunch the Deteriorating Patient Committee.	**Partially Achieved**
Aim 6	Implement monthly safety huddle on deteriorating patients.	**Achieved**
Aim 7	Monitor compliance with Deteriorating Patient TNA post-COVID.	**Partially achieved**
Priority 2	**Reducing violence and aggression to staff and increasing patient safety**	**Achieved**
Aim 1	Clearly define the Trust approach to conflict resolution training.	**Achieved**
Aim 2	Roll out comprehensive training package to improve staff confidence in managing complex patients.	**Achieved**
Aim 3	Complete Trust assessment on NHS Violence prevention and reduction standard.	**Achieved**
Aim 4	Roll out patient entertainment system (see quality priority 4, aim 5).	**Achieved**
Aim 5	Develop and embed a comprehensive mechanism for staff support following incidents.	**Achieved**
Patient Outcomes / Clinical Effectiveness		
Priority 3	**Improving outcomes for people with long term effects of COVID-19 ('long COVID' or Post COVID Syndrome)**	**Achieved**
Aim 1	Set up new clinical services to support people with long COVID.	**Achieved**

Aim 2	Measure the outcomes of these services.	**Achieved**
Aim 3	Collaborate and innovate.	**Achieved**
Patient Experience		
Priority 4	**Improving patient experience for inpatients**	**Partially achieved**
Aim 1	To continue delivering the Connected Leadership Programme for nursing and midwifery leaders.	**Achieved**
Aim 2	To improve nutrition and hydration for inpatients.	**Partially achieved**
Aim 3	To deliver an emotional support improvement programme that has been co-designed with our patients.	**Achieved**
Aim 4	To embed, assess and improve our admission and discharge information based on feedback from patients and relatives.	**Partially achieved**
Aim 5	To roll out a new patient entertainment system.	**Achieved**
Aim 6	To improve communication between patients and healthcare professionals on the wards.	**Achieved**

2020-21 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.

Aims and progress made in 2021-22

Partially Achieved: Aim 1 - Review observation audit cycle to include peer review:
Progress has been made in relation to the observation audit cycle. The Business Intelligence Unit (BIU) have established a heat map to track observation frequency. This was reviewed at the Deteriorating Patient Task and Finish Group and it was agreed that key observation metrics would be established as part of the regular Quality Scorecard. Audits and reviews are carried out by iMobile on all ICU unplanned admissions to identify learning. Ongoing auditing of observations will be a part of next year's Quality Priority and the Acute Deterioration CQUIN 2022/23.

Not achieved: Aim 2 - Pilot patient activated trigger e.g. introducing a 'worse / better' question for the patients in their observations:
This work could not be undertaken this year as the Critical Care Outreach team needed to undertake further scoping on how best to pilot this initiative and consider how best to capture the patient's perspective of their deterioration. This will form part of the Deteriorating Patient Quality Priority for 2022/23.

Partially achieved: Aim 3 - Scorecard to be developed to include the monthly audit and a monthly deteriorating patient huddle to be set up and metrics to be agreed:

The Deteriorating Patient Task and Finish Group was established and launched in January 2022. Metrics were identified as part of the terms of reference:

- Peri arrests and cardiac arrest calls
- Unplanned admissions to critical care
- NEWS timeliness
- Use of SBAR when escalating to iMobile
- iMobile visit within 2 hours of high NEWS (>=7)
- Median time high NEWS (>=7) to response time.

The data within each of these metrics will be monitored through the Task and Finish group to monitor the Trust's performance and decide on targeted improvement work.

Partially Achieved: Aim 4 – Relaunch 'Situation, Background, Assessment, Recommendation', SBAR, and agree communication strategy to support nurse escalation:
An iSBAR tool and poster have been produced as part of the communication relaunch strategy. This tool is currently being piloted in clinical areas across both sites with a plan to roll out wider once feedback has been received. The use of SBAR is monitored through the iMobile unplanned admissions audits.

Partially Achieved: Aim 5 – Refresh and relaunch the Deteriorating Patient Committee:
The Deteriorating Patient Task and Finish Group was established in January 2022 and meet monthly to review the metrics set out in the Terms of Reference.

Achieved: Aim 6 – Implement monthly safety huddle on deteriorating patients:
The Deteriorating Patient Task and Finish Group meet monthly to discuss incidents and data relating to deteriorating patients to monitor emerging themes, trends to drive targeted improvement.

Partially Achieved: Aim 7 - Monitor compliance with Deteriorating Patient TNA post-COVID:
iRescue, NEWS and Immediate Life Support training is available for nursing staff and BEACHES training is available for clinical support workers. A training needs analysis has also been completed for medical staff.

Next Steps
Deteriorating patients continues to be a key priority for the Trust, because we have not achieved all we wanted to this year it will form part of 2022/23's Quality Account Priority for patient safety. As part of the wider NHS Patient Safety Strategy and the Patient Safety Incident Response Framework, the Trust is setting up a Programme Management Office to drive continuous improvement on key areas of patient safety through identifying themes, trends and emerging patient safety risks. Deteriorating patients is an important theme for this work. Alternative investigations tools are being reviewed and piloted for patient safety incidents that occur regarding deteriorating patients. Learning and other insight will be sourced from these as well as ongoing thematic reviews, iMobile data, metrics and the auditing data to identify target quality improvement projects. Progress on quality improvement will be monitored by the Deteriorating Patient Task and Finish Group as well as the Patient Safety Committee.

2021-22 Quality Priority 2:
Reducing violence and aggression to staff and increasing patient safety

Why was this a priority?

King's College Hospital's NHS Staff Survey Results demonstrate that our staff are experiencing some of the highest levels of violence and aggression in the workplace. Table 2 displays results between 2018 and 2021 and whilst there does appear to be an improved position since 2018 the results clearly show a significantly higher number of incidents in comparison to the national average.

The Trust's incident reports also reflect the day-to-day challenges our staff face in trying to deliver high quality care to our patient population. Figure 1 below shows the number of incidents of violence and aggression reported via the Datix system since 2014. If the Trust continues on the same trajectory it is likely there will be more than six thousand reported incidents a year by 2024. These incidents are detrimental to our peoples' health and wellbeing, which in turn, may impact on patient care.

Table 2: Staff experiencing verbal abuse and physical asssault across the Trust from 2018 to 2021

Year	% of KCH staff who have experienced verbal abuse	National average	% of KCH staff who have experience physical assault	National average
2018	37.2%	28.2%	19.3%	14.1%
2019	34.4%	28.1%	19.2%	14.4%
2020	33.4%	26.0%	17.8%	14.2%
2021	33.3%	27.3%	16.5%	14.0%

There was a reduction in the number of incidents reported in 2020, this is likely due to the impact of the COVID-19 pandemic. Restrictions on visiting, reduction in outpatient and elective activity and the national picture of positive messaging around NHS staff will have influenced incident rates. However, there is an acute awareness across the NHS of the ongoing effect of the COVID-19 pandemic on the population and the impact this will have on levels of violence and aggression.
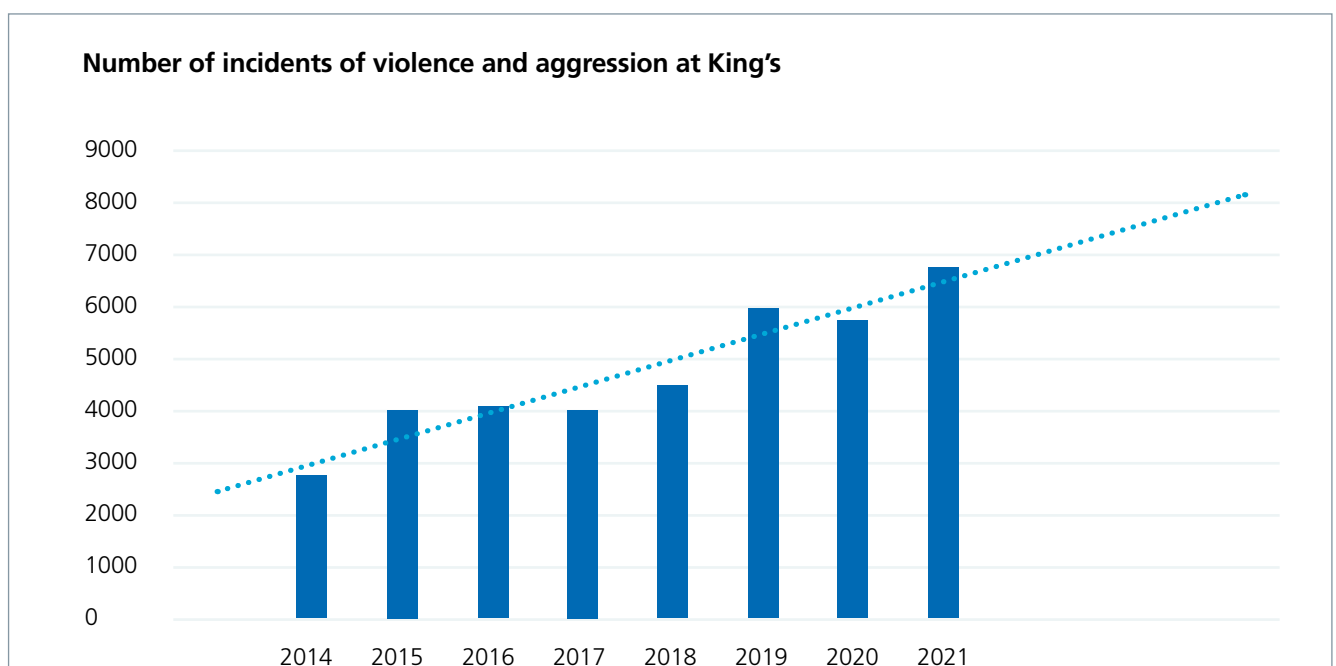
Number of incidents of violence and aggression at King's

The Trust remains committed to preventing and dealing robustly with violence against our staff and has implemented a range of measures over the last decade based on learning from our incident reports. We also recognise that we can help to build staff resilience and their ability to de-escalate volatile situations and resolve conflict. The violence and aggression programme of work was suspended twice during 2020/21 and 2021/22 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.

King's College Hospital employed a Violence Reduction Matron who took up post in September 2021. This post, one of the first established by an acute trust nationally, is responsible for progressing the violence reduction work streams and implementing learning. Furthermore, a robust governance structure has been established with reports going to Patient Safety Team on a quarterly basis.

Aims and progress made in 2021-22

Achieved: Aim 1 – Clearly define the Trust approach to Conflict Resolution Training

The need to review Conflict Resolution Training became apparent during listening events that were carried out across the organisation facilitated by the Continuous Quality Improvement team. Feedback from staff was that they did not always feel equipped to de-escalate conflict or safely manage crisis behaviour. A review of the provision of CRT was carried out and it was found the curriculum needed expanding to reach all levels of the organisation. The Violence Reduction Matron, Security Training Manager and the Learning and Organisational Development team have designed an innovative approach to CRT which comprises of five levels:

1. Short awareness training, delivered through video/e-learning for all staff
2. Half-day CRT training for staff who work in low-risk areas e.g. outpatients
3. One day CRT training for staff in 'high risk' areas which will include non-restrictive breakaway techniques
4. Specialised training for staff in "Hot Spot" areas where the use of restraint may be considered necessary, with the support of the security team, to protect the safety of patients and staff. This training will include observation of patients who are restrained so that their health is not compromised
5. Highly specialised training for a small group of staff, e.g. the Security Team

This approach aligns us with the Health Education England Core Skills Framework and has been approved by the Core Skills Oversight Group and King's Executive. Taking a levelled approach will allow us to provide training that will equip staff with the necessary skills dependent on their job roles.

The training will be provided by an in-house team of trainers utilising expert knowledge from both clinicians and security. The in-house team will be able to tailor training to King's requirements and ensure learning from incidents, patient and staff experience is embedded. The development of the level 1 package is now underway and will be rolled out to all staff once complete in autumn 2022. The curriculum for level 2-5 is currently being devised and training will begin once a team is in post.

Achieved: Aim 2 – Roll out comprehensive training package to improve staff confidence in managing complex patients

This aim was to ensure our staff possess the necessary knowledge and skills in the care of patients suffering from Dementia or a Mental Health crisis. Maudsley Learning have provided a package of courses that are currently underway and due to run until May 2022. These courses include the following:

1. Five Mental Health Awareness days allowing for 200 staff to attend in total
2. MDT based courses targeting the Emergency Departments at both sites (three at Denmark Hill and two at PRUH
3. 2-day MDT/ward based courses in reducing restrictive practice at both sites (covering eight wards at DH and two at PRUH)
4. A specially commissioned one day workshop aimed at providing leadership skills for non-mental health professional staff in mental health crisis situations – this course will run four times with 160 places, meaning the vast majority of KCH matrons and HoNs will have the opportunity to take part

An evaluation of courses will be carried out post completion and then a case made for repeat funding after that. Given the size of the KCH clinical workforce, discussions are underway regarding developing a case for in house Mental Health PDNs who deliver a more consistent, wider reaching programme of de-escalation and Mental Health Awareness training without requirement for on-going investment pas the cost of those posts.

The Dementia and Delirium team continue to provide training across DH and PRUH & South Sites. This training has been mapped to Dementia Training Standards Framework. Tier 2 training has currently been provided to HAU and Acute Frailty Unit at DH and D1, S3, M2, M3, M4, Stroke, Elizabeth and Churchill at PRUH and South Sites. Once these areas have been captured they will continue to expand training across the organisation. Additionally, volunteers receive Dementia Friend training and new HCAs receive Dementia and Delirium on induction.

Achieved: Aim 3 – Complete Trust assessment on NHS Violence Prevention and Reduction Standard

The Violence Reduction Matron, alongside key stakeholders, has completed the assessment on the NHS Violence Prevention and Reduction Standards. KCH is currently partially compliant with the standards. An action plan has been developed to work towards being fully compliant and is being presented to the Supporting Positive Behaviour Group in May 2022. The key area for action is the development of a Trust-wide violence reduction strategy, this will be led by the Supporting Positive Behaviour Group with a plan to launch the strategy alongside the level 1 training package. This will also be carried forward into 2022/23 as part of the Supporting Positive Behavior quality account priority.

Achieved: Aim 4 – Roll out patient entertainment system

The new patient entertainment portal was 'soft launched' in December 2021 to ensure that patients staying in hospital over the festive period have better experience. The full launch of the portal, with mobile devices being made available for patients to utilise, took place in the week commencing 21st March 2022. The launch was accompanied by the executive-led roadshow with Chief Nurse and Chief Digital Officer visiting clinical areas to promote uptake with patients and staff.

Achieved: Aim 5 – Develop and embed a comprehensive mechanism for staff support following incidents

The Violence Reduction Matron alongside colleagues in Employee Relations have begun surveying staff and managers in pilot areas to establish what 'good' looks like. From the result of these a brief working group will be established to write the staff charter. This will then be piloted for 3 months and evaluated. Regular clinical supervision sessions are underway in hot-spot areas to support staff who are experiencing violence and aggression and allow for reflective learning. A group of medical wards have successfully implemented rapid multi-disciplinary debriefs post incidents and this will be expanded to other areas post evaluation.

