



King's College Hospital
NHS Foundation Trust

Quality Account

2023-2024



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Statement on Quality from the Chief Executive

I am delighted to introduce the Quality Account for King's College Hospital NHS Foundation Trust. It has been another busy year for King's, and the wider NHS, but with the support of patients, the public, and key stakeholders, we have continued to make positive progress in a number of areas.

A key milestone in 2023-24 was the successful go-live of Epic, our new electronic health record, across both King's and Guy's and St Thomas'. The launch of the system on 5 October 2023 was the largest Epic go-live anywhere in the world, and is set to fundamentally change and improve the way we work over the coming years.

This system has fundamentally changed the way in which our clinicians and support teams work. At the time of writing, 17,000 unique users have logged into Epic at King's, and one new user has registered every minute since the MyChart patient portal launched. The MyChart app and website enables patients to securely access parts of their health record, so empowering them to have more control over their interactions with hospital services, and clinicians working at the Trust.

Epic will help us to identify new ways of enhancing patient care and improving patient outcomes through more effective use of health data. In the short term we are working through similar challenges to other organisations who have gone live with Epic in re-establishing our data reporting pathways.

Launching a system like this is a tremendous undertaking for any organisation, and I could not be more proud of staff across King's, as well as Guy's and St Thomas', for their hard work, tenacity, and commitment to making sure that it works for our patients. To have achieved this in the context of the significant operational challenges that the NHS have faced this year is even more noteworthy and deserving of praise.

Like hospitals up and down the country, our teams have also responded to the impact of strikes across the NHS over the past year. Our focus during the strikes has been to continue to provide safe care, and I am grateful to colleagues for supporting our efforts in this regard. However, to ensure we are able to continue to provide emergency and life-preserving care on the strike days, we have had to cancel a large number of routine outpatient appointments, operations and tests, which has unfortunately caused disruption to patients, and see our waiting lists grow.

I am pleased to be able to report on the positive progress that has been made this year in relation to our Quality Priorities, and these are set out in detail in this report. Equally, there is also still more work to do in a number of areas, and detailed action plans for the year ahead will ensure we deliver further improvements in those areas where they are most needed:

- To improve the identification and management of patients with sepsis, and to improve the detection and escalation of the deteriorating children, mothers, and birthing persons. [Partially achieved]:- An achievement of 80% was reached for all unplanned paediatric and maternity critical care unit admissions having a Paediatric Early Warning Score (BPEWS) or Maternity Early Warning Score (MEWS) score, time of escalation and time of clinical response recorded. Further work within this priority will involve improving sepsis training compliance, working to understand the possible health inequalities that exist in patients presenting with, and better understanding of how the early identification and management of sepsis in relation to reducing length/stay and reducing the likelihood of ongoing mental health concerns following physical recovery. This work will continue to be led by the Deteriorating Patients Committee.
- To improve patient experience through effective communication. [Fully achieved]:- Responsiveness, communication skills with patients, relatives or their carers was improved respectively through answering phone calls, education and training and information provision within Ophthalmology. This will be rolled out across more care groups as communication remains a priority for the Patient Experience Committee. The co-designed 'Welcome to King's' inpatient guide was deployed successfully with over 5,000 copies distributed by the end of March 2024. MyChart was rolled out with Epic as part of the new ways of contacting King's as part of digital transformation. This continues as a quality account priority for 2023-2024 to fully realise the benefits.
- To improve outcomes for patients needing neuro-rehabilitation [Partly Achieved]:- . By the end of March 2024, 75 patients had returned co-

developed neuro rehabilitation outcomes questionnaires (20% response rate). This showed for the first time at King's, the patient's view of their physical and mental health status at 6 months post discharge. Our next steps will be to track change health outcomes over time and understand the differences in outcomes for different patient groups by protected characteristics, so that we can develop culturally competent care in rehabilitation services.

I am also pleased at the work undertaken over the past 12 months to implement the Patient Safety Incident Response Framework (PSIRF) here at King's. We successfully launched a new Local Risk Management System (LRMS) in April 2023, which involved introducing a new and updated patient safety system which is compliant with all national Learning from Patient Safety Events (LfPSE) requirements. As part of this, we developed a Patient Safety Incident Response Plan and Policy in consultation with stakeholders across South East London, and this is already guiding our patient safety improvement work now, and over the coming year and beyond.

Patient safety is something we take very seriously, and to this end, I am also pleased that we are a pilot site for NHS England's Worry and Concern project this year, and we have also successfully applied to be part of the first wave of NHS Trusts to implement Martha's Rule during 2024/25. Martha sadly died after failures in her care here at King's, for which we have rightly apologised, and the implementation of Martha's Rule - which ensures staff, patients and relatives have access to a rapid review from a critical care outreach team - is a positive step forward for King's, and the wider NHS.

To support our continuous quality improvement, we also launched a Quality Assurance Framework and refreshed our quality governance reporting structures. These changes are helping to improve our oversight of quality issues within the organisation, and more effectively connect the Trust Board to our wards and departments.

Our quality priorities for 2024/2025 have been developed in consultation with our staff, patients, council of governors and external stakeholders and as set out in this report, I believe they reflect the key areas for us to focus on over the next 12 months. These include the below and can be viewed in full within the Choosing Priorities for 2024-25 section of the Quality Account:

- Patient safety and workforce: We will focus on

understanding the risk to patient safety and staff wellbeing as a result of workforce challenges. We will review and develop the evidence base of workforce issues as a system based contributory factor in safety incidents, so that we can develop a methodology for embedding this within our incident response and risk management. This will support work to develop system-level interventions to improve working conditions for staff, to improve morale and improve recruitment and retention.

- To improve the care of acutely unwell patients and deteriorating patients: We aim to bring together diverse data on the health outcomes of acutely unwell patients at KCH to create a dashboard that provides the Deteriorating Patients Committee with a means to identify quickly and easily any potential care issues, enabling them to act quickly to improve.
- Embedding and enhancing MyChart: We will provide training, information, and resources to our staff to ensure that they are better equipped to support our patients with accessing and using MyChart. More patients will have access to MyChart, giving them opportunity to be more meaningfully engaged in their own care, including engaging with seldom heard communities to facilitate their access to MyChart.
- To enhance the use of health data to improve patient safety, patient experience, and patient outcomes: We will harness data held in Epic and our Quality Management Systems to develop robust tools to measure the quality of our care. Through enhancing our collection and validation of health demographic data we will ensure greater reliance on the data for analysis of health inequalities and therefore enable targeted improvements. This will also support sustainability of all quality priorities, post the dedicated priority year(s).

Finally, I would like to thank our patients and local stakeholders once again for the support they give us, which includes constructively challenging our teams to constantly improve, and innovate for the benefit of patients, and the 14,000 colleagues that make up Team King's.



Professor Clive Kay

Chief Executive, King's College Hospital NHS Foundation Trust



About us and the service we provide

King's College Hospital NHS Foundation Trust (King's) is one of the country's largest and busiest teaching hospitals. King's provides a strong profile of local hospital services for people living in the boroughs of Lambeth, Southwark, Lewisham, and Bromley, and specialist services are also available to patients from further afield. King's provides nationally and internationally recognised services in liver disease and transplantation, neurosciences, haemato-oncology, and fetal medicine. 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 is also part of King's Health Partners Academic Health Sciences Centre, and the South East London Acute Provider Collaborative.

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.
- Outpatient services, including those at Willowfield Building, a brand-new facility at King's College Hospital dedicated to outpatient services.

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 near King's College Hospital.
- 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, and internationally renowned specialist care for people with blood cancers and sickle cell disease.
- World leading research, education and care for patients who have suffered major head trauma and brain haemorrhages, as well as brain and spinal tumours.
- A centre of excellence for primary angioplasty, thrombosis, and Parkinson's disease.
- The Variety Children's Hospital based at King's College Hospital.

Research and Innovation

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

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

We have nearly 15,000 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

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

2.1

Priorities for improvement

Results and achievements for the 2023-24 Quality Account Priorities

We are pleased to be able to report that we have been able to make significant progress and achieve many of the goals across all of our Quality Priorities for 2023-24.

Table 1 below summarises the achievements made against the targets in 2023-24 aligned to the Trust strategy, Strong Roots, Global Reach.

Table 1: Summary of results and achievements for the 2023-24 Quality Account priorities

Domain		Target, 2023-24
Patient Safety		
Priority 1	To improve the identification and management of patients with sepsis, and to improve the detection and escalation of the deteriorating children, mothers, and birthing persons.	
Objectives	1	To reduce the incidence of harm as a result of delays in the detection and management of sepsis and therefore improve the outcomes of patients with sepsis. This Trust priority stems from our lessons learned from harm caused to our patients and reflects the Trust's commitment to being a learning organisation. The timely identification and management of sepsis to help mitigate the impact of the condition, and therefore reduce the likelihood of ongoing mental health concerns following physical recovery.
	2	Achieving 80% of all unplanned paediatric critical care unit admissions from noncritical 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.
	3	Achieving 80% 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	The introduction of sepsis training relevant to professional groups will help to further develop our people deliver the highest standards of care.	Partially Achieved
Health Inequalities contributions	To begin work to understand the possible health inequalities that exist in patients presenting with, and/or developing sepsis whilst in our care.	Not Achieved
Sustainability contributions	Early identification and management of sepsis may contribute to reductions in length of stay, and the rate of re-admission following discharge.	Carried Forward
Mental Health	See objective 1: The timely identification and management of sepsis to help mitigate the impact of the condition, and therefore reduce the likelihood of ongoing mental health concerns following physical recovery.	Partially Achieved
Patient Experience		
Priority 2	To improve patient experience through effective communication	
Objectives	1	To improve communication skills with patients and their relatives / carers through education and training. Training and toolkit will improve communication positively impacting staff's wellbeing.