The Staff Psychological Well-being team are supporting teams and inviduals post incidents of violence and aggression. They have offered Critical Incident Staff Support sessions, Reflective Practice Groups and training workshops to understand trauma.

Future plans

Violence and aggression towards KCH staff remains a significant issue therefore a set of key performance indicators have been established and will be reported quarterly to demonstrate progress. The indicators are as follows:

1. The number of incidents of violence or aggression reported via the Datix system
2. The number of incidents of physical assault reported via the Datix system
3. The number of incidents of physical restraint on patients, visitors or members of the public
4. The number of incidents of mechanical restraints on patients, visitors or members of the public
5. The number of incidents of violence or aggression that require a Security Team response
6. The number of incidents that result in any level of harm.

In the short term it is unlikely that we will see a reduction in the overall number of incidents of violence or aggression (indicator 1). This will primarily be due to an increased awareness regarding the need to report incidents of violence or aggression even if they are 'No harm' or 'Near misses.' A levelling or an in increase in reported incidents will not necessarily reflect a worsening position. The aim is to see a decrease in indicators 2-6 by the end of the 2022/23 financial year. The NHS staff survey results will continue to be a key indicator of success however consistent improvement in those metrics will need to be demonstrated over a longer time period.

2021-22 Quality Priority 3:

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. Since 2020, King's has cared for over 5,700 inpatients with COVID-19, making it one of the busiest Trusts nationally.

King's was one of the first Trusts to establish COVID-19 follow-up clinics and the ground-breaking research undertaken in these clinics informed the NICE guidelines on managing the long-term effects of COVID-19. The focus of this Trust quality priority was to ensure that we are supporting patients with Long COVID to achieve the best possible health outcomes.

Aims and progress made in 2021-22

Achieved: Aim 1 – Set up new clinical services to support people with long COVID
Specialist Long COVID assessment clinics have been in place since April 2021 and are delivered across DH and PRUH in partnership with Guy's and St Thomas' and South London & Maudsley NHS Foundation Trusts and with King's College London University. The clinic model continues to evolve in response to learning more about how patients present to the service, patient needs including holistic biopsychosocial assessment and care, and reassurance that serious medical issues have not been missed. A new clinical model will be implemented from April 2022 which will have increased therapist input whilst maintaining respiratory and neuropsychiatry consultant presence and multi-disciplinary team input.

Achieved: Aim 2 – Measure the outcomes of these services
System response to the Omicron variant, coupled with delays in commissioning follow-up services, have led to unavoidable delays in capturing and analysing outcomes data. Now, however, all patients complete multiple biopsychosocial questionnaires including patient-reported outcomes measures. Due to operational and administrative constraints within a busy and complex clinical service, collating and reporting these outcomes data has been challenging, however, we have aggregated data for all patients seen since April 2021 illustrated in figure 2 below. The long COVID clinics continue into 2022/23 with continuous monitoring of outcomes.

Figure 2: Long COVID outcomes data for patients seen within the clinics at DH and PRUH, March 2021 to March 2022

DH & PRUH Long COVID Clinics
March 2021 – March 2022, 1st Appointment

1138	678	639
referred	booked	attended

Breathlessness

Cough

Pain

Fatigue

Sleep difficulties

Age 48 (16 – 88) years

68% Female

White 56% | BAME 29%

A collaboration between King's College Hospital SlaM & King's College London/IoPPN

KING'S College LONDON

King's College Hospital NHS Foundation Trust

South London and Maudsley NHS Foundation Trust

Database Project Leads: Caroline Jolley, Lynette Linkson, Tim Nicholson, Anna Nyberg, Ahmed Seedat
Database Administration: Nelson Da Costa, Seran Sarvananthan, Noreen Malik
Data Analysis: Caroline Jolley & Spyros Valovanis

Work & Social Adjustment Scale

> Moderate - Severe

Impairment **70%**

EQ5D Quality of Life
Poor Health State
80%

Mental Health

Anxiety **33%**
Depression **36%**
PTSD **35%**

Abbreviations: BAME: Black, Asian and minority ethnic
PTSD: Post Traumatic Stress Disorder

Achieved: Aim 3 – Collaborate and innovate

KCH is part of a Long COVID collaborative across King's Health Partners and South East London, with a clinical operational group that includes Guy's & St Thomas' NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, primary care and commissioners. This has led to a successful collaborative King's Health Partners application to NHS Charities Together and an award of £570,000 to recruit additional clinical staff to support outreach and case-finding among hard to reach and disadvantaged groups and those patients facing greatest health inequalities.

English National Opera Breathe (www.eno.org/breathe)

King's uses the English National Opera Breathe Programme to support patients with recovery from Long COVID. This is a breathing and wellbeing programme developed specifically for people recovering from COVID-19 who are still suffering from breathlessness and associated anxiety.

KCH has designed a South-East London-wide patient resource and integrated primary care referral form. We are part of the NHSE London region Long COVID program board and working groups, and meet regularly to report, share learning and review benchmarking data with other services across London. KCH is also part of a Peer Review network involving reciprocal site visits to support shared learning. The clinical team contributes to the Post-Hospitalisation COVID-19 Study (PHOSP) research group and is building a shared clinical-research database to support academic evaluation and research around Long COVID. Dr Tim Nicholson, Clinical Lecturer at King's College London's Institute of Psychiatry, Psychology and Neuroscience, works in the KCH service and is part of a World Health Organisation collaborative research group developing an optimal outcomes set for patients with Long COVID.

2021-22 Quality Priority 4:
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.

Aims and progress made in 2021-22

Achieved: Aim 1 - To continue delivering the Connected Leadership Programme for nursing and midwifery leaders
We have connected our quality priority on improving patient experience with the Connected Leadership programme for ward leaders, as it is well known that there are links between staff experience and patient engagement. This aim has been achieved as we continued to deliver the Connected Leadership Programme in 2021/22. The 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.

Partially Achieved: Aim 2 – To improve nutrition and hydration for inpatients
The Trust exceeded its target of 9.2 for patients reporting having enough to drink with a score of 9.4 noted in 2020 Care Quality Commission's inpatient survey. Despite improving the score where help from staff with eating meals is concerned to 6.8 from 6.7, the Trust fell short of 7.2 metric set for this objective.

Achieved: Aim 3 - To deliver an emotional support improvement programme that has been co-designed with our patients
Through embedding the emotional support improvement programme, which was co-designed with our patients, the Trust has achieved the score of 7.3 for patients reporting receiving enough emotional support from staff, if needed, surpassing the aim of a score of 6.8, as reported in the Care Quality Commission's Adult Inpatient Survey 2020.

Partially Achieved: Aim 4 - To embed, assess and

improve our admission and discharge information based on feedback from patients and relatives
A proposal to develop a ward 'welcome pack' has been developed. The pack, to be co-designed with patients, is likely to include how wards are organised, what emotional and spiritual support is available, how to obtain appropriate hydration and nutrition, what support is available post discharge and who to contact, if there are any questions around medication following the hospital stay.

A deep dive, to assess admission and discharge information, has been commissioned by the Chief Nurse with findings informing the Trust's overall action plan to improve scores as reported on the Care Quality Commission's inpatient survey.

Achieved: Aim 5 - 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.
The new patient entertainment portal was 'soft launched' in December 2021 to ensure that patients staying in hospital over the festive period have better experience. The full launch of the portal, with mobile devices being made available for patients to utilise, took place in the week commencing 21st March 2022. The launch was accompanied by the executive-led roadshow with Chief Nurse and Chief Digital Officer visiting clinical areas to promote uptake with patients and staff.

Achieved: Aim 6 – To improve communication between patients and healthcare professionals on the wards.
Review of complaints and Patient Advice and Liaison

Service (PALS) data demonstrates significant improvement where communication between patients and healthcare professionals is concerned. The number of complaints where communications issues have been flagged reduced from 240 to 196 whilst PALS enquiries relating to information exchange went from 3,216 to 2,523. Feedback gathered through FFT indicates that staff communicate in kind and compassionate manner.

Nevertheless, to improve the communication of frontline staff, the Trust commissioned Afta Thought to deliver drama-based training reflecting the realities of being cared for at King's College Hospital. To date, the sessions were attended by 598 staff. Improving patient experience through effective communication will be a Quality Account Priority for 2022/23.

Choosing priorities for 2022-23

Choosing Priorities for 2022-23

The following improvement schemes have been agreed by the King's Executives and the Board for 2022-23. These will be reported in full in the 2022-23 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 two of the 2020/21 priorities as there was further scope for quality improvement in 2022/23.

For 2022/23, the QAPs have been coproducing with our external stakeholders and partners. An extensive consultation process took place during the development of the Trust BOLD strategy through workshops, surveys and discussions with 4,500 staff, patients, public and partners. The priorities identified during the strategy consultation process formed the basis of the proposed priority topics. In addition to feedback obtained via the BOLD strategy, the Trust stakeholders and partners also proposed topics. Feedback was received from:

- The Council of Governors
- Clinical Commissioning Groups
- Our Healthier South East London (OHSEL) Integrated Care System (ICS)
- Healthwatch, including an online survey and patient and public feedback group
- Overview and Scrutiny Committees
- Site Executives and Care Groups.

Recommendations were received and amalgamated by theme creating a long list of proposed quality account topics. A panel of experts met to short list and propose the final four QAPs. The panel included:

- Corporate Medical Director – Quality, Governance & Risk
- Deputy Chief Nurses
- Programme Director, Continuous Improvement
- Director of Quality Governance
- Director of Strategy
- Representative from the Council of Governors
- Healthwatch, Patient and Public Representative.

An evidence based prioritization matrix was used to guide the panel. Based on the matrix and intelligence, knowledge and expertise from the panel, the priorities were selected and proposed to King's Executive and the Board for ratification.

The quality account priorities will also contribute towards the BOLD Strategy, tackling health inequalities, sustainability and mental health as part of the project scope.

Our aims for each are set out below.

2022-23 Quality Priority 1:
Improving the detection of the deteriorating patient and escalating as appropriate

Why was this a priority?

Improving the detection of the deteriorating patient and escalating as appropriate, thereby reducing harm to 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. The number of cardiac arrest calls in 2021 increased, with 385 cardiac arrest calls made in 2021. Of these, 140 were cardiac arrest calls, as defined by cardiac pulmonary resuscitation (CPR) having been done. In addition, on review of Intensive Care National Audit & Research Centre (ICNARC) data, risk adjusted

survival to discharge % has deteriorated from 31% in 2019 and down to 23.5% in 2021, shown in figure 3 below. Figure 4 also shows the percentage of high risk admission from the wards to the intensive care unit.

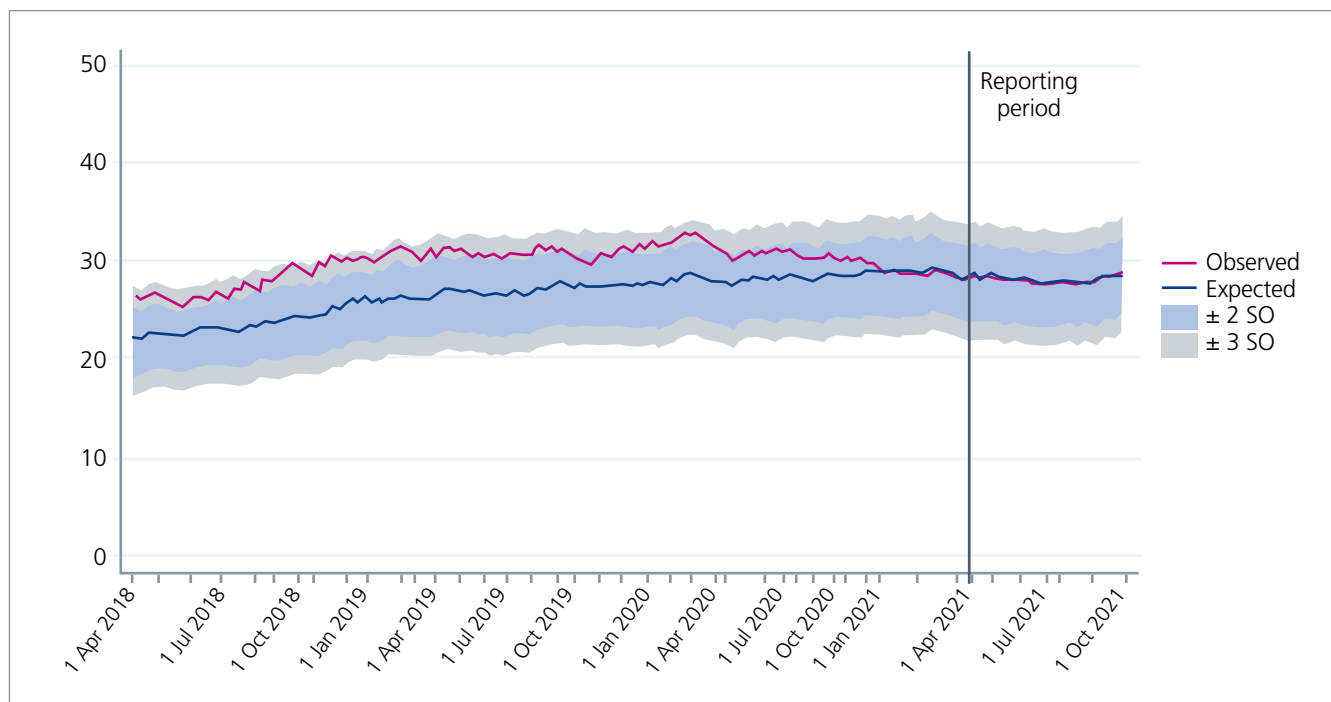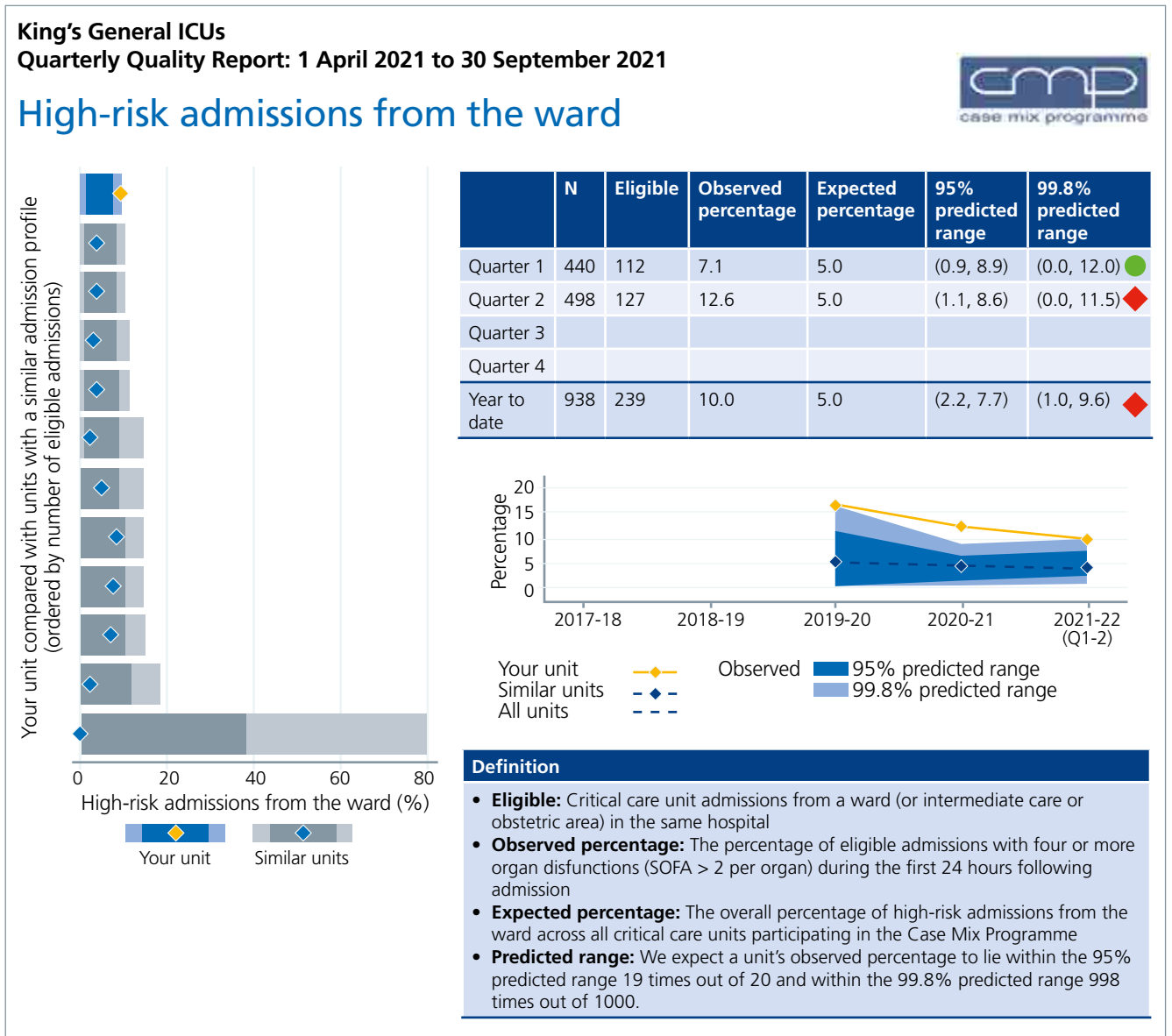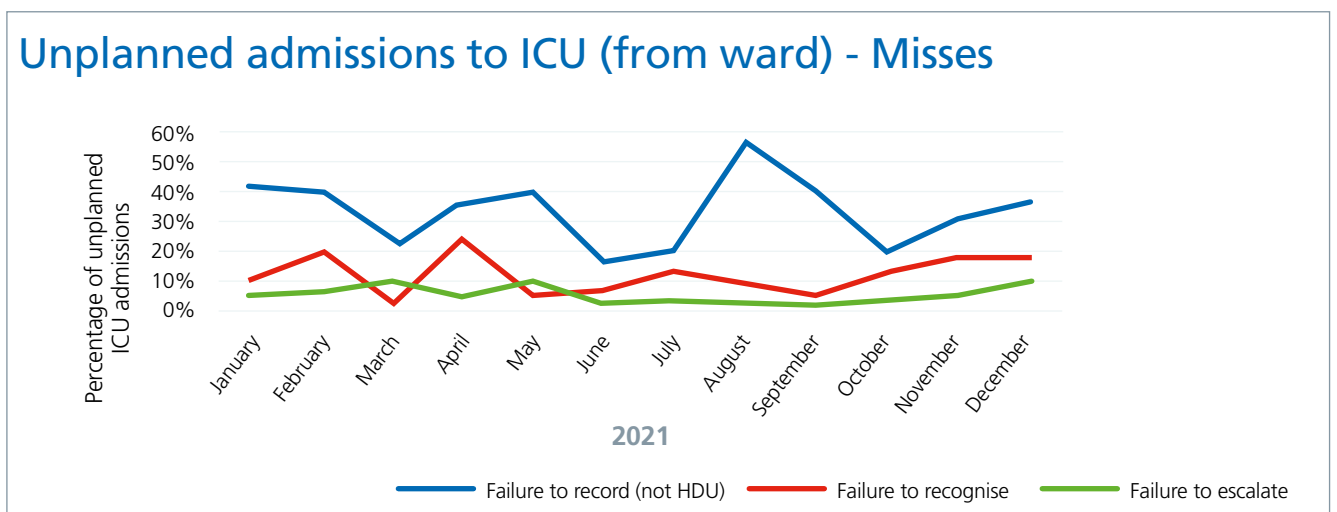**Figure 3: Risk adjusted survival to discharge as reported by ICNARC**

Figure 4: High risk admissions from the ward to intensive care units as reported in ICNARC

King's General ICUs
Quarterly Quality Report: 1 April 2021 to 30 September 2021

High-risk admissions from the ward

	N	Eligible	Observed percentage	Expected percentage	95% predicted range	99.8% predicted range	
Quarter 1	440	112	7.1	5.0	(0.9, 8.9)	(0.0, 12.0)	🟢
Quarter 2	498	127	12.6	5.0	(1.1, 8.6)	(0.0, 11.5)	🔴
Quarter 3							
Quarter 4							
Year to date	938	239	10.0	5.0	(2.2, 7.7)	(1.0, 9.6)	🔴

Your unit — Observed / 95% predicted range
Similar units / 99.8% predicted range
All units

Definition

- **Eligible:** Critical care unit admissions from a ward (or intermediate care or obstetric area) in the same hospital
- **Observed percentage:** The percentage of eligible admissions with four or more organ disfunctions (SOFA > 2 per organ) during the first 24 hours following admission
- **Expected percentage:** The overall percentage of high-risk admissions from the ward across all critical care units participating in the Case Mix Programme
- **Predicted range:** We expect a unit's observed percentage to lie within the 95% predicted range 19 times out of 20 and within the 99.8% predicted range 998 times out of 1000.

In addition, audits of the deteriorating patient at Denmark Hill (DH) and the Princess Royal University Hospital (PRUH) highlighted areas for improvement in relation to compliance to the National Early Warning Score (NEWS) policy, with figure 4 below showing a summary of compliance to the NEWS policy in 2021:

Figure 5: Summary of compliance to NEWS policy 2021

Unplanned admissions to ICU (from ward) - Misses

Failure to record (not HDU) — Failure to recognise — Failure to escalate

Improvements have been made in 2021/22, however further work is required to investigate the reasons behind this deteriorating in position and drive improvement with observations frequency, identification and escalation of the deteriorating patient.

What are our aims for the coming year?

Our aims and objectives for 2022-23 are outlined below:

Aim	To improve the detection of the deteriorating patient and escalation as appropriate.
Objectives	• Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation and time of clinical response recorded. • Achieving 60% of all unplanned paediatric critical care unit admissions from non-critical care paediatric wards of children up to their 16th birthday, having a Bedside Paediatric Early Warning Score (BPEWS) score, time of escalation and time of clinical response recorded. • Achieving 60% of all unplanned maternity critical care unit admissions from the birth centres or labour wards, having a Maternity Early Warning Score (MEWS) score, time of escalation and time of clinical response recorded.
Trust Strategy contribution	• Staff will be supported and receive the appropriate training to improve detection and escalation of deteriorating patients. • Improvement will be embedded to deliver safer care for deteriorating patients. • A pilot of patient activated triggers will be undertaken to ensure that the diversity of patient needs will identified.
Health Inequalities Contributions	• On migration to Datix Cloud, can feed from PIMS, and report on safety information with regards to protected characteristics. • Identify and conduct quality improvement around, groups coming to disproportionate harm due to DP related issues.
Sustainability contributions	• Improving how we recognise and escalate the deteriorating patient could lead to less expenditure in terms of costs of escalation of care, extended stay in hospital plus potential claims costs. • Financial modelling with NHS Resolution to be conducted. .
Mental Health	• Explore roll out of the Code 10 escalation and management pathway of patients in mental health crisis or deteriorating in use in the ED across the Trust

How will we monitor and measure our progress?

Progress against these aims will be reported to, and monitored on a monthly basis by the Trust Quality Committee, with quarterly reports to the Quality, People and Performance Committee. A task and finish group has also been set up to support the Deteriorating Adult. Similar groups will be set up to support with Children and Maternity.

Measures of success will include:

- By March 2023, 60% of all unplanned critical care admissions from non-critical care wards of patients aged 18+ will have the following recorded in clinical notes at the time of admission to critical care:
  o NEWS2 score at the time of escalation; and,
  o a time and date of escalation; and,
  o a time and date of response by appropriate clinician.
- By July 2022, we will conduct an investigation into incidents relating to identification and escalation of the deteriorating patient.
- By March 2023, Bedside/Pediatric Early Warning Score (B/PEWS) will be documented electronically via the Electronic Patient Record.
- By July 2023, the Trust will have completed and agreed the revised training needs analysis (TNA) for the provision of life support training including:
  o Basic Life Support (BLS) and Paediatric Basic Life Support (PBLS)
  o Immediate Life Support (ILS) and Paediatric Immediate Life Support (PILS)
  o PRactical Obstetric Multi-Professional Training (PROMPT)
  o Advanced Life Support (ALS) and Paediatric Advanced Life Support (APLS)
  o European Paediatric Life Support (EPLS)
  o Newborn Life Support (NLS)
- By March 2023, 90% of all staff will be compliant with BLS and PBLS as outlined in the TNA.
- My March 2023, to pilot patient activated triggers

- to ensure that the diversity of patient needs will identified.
- To report on safety information with regards to protected characteristics for the deteriorating paint by March 2023, on migration to Datix Cloud.
- To conduct financial modelling with NHS Resolution, in relation to the deteriorating patient.

- By March 2023, the Code 10 escalation and management pathway of patients in mental health crisis or deteriorating in currently in use within the Emergency Department (ED), to be piloted in 3 wards.

2022-23 Quality Priority 2:
To improve patient experience through effective communication

Why was this a priority?

Communication with patients and communication with relatives / carers is amongst the top five concerns raised by patients and relatives accessing services at King's College Hospital NHS Foundation Trust in 2021/22. The following indicators from the CQC NHS Adult Inpatient Survey 2020 show some of the areas for improvement as reported by our patients in relation to communication:

Table 3: Areas for improvement highlighted by the CQC NHS Adult Inpatient Survey 2020 in relation to communication

Questions	No. of respondents	King's score	Trust average score	Lowest score	Highest score
Q25. Did you feel able to talk to members of hospital staff about your worries and fears?	397	7.3	7.8	6.5	9.1
Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	298	8.6	9.0	8.4	9.6
Q32. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	312	7.1	7.8	7.0	9.1
Q33. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	314	7.8	8.1	7.1	9.0
Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	436	6.8	7.8	6.8	9.7

We continue to receive complaints raising concerns about communication with either patient or relative. Patient feedback from the Friends and Family Test (FFT) indicates that waiting negatively affects our patients experience and this is associated with lack of communication and information about waiting times and reasons for waiting.

As highlighted above from the CQC survey and FFT scores, communication challenges are negatively affecting patient experience. In addition, research indicates that there are strong positive relationships between a healthcare team member's communication skills and a patient's capacity to follow through with medical recommendations, self-manage a chronic medical condition, and adopt preventive health behaviors. Studies conducted during the past three decades show that the clinician's ability to explain, listen and empathize can have a profound effect on biological and functional health outcomes as well as patient satisfaction and experience of care. We have committed to 2 years to make improvements to effective communication.

What are our aims for the coming year?

Our aims and objectives for 2022-23 (with further scope for improvement in 2023-24) are outlined below:

Aim	To improve patient experience through effective communication
Objectives	• To improving communication skills with patients and their relatives / carers through education and training. • To improve responsiveness to patients and their relatives / carers through answering telephone calls. • To improve information provision to patients and their relatives / carers.
Scope	• Identifying the root cause • Monitoring metrics including complaints, Patient Advice and Liaison Service, FFT and Care Quality Commission's patient surveys here, to be agreed • Switchboard, mapping of telephone numbers • EPR / PiMS, change in consultant • Education and training • Further scoping needed • Communication toolkit
Trust Strategy contribution	• Training and toolkit will improve communication positively impacting staff's wellbeing. • Effective communication will lead to a reduction of violence and aggression incidents. • Better communication will mean better compliance for better health outcomes • Exploring new ways of contacting King's as part of digital transformation • Utilizing community partnerships to co-design solutions
Health Inequalities Contributions	• Analyse violence and aggression data in relation to health inequalities and protected characteristics • Work with partners including homeless/ACT to ensure meeting the needs of higher risk populations reducing their likelihood of becoming violent or aggressive and therefore reducing health inequalities.
Sustainability contributions	• Support development of sustainable environments that focus on both patient and staff experience and reduce conflict • Establishment of in house training team will be able to provide ongoing training that will adapt to the organisation's needs, incidents and risk assessments.
Mental Health	• Training, reducing restrictive practice and restraint. • Increasing therapeutic interventions and activities for patients presenting with mental health needs to improve engagement and reduce violence and aggression.

How will we monitor and measure our progress?

Progress against these aims will be reported to, and monitored on a monthly basis by the Trust Quality Committee and bi-monthly by the Patient Experience Committee, with quarterly reports to the Quality, People and Performance Committee.

Measures of success will include:

- By March 2023, we will audit the Accessible Information Standard, identify areas of improvement and implement quality improvement changes.
- By March 2023, we review and co-produce patient information in relation to waiting times in both our emergency departments, pre- and post-surgery and discharge.
- By March 2023, we will establish a patient information group, and a patient group that will review complaint responses to make them more accessible and compassionate.

- By March 2023, we will review and identify areas for implementation from the NICE clinical guideline, CG138, Patient experience in adult NHS services, in relation to communication and information, 1.5.1 to 1.5.19.
- By March 2024, we will develop a customer service training package and complete the training needs analysis.
- By March 2023, we will improve responsiveness to telephone calls with up to 25% reduction in Patient Advice and Liaison Service's queries relating to inability to contact Ophthalmology.
- By March 2024, we will review the process communicating to patients their named consultant from admission to discharge.
- By March 2024, we will provide communication skills for doctors.

2022-23 Quality Priority 3:

Improving outcomes for patients receiving rehabilitation following a severe head injury or major trauma

Why was this a priority?

Major trauma is defined as an injury or combination of injuries that are life-threatening and could be life-changing because they may result in long-term disability (NICE, 2016). Rehabilitation of patients is a crucial component of effective healthcare delivery, supporting patients to achieve the best possible quality of life after major trauma and/or a severe head injury.

Given the impact that rehabilitation can have on people's lives, and the scale of rehabilitation services being delivered at King's, it is essential that the interventions being delivered are appropriately evaluated to ensure they achieve the maximum benefit for patients. We therefore want to find out, and then measure, the outcomes that matter most to patients. This information will help us to improve our care and services for current and future patients.