Domain			Target, 2023-24
	2	To improve responsiveness to patients and their relatives / carers through answering telephone calls.	Fully Achieved
	3	To improve information provision to patients and their relatives / carers.	Fully Achieved
Trust Strategy contribution	1	Better communication will mean greater compliance for improved health outcomes.	Fully Achieved
	2	Exploring new ways of contacting King's as part of digital transformation.	Fully Achieved
	3	Utilising community partnerships to co-design solutions.	Fully Achieved
Health Inequalities contributions		See Trust Strategy Contribution 2: Better communication will mean greater compliance for improved health outcomes.	Fully Achieved
Sustainability contributions		Support development of sustainable environments that focus on both patient and staff experience and reduce conflict.	Fully Achieved
Patient Outcomes / Clinical Effectiveness			
Priority 3		To improve outcomes for patients needing neurorehabilitation	Overall, Partially Achieved
Objectives	1	Having identified the outcomes that are most important to our patients, we will now measure these outcomes and seek feedback from patients about the things that would improve their quality of life and health outcomes after leaving King's services.	Fully Achieved
	2	We will use this feedback to identify improvement actions within King's, and in our collaboration with colleagues and services across the Integrated Care System.	Not Achieved
Trust Strategy contribution		This project represents a cultural shift for King's in becoming a more effective, person-centred organisation that measures the outcomes that matter most to patients and uses these to drive service improvement.	Fully Achieved
Health Inequalities contributions		We will endeavor to explore whether there are differences in the outcomes that matter most to all of our patients, including whether there are differences between different groups within our community. And we will try to understand the differences in outcomes for different patient groups by protected characteristics, so that we can develop culturally competent care in rehabilitation services.	Not Achieved
Sustainability contributions		Collaborating with the ICS and Apollo programme.	Partially Achieved
Mental Health		Mental health outcomes have been included as key outcomes measures for patients requiring neurorehabilitation after severe head injury and/or Major Trauma. We will feedback our result to colleagues working in King's Health Partners Mind and Body Programme, including the Integrating Mental and Physical healthcare: Research, Training and Services (IMPARTS) team, to enable them to explore the feasibility of expanding into Neuro- and Major Trauma rehabilitation clinics. We will also share our results and collaborate with South London and Maudsley NHS Foundation Trust, to enable them to explore provision of mental health Occupational Therapy services for Neuro and Major Trauma rehabilitation patients.	Fully Achieved

2023-24 Quality Account Priority 1:

To improve the identification and management of patients with sepsis, and to improve the detection and escalation of the deteriorating children, mothers, and birthing persons.

Why was this a priority?

In 2022-23, we set out to improve the detection of the deteriorating patient and escalating as appropriate, thereby reducing harm to patients. We achieved our goal of at least 90% of all unplanned critical care admissions having a NEWS2 score recorded at time of escalation. With a time and date of escalation and clinician response recorded, we also achieved our target of 60% for adult patients.

We have continued with this important priority in 2023-24 expanding it to include a specific focus on the identification and management of sepsis. This aligned very closely with the learning from safety events in the hospital and feedback from the Care Quality Commission. A Sepsis Clinical Lead started in September 2023 to provide clinical leadership and direction for this important improvement work.

The UK Sepsis Trust notes that although treatable in many cases, at least 48,000 deaths a year in the

UK are related to sepsis. Sepsis is the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death. For those who survive, many continue to suffer from physical, cognitive, or psychological effects. Research suggests that black and minority ethnic groups and those with a lower socio-economic status have a higher incidence of sepsis and of severe sepsis compared to white groups. For example, black maternal patients face twice the risk of severe sepsis compared to white maternal patients. Black children are 30% more likely than white children to develop sepsis.

A focus on sepsis identification and prevention, with specific regard to health inequalities aligns to our commitment to delivering Outstanding Care whilst also ensuring that Diversity, Equality, and Inclusion is at the heart of everything we do.

Aims and progress made in 2023-24

Partially Achieved: Objective 1 -: To reduce the incidence of harm as a result of delays in the detection and management of sepsis and therefore improve the outcomes of patients with sepsis. The timely identification and management of sepsis to help mitigate the impact of the condition, and therefore reduce the likelihood of ongoing mental health concerns following physical recovery.

Table 2: Subthemes from the 23 patient safety incidents concerns regarding deterioration.

Deteriorating patients Sub-Theme	Count of Sub-Theme
Escalation of deterioration	7
Recognising deterioration	11
Responding to deterioration	5
Resuscitation	1
Deteriorating Patients	2
Grand Total	26¹

The local improvement actions or projects under way to address system issues identified included:

- Micro-teaching about early escalation of deteriorating patient and sepsis protocol
- Message of the week on fluid balance
- Case review at mortality and morbidity meeting
- Linked to ongoing Quality Improvement (QI) work led regarding information for patients and families in most spoken languages
- Link to ongoing QI work regarding implementation of national Paediatric Early Warning Score (PEWS)
- Regular audit as part of the deteriorating patients priority
- Completion of ward rounds
- Discussions at Clinical Governance meetings.

The following have been added will be added to the Sepsis improvement group for wider Trustwide improvements:

- Review of the Sepsis protocol / guideline
- Review of sepsis alerts on Epic
- Follow up of lactate results
- Improvement in information given to those without English as first language
- Staffing recruitment impact.

In relation to the review of the Sepsis protocol/guideline, NICE has re-updated the sepsis

guidance. We will be working with Apollo as a joint KCH-GSTT-RBH venture to have them built to EPIC. After robust discussions, we decided to go with NICE 2024. Adults have proposed changes to the adult screening form to align to NICE/UKST. We have also proposed some more structural changes to the navigator in EPIC to include more relevant clinical data, improved the BPAs and restructured the sepsis 6 order to be more multidisciplinary, capturing the Senior clinician review / outcome and finally proposing the concept of a note within which to lock it all into the record. It will take some time for fine tuning, reviews, and final approvals with our KCH-GSTT-RBH deterioration break out group.

Patient worry and concern national collaborative

Under the Patient Safety Incident Response Framework (PSIRF) there will be greater engagement with those affected by an incident, including patients, families, and staff. In 2023-24, NHS England commissioned seven pilot sites for the Patient Worry and Concern collaborative. One site was selected from each NHS region, to develop, test and evaluate methods to incorporate patients' worries and concerns in the assessment and recognition of acute illness. King's was selected as the London pilot site.

A key driver for ensuring 'Worries and Concerns' are the frequent absence of routine, reliable mechanisms for patients/relatives to escalate when standard care is not meeting their needs. Results from this improvement collaborative has informed national sprint policy sessions on the implementation of Martha's Rule.

NHSE Worry and Concern collaborative had had 2 main aims (which have been replicated in Martha's Rule aims):

1. Implement reliable method(s) for patients, relatives and/or carers to escalate worries and concerns about acute illness and deterioration when standard care isn't meeting their needs.
2. Document the patient's views of their illness / wellness and any concerns into their health record, and for these to be acted on as part of daily routine practice.

We completed the Worry and Concern program in April 2024 a summary of this outlined below:

Define: Explored strategies for enabling patients and carers to escalate their concerns to help inform interventions that are inclusive of all patient groups and addresses the low utilisation of other existing systems (such as Call for Concern).

¹ The number of sub themes is more than the total incidents as some incidents have more than one sub-theme associated.

Describe: 135 patients and 600 members of staff were surveyed to understand their support for the programme and their own experience of escalating concerns about clinical deterioration. The findings of these surveys have helped to inform the improvement work that followed. A stakeholder group was set up with 90 members, representatives from adult, paediatric and maternity specialities, and patient partners.

Deliver: Three adult pilot wards, a paediatric ward and a maternity ward were identified cross site.

PDSA Cycle 1: Asking a set of standardised questions to the patients during the ward round about worries and concerns, compliance to asking these questions were measured. Initially compliance was good, but this was not sustained during the 4-week cycle. Feedback from patients was positive when asked the questions.

PDSA Cycle 2a: Call for Concern: This was piloted on 3 adult wards and one paediatric ward. Patients on these wards were given a number that they could call if they were worried about acute deterioration (if standard care was not meeting their needs). Over a 5-month period, 12 calls were received, of which 1 was related to patient deterioration.

PDSA Cycle 2b: Patient wellness questions were asked by nursing staff on every shift. In addition, patients were given a leaflet describing red flag symptoms of deterioration and some suggestions on how to start the conversation with staff if they want to raise a concern.

Next steps: Kings has been successful in the application to be one of the earlier adopter sites for Martha's Rule. Much of the work for Worry and Concern has formed the groundwork for implementing the 3 aims of Martha's Rule.

Fully Achieved: Objective 2 -: Achieving 80% 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.

This objective was carried over from 2022-23 to retain our focus on improving the identification and management of the deteriorating child in 2023-24. The multi-disciplinary project team was set up in 2022-23 continued to progress the improvements using the 5D's QI methodology. A Problem Definition Sheet was developed that outlined the rationale for and scope of the project, i.e., improve detection of the deteriorating patient with escalation by achieving 60% adherence to BPEWS score match care recommendations, in all King's patients across child health (up to 16 years old).

Key Performance Indicators (KPIs) were developed, which have now been built into Child Health governance processes. The following improvement

solutions were prioritised and agreed, and have now been achieved:

1. Raising awareness and access

- At Denmark Hill (DH), iMobile staffed with Advance Nurse Practitioners (ANPs); with a 24-hours service and a Specialist Registrar dedicated to iMobile to further improve clinical responsiveness.
- At the Princess Royal University Hospital (PRUH), Child Health wards have access to services from the South Thames Retrieval Service (STRS) at Evelina London for nurses, doctors, and ambulance technicians to refer to in the emergency care of critically ill children.
- Clinical Nurse Specialist (CNS) directory of who is who and what roles they have and can offer to the acute staff.
- Advanced Paediatric Life Support (APLS) folders and guideline updates, with QR codes for all.
- Situation, Background, Assessment, Recommendation (SBAR) training and SBAR nursing handover sheets.