In 2021, the Patient Advisory Group of the South London Neurosciences Operational Delivery Network (ODN) in partnership with King's Health Partners (KHP) undertook a survey on the experience of patients receiving neuro-rehabilitation after a head injury. Some of the key recommendations from the report to improve acute inpatient stay and immediate on discharge included:

- Earlier rehabilitation and increasing the 'rehabilitative approach' from acute, through inpatient care and promoting increased activity at the weekends.
- Improving communication and understanding of individual needs.

This quality priority is an opportunity to build on the patient survey results to define, measure and improve the outcomes for patients across the rehabilitation pathway from hospital admission to longer term care within community settings.

The South London Neurosciences Network and its patient advisory group have developed a 'well-being app' for people with a neurological condition, capturing outcomes that matter most to patients. This quality account priority provides an opportunity to explore whether this app could be used to obtain information on outcomes that matter most to patients who have had a severe head injury and/or major trauma.

A key objective to our Strong Roots, Global Reach strategy is supporting better patient outcomes by exploring new rehabilitation models across our acute sites, in recognition of the significant demand driven by our role as a major trauma centre and heart attack centre, alongside the needs of stroke and neuro-oncology patients. This priority addresses this Trust strategic priority. It will run over 2 years: Year 1 will focus on finding out and measuring the outcomes that matter most to patients, and Year 2 will focus on making improvements.

What are our aims for the coming year?

Our aims and objectives for 2022-23 (with further scope for improvement in 2023-24) are outlined below:

Aim	To improve patient outcomes in neuro and major trauma rehabilitation services
Objectives	• To clarify, define, measure and improve the outcomes that matter most to patients receiving rehabilitation following a severe head injury or major trauma through co-design with patients and their families / carers. • To develop a systematic approach to embedding the ongoing evaluation of patient experience and outcomes for patients in Neuro-rehabilitation and Major Trauma services.
Trust Strategy contribution	• Outstanding Care: Provide effective, person-centred care – improving patient outcomes and experience, and support better patient outcomes by exploring new rehabilitation models across our acute sites, collaborating across the Integrated Care System as required
Health Inequalities Contributions	• Explore the outcomes that matter most to all of our patients receiving rehabilitation following severe head injury and/or major trauma, including whether there are differences between different groups within our community. • Understand differences in outcomes for different patient groups by protected characteristics. • Develop culturally competent care in rehabilitation services.
Sustainability contributions	• Collaborating with the ICS and Apollo programme.
Mental Health	• Mental health outcomes will be included as key outcomes measures for patients receiving rehabilitation after severe head injury and/or Major Trauma. • Integrating Mental & Physical healthcare: Research, Training & Services (IMPARTS) – explore the feasibility of expanding into Neuro- and Major Trauma rehabilitation clinics. • Collaborate with SLaM to explore provision of mental health Occupational Therapy services for Neuro and Major Trauma rehabilitation patients.

How will we monitor and measure our progress?

Progress against these aims will be reported to, and monitored on a monthly basis by the Trust Quality Committee, with quarterly reports to the Patient Outcomes Committee and the Quality, People and Performance Committee. A task and finish group will also be set up with project management support from the continuous quality improvement team.

Measures of success will include:

• By March 2023, we will have reviewed the rehabilitation patient experience survey using Patient Reported Experience Measure (PREM) to identify required improvement actions and we will have ensured that these are embedded within local action plans and monitored through quality governance structures.

• By March 2023, we will have obtained feedback from patients and co-produced indicators for the outcomes that matter most to patients, including quality of life outcomes.

• By March 2023, we will have explored the feasibility of using the NeuroHealth app to support the measurement of outcomes both for individual patients and for the neuro- and major trauma rehabilitation service.

• By March 2024, on roll out of Epic, we will have explored the feasibility of expanding Integrating Mental & Physical healthcare: Research, Training & Services (IMPARTS) into all neuro- and major trauma rehabilitation clinics.

• By March 2024, will implement identified quality improvement initiatives in relation to improving the outcomes that matter most in relation to rehabilitation following head injury and/or major trauma.

2022-23 Quality Priority 4:
Supporting Positive Behaviour to increase staff and patient safety

Why was this a priority?

King's College Hospital's NHS Staff Survey Results demonstrate that our staff continue to experience some of the highest levels of violence and aggression in the workplace. Table 4 displays results between 2018 and 2021 and whilst there does appear to be an improved position since 2018 the results clearly show a significantly higher number of incidents in comparison to the national average. .

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.

Table 4: Staff experiencing verbal abuse and physical assault across the Trust

Year	% of KCH staff who have experienced verbal abuse	National averag	% of KCH staff who have experience physical assaul	National average
2018	37.2%	28.2%	19.3%	14.1%
2019	34.4%	28.1%	19.2%	14.4%
2020	33.4%	26.0%	17.8%	14.2%
2021	33.3%	27.3%	16.5%	14.0%

The Trust remains committed to preventing and dealing robustly with violence against our staff and has implemented a range of measures over the last decade based on learning from our incident reports. We also recognise that we can help to build staff resilience and their ability to de-escalate volatile situations and resolve conflict. The violence and aggression programme of work will continue into 2022/23 under the umbrella of supporting positive behaviour to better support people whose behavior poses challenge to our staff, patients and visitors.

King's College Hospital employed a Violence Reduction Matron who took up post in September 2021. This post, one of the first established by an acute trust nationally, is responsible for progressing the violence reduction work streams and implementing learning. Furthermore, a robust governance structure has been established with reports going to Patient Safety Committee on a quarterly basis

What are our aims for the coming year?

Our aims and objectives for 2022-23 are outlined below:

Aim	Supporting Positive Behaviour to increase patient safety 'Confident, Supported, Protected'
Objectives	• To reduce the incidents of violence and aggression from patients, visitors and service users towards staff. • To provide staff with the support they require to aid recovery from incidents of violence and aggression, promoting their health, well-being and safety. • To provide an environment where all people at King's feel confident, supported and protected
Trust Strategy contribution	• Ensure our people have the training, skills and support to carry out their roles and learn from incidents • Increase awareness of Trauma-Informed Care • Use quality improvement approach to reducing incidents of V&A by developing preventative models alongside staff and patients • Continue to build partnerships and networks within SEL and nationally to share learning and best practice • Proactive in anticipating and supporting patients with complex needs such as trauma, drug/alcohol abuse, MH
Health Inequalities Contributions	• Analyse V&A data in relation to health inequalities and protected characteristics • Work with EDI colleagues in development of work streams • Work with teams e.g. homeless/ACT to ensure meeting the needs of higher risk populations reducing their likelihood of becoming violent or aggressive and therefore reducing health inequalities.
Sustainability contributions	• Green Impact: Support development of sustainable environments that focus on both patient and staff experience and reduce conflict. • Long-term programme sustainability: Establishment of in house training team will be able to provide ongoing training that will adapt to the organisation's needs, incidents and risk assessments.
Mental Health	• Training, reducing restrictive practice and restraint. • Increasing therapeutic interventions and activities for patients presenting with mental health needs to improve engagement and reduce violence and aggression.

How will we monitor and measure our progress?

Progress against these aims will be reported to, and monitored on a monthly basis by the Trust Quality Committee, with quarterly reports to the Quality, People and Performance Committee.

Measures of success will include:

- By August 2022, we will have launched a new strategy for embedding Supportive Positive Behaviour to BOLD.
- By September 2022, we will have produced a film and e-learning package Level 1 Conflict Resolution and Customer Care awareness and made this available to all staff.
- By March 2023, we will have updated the conflict resolution and customer care awareness curriculum and established the provision of this curriculum.

- By March 2023, we will have developed, trialed and evaluated preventative models to reduce violence and aggression across different care groups. Establishing learning to share Trust-wide and nationally.
- By March 2023, we will have embedded the staff charter across the organisation to ensure a standardised support structure in place to support positive behaviour.

2.2

Statements of Assurance from the Board

1. During 2021-22, 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 2021-22 represents 91% of the total income generated from the provision of health services by the King's College Hospital NHS Foundation Trust for 2021-22.

Clinical Audits and National Confidential Enquiries

2. During 2021-22, 62 national clinical audits and 8 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 98% 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 enquires in which King's College Hospital NHS Foundation Trust was eligible to participate during 2021-22are as follows (see Table 5).

2.3. The national clinical audits and national confidential enquires in which King's College Hospital NHS Foundation Trust participated during 2021-22 are as follows (see Table 5).

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 2021-22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry (see Table 5).

Table 5: Participation in national clinical audits and confidential enquiries

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	Participation	% submitted
Intensive Care National Audit and Research Centre Case Mix Programme	Yes	In progress
Child Health Clinical Outcomes Review Programme - Young People's Mental Health	Yes	Not reported
Chronic Kidney Disease Registry (previously known as UK Renal Registry)	Yes	Not yet reported
Emergency Medicine Quality Improvement Programme : Pain in Children (care in emergency departments)	Yes	In progress
Falls and Fragility Programme - Fracture Liaison Service Database	Yes	Not yet reported
Falls and Fragility Programme - Fracture Liaison Service Database/Vertebral Fracture Sprint Audit	Yes	Not yet reported
Falls and Fragility Programme - National Audit of Inpatient Falls	Yes	Not yet reported
Falls and Fragility Programme - National Hip Fracture Database	Yes	In progress
Inflammatory Bowel Disease (IBD) Programme (IBD registry)	No	Not applicable

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES

In which KCH was eligible to participate	Participation	% submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Mortality Surveillance	Yes	In progress
Maternal, Newborn and Infant Clinical Outcome Review Programme – Saving Lives, Improving Mothers' Care	Yes	In progress
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal mortality and morbidity confidential enquiries	Yes	In progress
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Dysphagia in Parkinson's Disease	Yes	Not reported
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Crohn's disease	Yes	In progress
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Epilepsy study	Yes	In progress
National Adult Diabetes Audit - National Diabetes Foot Care Audit	Yes	Not yet reported
National Adult Diabetes Audit - National Diabetes Inpatient Audit	Yes	Not yet reported
National Adult Diabetes Audit - National Diabetes Inpatient Audit - Harms	Yes	Not yet reported
National Adult Diabetes Audit - Core Audit	Yes	Not yet reported
National Adult Diabetes Audit - National Pregnancy in Diabetes	Yes	Not yet reported
National Asthma and COPD Audit Programme - Paediatric Asthma Secondary Care	Yes	Not yet reported
National Asthma and COPD Audit Programme - Adult Asthma Secondary Care	Yes	Not yet reported
National Asthma and COPD Audit Programme - COPD Secondary Care	Yes	Not yet reported
National Asthma and COPD Audit Programme - Pulmonary Rehabilitation	Yes	Not yet reported
National Audit Project 7 - Perioperative Cardiac Arrest	Yes	In progress
National Audit of Breast Cancer in Older People	Yes	In progress
National Audit of Cardiac Rehabilitation	Yes	In progress
National Audit of Care at the End of Life	Yes	In progress
National Audit of Dementia	Yes	In progress
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes	In progress
National Bariatric Surgery Registry	Yes	In progress
National Cardiac Arrest Audit	Yes	In progress
National Cardiac Audit Programme - National Audit of Cardiac Rhythm Management (CRM)	Yes	In progress
National Cardiac Audit Programme - Myocardial Ischaemia National Project	Yes	In progress
National Cardiac Audit Programme - National Adult Cardiac Surgery	Yes	In progress
National Cardiac Audit Programme: National Audit of Percutaneous Coronary Interventional Procedures (Coronary Angioplasty)	Yes	In progress
National Cardiac Audit Programme : National Heart Failure Audit	Yes	In progress
National Comparative Audit of Blood Transfusion programme: 2021 Audit of Blood Transfusion against NICE Guidelines	Yes	In progress
National Comparative Audit of Blood Transfusion programme: 2020 Audit of the Perioperative Management of Anaemia in Children Undergoing Elective Surgery	Yes	In progress
National Early Inflammatory Arthritis Audit	Yes	Awaiting publication
National Emergency Laparotomy Audit	Yes	In progress
National Gastro-intestinal Cancer Programme - National Oesophago-Gastric Cancer	Yes	In progress
National Gastro-intestinal Cancer Programme - National Bowel Cancer Audit	Yes	In progress
National Joint Registry	Yes	Not yet reported
National Maternity and Perinatal Audit	Yes	In progress
National Neonatal Audit Programme	Yes	Not yet reported

NATIONAL LUNG CANCER AUDIT		
In which KCH was eligible to participate	**Participation**	**% submitted**
National Ophthalmology Database Audit	Yes	Not yet reported
National Paediatric Diabetes Audit	Yes	In progress
National Prostate Cancer Audit	Yes	In progress
Perioperative Quality Improvement Programme	Yes	In progress
Vascular Services Quality Improvement Programme - National Vascular Registry	Yes	In progress
Neurosurgical National Audit Programme	Yes	In progress
Paediatric Intensive Care Audit Network	Yes	In progress
Potential Donor Audit	Yes	In progress
Respiratory Audits: National Outpatient Management of Pulmonary Embolisms Audit	Yes	In progress
Respiratory Audits: National Smoking Cessation Audit	Yes	In progress
Royal College of Emergency Medicine: Infection Prevention and Control	Yes	In progress
Royal College of Emergency Medicine: Consultant Sign Off	Yes	In progress
Sentinel Stroke National Audit Programme	Yes	In progress
Serious Hazards of Transfusion	Yes	Not yet reported
Society for Acute Medicine's Benchmarking Audit	Yes	Not yet reported
Transurethral REsection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment - Improving quality in TURBT surgery	Yes	In progress
Trauma Audit & Research Network	Yes	In progress
UK Cystic Fibrosis Registry	Yes	Not yet reported
UK Registry of Endocrine and Thyroid Surgery	Yes	Not yet reported
UK Parkinson's Audit	Yes	Not yet reported
Urology Audits: Cytoreductive Radical Nephrectomy Audit (Snapshot Audit)	Yes	Not yet reported

2.5. The reports of 103 national clinical audits were reviewed by the provider in 2021-22.

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

Table 6: Improvement actions taken as a result of national clinical audits

National Audit title	Improvement actions to date
Royal College of Emergency Medicine: Mental Health (Self harm)	1. A new Mental Health Risk Assessment and Triage tool, developed by the Trust mental health lead, implemented. 2. Departmental induction and ongoing education for junior doctors regarding assessing Mental Health patients. 3. Recruitment of Mental Health Care Support Workers from June 2021. 4. Delivery of Mental Health bite-size education with Practice Development Nurses and Mental Health Liaison Team.
National Joint Registry (NJR), Consultant Outcomes Publication	Implementation of the Amplitude System in Orthopaedics from April 2021 to improve data submissions.
Actual and Potential Deceased Organ Donation Audit	The organ donation team will continue to encourage the critical care teams (nursing and medical) to notify them of all cases of withdrawal of treatment, and this is taught during teaching sessions. In concerning missed potential cases, the team escalates the issue to the Clinical Lead for Organ Donation for discussion with the Consultant in charge.
National Audit for Cardiac Rhythm Management Devices and Ablation	Since April 2021, a system called PATS has been implemented for entering implants data for PRUH. This system is fully managed by the Cardiac IT team at King's and there have been no identified data entry problems since the implementation of this system.
National Paediatric Diabetes Audit	1. Poor locum admin cover at Denmark Hill during this audit period has been resolved. 2. PRUH implemented an annual screening document in April 2021, which captures the majority of the information required for additional health checks and annual screening bloods. A new clinical psychologist has been in post since August 2020, to improve psychological support health check rates.