2. Education and training

- Bitesize ward training on communication and escalation
- Bitesize simulation
- Human factors podcast
- Study leave access for nursing staff.

3. Equipment

- Named computers for staff for the day
- eBEWS aide memoire cards.

4. Team working

- Monthly social – ward managers to support
- Hello my name is (staff and patient introductions) initiative.

In October 2023, with the introduction of Epic, we have moved to the national PEWS system. This has improved our Bedside PEWS (BPEWS) compliance across the children's wards on both sites, from 60% in April 2023 to 84% in March 2024, hence achieving the objective.

The national PEWS system now includes capillary refill time and further training was identified, with staff trained throughout December on the new national system.

Next steps: Introduce the national e-learning on national PEWS onto leap Paediatric Early Warning System (PEWS) inpatient chart – e-learning for healthcare (e-lfh.org.uk).

Fully Achieved: Objective 3 -: Achieving 80% of all unplanned maternity critical care unit admissions from the birth centres or labour wards, having a Maternity Early Obstetric

Warning Score (MEOWS) score, time of escalation and time of clinical response recorded.

Using the 5D's QI methodology, we achieved this objective will all key performance indicators (KPIs) met as shown in the table 3 below:

Table 3: KPI for the deteriorating birthing person and escalating as appropriate.

Key Performance Indicator	Type of Measure	Target	Quarterly Report 2024	Baseline (2021/22)
All unplanned admissions to ITU will have MEOWS score recorded	Outcome	100%	100%	
All unplanned admissions to ITU will have time and date of escalation recorded	Outcome	100%	100%	
All unplanned admissions to ITU will have time and date of clinical response recorded	Outcome	100%	100%	
All non-high dependency maternity admissions and intrapartum care will have MEOWS score recorded	Outcome	80%	100%	PR 100% UH 65% DH 98%
All non-high dependency maternity admissions and intrapartum care will have time and date of escalation recorded	Outcome	80%	100%	PR 100% UH 75% DH 43%
All non-high dependency maternity admissions and intrapartum care will have time and date of clinical response recorded	Outcome	80%	100%	PR 100% UH 40% DH 82%
95% of patients are escalated in line with the Escalation Flowchart	Process	95%	100%	PR 100% UH 70% DH 88%
Evidence that documentation has occurred within 60 minutes of escalation	Process	80%	100%	PR 100% UH 25% DH 68%
50% reduction in adverse incidents involving a delay in escalation	Process	30%	No incidents	
20% increase in awareness of the maternity escalation pathway	Process	100%	100%	80%
10% increase in staff confidence to escalate patients with MEOWS 2 or more	Process	100%	100%	90%

The following actions were completed in 2023-24:

- Epic roll out led to improved compliance with the Modified Early Obstetric Warning Score (MEOWS)
- Standardised system of reporting a deteriorating patient within maternity on Epic with quarterly

reports at Maternity Governance Committee

- Ongoing engagement in patient involvement.

Daily spot check audits are conducted cross site from Epic to assess compliance with documenting MEOWS and escalation with the following compliance.

Next steps:

A quality assurance approach has been adopted to ensure the maternity deteriorating patient work continues to be prioritised and measured and to ensure consistency. Led by the Consultant Midwife, the following are included in the work plan:

- **National MEOWS Chart:** New national maternity standards were published in May 2024, which support the EPIC approach with a reviewed evidence base, reduced variation nationally and improved detection and escalation of the maternity patient deterioration.
- **Continuous Performance Monitoring:** Quarterly reporting to form part of the Maternity Governance Committee.
- **Maternity Patient Safety Team:** Cross site working with the Trust Quality Improvement Team and Consultant Midwife on the use of Patient Safety Incident Response Framework (PSIRF) for continuing assurance and review of detection and escalation of the maternity deteriorating patient incidents.
- **Deteriorating Patients Group:** Consultant Midwife is a participant in new Trust wide "Deteriorating Patients Group", which includes a review of the Trust Sepsis Guideline, which is intended to include maternity patients.
- **Maternal Medicine Network:** Consultant Midwife and Obstetrician participation in monthly Local Maternity and Neonatal System (LMNS)

and wider networks reviewing maternity patients who have deteriorated with medical diagnosis.

Partially Achieved: Trust Strategy Contribution -: The introduction of sepsis training relevant to professional groups will help to further develop our people deliver the highest standards of care.

Sepsis Training Needs Analysis (TNA) is currently being reviewed to ensure that medical staff are receiving training which is suitable to their role and that the frequency at which the training is undertaken is clinically appropriate. Since we made sepsis training mandatory, the Trust has trained a total of 3,339 in sepsis: 2,038 Sepsis in Adults and 1,301 in Sepsis in Paediatrics. Monthly reports are produced for the monitoring of sepsis to enable oversight of progress month on month by care group, site, and staff group. A task and finish group has been established together with the Sepsis Clinical Lead to progress in 2024-25.

Not Achieved: Health Inequalities Contribution -: To begin work to understand the possible health inequalities that exist in patients presenting with, and/or developing sepsis whilst in our care

Progress on this objective is dependent on progress with objective 1. The methodology developed for identifying harm due to delays in sepsis

identification/management will include data capture regarding ethnicity and socioeconomic groups. Epic will be used to support this once it is in its optimisation phase. This will be carried forward into 2024-25 as part of the Deteriorating Patients Improvement Group working together with the King's Health Inequalities Programme in 2024-25.

**Carried forward: Sustainability Contribution -:
Early identification and management of sepsis may contribute to reductions in length of stay, and the rate of re-admission following discharge.**

This work could not be progressed in 2023-24 due to data quality challenges since the implementation of the new Epic system on 5 October 2023. The Trust is working to rebuild, and quality assure its data feeds, which will enable us to ascertain links between how the early identification and management of sepsis may contribute to reductions in length of stay, and the rate of re-admission following discharge. This work will be integrated into Epic optimisation phase, enabling automated ongoing data collection and analysis of sepsis early identification and management in relation to reductions in length of stay, and the rate of re-admission. This will be carried forward into 2024-25 as part of the Deteriorating Patients Improvement Group, or wider deteriorating patients improvement work if selected as a Quality Account Priority for 2024-25.

Next Steps

The Deteriorating Improvement Group will continue to prioritise the following in 2024-25:

- Reducing incidences of harm as a result of delays in the detection and management of sepsis and therefore improve the outcomes of patients with sepsis, with a focus on under/mis-diagnosing sepsis.
- Achieving over 90% compliance with sepsis training relevant to professional groups will help to further develop our people deliver the highest standards of care, with a focus on pockets of under trained staff.
- To begin work to understand the possible health inequalities that exist in patients presenting with, and/or developing sepsis whilst in our care.
- Early identification and management of sepsis may contribute to reductions in length of stay, and the rate of re-admission following discharge.
- Improving outcomes for acutely unwell patients (deteriorating patients) has been selected as a patient outcomes Quality Account Priority for 2024-25. Improvement work will be carried on as part of this priority.

2023-24 Quality Account Priority 2:

To improve patient experience through effective communication

Why was this a priority?

In 2021-22, we committed to a two-year programme of work to improve patient experience through effective communication, and we are pleased to report that we have achieved all of the objectives at the end of the two years period.

Aims and progress made in 2023-24

Fully Achieved: Objective 1 -: To improving communication skills with patients and their relatives / carers through education and training.

A customer service training package was developed for doctors, with focus on active listening, personalised care and shared decision making and the training needs analysis completed. The training has received positive feedback from participants with 90% rating the session as excellent and relevant to their area of work.

The work is now underway to enhance the training offer alongside deploying a Trust-wide campaign and intervention package aimed at further improving communication skills across all staff groups.

We continue to deliver communication skills for nursing staff, healthcare assistant and doctors training for Foundation Year, FY1, FY2 doctors and Speciality Registrars and in 2023-24, we trained 276 individuals.

Fully Achieved: Objective 2 -: To improve responsiveness to patients and their relatives / carers through answering telephone calls.

Following interventions put in place in Ophthalmology, the number of contacts relating to the care group recorded by the Patient Advice and Liaison Service has decreased by 50% between April 2023 and March 2024. The telephony system is now being adopted by the Patient Advice and Liaison Service with consideration for further roll-out across the Trust subject to resourcing.

Fully Achieved: Objective 3 -: To improve information provision to patients and their relatives / carers.

In 2023-24, we deployed a co-designed 'Welcome to King's' inpatient guide. The King's Welcome Guide tells you what to expect whilst you are in hospital,

how our wards are organised, our visiting policy and what we will do to help you to get ready to leave hospital at the end of your stay. It also includes a guide to staff uniforms, details of the facilities available across our hospitals and useful contacts both during and after your stay. With the support of our volunteers the guide is given to all inpatients on the day of admission. The volunteers in giving a guide to each patient, 'welcome' them to King's, befriending them by having a conversation to ease nerves especially if this is their first admittance, go through the booklet, alerting patients to key sections. By the end of March 2024, 5,042 copies of the guide have been distributed with 95% of patients receiving a copy of the guide within 24 hours of admission. The following link contains an online version of the guide. [Welcome to King's | King's College Hospital NHS Foundation Trust \(kch.nhs.uk\)](https://www.kch.nhs.uk/welcome-to-king-s)

An evaluation of the Welcome to King's booklet was done using multiple methods, including, patient surveys, volunteer surveys, focus group, email feedback, telephone conversations and conversations with staff. A total of 258 feedback was received. 45.26% reported that the King's guide definitely improved their experience as a patient at King's. 41.5% said yes to some extent to the same question in relation to their experience. 68.27% reported that the guide was written in a way that was easy to understand.

Fully Achieved: Trust Strategy Contribution 1 -: Better communication will mean better compliance for better health outcomes.

Communication plays a vital role in ensuring compliance for improved health outcomes. In addition to equipping our clinical staff with enhanced communication skills, the Trust established a Patient Information Group to review information that support compliance. Between April 2023 and March 2024, 46 patients and carers have been involved in reviewing 23 organisational documents including but not limited to:

- Back to Me (BTM) – Persistent Back Pain

Management Programme

- Fibromyalgia Active Management and Engagement Programme (FAME)
- Child and Adolescent Mental Health Services (CAMHS) Leaflet
- X-Ray Leaflet, Advance Care Planning and Keeping Active Whilst in Hospital
- Trache Care at Home Leaflet
- Support and Guidance - End of Life Care at Denmark Hill
- Blood Pressure on the Intensive Care Unit

Fully Achieved: Trust Strategy Contribution 2 - : Exploring new ways of contacting King’s as part of digital transformation.

In October 2023, the Trust launched Epic, a new clinical records system, which includes a patient interface, MyChart. MyChart enables patients to communicate with the Trust via a webpage or an app with patients for the first time having instantaneous access to information about their care. Since launch, more than 329,471 patients have benefitted from features of MyChart.

Fully Achieved: Trust Strategy Contribution 3 - : Utilising community partnerships to co-design solutions.

Between April 2023 and March 2024, the Trust facilitated 62 workshops involving over 596 patients in co-design activities. We are currently evaluating the impact of the 'Welcome to King's' guide and learning will be used to inform solutions. The positive impact of codesigned solution for Ophthalmology is described in objective 1 above.

Fully Achieved: Sustainability Contribution 4 - : Support development of sustainable environments that focus on both patient and staff experience and reduce conflict.

Throughout the year the Trust deployed numerous

initiatives to improve the care environment, and these have been recognised by our patients in improved scores through Patient-led Assessment of the Care Environment.

Patient-Led Assessment of the Care Environment (PLACE) is an annual appraisal of the nonclinical aspects of NHS, undertaken by teams made up of staff and members of the public with the team including a minimum of 50 per cent patient assessors. King’s College Hospital completed its latest assessment in November 2023.

Results of the assessment were published in February 2024. Following an extensive programme of work deployed after the disappointing PLACE results the previous year, King’s College Hospital’s aggregated scores improved for seven out of eight domains.

The largest gains in scores have been noted against Disability, Dementia and Condition, Appearance and Maintenance domains; all showing more than a 10% improvement in scores.

However, despite these improvements, the Trust still scored below the national average in 6 domains (Cleanliness, Food, Privacy, Dignity and Wellbeing, Condition, Appearance and Maintenance, Dementia and Disability) with the largest discrepancies being in Dementia and Disability, both with a +10% difference.

King’s scored above the national average in the Organisation food and Ward food domains.

The key areas of risk for the Trust that continue to negatively affect the Trust’s performance include continued unavailability of dementia clocks; poor condition of flooring; general cleanliness around the estate and the impact of clutter, lack of storage spaces and beds in corridors. Use of colour, artwork and bathroom signage have also been highlighted but work is underway to improve these in time for the next PLACE audits, as outlined in the action plans appended. Results are also provided in table 5 below.

Table 4: Results from the Patient-Led Assessments of the Care Environment (PLACE) audit 2023

Comparison Table	2022 Score	2023 Score	Change	% change from 2022	2023 National Average	Variance from National Average
King's College Hospital						
Cleanliness	92.03%	95.76%	↑	3.90%	98.26%	2.54%
Food	88.93%	90.97%	↑	2.24%	91.50%	0.58%
Organisation Food	91.45%	91.36%	↓	-0.10%	91.05%	-0.34%
Ward Food	88.32%	93.11%	↑	5.14%	92.26%	-0.92%
Privacy, Dignity and Wellbeing	74.82%	82.76%	↑	9.59%	88.74%	6.74%
Condition, Appearance and Maintenance	81.62%	91.44%	↑	10.74%	96.23%	4.98%
Dementia	63.81%	75.44%	↑	15.42%	84.70%	10.93%
Disability	63.78%	76.04%	↑	16.12%	85.51%	11.07%



King's College Hospital
NHS Foundation Trust

Welcome to King's

Information for patients, relatives, and carers

2023-24 Quality Account Priority 3:

Improving outcomes for patients requiring neurorehabilitation following a severe head injury or major trauma

Why was this a priority?

Neurorehabilitation was identified as a quality priority by our Patient Governors last year and we

knew that it would take us at least 2 years to find out about, then measure and improve, outcomes that matter most to our patients.

Aims and progress made in 2023-24

Fully Achieved: Objective 1 -: Having identified the outcomes that are most important to our patients, we will now measure these outcomes and seek feedback from patients about the things that would improve their quality of life and health outcomes after leaving King's services.

Our patients have informed us that their rehabilitation is often a long process and that they wanted to feedback to us at 3 time points after leaving King's (6 months, 12 months, and 24 months). We began sending questionnaires to our first patients in April 2023, 6 months after their discharge from King's, and in October 2023 we began dissemination of the first questionnaires to patients 12 months after leaving King's. We have sent out 117 questionnaires so far.

By the end of March 2024, seventy-five patients had returned questionnaires (20% response rate). Feedback has been analysed and we now have, for the first time, a view of patient's physical and mental health status at 6 months after discharge. Our next steps will be to track change, hopefully improvement, in health outcomes over time.

Not Achieved: Objective 2 -: We will use this feedback to identify improvement actions within King's, and in collaboration with colleagues and services across the Integrated Care System.

Patients have informed us that the area that needs most improvement is the access to rehabilitation support in the community after discharge. We are sharing this feedback with our colleagues in the South East London Integrated Care System and will collaborate to improve these services. Some of this feedback has been shared below.

Fully Achieved: Trust Strategy Contribution -: Outstanding Care: This project represents a cultural shift for King's in becoming a more effective, person-centred organisation that measures the outcomes that matter most to patients and uses these to drive service

improvement.

This project has involved patients from its inception. The Trust's patient governors selected the topic. We have patient representation on our steering group and our patients have informed us of the outcomes that were most important to them. They also provided information on how to measure them, including selecting the questionnaire used (PROMIS-10), adding extra questions, informing us of the best method to collect data and setting out the time frames for data collection.

Not Achieved: Health Inequalities Contribution -: We will endeavor to explore whether there are differences in the outcomes that matter most to all of our patients, including whether there are differences between different groups within our community. And we will try to understand the differences in outcomes for different patient groups by protected characteristics, so that we can develop culturally competent care in rehabilitation services.

Due to the limited sample size, we are currently not able to analyse the data to understand if there are differences in the outcomes that matter most, to all of our patients, including whether there are differences between different groups within our community.

Partially Achieved: Sustainability Contribution -: Collaborating with the ICS and Apollo programme.

The Medical Director of the ICS is a core member of our Trust Patient Outcomes Committee and has taken a keen interest in the project thus far. The next step of the project, improvement actions, will be the occasion where meaningful collaboration really begins, and a funding bid has already been submitted to the Health Foundation to provide us with additional support to ensure that this happens.

Once the Apollo programme enters its optimisation phase, the Patient Outcomes Team will work with the

developers and clinicians to develop the questionnaire will for use within Epic’s MyChart area, enabling will enable automated ongoing data collection and analysis.

Fully Achieved: Mental Health Contribution 1 -: Mental health outcomes have been included as key outcomes measures for patients receiving rehabilitation after severe head injury and/or Major Trauma. We will feedback our result to colleagues working in King’s Health Partners Mind and Body Programme, including the Integrating Mental and Physical healthcare: Research, Training and Services (IMPARTS) team, to enable them to explore the feasibility of expanding into Neuro- and Major Trauma rehabilitation clinics. We will also share our results and collaborate with South London and Maudsley NHS Foundation Trust, to enable them to explore provision of mental health Occupational Therapy services for Neuro and Major Trauma rehabilitation patients.

Mental health status is a core measure within the questionnaire to patients. Our early findings have not indicated that additional mental health support is a priority for this patient group. Only one respondent raised better access to mental health support. As our sample size grows, we will continue to analyse the data on mental health and will liaise with our

colleagues at South London and Maudsley NHS Foundation Trust and King’s Health Partners Mind and Body Programme as needed.

Next Steps

Data collection will continue, with 6-month and 12-month questionnaires being sent out weekly, and the first 24-month questionnaires added in autumn 2024.