2.7. Over 192 local clinical audits were recorded by the Trust in 2021-22. In addition, the Trust has a comprehensive programme of clinical audits known as Tendable (previous 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:

- Care, Treatment & Welfare
- Documentation & Confidentiality
- Environment
- Equipment & Supplies
- Medicines Management
- Quality
- Staffing
- Infection Prevention & Control
- Outpatients
- Hand hygiene.

Continuous Quality Improvement

2.8. The Trust intends to take the following actions to improve the quality of healthcare provided using the continuous quality improvement approach.

- **The King's Academy Continuous Quality Improvement Training** – this is a capability building programme developed to equip our people with the skills, knowledge, confidence, and tools they need to deliver service redesign and continuous quality improvement. Since our training programme started, over 4,276 people have received training. While White Belt is offered via e-learning since 2021, King's has also trained 441 Yellow and Green Belts in person. 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 Yellow and Green belt trainees based on their personal and professional preferences. Future projects will be prioritised and linked to support the Trust's quality priorities outlined above.

- **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.

- **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 6 below during 2022-23:

Table 7: Continuous Quality Improvement programmes for 2022-2023

Name of Programme	Brief description of work
Strategic Objective	Set up and implementation of the King's Academy - Programme management of 5 work streams (Capital Fit-Out, Business Model, Operational Model, Courses and Training Equipment, and Marketing and Communication) to ensure that King's Academy becomes a self-sustaining educational facility that provides excellent in-house, external and international training
Patient Safety	Patient Safety Improvements Programme – Set up a programme infrastructure for Patient Safety Team that provides visibility and management of ongoing safety improvement projects and programmes within the Trust
Patient Safety	Paediatric Sickle Cell – Identify and implement improvements in pain management for patients with Sickle Cell when attending ED
Patient Safety	Improving the detection of the deteriorating patient in paediatric and maternity
Digital Innovation	PiPPi (Platform for Innovation of Procurement and Procurement of Innovation) programme – In partnership with 7 European University Hospital and AQUAS (Catalonia Institute of Health Quality and Assessment) King's is supporting the design and implementation of a digital platform and community of practice. The aim of PiPPi is to provide a platform where stakeholders (consisting of patients, citizens, clinicians, industry, research and academia) can come together to collaborate, discuss healthcare challenges and share, innovate and improve together for the benefit of patients.
Patient Experience	Improve Effective Patient Communication focusing on patient/relative-carers responsiveness, information, and communication
Patient Experience	Flow Coaching Academy Big Room – Advance Care Planning Pathway - Support cultural and process improvements in Advance Care Planning for frail and older patients
Patient Experience	Flow Coaching Academy Big Room – Skull Base surgery Patient Pathway - Together with the MDT define and implement improvements in the MDT review process that will improve the experience of patients with brain tumours
Sustainability	Flow Coaching Academy Big Room – Sustainable Respiratory – reduce the carbon footprint in respiratory treatments
Sustainability	Nitrous Oxide Waste Reduction – together with the Pharmacy Aseptic Team, reduce the amount of Nitrous Oxide waste
Patient Outcomes	Rehabilitation Services – Improve patient outcomes following a severe head injury or major trauma in rehabilitation services
Continuous Quality Improvement (CQI) training and support	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; In house training including e-learning - The CQI training programme (White, Yellow and Green Belt) is based on Lean thinking and continuous improvement tools and concepts. The courses support staff to become familiar with improvement tools and gain knowledge and confidence with implementing their own improvement projects.

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 2021-22 that were recruited during that period to participate in research approved by a research ethics committee was

18,377. This is coable 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

4. King's College Hospital NHS Foundation Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because all Trusts were instructed to operate under monthly block contracts, of a value dictated by NHSE with CQUINs suspended 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.

4.1. The CQUIN payment framework has been reintroduced from 2022/23. Further details of the agreed goals for the following 12-month period can be obtained on request.

Care Quality Commission (CQC)

5. 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 2021-22. Table 7 below shows the overall ratings by site.

Table 8: Overall CQC rating, King's College Hospital NHS Foundation Trust, published August 2021

		Safe	Effective	Caring	Responsive	Well led	Overall
		→	→	→	→	→	→
Overall		RI 12/6/2019	RI 12/6/2019	G 12/6/2019	RI 12/6/2019	RI 12/6/2019	RI 12/6/2019
Urgent and emergency care	King's College Hospital	RI 18/2/2020	G 18/2/2020	G 18/2/2020	RI 18/2/2020	RI 18/2/2020	RI 18/2/2020
	Orpington Hospital	NA	NA	NA	NA	NA	NA
	Princess Royal University Hospital	RI 11/8/2021	RI 18/6/2020	G 11/8/2021	RI 11/8/2021	RI 11/8/2021	RI 11/8/2021
Medical care	King's College Hospital	G 31/1/2018	G 31/1/2018	G 31/1/2018	G 31/1/2018	G 31/1/2018	G 31/1/2018
	Orpington Hospital	NA	NA	NA	NA	NA	NA
	Princess Royal University Hospital	G 31/1/2018	G 31/1/2018	G 31/1/2018	G 31/1/2018	RI 31/1/2018	G 31/1/2018
Surgery	King's College Hospital	RI 12/6/2019	G 12/6/2019	G 12/6/2019	RI 12/6/2019	RI 12/6/2019	RI 12/6/2019
	Orpington Hospital	G 30/9/2015	G 30/9/2015	G 30/9/2015	G 30/9/2015	G 30/9/2015	G 30/9/2015
	Princess Royal University Hospital	RI 12/6/2019	G 12/6/2019	G 12/6/2019	RI 12/6/2019	G 12/6/2019	RI 12/6/2019
Critical care	King's College Hospital	RI 31/1/2018	G 31/1/2018	G 31/1/2018	G 31/1/2018	G 31/1/2018	G 31/1/2018
	Orpington Hospital	NA	NA	NA	NA	NA	NA
	Princess Royal University Hospital	G 31/1/2018	G 31/1/2018	G 31/1/2018	RI 31/1/2018	G 31/1/2018	G 31/1/2018
Maternity	King's College Hospital	RI 12/6/2019	G 12/6/2019	G 12/6/2019	G 12/6/2019	G 12/6/2019	G 12/6/2019
	Orpington Hospital	NA	NA	NA	NA	NA	NA
	Princess Royal University Hospital	G 30/9/2015	G 30/9/2015	G 30/9/2015	G 30/9/2015	G 30/9/2015	G 30/9/2015
Children and young people	King's College Hospital	RI 30/9/2015	G 30/9/2015	G 30/9/2015	O 30/9/2015	G 30/9/2015	G 30/9/2015
	Orpington Hospital	NA	NA	NA	NA	NA	NA
	Princess Royal University Hospital	RI 30/9/2015	G 30/9/2015	G 30/9/2015	O 30/9/2015	G 30/9/2015	G 30/9/2015
End of life care	King's College Hospital	G 12/6/2019	G 12/6/2019	G 12/6/2019	G 12/6/2019	G 12/6/2019	G 12/6/2019
	Orpington Hospital	NA	NA	NA	NA	NA	NA
	Princess Royal University Hospital	RI 12/6/2019	RI 12/6/2019	G 12/6/2019	G 12/6/2019	G 12/6/2019	RI 12/6/2019
Outpatients	King's College Hospital	RI 12/6/2019	NA	G 12/6/2019	RI 12/6/2019	RI 12/6/2019	RI 12/6/2019
	Orpington Hospital	RI 30/9/2015	NA	G 30/9/2015	G 30/9/2015	G 30/9/2015	G 30/9/2015
	Princess Royal University Hospital	RI 12/6/2019	NA	G 12/6/2019	RI 12/6/2019	RI 12/6/2019	RI 12/6/2019

7. King's College Hospital NHS Foundation Trust has participated in special reviews or investigations by the CQC relating to the following areas during 2021/22; three unannounced focused CQC inspections of the:

- Emergency Department (ED) at the PRUH (June 2021) and the report was published in August 2021, with the rating improving from 'Inadequate' to 'Requires Improvement'
- ED at Denmark Hill (July 2021) and the report was published in September 2021, with the reporting remaining at 'Requires Improvement'
- Dental Service virtual inspection as part of a pilot for a new CQC approach to dental services provided in secondary care in November 2021 followed by an

unannounced inspection in March 2022, and the report was published on 29 April 2022. The inspection did not result in a rating, however overall feedback was positive with the CQC reporting that staff provided good care and treatment and there were no breaches of regulatory requirements.

The CQC has also conducted a series of focus groups with maternity staff in February 2022.

7.2. The Trust intends to take the following action action (see tables 8, 9 and 10) to address the conclusions or requirements reported by the CQC:

Table 9: Ongoing DH emergency department actions to address requirements reported by the CQC

CQC Concerns	Ongoing Improvement Action	Progress Update
The trust must ensure patients attending the Emergency Department are protected from potentially mixing with patients who have COVID-19 symptoms. (Regulation 12(2)(b))	A separate waiting areas by age and risk in the UTC and ED.	Five waiting spaces have been mapped out. Scoping currently under way with Sodexo.
The trust must ensure the various areas of the Emergency Department are kept tidy and visually free from clutter. (Regulation 17(2)(b))	On completion of decluttering, to conduct patient experience survey of the new environment.	The department has been decluttered and a survey will be conducted with support from the patient and public engagement and experience team.
The trust should consider further reminders to medical staff to practice good hand hygiene.	Doctor Hand hygiene champions to support, market, and drive hand hygiene.	Doctors to be identified.
The trust should ensure all staff are reminded of the requirement to lock computer screens before leaving them unattended to prevent data protection breaches.	To source privacy screens to ensure patient confidentiality for all ED computer screens.	Privacy screens have been ordered and are currently being tested in the department.
	Escalate to the Trust Digital Technology Information Board.	In progress.

Table 10: Ongoing PRUH emergency department actions to address requirements reported by the CQC

CQC Concerns	Ongoing Improvement Action	Progress Update
The trust must ensure that the waiting area is managed effectively to ensure social distancing. (regulation 17)	To implement PRUH ED waiting room front door staffing model.	The front door model is now place, however, ongoing recruitment as outlined below.
The trust must ensure that paediatric early warning scores audits are routinely undertaken so there is oversight they are being completed correctly. (regulation 17)	BPEWS audit to be added to the ED Perfect Ward (now Tendable) under development.	ED perfect ward currently being trialled at DH.
The trust should continue to improve patient flow through the department with continued focus on the paediatric, orthopaedic and mental health pathways.	To have an oversight of actions to improve patient flow and liaise with the Clinical Directors/Leads for the paediatric, orthopaedic and mental health pathways.	The Clinical Lead for the ED has met with the Clinical Leads for paediatric, orthopaedic and mental health to discuss pathways, joint working and to promote collaboration.
The trust should ensure that urgent and emergency services meet the national standard patient waiting times for treatment and arrangements to admit, treat and discharge patients.	To continue with the improvement workstreams to improve national standard patient waiting times including:	Privacy screens have been ordered and are currently being tested in the department.
The trust should ensure staff are given adequate time to complete incidents in a timely manner.	Review and agree streamlined process for reviewing all Security Datix as there is some duplication with security submitting Datix which are also duplicated by clinical staff.	Patient safety have themed the Datix for 2021 and advising on new PSIRF
	To review and clarify the roles and responsibilities for reviewing and closing Datix incidents in the ED, once the Trust Policy for the Management, Reporting & Investigation of Adverse Incidents has been reviewed and ratified.	Trust AI policy currently under reviewed. Once finalised, will be implemented within the ED to support completion of incident reviews in a timely manner.
The trust should ensure audits that were suspended during COVID-19 are reinstated for quality monitoring and oversight.	Start the new ED perfect ward audit once the trial by ED DH is completed.	To share Perfect ED results with CQC Exec Oversight. Nov-21: Login details for new Perfect ED provided. To commence pilot. Nov-21: Mental health audit restarted. Ongoing. Trial of new tool in final stages.

Table 11: Ongoing Dental Services actions to address requirements reported by the CQC:

CQC Concerns	Ongoing Improvement Action	Progress Update
The trust should review the practice's protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015. This relates specifically to ensure staff complete immediate life support (ILS) and paediatric immediate life support (PILS) training annually by those staff who require it in accordance with the Resuscitation Council UK guidance and the GDC standards.	Review the resuscitation training needs analysis (TNA) for life support taking into account requirements as outlined in the Resuscitation Council UK guidance and the General Dental Council (GDC) standards.	In progress: The resus TNA has been reviewed and updated to ensure that life support training is mandated annually across the Trust including Dental. This will be approved by the Learning and Organisation Development Committee and rolled out Trustwide.
	Life support training to be documented on LEAP	In progress: Once the resus TNA has been approved, level 1 to level 3, life support training will be recorded on LEAP, with compliance reported via the BIU workforce scorecard.
	Dental to liaise with Trust Resus team to provide training for staff that require annual training.	In progress: Berenice Page meeting the Dental Triumvirate w/c 25 April 2022 to set training dates. All Dental clinical staff will be complaint with annual training by January 2023.
The trust should review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective. This relates to ensuring suitable fire evacuation plans are implemented.	To review the Dental Institute fire evacuation plan to ensure that: a. Fire assembly point 3 is marked as temporarily out of use until building works are completed.	Evacuation plan currently under review
	b. Fire assembly points are marked on posters in the Dental Institute.	In progress.
	c. Locations of spills kits, first aid boxes, crash trolleys, person-in-charge of consultants' room 5th floor and Children's department are updated.	Location of crash trolleys has been updated.
	Changes to evacuation plan to be communicated to all Dental staff.	News item submitted on Kingsweb in Dec-21 stating that assembly point 3 is temporarily out of use. General Manager to ensure message communicated to all Dental staff.
	Weekly fire alarm tests are in place in the Dental Institute.	Currently being reviewed with the Fire Safety Team.
	To arrange fire drills for staff in the Dental Institute.	Dental triumvirate has been requested to provide suitable times and dates for the fire drills that allow for minimum disruption to patient care and experience.