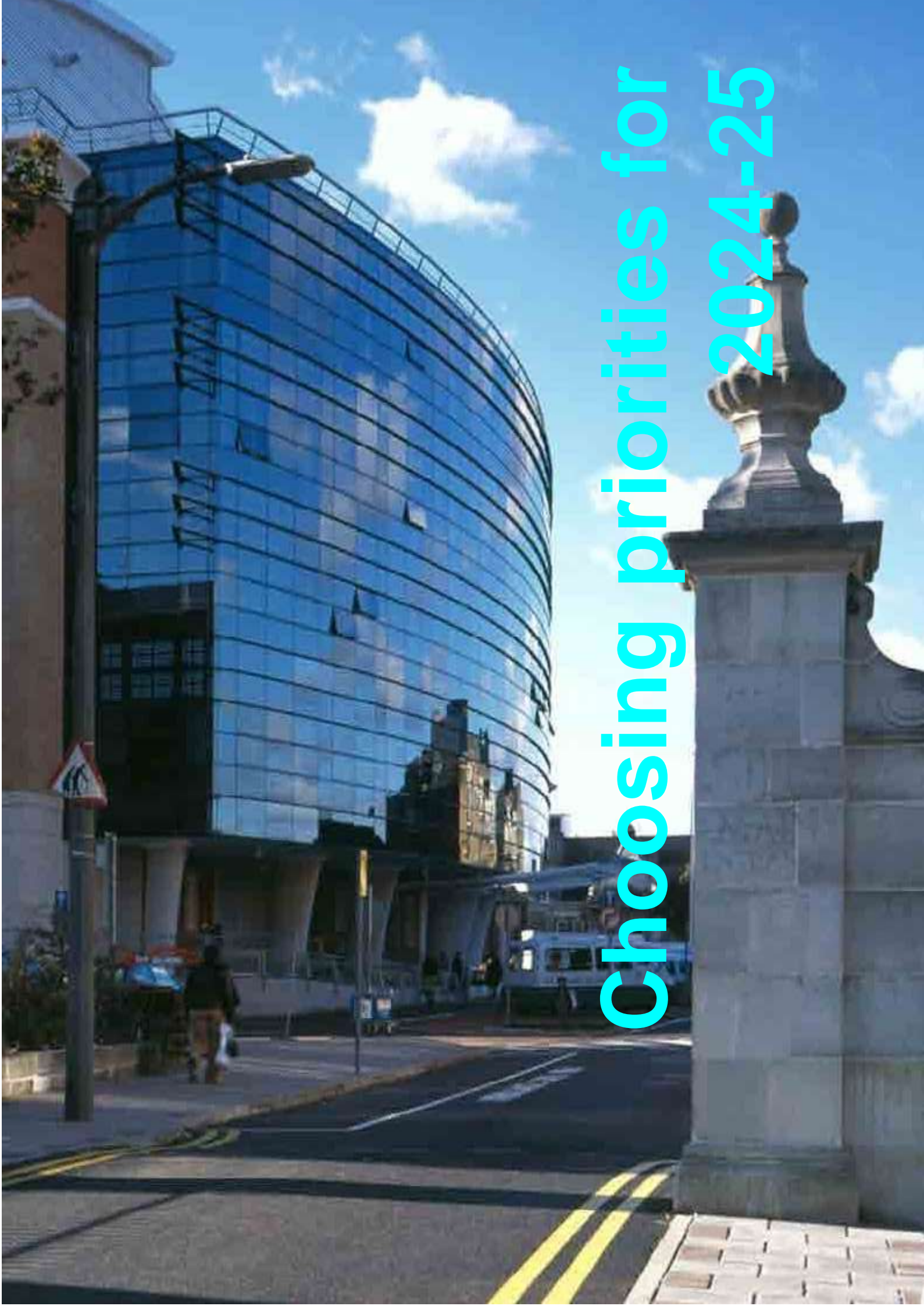
Data will be analysed every 3 months and, as our sample grows, we will become more knowledgeable in increasing our understanding of patients’ long-term outcomes and the areas in which our services need to improve.

The project will now begin to change its focus from data collection to prioritise improvement. Support from quality improvement experts within King’s will be sought, along with funding opportunities to develop improved services, in particular rehabilitation in the community. The project team will continue to report progress to the Patient Outcomes Committee and within Trust reporting structures.

The questionnaire used for the project will be embedded within the Epic system as soon as the opportunity to do so arises.

Figure 1: Feedback from patients (up to January 2024)





Choosing priorities for 2024-25

Choosing Priorities for 2024-25

The following improvement schemes have been agreed by the King's Executives and the Trust Board for 2024-25. These will be reported in full in the 2024-25 Quality Account with quarterly reporting to the Quality Committee.

At King's, our purpose is to deliver the very best care for all of our patients, their families and carers. We want to empower our patients, to focus on the outcomes that matter most to them, and deliver safe, effective, and responsive care. This is aligned to our Trust strategy, [Strong Roots, Global Reach](#), which was developed through an extensive consultation process took place including 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 quality account priority topics. Using our data insight, the Patient Safety Committee, Patient Outcomes Committee and Patient Experience Committee, proposed the long list for consultation in line our vision in our strategy to be BOLD, supporting and delivering:

- **Brilliant People**
- **Outstanding care**
- **Leaders in research, innovation, and education**
- **Diversity, equality, and inclusion at the heart of everything we do.**

We obtained feedback from our Trust stakeholders and partners. Feedback was received from:

- The Council of Governors
- Healthwatch Southwark and Bromley
- The public from an online survey
- Bromley Health Overview and Scrutiny Committee.

The Trust's Outstanding Care Board narrowed down the longlist taking into account all feedback and recommendations from our stakeholders and partners. Based on the intelligence, insight and expertise from

the Outstanding Care Board, the priorities were chosen for 2024-25

- Patient Safety and workforce
- Acutely unwell patients: measuring outcomes to drive improvement
- Embedding and enhancing MyChart
- Use of health data to improve patient safety, patient experience, and patient outcomes.

We will continue to work closely with our key stakeholders, including colleagues at Healthwatch, to meet our objectives, providing regular updates on our progress.

To support the delivery of the Trust strategy and vision, all priorities will include objectives on health inequalities, sustainability, and mental health.

In 2023, the Trust migrated to Epic giving clinicians a complete overview of a patients' care, allowing them to work more efficiently; InPhase, the Trust local risk management system (LRMS), supporting governance oversight; and MEG, medical e-governance system for quality assurance and audit. This means that the Trust is in a better position to revisit and refresh its processes for measuring for quality improvement providing ease and efficiency for quality audits and quality improvement. Having robust and up to date data is a key component of each of our quality account priorities, and therefore, a fourth cross-cutting quality account priority with organisational focus to improve patient safety, patient experience and patient outcomes with health information was selected.

2024-25 Quality Account Priority 1:

Workforce and Patient Safety

Why is this a priority?

The topic of safety culture has been a rolling point of discussion with the Integrated Care Board (ICB) within the Serious Incident Committee, prior to the Patient Safety Incident Response Framework (PSIRF) implementation. Professor Sydney Dekker, an international expert in safety culture, visited King's pre-COVID-19 and a piece of subsequent work on safety culture was planned, but not delivered.

Workforce challenges faced by the NHS present a significant risk to patient safety and staff wellbeing. This includes skills and experience shortages, poor morale and a significant gap between demand for hospital care and the supply of staff to meet that demand safely. The Healthcare Services Safety Investigations Body are prioritising workforce and patient safety as a key national priority in 2024, with three national investigations planned.

What are our aims for the coming year?

Our aims and objectives for 2024-25 are outlined below:

Aim	To explore how workforce as a system based contributory factor impacts patient safety.
Objectives	<ul style="list-style-type: none"> Undertake a review of workforce issues that impact on patient safety so that this can be embedded within the incident response and risk management approach. To develop system-level interventions to improve working conditions for staff, to improve morale and improve recruitment and retention.
Trust Strategy contribution	<ul style="list-style-type: none"> Brilliant People <ul style="list-style-type: none"> 'We attract, retain and develop passionate and talented people, creating an environment where they can thrive.' Outstanding Care: <ul style="list-style-type: none"> 'We deliver excellent health outcomes for our patients, and they always feel safe, cared for and listened to' Leaders in Research, Innovation and Education <ul style="list-style-type: none"> 'Teaching the leaders of tomorrow and supporting lifelong learning: We will deliver high quality education and training throughout our people's careers.' Diversity, Equality and Inclusion at the heart of everything we do <ul style="list-style-type: none"> Leading the way by developing our culture and skill 'We will build a culture that champions diversity, equality and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.' Tackling health inequalities - We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.
Health Inequalities Contributions	<ul style="list-style-type: none"> To consider health inequalities through the above – looking for groups disproportionately affected by contributory factors.
Sustainability contributions	<ul style="list-style-type: none"> To develop insight and recommendations to develop a sustainable workforce who can work in a system which supported the delivery of high quality safe care.
Mental Health	<ul style="list-style-type: none"> To consider staff emotional, psychological, and social well-being as contributory factors to workforce challenges.
Deliverables	<ul style="list-style-type: none"> To undertake a thematic review into workforce and patient safety triangulating multiple qualitative and quantitative insight sources to gain a thorough system based understanding of the challenges faced, level of risk and contributory factors. Devise and implement the means for monitoring workforce related patient safety

issues, both proactively and reactively.

- To undertake assessments of the of organizational safety culture and identify areas for improvement.

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 Patient Safety Committee, with quarterly reports to the Trust Outstanding Care Board and the Quality Committee.

Outcome and process measures will be developed through the project in alignment with the above outlined deliverables.

2024-25 Quality Account Priority 2:

Acutely unwell patients: measuring outcomes to drive improvement

Why is this a priority?

King's BOLD Strategy 'Outstanding Care' vision sets out the ambition to 'deliver excellent health outcomes for our patients' and identifies the key steps being to understand and prioritise the outcomes that matter most to our patients.

Improving the care of deteriorating patients has been a Trust Quality Account Priority in 2022-23 and 2023-24, and significant improvement actions have been taken over the years.

Intensive Care National Audit and Research Centre (ICNARC) results have identified recent issues with High-Risk Admissions from the Wards. Patient feedback has identified issues

with confidence to raise concerns, feeling included in decision-making and having access to information.

At the end of 2023, a new Deteriorating Patient Improvement Group was established, to provide leadership, ensure that improvement actions are embedded and ensure that these actions really do improve the outcomes for King's patients.

To enable us to measure the effectiveness of our improvement interventions, we are developing a new measurement approach.

What are our aims for the coming year?

Our aims and objectives for 2024-25 are outlined below:

Aim	To improve the care of acutely unwell and deteriorating patients
Objectives	To bring together diverse data on the health outcomes of acutely unwell patients at KCH and to create a dashboard that provides the Deteriorating Patients Committee with a means to identify quickly and easily any potential care issues, enabling them to act quickly to improve.
Trust Strategy contribution	Outstanding Care: 'At King's, our purpose is to deliver the very best care for all of our patients, their families and carers.' 'We will provide effective, person-centred care – improving patient outcomes.' Leaders in research, innovation and education: 'Investing in digital transformation... to improve patient care.'
Health Inequalities Contributions	The dashboard will capture demographic data so that we can understand any variation in health outcomes, enabling us to understand any health inequalities and take action to ensure best outcomes for all of our patients.
Mental Health	Relevant mental health outcomes data will be incorporated into the dashboard where available.
Sustainability contributions	The Deteriorating Patients Committee is a substantive component of the Trust's governance structures and will ensure that the dashboard is used routinely to drive the identification of improvement opportunities.
Deliverables	Dashboard providing 'signals not noise' in relation to the care and outcomes of acutely unwell patients, to enable: <ul style="list-style-type: none"> Monitoring of ward compliance with documentation and escalation protocol to optimize clinical performance in the digital clinical environment. Developing a methodology that integrates historical data from systems that allows for predicting anticipated events and identifying patients at higher risk of deteriorating.

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 Patient Outcomes Committee, with quarterly reports to the Trust Outstanding Care Board and the Quality Committee.

Measures of success will include:

- A dashboard that is available for use that integrates data from EPIC, InPhase and Patient Experience systems.
- The Deteriorating Patients Improvement Group using insights from the dashboard to inform on interventions that improve the identification and management of deteriorating patients.
- Successful participation in the Worry and Concern improvement work
- Agreed methodology in piloting a dashboard that can predict anticipated events.

2024-25 Quality Account Priority 3:

Embedding and enhancing MyChart

Why is this a priority?

In 2022-23 and 2023-24, as part of our improving patient experience through effective communication, we set out to explore new ways for patients to contact King's as part of a digital transformation. In October 2023, the Trust launched Epic, a new clinical records system. The system includes a patient's interface, MyChart, that enables individuals to have instantaneous access to information about their care. Since launch, more than 350,000 patients have benefitted from features of MyChart.

Our data and insight tells us that patients have poorer experiences where the breakdown in communication occurs, relating to appointment changes or cancellations, also leading to time wasted to travel to appointments. MyChart, therefore offers a unique digital solution that will allow patients to access information as and when it changes whilst also offering opportunities for better scheduling. The system also offers us a unique opportunity to tackle digital exclusion through education and training.

What are our aims for the coming year?

Our aims and objectives for 2024-25 are outlined below:

Aim	Embedding and enhancing MyChart
Objectives	To increase the number of patients signed up to MyChart
Trust Strategy contribution	Brilliant people: Ensuring our people thrive – we will provide training, information, and resources to our staff to ensure that they are better equipped to support our patients with accessing and using MyChart. Outstanding care: Putting patients first – we will ensure that more patients have access to MyChart, giving them opportunity to be more meaningfully engaged in their own care. Leaders in Research, Innovation and Education: Investing in digital transformation: for the first time in King's history, clinicians have access to a single records system whilst patient benefit from access to clinical information and the ability to interact with clinicians at a click of a button. Diversity, Equality, and Inclusion at the heart of everything we do: Building community Partnerships – through our outreach activities, we will engage with seldom heard communities to facilitate their access to MyChart.
Health Inequalities Contributions	Through outreach and in-reach activities we will engage with seldom heard communities and patients' groups to enable them access to their healthcare information, positively contributing to tackling health inequalities by ensuring that patients have information about and do not miss their appointments.
Sustainability contributions	MyChart offers patients digital means of accessing appointment information, test results and clinic letters, reducing reliance on paper, therefore contributing to the sustainability agenda.
Mental Health	MyChart enables patients to access their information 24/7. This eliminates anxiety for patients waiting to better understand what is happening with their care and enables them to play a more active role in their care, overall contributing to their health and wellbeing.

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 Patient Experience Committee, with quarterly reports to the Trust Outstanding Care Board and the Quality Committee.

Measures of success will include:

- Continued increase month on month in the number of patients signed up to MyChart through in-reach and outreach activities.
- Number of patients in contact with Patient Advice

and Liaison Service who are supported to sign up to MyChart.

- Co-designed MyChart manual exists.
- Proxy access guide exists and has been distributed to clinical teams with support from MyChart helpdesk for troubleshooting.
- Rollout of MyChart's patient scheduling tools to appropriate services (e.g. FastPass – Epic's automatic short notice cancellation appointment

booking function; and patient self-rescheduling functions to enable self-service)

- o Number of offers made to patients to attend earlier appointments via FastPass.
- o Number of FastPass offers accepted by patients.
- o Number of patients that have rescheduled their own appointments through MyChart.

2024-25 Quality Account Priority 4:

Health data to improve patient safety, patient experience, and patient outcomes

Why is this a priority?

In 2023, the Trust migrated to Epic giving clinicians a complete overview of a patients' care, allowing them to work more efficiently; InPhase, the Trust local risk management system (LRMS), supporting governance oversight; and MEG, medical e-governance system for quality assurance and audit and a range of other quality management systems in use across the Trust. This means that the Trust is a better position to revisit and refresh its processes for measuring for quality improvement providing ease and efficiency for

quality audits and quality improvement. Having robust and up to date data is a key component of the sustainability of any improvements implemented during the course of the quality account priorities. Therefore, a fourth cross-cutting quality account priority with organisational focus to improve patient safety, patient experience and patient outcomes with health information is proposed with leadership from the Business Intelligence Unit.

What are our aims for the coming year?

Our aims and objectives for 2024-25 are outlined below:

Aim	To improve the use of health data to improve patient safety, patient experience and patient outcomes.
Objectives	To harness the data held in Epic and our Quality Management Systems to develop robust tools to gain insight into the quality of our care and identify areas for improvement.
Trust Strategy contribution	Outstanding Care: 'At King's, our purpose is to deliver the very best care for all of our patients, their families and carers.' 'We will provide effective, person-centred care – improving patient outcomes.' Leaders in research, innovation and education: 'Investing in digital transformation... to improve patient care.'
Health Inequalities Contributions	Through enhancing our collection and validation of health demographic data we will be able to use the data to identify groups disproportionately affected by health inequalities. This will help us to take action to make targeted improvements.
Mental Health	We will develop ways of including Mental Health data in our Epic Quality dashboards to enable much greater oversight of patients with mental health and physical health needs within the Trust.
Sustainability contributions	Automation of reporting and benchmarking will free up operational time to focus on improvement.
Deliverables	Launch an automated Integrated Quality Report at Trust, Site and Care Group level which includes statistical analysis of trends and benchmarked parameters. Embedding and refining the use of the Epic Quality Dashboards within the quality governance structures in the Trust. Refresh and relaunch ward level reporting dashboards using Epic, Quality and Workforce data. Devise and implement the means for enhancing and validating our demographic data input to ensure that it is a reliable means for analysing the drivers of health outcomes. Develop and launch Safety Improvement dashboards for each priority identified within our Patient Safety and Improvement Plan (using data within InPhase and other sources as required).

How will we monitor and measure our progress?

Progress against these aims will be reported to and monitored on a monthly basis by the Outstanding Care Board through the Integrated Quality Report (IQR), with quarterly reports to the Quality Committee.

A project plan will be agreed jointly between the Quality Governance Team and the Performance and Planning team. Exception reports on the progress of the project plan will be included within the IQR on a monthly basis to ensure that all relevant stakeholders are sighted on progress and escalations, with oversight at the Trust Outstanding Care Board.

Measures of success within 2024/25 will include:

- Revised Integrated Quality Report with performance data provided through

Business Intelligence Unit at Trust and Site level, with progress made towards specialty level IQR development.

- Jointly agreed Quality Dashboards in Epic which can be used within local quality governance processes.
- Development and launch of agreed ward level dashboards (in line with Quality Assurance Framework).
- Baseline survey of the quality of demographic data with an identified plan to address areas of improvement.
- Safety Improvement dashboards in place for all agreed safety priorities set out in the Trust's Patient Safety Incident Response Plan (PSIRP).

Statements of Assurance from the Board

1. During 2023-24, 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 2023-24 represents 91.4% of the total income generated from the provision of health services by the King's College Hospital NHS Foundation Trust for 2023-24.

Clinical Audits and National Confidential Enquiries

2. During 2023-24, 58 national clinical audits and 10 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 in which it was eligible to participate.
 - 2.2 The national clinical audits and national confidential enquiries in which King's College Hospital NHS Foundation Trust was eligible to participate during 2023-24 are as follows (see Table 6).
 - 2.3 The national clinical audits and national confidential enquiries in which King's College Hospital NHS Foundation Trust participated during 2023-24 are as follows (see Table 6).
 - 2.4 The national clinical audits and national confidential enquiries in which King's College Hospital NHS Foundation Trust participated, and for which data collection was completed during 2023-24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry (see Table 6).