7.3. King's College Hospital NHS Foundation Trust has made the following progress by 31 March 2022 having completed the CQC improvement actions outlined in tables 11, 12 and 13 below:

Table 12: Completed DH emergency department actions to address requirements reported by the CQC

CQC Concerns	Completed Improvement Action
The trust must ensure patients attending the Emergency Department are protected from potentially mixing with patients who have COVID-19 symptoms. (Regulation 12(2)(b))	New UTC provider is now in place and running front door streaming. Screening of patients at triage and ambulance triage for any COVID-19 indicators and streaming desk with isolation facilities.
	Assess crowding at the entrance of the ED during the monthly Quality Walkabouts.
	To set up a multidisciplinary task and finish group with Greenbrook and Infection Control and Prevention (IPC) to agree process for early identification of potential COVID-19 patients.
	Create additional waiting spaces in the UTC.
	All patients with respiratory symptoms to go into cubicles. All non-respiratory patients to be managed elsewhere in the dept.
The trust must ensure the internal door handles of the paediatric mental health assessment room which pose a ligature risk are replaced with alternatives. (Regulation 12(2)(d))	Replace door handles with anti-ligature alternatives.
The trust must ensure the various areas of the Emergency Department are kept tidy and visually free from clutter. (Regulation 17(2)(b))	Continuous Quality Improvement team supporting ED project to reduce stock levels and subsequently increase storage space to begin this month.
	Major incident kit to be moved to storage unit outside ED to release another cupboard for improved storage
	Assess clutter in the ED during the monthly Quality Walkabouts.
	Workflow sheet with Estates defining work to improve storage in the ED.
The trust should ensure adequate signage is used to identify locations where suspected or confirmed COVID-19 patients are being treated without having to access a computer.	Staff will be reminded to use 'Respiratory Isolation' notices on all cubicles that have confirmed COVID +ve or ?COVID patients.
	To add universal PPE signage on the cubicles for confirmed or suspected COVID +ve patients.
The trust should consider further reminders to medical staff to practice good hand hygiene.	Continued monthly hand hygiene audits throughout ED.
	IPC posters and monthly update emails sent to whole Department
The trust should ensure all staff are reminded of the requirement to lock computer screens before leaving them unattended to prevent data protection breaches.	Reminder to be sent out to all ED staff to lock computers.
The trust should ensure the triage/streaming staff in the ambulance reception area do not have to leave their position unattended.	Nursing numbers have reduced since go live of UTC, which has led to fewer nursing gaps.
	Reminder sent out to all nurses to monitor LAS arrival screen.
	To order a LAS receiving desk with improved privacy as the computer will not be visible.

Table 13: Completed PRUH emergency department actions to address requirements reported by the CQC

CQC Concerns	Completed Improvement Action
The trust must ensure that the waiting area is managed effectively to ensure social distancing. (regulation 17)	To furbished and commission a built extension to the ground floor of the Urgent Treatment Centre (UTC) waiting and treatment environment
	2 additional single patient triage environments to be commissioned
	To create an additional triage room in the UTC to support social distancing
	To clarify CQC registration for the modular building with Greenbrook (UTC) and Oxleas (Mental Health).
The trust must ensure that paediatric early warning scores audits are rputinely undertaken so there is oversight they are being completed correctly. (regulation 17)	To refresh the Bedside Paediatric Early Warning System (BPEWS) and Glasgow Coma Scale (GCS) audit tools.
	To conduct additional and specific BPEWS training for all staff in the department.
The trust should continue to improve patient flow through the department with continued focus on the paediatric pathways.	To review the CYP risk on the risk register to reflect that this has been picked up by the CQC as a should do.
The trust should continue to improve patient flow through the department with continued focus on the mental health pathways.	To develop an ED diversion space in collaboration with Oxleas.
The trust should ensure that urgent and emergency services meet the national standard patient waiting times for treatment and arrangements to admit, treat and discharge patients.	Submit business case to establish an Acute Frailty Service comprising of a multidisciplinary team and implementation of the acute frailty pathway, which will include a ten-bay Older Person's Assessment Unit – (OPAU), in-reach into ED, CDU and AMU, and frailty hot clinics.
The trust should ensure medical staff do not rely on nursing staff to complete their safeguarding referrals.	Clinical Lead for the ED to feedback to all medical staff that safeguarding referrals are everyone's responsibility.
	Advanced Clinical Practitioners (ACP) with remit of safeguarding to provide training to medical staff at the Wednesday team meetings and Friday teaching sessions routinely.
The trust should ensure audits that were suspended during COVID-19 are reinstated for quality monitoring and oversight.	Reinstate audits that were suspended during COVID-19.

Table 14: Completed Dental Services actions to address requirements reported by the CQC:

CQC Concerns	Completed Improvement Action
The trust should review the practice's protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015. This relates specifically to ensure staff complete immediate life support (ILS) and paediatric immediate life support (PILS) training annually by those staff who require it in accordance with the Resuscitation Council UK guidance and the GDC standards.	Review the resuscitation training needs analysis (TNA) for life support taking into account requirements as outlined in the Resuscitation Council UK guidance and the General Dental Council (GDC) standards.
	Dental to identify staff that required training to ensure annual compliance.

Records Submission

8. King's College Hospital NHS Foundation Trust submitted 2,565,721 records during 2021-22 M1-12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

8.1. The percentage of records in the published data April 2021 to January 2022, which included the patient's valid NHS number, was:
- 99.5% for admitted patient care;
- 99.6% for outpatient (non-admitted) patient care; and

- 84.0% for accident and emergency care (due to inclusion of Greenbrook UTC data at Denmark Hill).

8.2. The percentage of records in the published data April 2021 to January 2022, 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
- 99.1% for accident and emergency care.

Information Governance Assessment

9. King's College Hospital NHS Foundation Trust's 2021/22 submission of the Data Security and Protection Toolkit is due on 30th June 2022, the deadline having been moved to June during the pandemic in line with NHSD guidance and will be reported in the 2022/23 Quality Account accordingly.

King's College Hospital NHS Foundation Trust's 2020/21 submission of the Data Security and Protection Toolkit made in June 2021 and covering the period 1st April 2020 to 30th June 2021 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 2021-22 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 in the previous financial year 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 with on-going actions reviewed by the Risk & Governance Committee.

Learning from Deaths

12. During 2021-22, 2527 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:
- 557 in the first quarter (April to June 2021);
- 631 in the second quarter (July to September 2021);
- 680 in the third quarter (October to December 2021);
- 659 in the fourth quarter (January to March 2022).

12.1. By 31 March 2022, 245 case record reviews and 32 investigations have been carried out in relation to 178 of the 2527 deaths included above.

12.2. The number of deaths in each quarter for which a case record review or an investigation was carried out was:
- 87 in the first quarter;
- 81 in the second quarter;
- 63 in the third quarter;
- 46 in the fourth quarter.

12.3. 4 patient death (0.16%) of all 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:
- 3 representing 0.12% for the first quarter;
- 0 representing 0 % for the second quarter;
- 1 representing 0.04% for the third quarter;
- 0 representing 0% for the fourth quarter.

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

12.5. The usual mortality review processes were reduced during 2021-22 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.

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 embedded. 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, and provided assurance in relation to Trust processes and decision-making, particularly in relation to escalation. 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.

Additional learning included that disposal of equipment following a patient incident hinders a subsequent investigation, and the exact length of nasogastric tube insertion needs to be documented and oral feeding needs to be reintroduced slowly for high-risk surgical patients.

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 has been integrated with the working of the new medical examiner system.

Progression of the joint clinical service and development of cross-site working of senior medical staff in neonatology has resulted in good outcomes at PRUH.

A Pulmonary Embolism Response Team and development of a pathway for patients at intermediate and high risk of pulmonary embolism have been developed.

Emergency Department (ED) triage system will include thoracic pathology when assessing back pain and the contact number for ED will be added to the blood test request form on initial attendance.

EPR will facilitate merge of records for patients with multiple hospital numbers to enable access to previous care records. Safety nets regarding display of pending results on EPR will be fully implemented.

Previous reporting period

132 case record reviews and 6 investigations were completed after 31 March 2021, which related to deaths, which took place before the start of the reporting period.

0% 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 15: Reporting against core indicators

Indicator	Measure	Current Period	Value[1]	Previous Period	Value[1]	Highest Value Comparable[1,2] Foundation Trust	Lowest Value Comparable[1,2] 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	01/10/2020 to 30/11/2021	1.0296 (95% CI 0.9003, 1.1107) - as expected	01/09/2019 to 31/08/2020	1.0247 (95% CI 0.9002, 1.1109) – as expected	1.0093 (0.9040, 1.1062) - as expected	0.7488 (0.8981, 1.1134) -lower than expected	1.0	NHS Digital	The 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. The 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	01/12/2020 to 30/11/2021	46%	01/09/2019 to 31/08/2020	47%	62%	26%	39.5%	NHS Digital	
Patient Reported Outcomes Measures - hip replacement surgery	EQ-5D Index:76 modelled records	Apr 20 - Mar 21	Adjusted average health gain: 0.471	Apr 19 - Mar 20	Adjusted average health gain: 0.452	0.459	0.423	0.465	NHS Digital	The Trust considers that this data is as described for the following reasons - our performance is in line with Shelford Group peers. The Trust intends to take the following actions to improve this score, and so the quality of its services: Improve PROMS data collection through the implementation of a new IT system from April 2021
	EQ VAS: 73 modelled record		Adjusted average health gain: 14.615		Adjusted average health gain: 12.922	14.087	10.866	14.769		
	Oxford Hip Score: 79 modelled records		Adjusted average health gain: 22.604		Adjusted average health gain: 22.280	22.280	19.907	22.579		
Patient Reported Outcomes Measures - knee replacement surgery	EQ-5D Index:90 modelled records	Apr 20 - Mar 21	Adjusted average health gain: 0.307	Apr 18 - Mar 19	Adjusted average health gain: 0.340	0.336	0.276	0.315		

[1] Displayed by NHS Digital
[2] Shelford Group

Indicator	Measure	Current Period	Value[1]	Previous Period	Value[1]	Highest Value Comparable[1,2] Foundation Trust	Lowest Value Comparable[1,2] Foundation Trust	National Average	Data Source	Regulatory/Assurance Statement
	EQ VAS: 86 modelled records		Adjusted average health gain: 5.246		Adjusted average health gain: 6.164	9.839	6.219	7.274		
	Oxford Knee Score: 94 modelled records		Adjusted average health gain: 15.478		Adjusted average health gain: 16.707	16.758	16.352	16.714		
Percentage of patients readmitted within 28 days of being discharged	Patients aged 0-14 - %	Apr-21 to Dec-21	0.99%	Apr-20 to Feb-21	1.22%	Data not comparable due to differences in local reporting.	Data not comparable due to differences in local reporting.	N/A	MS	The 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. The 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.
	Patients aged 15+ - %		8.05%		7.96%	Data not comparable due to differences in local reporting.	Data not comparable due to differences in local reporting.	N/A		

Indicator	Measure	Current Period	Value[1]	Previous Period	Value[1]	Highest Value Comparable[1,2] Foundation Trust	Lowest Value Comparable[1,2] Foundation Trust	National Average	Data Source	Regulatory/Assurance Statement
Trust's responsiveness to the personal needs of its patients: • To what extent did staff looking after you involve you in decisions about your care and treatment?	Score out of 10 trust-wide	2020 National Inpatient Survey	7.0	2019 National Inpatient Survey	7.1	8.4	6.5	7.2	CQC	The 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. The Trust intends to take the following actions to improve this score, and so the quality of its services, by launching regular Care Group patient experience reviews with key actions for improvement. National Inpatient Action Plan in place.
• Did you find someone on the hospital staff to talk to about your worries and fears?	Score out of 10 trust-wide	2020 National Inpatient Survey	7.3	2019 National Inpatient Survey	4.4	9.1	6.5	7.8	CQC	
• Were you able to discuss your condition and treatment without being overheard?	Score out of 10 trust-wide	2020 National Inpatient Survey	6.2	2019 National Inpatient Survey	New wording, data not comparable	9.6	5.5	6.6	CQC	
• Thinking about any medication you were to take home, were you given any of the following?	Score out of 10 trust-wide	2020 National Inpatient Survey	4.8	2019 National Inpatient Survey	New wording	6.3	3.7	4.9	CQC	
Did hospital tell you whom to contact if you were worried about your condition or treatment after you left hospital?	Score out of 10	2020 National Inpatient Survey	6.8	2019 National Inpatient Survey	6.5	9.7	6.6	9.7	CQC	

Indicator	Measure	Current Period	Value[1]	Previous Period	Value[1]	Highest Value Comparable[1,2] Foundation Trust	Lowest Value Comparable[1,2] Foundation Trust	National Average	Data Source	Regulatory/Assurance Statement
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends	% (If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation)	2021 NHS Staff Survey	67.7%	2020 NHS Staff Survey	71.9%	89.5% (Best)	43.6% (Worst)	66..9%	NHS England staff family and friends test data	King's College Hospital NHS Foundation Trust considers that this data is as described for the following reasons – This is taken from data recorded in the National Quarterly Pulse Surveys and the National Annual Staff Survey. The 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
The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period	95%	Q1-4 2021-22	97.9%	Apr-20 to Mar-21	97.6%	Bart's Health NHS Trust 99.1%	Sheffield Teaching Hospital NHS Foundation Trust 95.0 %	95.5%	NHS Improvement	The 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. The 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.

Indicator	Measure	Current Period	Value[1]	Previous Period	Value[1]	Highest Value Comparable[1,2] Foundation Trust	Lowest Value Comparable[1,2] Foundation Trust	National Average	Data Source	Regulatory/Assurance Statement
The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust among patients aged 2 or over during the reporting period	rate/ 100,000 bed days	April 2021 – March 2022	103	April 2020 – March 2021	33.9 cases per 100,000 bed days	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-infection-monthly-data- by-NHS-acute-trust	The Trust considers that this data is as described for the following reasons – there were xx Trust-apportioned cases of CDI (for patients aged [3]2) in total; thus the performance target was not met, and we achieved a xxxxx compared to the previous year, 20-21. The Trust intends to take the following actions to improve this score, and so the quality of its services, by: • Training of junior doctors as regards review, choice & duration of antimicrobials. • Trust-wide antimicrobial stewardship programme • Implementation of PCR testing at the PRUH site. • Continue to focus on equipment and environmental cleaning. • Document assessment and bowel movements in EPR Sampling stewardship – IPC review of stool samples in lab, and discussion with clinical teams.

Indicator	Measure	Current Period	Value[1]	Previous Period	Value[1]	Highest Value Comparable[1,2] Foundation Trust	Lowest Value Comparable[1,2] Foundation Trust	National Average	Data Source	Regulatory/Assurance Statement
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period	No. (rate per 1,000 bed days)	April 2021 – March 2022	29,661	April 2020 – March 2021	17,603 total and 41.8 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	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) King's College Hospital NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by: Continue positive feedback from incident reporting, continue supporting open and transparent culture, allow for anonymous reporting, automatic feedback installed on incident reporting system.