Table 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
British Association of Urological Surgeons Nephrostomy Audit	Yes	Awaiting Report
Intensive Care National Audit and Research Centre - Casemix Programme	Yes	100% to Sep 23
Intensive Care National Audit and Research Centre – Liver Intensive Care	Yes	100% to Sep 23
Child Health Clinical Outcomes Review Programme – Testicular Torsion	Yes	Organisational questionnaires – 2 (100%) Clinical questionnaires – 5 of 13 cases (39%)
Child Health Clinical Outcomes Review Programme – Transition from child to adult health services	Yes	Organisational questionnaires – 2 (100%) Clinical questionnaires – participation % not provided in report
Child Health Clinical Outcomes Review Programme: Juvenile Idiopathic Arthritis	Yes	Data collection in progress
National Patient Reported Outcomes Measures Programme - Hip Replacements	Yes	Data collection in progress

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	Participation	% submitted
National Patient Reported Outcomes Measures Programme - Knee Replacements	Yes	Data collection in progress
Royal College of Emergency Medicine Quality Improvement Programme: Care of Older People	Yes	Data collection in progress
Royal College of Emergency Medicine Quality Improvement Programme: Mental Health Self Harm	Yes	Data collection in progress
Falls and Fragility Programme - Fracture Liaison Service Database	Yes	Data collection in progress
Falls and Fragility Programme - National Hip Fracture Database	Yes	Data collection in progress
Inflammatory Bowel Disease Registry - adults	No	Not participating ²
Inflammatory Bowel Disease Registry - children	Yes	Data collection in progress
National Acute Kidney Injury Audit	Yes	Data collection in progress
UK Renal Registry	Yes	Data collection in progress
Learning Disability Mortality Review Programme	Yes	Data collection in progress
Maternal mortality confidential enquiries (MBRRACE-UK)	Yes	Data collection in progress
Perinatal mortality and morbidity confidential enquiries (MBRRACE-UK)	Yes	Data collection in progress
National Confidential Enquiry into Patient Outcome and Death – Community Acquired Pneumonia	Yes	Organisational questionnaires – 2 (100%) Clinical questionnaires – 2 of 16 cases (12.5%)
National Confidential Enquiry into Patient Outcome and Death – Crohn’s disease	Yes	Organisational questionnaires – 2 (100%) Clinical questionnaires – 0 of 11 cases (0%)
National Confidential Enquiry into Patient Outcome and Death – End of Life Care	Yes	Data collection in progress
National Confidential Enquiry into Patient Outcome and Death – Endometriosis	Yes	Data collection in progress
National Confidential Enquiry into Patient Outcome and Death: Rehabilitation following critical illness	Yes	Data collection in progress
National Adult Diabetes Audit: National Diabetes Foot Care Audit	Yes	Data collection in progress
National Adult Diabetes Audit: Core Audit	Yes	Data collection in progress
National Adult Diabetes Audit: National Pregnancy in Diabetes	Yes	Awaiting Report
National Adult Diabetes Audit: National Diabetes Inpatient Safety Audit	Yes	Data collection in progress
National Asthma and COPD audit Programme: Children and young people asthma secondary care	Yes	Data collection in progress
National Asthma and COPD Audit Programme: Adult asthma secondary care	Yes	Data collection in progress
National Audit of Cardiac Rehabilitation	Yes	Data collection in progress
National Audit of Care at the End of Life	Yes	Data collection in progress
National Audit of Dementia: Care in general hospitals	Yes	Awaiting Report
National Audit of Seizures and Epilepsies in Children and Young People	Yes	Data collection in progress
National Bariatric Surgery Registry	Yes	Awaiting Report
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	Yes	Data collection in progress
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	Yes	Data collection in progress
National Cardiac Arrest Audit	Yes	Data collection in progress
National Cardiac Audit Programme - Myocardial Ischaemia National Audit Project	Yes	Data collection in progress
National Cardiac Audit Programme - National Audit of Cardiac Rhythm Management	Yes	Data collection in progress

² Existing audits and surveys, including a South East London Inflammatory Bowel Disease pathway audit and national benchmarking and patient surveys, are providing the service with more useful data on care quality. Patient Outcomes Data Review Group approved a derogation from this national audit.

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	Participation	% submitted
National Cardiac Audit Programme - National Audit of Mitral Valve Leaflet Repairs	Yes	Data collection in progress
National Cardiac Audit Programme - UK Transcatheter Aortic Valve Implantation Registry	Yes	Data collection in progress
National Cardiac Audit Programme - National Heart Failure Audit	Yes	Data collection in progress
National Cardiac Audit Programme - National Audit of Percutaneous Coronary Interventional Procedures	Yes	Data collection in progress
National Comparative Audit of Blood Transfusion - Audit of NICE Quality Standards QS138	Yes	Awaiting Report
National Comparative Audit of Blood Transfusion - Bedside Transfusion Audit	Yes	Data collection in progress
National Early Inflammatory Arthritis Audit	Yes	Awaiting Report
National Emergency Laparotomy Audit	Yes	Data collection in progress
National Gastro-intestinal Cancer Programme: National Bowel Cancer Audit	Yes	Data collection in progress
National Gastro-intestinal Cancer Programme: National Oesophago-gastric Cancer	Yes	Awaiting Report
National Joint Registry - Consultant Outcomes Publication	Yes	Data collection in progress
National Joint Registry - Audit	Yes	Data collection in progress
National Lung Cancer Audit	Yes	Awaiting Report
National Maternity and Perinatal Audit: Clinical Report	Yes	Data collection in progress
National Neonatal Audit Programme	Yes	Data collection in progress
National Obesity Audit	Yes	Awaiting Report
National Ophthalmology Database Audit: National Cataract Audit	Yes	Data collection in progress
National Paediatric Diabetes Audit	Yes	Data collection in progress
National Prostate Cancer Audit	Yes	Awaiting Report
National Respiratory Support Audit	Yes	Data collection not started
Paediatric Intensive Care Audit Network	Yes	Data collection in progress
Perioperative Quality Improvement Programme	Yes	Awaiting Report
Sentinel Stroke National Audit Programme	Yes	Data collection in progress
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	Awaiting report publication
Society for Acute Medicine's Benchmarking Audit	Yes	Data collection in progress
The Trauma Audit and Research Network - Adult and Paediatric sections	Yes	Data collection in progress
UK Cystic Fibrosis Registry	Yes	Awaiting Report
Vascular Services Quality Improvement Programme - National Vascular Registry	Yes	Data collection in progress

2.5 The reports of 77 national clinical audits were reviewed by the provider in 2023-24.

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

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

National Audit title	Improvement actions to date
National Asthma and COPD Audit Programme, Children and Young People Clinical Audit [asthma] (PRUH) Published January 2023	<ol style="list-style-type: none"> 1. Asthma workshop and updates on the diagnosis and management for both GP trainees and paediatric trainees during their induction program (four times a year). 2. Asthma discharge care bundle to be used for asthma patients discharged from the ward. Follow up to be arranged with the GP or consultant depending on the case. 3. Asthma folder introduced on the ward and in the outpatients department, covering asthma action plan, asthma control test, peak flow meter reading chart, pictures of various inhalers and management guidelines. 4. Business case for an additional asthma and allergy nurse approved.
National Emergency	<ol style="list-style-type: none"> 1. To improve data entry for PRUH site, the Clinical lead has instigated weekly meetings

Laparotomy Audit Published February 2023	between anaesthetic and surgical trainees/fellows to ensure that all required data is entered into the NELA database.
Intensive Care National Audit Centre (ICNARC): Casemix Programme – Combined Report Published June 2023	<ol style="list-style-type: none"> 1. A retrospective case review of Unit Acquired Blood Stream Infections (UABSIs) was completed and submitted to ICNARC. A small proportion were incorrectly classified as UABSIs. The case definitions have been reviewed with the audit team, and cases are reviewed jointly where the audit team are uncertain if they fulfil the case definition. 2. A review of measures to prevent line-related blood stream infections (BSIs) was undertaken. As a result, antibiotic impregnated central venous catheter (CVC) dressings (instead of bio patches) and antibiotic impregnated CVCs have been introduced, and dispensers for chlorhexidine have been installed at all sinks. 3. Jack Steinberg critical care unit was identified as being a relative hotspot. A pilot programme to deploy "Matching Michigan" patient safety programme measures is planned and outcomes will be audited. 4. Together with the Infection Prevention and Control Team, fortnightly surveillance audits have been introduced to identify and rectify any issues around line care. 5. Aseptic Non-Touch Technique (ANTT) training stopped during the pandemic. The reintroduction of department wide ANTT training is being reviewed with the Intravenous Access Team to identify ways to deliver it in a sustainable way.
National Bowel Cancer Audit Published January 2023	<ol style="list-style-type: none"> 1. An outlier alert was received in relation to 2-year mortality at King's Denmark Hill site. The very low rate of uptake of bowel cancer screening in our local population and subsequent late presentation was identified as the key driver. This information has been shared with South East London Cancer Alliance, which is working to improve uptake of bowel cancer screening, particularly in high-risk groups.
Liver Transplantation Annual Report – Paediatric Section Published September 2023	<ol style="list-style-type: none"> 1. The team are working with NHS Blood and Transplant Liver Advisory Group on the median waiting time and low number of Donation after Brainstem Death donors.
National Hip Fracture Database – Denmark Hill site, online data review throughout 2023-24.	<p>Ensuring patients arrive in the operating theatre in time is a priority for King's. Improvement actions are in place, supported by the executive team, and include:</p> <ol style="list-style-type: none"> 1. Patients awaiting trauma theatre are reviewed daily at trauma MDT meetings and prioritised according to clinical urgency. 2. Early warning and escalation action card has been developed to flag triggers that may cause delays. 3. Close working between orthopaedics and transformation teams to review trauma demand and improve pathway, led by DH Site Medical Director. 4. Review of pressure ulcers at DH completed. Key driver is data quality (entry of low-grade pressure damage). Improvement actions are in place to ensure the National Hip Fracture Database definitions are followed.
National Hip Fracture Database – PRUH site	<p>Waiting times for frail elderly patients waiting to be admitted, including in ambulances, coupled with lack of capacity in orthopaedic beds, has had an impact on pressure ulcer rates. Targeted nursing interventions have been implemented to mitigate the issues and improve care. Pressure ulcer rates declined between April 2023 and January 2024 and are now the same as national average.</p>
National Neonatal Audit Programme (NNAP) – PRUH	<p>A quality improvement project is underway to help implementation of deferred cord clamping. Improvement actions undertaken include guidance being ratified and in place, discussion in weekly meetings, ongoing teaching, and training in the form of simulations and information posters. The team are exploring purchasing the special resuscitaire which will help implement deferred cord clamping while continuing with neonatal stabilisation and resuscitation.</p>
National Neonatal Audit Programme (NNAP) – DH	<p>Deferred Cord Clamping (DCC):</p> <ol style="list-style-type: none"> 1. King's has been working hard to adopt this new practice and over 2022-23 undertook a quality improvement (QI) project involving a series of Plan Do Study Act (PDSA) cycles aimed to ensure that: <ol style="list-style-type: none"> a. For babies born before 34 weeks gestation, DCC rates are above 80%. b. There is 100% of DCC in the health record held on Badgernet.