Indicator	Measure	Current Period	Value[1]	Previous Period	Value[1]	Highest Value Comparable[1,2] Foundation Trust	Lowest Value Comparable[1,2] Foundation Trust	National Average	Data Source	Regulatory/Assurance Statement
The number and percentage of such safety incidents that resulted in severe harm or death	No. (rate per 1,000 bed days)	April 2021 – March 2022	127 (23 deaths, 104 severe harm)	April 2020 – March 2021	104	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	112-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	The 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. The 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 16 on page 52

Table 16: Overview of the quality of care offered by King's

Indicators	Reason for selection	Trust Performance 2021-22	Trust Performance 2020-21	Peer Performance (Shelford Group Trusts) 2021-22	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%	89%	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.	94.8%	92.2%	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.	3	5	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'.	0.57 (95% CI 0.49, 0.73) – Better than expected	0.63 (95% CI 0.49, 0.79) – Better than expected	0.93 (95% CI 0.88, 0.99) – Better than expected	NHS Digital data via HED, period: January to December 2021
SHMI Weekend admissions		1.02 (95% CI 0.94, 1.12) – As expected	0.95 (95% CI 0.88, 1.03) – As expected	1.0 (95% CI 0.98, 0.99) – As expected	
Patient experience indicators					
Friends & Family – A&E	How likely, on a scale ranging from extremely unlikely to extremely likely, would they recommend the service to their friends and family if they needed similar care or treatment, % positive	79%	74%	81%	NHS England national statistics
Friends & Family – inpatients	How likely, on a scale ranging from extremely unlikely to extremely likely, would they recommend the service to their friends and family if they needed similar care or treatment, % positive	96%	95%	94%	NHS England national statistics
Friends & Family - outpatients	How likely, on a scale ranging from extremely unlikely to extremely likely, would they recommend the service to their friends and family if they needed similar care or treatment, % positive	91%	86%	93%	NHS England national statistics

Performance against relevant indicators

Table 17: Performance against relevant indicators

Indicators	Trust Performance 2021-22	Trust Performance 2020-21	National average	Target
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	75.3%	60.5%	61.6%	92.0%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	69.3%	83.0%	86.9%	95.0%
All cancers: 62-day wait for first treatment from Urgent GP referral for suspected cancer	67.8%	69.5%	75.1%	85.0%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	78.7%	69.2%	75.1%	>99%
C. *difficile*:	92 cases	95 cases	n/a	110
Maximum 6-week wait for diagnostic procedures	87.8%	63.6%	61.8%	>99%
Venous thromboembolism risk assessment	98.5%	98.4%	n/a	95.0%

Access to services

The Trust's operational delivery and performance against patient access targets was impacted by the effects of the second COVID-19 wave during the first months of the financial year, following which the Trust enacted rapid recovery of elective and diagnostic activity whilst still meeting with required infection control standards in response to COVID-19.

The advent of the subsequent third COVID-19 wave in December 2021 meant that non-essential elective, outpatient and diagnostic activity was suspended from the middle of December 2021 to the second half of January 2022. At Denmark Hill peak third wave COVID-positive admissions occurred between 28 December 2021 and 2 January 2022 with peak bed occupancy reported on 4 January 2022 with 270 COVID positive patients in our beds. At the PRUH and South Sites, peak COVID-positive admissions occurred between 28-31 December 2021 with peak bed occupancy reported on 6 January 2022, with 115 COVID positive patients in our beds. COVID related staff sickness peaked for a 2-week period from 22 December 202 in which up to 1000 Trust staff were unable to attend work due to Covid related issues.

In response to the unique demands of the Covid pandemic we have accelerated our transformation of outpatient services by providing an increased number of non-face 2 face outpatient appointments via telephone, with a current focus on standardising provision of video-appointments using one system supplier by the end of this financial year. We are also implementing the outpatient text reminder service to patients attending clinics on the Denmark Hill site having re-built our outpatient clinics at the PRUH and South Sites earlier in the year to facilitate improved messaging services to our patients attending clinics on those sites.

The Trust's ED four-hour performance based on monthly ED Sitrep return submissions is 69.3% for the period April 2021 to January 2022, which is a reduction in performance compared to the performance level of 71.5% achieved for the previous baseline period April 2019 - March 2020. Performance has reduced on both the Denmark Hill and PRUH sites this year compared to 2019/20 as A&E and Urgent Care attendances approach previous baseline activity levels (1.5% lower compared to 2019/20).

2WW Cancer referral demand received from GP's in 2021/22 has increased by over 9% between April 2021 – January 2022 compared to the same period in the baseline period in 2019/20. Further elective activity restrictions during the third COVID-19 wave has also meant an increase in diagnostic and treatment delays impacting our ability to meet with 31 and 62-day cancer standards.

Referral to Treatment (18 Weeks)

Following the end of the second COVID-19 wave in March 21 there were 6,788 patients waiting over 52 weeks and 21,670 patients waiting over 18 weeks delivering RTT incomplete performance of 64.8%, below the 92% national target. In response a new cross-Trust Elective Assurance group was setup to ensure that effective plans were in place to recover elective activity including day case/inpatient, outpatients as well as diagnostics and planned investigation activity. This group also linked with the South East London Elective Care Group as part of the Acute Provider Collaborative to ensure a consistent approach to elective recovery across the SEL sector.

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, as well as providing mutual aid capacity to the other SEL Acute Trusts. The Trust has also continued with the implementation of its transformation programmes in outpatient re-design and digitisation to improve our patient's experience with the services that we provide, as well as theatre productivity improvement programmes to maximise the use of our day case and inpatient theatres and outpatient clinic throughput in-week.

As part of our elective recovery programme, new theatre timetables were implemented in DSU and main theatres across all of our sites, reflecting the capacity required to clear our urgent clinical priority P2 and long waiter backlogs, including a number of DH-surgical specialties treating patients at the PRUH and South Sites. By the end of November 2021 the number of 52 week waiters had reduced by 6,043 cases (89.0%) to 745 patients.

Due to the impact of the third COVID-19 wave where elective activity was suspended for non-urgent patients, the number of patients waiting over 52 weeks had increased slightly to 832 cases by the end of January 2022. RTT incomplete performance has reduced to 75.0% set against a PTL size of 72,255 waiters.

Cancer Treatment within 62 Days

Our Trust cancer waiting time improvement programme was suspended during the second COVID-19 wave and has since been revised and re-launched in April 2021. The number of GP-referred patients waiting over 62 days (backlog) was also comparable to the pre-COVID period at this time.

There was a late surge in 2WW referral demand towards the end of March 2021 with some specialties experiencing an increase of up to 20% in suspected cancer demand. Compliance against the cancer 2 week wait GP referral 93% target reduced to 89.7% in April

2021, recovering to a compliant reported position in May and June 2021. Prior to the third COVID-19 wave compliance achieved the national target again in November 2021 at 94.5% but has reduced to 90.6% by the end of January 2022.

We have not been compliant with the 62-day GP referral to treatment standard during 2021-22, where we have reported an average monthly performance of 67.8% compared to the national 85% target. Performance has reduced to 59.3% for January 2022 as we continue to reduce the over 62 days patient backlog.

With the exception of January 2022, the Trust has exceeded the new 75% national target for the 28 Faster Diagnosis Standard.

Earlier in the year the Trust was successful in its bid to setup a Rapid Diagnostic Centre (RDC) which will improve both time to diagnostics and diagnosis. The mobilisation plan is well underway with a go-live date of 1 April 2022.

Diagnostic Test within 6 Weeks

By March 2021 the number of patients waiting on the diagnostic waiting list for a DM01 reportable test increased to a peak of 14,491 waiters with 4,490 patients waiting over 6 weeks, and an associated performance of 69.0% of patients waiting under 6 weeks. As part of our wider elective recovery programme, performance had improved to 93.3% of patients waiting under 6 weeks by October 2021. The DM01 diagnostic waiting list reduced by over 2,300 patients to 12,190 total waiters, with 820 patients waiting over 6 weeks representing a reduction of 3,670 patients.

At the Denmark Hill site the largest backlog at the start of the financial year was in cardiac echo – whilst long term capacity is sufficient, an additional external independent sector provider was enagaged from the middle of April to clear the backlog. Additional independent sector capacity has also been introduced from March 2021 to reduce the MRI backlog.

The PRUH and South Sites has continued to increase its use of Independent Sector endoscopy capacity particularly at Lyca Health Care to manage backlog clearance as well as 2ww and routine referrals and surveillance patients. The 99% national target was achieved at PRUH and South Sites in October and November 2021, and our wider Trust recovery was impacted by the COVID-19 wave 3 peak which occurred during December 2021 and January 2022.

By January 2022 the number of patients waiting on the diagnostic waiting list for a DM01 reportable test reduced to 11,318 waiters with only 773 patients waiting over 6 weeks, and an associated performance of 93.2% of patients waiting under 6 weeks.

Emergency Department four-hour standard

Achievement of the Emergency Department four-hour performance standard continues to be a challenge at Kings as both A&E type 1 and UCC type 3 activity levels increase at both the Denmark Hill and PRUH sites following the second COVID-19 wave. A&E type 1 and Urgent Care type 3 attendances are only 1.5% lower between April 2021 – January 2022 compared to the previous baseline period of April 2019 – January 2020. 80.0% of emergency patients were seen within 4 hours in April 2021 at the beginning of the financial year and compliance has reduced to 68.0% by January 2022.

Four-hour performance at the Denmark Hill site was achieving 76.0% in April 2021 and has reduced to 64.4% in January 2022 linked to the Covid 3rd Wave. The Urgent Treatment Centre was re-tendered at the start of the financial year and the contract was successfully awarded to Greenbrook Healthcare who commenced running the UTC service in early October 2021, followed by the transfer of paediatric patients in February 2022. Despite initial weekly type 3 UTC performance exceeding 80% in October, performance levels have reduced to just over 72% in November and just under 76% in December but improvements have been reported during December and January.

The Denmark Hill clinical team have been working with the EPR team during the year to replace their current Symphony A&E system with the EPR Allscripts system which will better integrate clinical activity and documentation recording.

Four-hour performance at the PRUH site was achieving 84.4% in April 2021 but has reduced to 72.5% in January 2022, which again reflects the operating pressures associated with the 3rd Covid wave. High ambulance conveyances continue to be a challenge, with batching of conveyances being a particular issue. An ambulance cohort area was mobilised in January 2021, supported by LAS for use at times of peak conveyances and ED occupancy.

At the PRUH an investment case approval has also been given for two modular buildings to be co-located with ED which included an Acute Frailty Assessment Unit opened in late November 2021 providing 14 dedicated spaces for patients identified as suitable for a frailty pathway, with the aim of avoiding the need for admission. This service continues to expand as recruitment progresses with a full mobilisation by the end of March 2022. In addition the Oxleas Mental health Assessment Unit opened in December with four dedicated assessment rooms for patients presenting in mental health crisis and will avoid extensive waits within the ED.

Freedom to Speak Up

Fhe last year has been extremely challenging for everyone in the NHS, with many staff having to work in different and unexpected ways. At King's, we recognised that these challenges placed even greater emphasis and importance on ensuring staff have the opportunity, confidence and support to speak up. The impact of the pandemic and subsequent pressures, on the NHS was particularly acute for Black, Asian and Minority Ethnic staff at King's, so being able to signpost and support them was a top priority.

Nationally, the impact of the COVID-19 pandemic on the wider NHS workforce has seen an increase in the number of cases reported to Freedom to Speak Up Guardians generally. King's has seen a significant year on year increase, with 30% more cases being brought to the attention of the FTSU Guardian compared to last year. As a consequence, during 2021/22, King's has consistently been in the top 25% of trusts nationally for reporting concerns (The Model Health System), which is a positive indicator of increasing confidence of staff to speak up.

The overarching principle of the Speak Up Review (2015), is that 'Every organisation needs to foster a culture of safety and learning, in which all staff feel safe to raise concerns'. Staff who are listened to feel valued and are

likely to speak up again. The Review recognised that the biggest influence in delivering this, is leadership at all levels within an organisation.

In December 2020, Henrietta Hughes, National Guardian said, "Managers need skills and headspace to be able to listen up effectively and senior leaders need to listen, believe and take the necessary actions, fostering a positive speaking up culture." So, the primary objective of the FTSU Guardian and the leadership team at King's has been to embed a culture, whereby raising a concern is the norm across the trust and there are clear simple pathways to do this.

At King's, we have also embraced a listen up culture and recognise that line managers have the strongest influence on a workers psychological and physical environment. Managers should also be the first point of contact for staff raising concerns. We highlighted in our 2020/21 Quality Account, that managers can also feel vulnerable when staff speak up and this may lead to a defensive response, which can prevent staff from raising concerns, particularly regarding poor behaviour of colleagues. Taking a multiprofessional approach, we have put strategies in place to support managers to 'listen well' and 'act' during 2021/22. We are pleased to have

some great examples across the trust of how culture has improved, particularly in areas previously highlighted as being of concern. An increase in requests from managers for training and listening events is a positive indicator that speaking up and listening up is becoming normal at King's.

In 2020/21, we reported having taken a proactive approach to identifying hotspots of poor workplace culture and barriers to speaking up. This approach has continued in 2021/22, with the Freedom to Speak Up Guardian continuing to work closely with clinical teams, EDI, Organisational Development, Health and Wellbeing, Employee relations and Communication teams, along with the trust networks, to ensure early coordinated interventions are put in place to support staff and managers.

At King's, we recognise that many staff may still face barriers to speaking up, so the FTSU Guardian is exploring many different strategies in collaboration with key stakeholders, to ensure that staff do not feel disadvantaged and do not face barriers. Through this, the trust will ensure collaborative working and simpler clear channels for staff wanting to speak up.

Finally, new starters are seen as a fresh opportunity for the trust to normalise speaking up as part of the everyday culture of the organisation. As a consequence, the Speak up Guardian has been attending the Preceptorship programmes and induction sessions, delivering training on a regular basis. The Guardian also works closely with the trust's Organisational Development Team to explore future training opportunities. Our focus for the year ahead is to build on the progress made in 2021/22. We intend to make it even easier for staff to speak up, we will ensure managers and leaders have the skills to listen and make changes when necessary. By doing this, we will protect the values of King's and ultimately protect our staff and patients.

South East London Clinical Commissioning Group Statement on King's College Hospital NHS Foundation Trust Quality Account 2021-22

South East London Clinical Commissioning Group (CCG) 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 Kings College NHS Foundation Trust (KCH) for the opportunity to comment on its 2021/22 Quality Account. The CCG wishes to acknowledge the provider's exemplary and purposeful response to the changing needs of the population they serve which is a positive reflection of true leadership, and demonstrates continued endurance, compassion and commitment shown by all the staff.

The CCG recognises the work undertaken to achieve the quality priorities set in 2021/2022 and acknowledged that some were affected due to the pandemic. During the unprecedented challenging couple of years, KCH readily flexed and adapted to new ways of working and innovative solutions with the rapid establishment of COVID-19 follow-up clinics. The ground-breaking KCH research undertaken in these clinics informed the NICE guidelines on management of COVID-19 and supported patients with Long COVID to achieve their optimum health outcomes.

The work undertaken to improve reducing harm to deteriorating patients is noted and the Trust recognises that there is more work to be done. The CCG welcomes the priority focus of activity to improve detection of the deteriorating patient and that appropriate escalation will be one of the themes in the Trust implementation of the wider Patient Safety Strategy in 2022/23 to drive continuous improvement in this area. The CCG looks forward to seeing continuous improvements in the year ahead.

The CCG would like to congratulate the Trust on achieving its priority commitments on reducing violence and aggression to staff and increasing patient safety. We look forward to the impact of the pioneer investment in senior leadership to progress a sustainable violence reduction programme and implementation of the learning across the Trust.

We welcome the Trust patient experience priority regarding communication and engagement with patients, their relatives, and carers. The CCG looks froward to seeing the impact the number of measures and actions identified will have on improving responsiveness to patients, incidents involving violence and aggression, complaints featuring communication issues, and enhanced patient experience feedback.

The Trust demonstrates continuous commitment to supporting positive behaviour among staff operating within a diverse and inclusive environment, to increase patient safety and to ensure staff feel safe and supported to do their job and deliver a quality service. The involvement of patients is welcome in the use of quality improvement approaches to develop responsive preventative models to reduce incidents of violence and aggression. The CCG looks forward to working collaboratively with the Trust on their improvement journey as it shares learning and best practice among the networks and partnerships across the system.

The CCG would like to thank the Trust for including it in relevant meetings following the disbanding of the Clinical Quality and Risk Group and looks forward to continuing our collaborative approach to quality improvement via attendance at both formal and informal meetings in the year ahead and continued engagement in our preparation for the System Quality Group as we transition into an Integrated Care System.

The Quality Priorities demonstrates a continuum of improvement at the Trust. 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 2022/2023. We very much look forward to continuing our partnership and collaborative approach to quality improvement in the year ahead, to address priorities and deliver integrated care as a system to further improve the quality of lives of the population we serve.

Kate Moriarty Baker
Chief Nurse
NHS South East London CCG

Healthwatch Bromley:

Healthwatch Bromley is pleased to be able to respond to the King's College Hospital NHS Foundation Trust Quality Account for 2021-22.

Firstly we are pleased to note the achievements for 2021/22 for the Trust. In 2020-21, the trust made a commitment to reduce harm to deteriorating patients, improving patient safety and outcomes. Reducing harm to deteriorating patients is one of the quality priorities for the trust because detailed analysis has shown that they have opportunities to improve how they recognise, record, manage and escalate deteriorating patients. Between 2017 and 2019, the trust saw sustained improvement in both recognition and escalation of unwell patients. There were significant changes to the patient dynamics in 2020/21 as they dealt with large volumes of COVID-19 patients through wave 1 and wave 2.

It was a pleasure to note that the Business Intelligence Unit (BIU) have established a heat map to track observation frequency. This was reviewed at the Deteriorating Patient Task and Ongoing auditing of observations will be a part of next year's Quality Priority and the Acute Deterioration CQUIN 2022/23.

The trust's 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 they could make the experience of care for patients better

King's College Hospital's NHS Staff Survey Results demonstrate how their staff are experiencing some of the highest levels of violence and aggression in the workplace. The survey shows that the trust staff experience verbal and physical abuse at least 5 time more as compared to national average. The Trust implemented several training programmes and King's College Hospital employed a Violence Reduction Matron who took up post in September 2021. This post, one of the first established by an acute trust nationally, is responsible for progressing the violence reduction work streams and implementing learning.

Quality priorities for 2020/21

We are pleased to note that the Trust achieved the roll out of comprehensive training package to improve staff confidence in managing complex patients. The aim was to ensure their staff possess the necessary knowledge and skills in the care of patients suffering from Dementia or a Mental Health crisis.

At the hospital, the Violence Reduction Matron alongside colleagues in Employee Relations have begun surveying staff and managers in pilot areas to establish what 'good' looks like.

Quality priorities for 2021/22

We are pleased to note that the quality priorities for 21/22 are focusing on:

- Improving the detection of the deteriorating patient and escalating as appropriate, thereby reducing harm to patients is one of the quality priorities for King's because detailed analysis has shown that they have opportunities to improve how they recognise, record, manage and escalate deteriorating patients

- The highlighted priorities for the trust have been improving communication skills, clarity on named consultant in charge as lead for communicating information to the patient, shared decision making, accessing the right department, responsiveness to calls. Studies conducted during the past three decades show that the clinician's ability to explain, listen and empathize can have a profound effect on biological and functional health outcomes as well as patient satisfaction and experience of care.

- Improving patient outcomes in neuro and major trauma rehabilitation services - Further scoping needed to define objectives - All King's rehab services, Select rehab services, Themes that cut across all rehab services, Discharge

- Supporting Positive Behavior to increase patient safety - The Trust remains committed to preventing and dealing robustly with violence against their staff

and has implemented a range of measures over the last decade based on learning from incident reports. They also recognise that they can help to build staff resilience and their ability to de-escalate volatile situations and resolve conflict.

- Future Objectives – Reduce incidents of violence and aggression from patients, visitors and service users towards staff, provide staff with the support they require to aid recovery from incidents of violence and aggression, promoting their health, well-being and safety, provide an environment where all people at King's feel confident, supported and protected

healthwatch Lambeth

Healthwatch Lambeth:

Healthwatch Lambeth Statement King's College Hospital Quality Accounts 2021/22 and Quality Priorities for 2022/23

Healthwatch Lambeth commends KCH on its achievement in 2021/22 on Priority 2: Improving outcomes for people with long Covid for the timely interventions and in setting up clinical services for people with long Covid as well as capturing and analysing data. This is despite the ongoing demands for services during the pandemic.

On quality priority for 2022/23, we note that:

Priority 2: To improve patient experience through effective communication. It will be helpful to cite some examples that will illustrate identified communication issues. Also, there may be a need to talk briefly about what has been put in place in 2021/22 and evaluation of those measures – what worked and what didn't – to provide context to the plan of action.

Priority 4: Supporting Positive Behaviour to increase patient safety. This priority is about patient safety but the rationale for it states that staff continue to experience some of the highest levels of violence and aggression in the workplace. The priority should also include staff safety (which corresponds to the plan of action).

We have noted that there is no priority set for patient engagement and how KCH will continue to work with different organisations in the primary care and voluntary sector including Healthwatch Lambeth. HWL has done some work with KCH in 2021/22 such as maternity during Covid and its work towards developing the maternity strategy. There was no mention of those in the accounts or how our contribution could be considered to inform service improvement.

We continue to commit to providing useful insights from our service users' engagement projects and to working more closely with KCH to inform how services can be improved.

Natalia Sali
Interim Chief Executive
Healthwatch Lambeth

Healthwatch Southwark:

Healthwatch Lambeth Healthwatch Southwark Response to KCH NHS FT Quality Account 21-22

General Comment:

As the independent champions of the patient voice in Southwark and close partners of KCH, we appreciate the opportunity to comment on KCH's Quality Account. Our responses are based on the experiences and views of our residents and service users which have been shared with us.

Whilst we are gradually emerging out of the pandemic and returning to more business-as-usual practices, we recognise the ongoing impact that COVID-19 has on KCH and its capacity to respond to the diverse needs of its patients.

We would like to highlight the positive relationship that the Trust has built with us. We particularly commend the Patient and Public Involvement Team for their proactive collaboration with us, regularly reaching out to us for feedback on their projects, sharing patient involvement opportunities and accommodating us as we scope engagement activities with King's patients.

In recent months, we have mainly received positive feedback about King's, with patients reflecting on the "exemplary support" they received for their long-term conditions and excellent care being provided throughout the pandemic. However, our sample of feedback specific to King's services is limited and therefore we plan to organise upcoming feedback workshops focusing on specific NHS trusts and services to provide a more representative sample.

Due to the capacity constraints of our small team, our comments are not exhaustive however we have tried to highlight some of the key aspects of KCH's priorities that align with our own and respond to the issues we are hearing from our residents and service users.

Priority 1 - Reducing violence and aggression to staff and increasing patient safety

We continue to support King's priority to improve the recognition, recording, management, and escalation of deteriorating patients.

- We are happy to see that progress has been made in relation to the observation audit cycle to better track the frequency of observations. We look forward to reviewing this progress once a larger sample of auditing data has been collected.
- We would like to support the Critical Care Outreach team's pilot of a patient activated trigger. As we play a key role in listening and platforming the views and experiences of patients and service users, we would be keen to input into the scoping for this initiative and offer our expertise in approaches to capture patient's perspectives.

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

We commend that this is a priority as we are continuing to hear feedback about the lack of support for people with Long COVID.

- It is great to hear that King's was one of the first Trusts to set up COVID-19 follow-up clinics and we also applaud its research into managing the long-term effects of COVID-19.
- We are glad to see that King's is committed to measuring the outcomes of these services by collecting feedback from patients. Telephone interviews are a great way to capture personal and in-depth feedback from patients and are more accessible than online surveys/ interviews. We would be interested to hear updates on the progress of this data collection and any learnings to support our own feedback collection practices.
- We commend King's for collaborating with a variety of stakeholders on the issue of Long COVID.

Priority 3 - Improving Patient Experience for Inpatients

We endorse the continued commitment and progress in improving patient experience for inpatients. However, we question why this priority no longer also focuses on patient experience for outpatients, emergency departments, maternity services and cancer services, as it did last year. We would like to see evidence that there has been sufficient improvement in experience for these group to warrant their removal from the target groups. We have been attending King's Patient Experience Committee meetings which have provided us with a useful insight into the Trust's developments in this area and an opportunity to collaborate.

- It is great to read that King's emotional support improvement programme has successfully been launched and we are pleased to see that it has been codesigned with patients.
- We support the proposal to develop a ward 'welcome pack' with key information for patients to improve their understanding and awareness of the services and facilities available and to help manage expectation.
- We are pleased to see that an improvement in communications between patients and healthcare professionals has been achieved. However, we feel that it would be more appropriate to mark this priority 'Partially Achieved' rather than 'Achieved' because there are still communications issues being flagged through complaints and PALS enquiries, suggesting that there is still room for improvement.

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

- It would be useful to see the 2021 figures for staff experiencing verbal abuse and physical assault so that we can make comparisons with the previous years.
- The fact that King's has a significantly higher number of incidents compared to the national average is concerning.
- We are pleased to read about the reviews of provisions of conflict resolution training that was highlighted from the feedback at listening events.
- It is great to hear that King's has partnered with SLAM to use their expertise in providing care to patients suffering from dementia and mental health crisis.
- We note the rollout of the entertainment system is included in actions to reduce violence and aggression and are keen to know if this is based on any patient engagement or external research. We asked this question last year as it was an aim towards this priority and did not receive a response.
- We support the development of key performance indicators to measure the number of incidents of violence or aggression to staff and will be interested to see the results at the end of the 2022/23 financial year.

New Priorities

Priority 1 - Improving the detection of the deteriorating patient and escalating as appropriate

- We support the inclusion of health inequalities contributions in this priority project. We continue to hear feedback that patients don't always feel listened to because of discrimination, for example

because of their ethnicity. We highlight the need to acknowledge that discrimination and subsequent lack of communication with patients can be a factor in preventing detection of deteriorating patients.

Priority 2: To improve patient experience through effective communication

We support King's prioritisation of improving communications with patients as it is currently performing worse than the national average.

- Again, we support the recognition of health inequalities as a barrier to effective communications and aims to analyse data and work with partners to better meet the needs of higher risk populations.
- We support the Trust's aim to utilise community partnerships to co-design solutions to improve communications and would be keen to collaborate on this through sharing the feedback we receive. We are aiming to increase the amount of feedback we receive about specific NHS Trusts and key issues such as communication by organising focused feedback workshops to gather feedback for the provider.

Priority 3: Improving patient outcomes in neuro and major trauma rehabilitation services

We support this priority however it would be useful to understand what issues have led to this and some further detail so that we can offer more informed feedback.

Priority 4: Supporting positive behaviour to increase patient safety

We endorse the ongoing prioritisation of supporting positive behaviour in response to the high levels of violence and aggression against staff in the workplace.

- The aims for the coming year are comprehensive and we hope to see progress in the reduction of levels of violence against staff next year.

Performance against core indicators

- The decline against waiting times targets from point of referral to treatment in aggregate- patients on an incomplete pathway, is concerning however, we do recognise the ongoing impact of COVID-19.
- We are happy to see an improvement in A&E wait times and wait times for patients from urgent GP referral for suspected cancer however there is still need for improvement to meet the targets. However, we have recently heard feedback about long waiting in King's A&E department and patients being "packed into unventilated waiting rooms",

highlighting ongoing need for improvement.

- It is concerning to see a decline against wait time targets for patients' first treatment from NHS Cancer Screening Service referrals.
- We are receiving feedback from our members and residents that we should be prioritising work on waits for elective surgery and therefore we strongly support King's elective recovery programme.

Some areas that require further clarification or inclusion:

- Transition of young people with mental health needs: Continuing from last year, 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. Please elaborate on the engagement of the Trust with primary care and community and voluntary organisations.
- Communication between services and departments: We support King's commitment to improving communications between patients and healthcare professionals however we encourage the prioritisation of improvements in communications between services and departments within the Trust. We regularly receive feedback about a lack of communication between services such as GPs and mental health services and NHS trusts and between hospital departments.
- Accessibility: We are hearing concerns about health services failing to accommodate the communication support needs of patients with a disability, impairment, or sensory loss. We would like to hear how King's is meeting the Accessible Information Standard by providing accessible communications that meet patient's diverse needs.

We would like to highlight the immense hard work and dedication of all staff at KCH in supporting the Trust to thrive in the face of the ongoing challenges of the pandemic. We hope to sustain and develop our close relationship with Kings as we jointly plan to improve service users' experience of health and care and share learning.

Overview and Scrutiny Committees, London Boroughs of Bromley, Lambeth and Southwark

Due to the pre-election period coinciding with the development of this years' quality account it has not been possible to receive feedback from Overview and Scrutiny Committees in the standard way. We do engage with them throughout the year and will continue to do so as we take action on new objectives.

Council of Governors, feedback:

Feedback has been received from the council of governors and is available on request.

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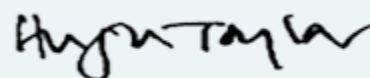
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2021-22 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:

  o board minutes and papers for the period April 2021 to March 2022
  o papers relating to quality reported to the board over the period April 2021 to March 2022
  o o feedback from commissioners not received at the time of writing, 30/05/2022
  o feedback from governors dated 03/05/2022
  o feedback from Bromley, Lambeth and Southwark Healthwatch organisations dated 03/05/2022
  o feedback from Overview and Scrutiny Committee 27/04/2022 (Bromley), 27/04/2022 (Lambeth) and 26/04/2022 (Southwark)
  o the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/06/2022
  o the national patient survey February 2022
  o the national staff survey March 2022
  o the Head of Internal Audit's annual opinion of the Trust's control environment dated 09/06/2022
  o Focused CQC inspection reports on the EDs and Dental dated 11/08/2021 (PRUH ED), 30/09/2021 (DH ED) and 29/04/2022 (Dental)

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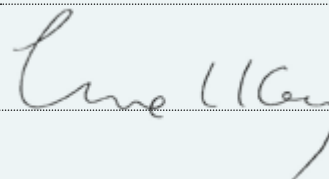
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Date   **16 June 2022**
Chairman

Date   **16 June 2022**
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 2021/22.