- c. This has resulted in a significant improvement in the DCC rate, from 17.1% in year 2021 and 30.6% in year 2022 to 56% for year 2023 to date (January to September). Whilst below the England and Wales average of 60.4%, this is similar to London neonatal unit average of 58%. Improvement work will continue.

Bronchopulmonary dysplasia:

1. The team are reviewing ventilation settings/weaning processes and steroid use including timing of administration to further support improvements.

2-year follow-up:

2. London Operational Delivery Network Project Manager recently appointed to work in collaboration with local teams and to lead the design and delivery of transformation plans; ensuring completion of the 2 year outcomes questionnaire, develop and manage data pathways, support Trust in introducing neurodevelopmental follow-up coordinators, emphasise importance of timely follow up and long term benefits for the patient and their family, and to manage production of local neonatal service plans and delivery of neurodevelopment follow-up pathways.

2.7 The reports of over 1,400 local clinical audits were reviewed by King's College Hospital NHS Foundation Trust in 2023-24. This is part of the Trust's comprehensive programme of clinical audits that are recorded on the MEG auditing system and aligned with the Trust's Quality Assurance Framework. This system enables ward managers to inspect their wards against evidenced based criteria. This is a tool developed to give assurance around the following areas:

- Hand Hygiene
- WHO Surgical Safety Checklist
- Infection Preventions and Control
- Intravenous Lines
- Uniform and Dress Code

- Medicines Management
- Quality and Safety
- Documentation
- Mattress Audit
- Matron Audit.

2.8 King's College Hospital NHS Foundation Trust intends to undertake further audits to improve the quality of healthcare provided. Actions generated by these audits will be managed locally and specialist Quality Improvement support is available from the QI team, with the key QI projects outlined in the next section. Management of the MEG system and validation of local audits is provided by the Quality Assurance team.

Quality Improvement

In line with the Trust BOLD strategic approach, the Quality Improvement team is taking action to create a more inclusive, scalable, and innovative improvement offer, with developing our brilliant people at its core. The key components are:

- **Quality Improvement Coaching** – Trained improvement coaches are made available to service-led projects. There are currently 70+ projects underway across services with priority being given to workstreams focusing on the delivery of efficiency improvements reporting to the Trust Efficiency Board. They are as follows:
 - Therapies, Rehabilitation, and Integrated Care Services – general efficiencies to reduce cost by £1m.
 - Corporate Human resources – streamlining recruitment and employee records processes to reduce costs.
- **Innovation Support** – King's joined the national NHS InSites programme in 2023 on a 2-year contract supported by NHS England grant funding in partnership with Guy's and St. Thomas' NHS Foundation Trust. We will assess promising innovation from a national network of 16 hospitals on the programme and use the fund to test, evaluate and adopt it in our services. Our focus in 2024 is to establish more systematic way to identify and describe innovation need within our services so we may more accurately address it with established innovation in the network. We expect to be trialing and evaluating the first innovations from the network by 2025.

The team continues to support the brightest grass-roots ideas from staff and support them to prototype, develop and scale. A key enabler of this work is a successful programme of grant applications to resource the ideas. In 2023 King's successfully secured 10% of grant funds allocated nationally by the Health Foundation's Q-Exchange competition and a new round of submissions will be made in 2024. This has for example launched funded 2 projects in our respiratory services to make care more accessible to users in the community, as follows:

- A home ventilation service to improve access for patients unable to attend the hospital.
- Creation of tailored resources in multiple languages to promote breathlessness self-management.

The function includes financial and business support where investment or commercialization is required, delivered in partnership with local grant providers such as the King’s Charity, networks such as the NHS Clinical Entrepreneur’s Programme and KHP Ventures. We intend to scope and develop a patient-led version of the support offer for 2024.

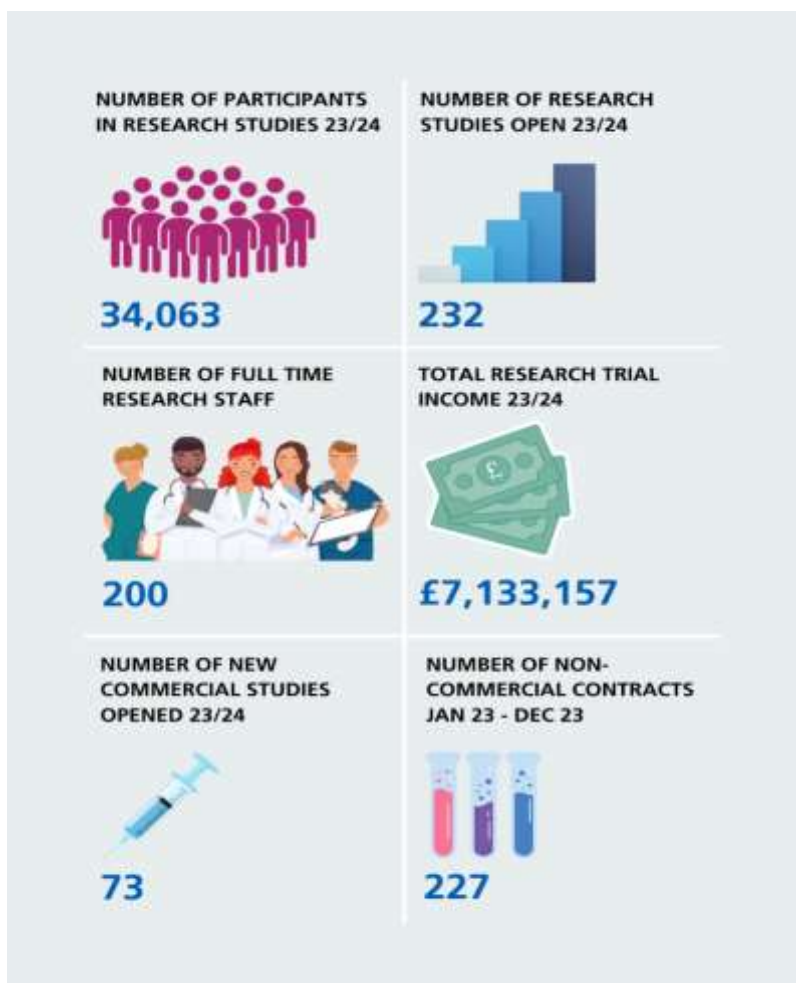
- **A King’s Improvement Network** – The Trust is nurturing an improvement network of enthusiastic and supportive members who connect to support each other deliver their improvement ideas. The network is also used for sharing learning and opportunities. Membership is currently 4,000+.
- **Patient Safety Improvement Programme** – Supporting the Patient Safety team to introduce quality improvement approaches to how the Trust identifies safety themes and addresses them with sustainable improvement activity.
- **Improvement Community** – An interactive and public resource to connect with collaborators, access latest information, download resources and request support. The platform can be accessed [here](#).
- **A Patient Co-Production Process** – In partnership with the Patient Experience team, designing and delivering a standardized process for people in the Trust to meaningfully co-design improvements to services with patients and members of the public.

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 2024-245 that were recruited during that period to participate in research approved by a research ethics committee was 34,036.

Kings College Hospital remain the top recruiting Trust in the United Kingdom to the National Institute for Health and Care Research (NIHR) research portfolio, see figure 2 below.

Figure 2: Financial year 2023-24 summary of research data



Commissioning for Quality and Innovation (CQUIN) framework

- 4 Having been paused for several years, during the COVID pandemic, the framework was reintroduced from 2022-23. Several changes were made to the framework, including the requirement for providers to work towards, and report on, all CQUINs (Commissioning for Quality and Innovation) targets that fall within their contracted services. These requirements continued to be in place for 2023-24.
- 4.1 During 2023-24 we were reporting nationally on eight CQUIN targets. Assessment of our quarter 4 (January – March) performance is still ongoing. Details of the performance achieved for the year to 31st March 2024 will be available on request. Four of the targets were met and all showed improvement. The areas met were around:
 - Identification of frailty in the Emergency Department.
 - Recording of, and response to, NEWS2 score, a clinical indicator of acute deterioration.
 - Compliance with timed diagnostic pathways for cancer services.
 - Switch from IV to oral antibiotics.

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 overall 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 2023-24.

5.1 King's College Hospital NHS Foundation Trust

have not participated in special reviews, investigations, or unannounced inspections, by the CQC during 2023-24.

6 As part of the Strong Roots, Quality Care programme, King's College Hospital NHS Foundation Trust has made the following progress to address the conclusions or requirements reported by the CQC from 2022-23 inspections - see tables 8, 9 and 10.

Table 8: Medical care including older people's care quality improvement actions ongoing and completed by 31 March 2024 to address the CQC's findings

CQC Concerns	Improvement Actions
Medical Care, including older people's care DH, PRUH and Orpington Hospital	
The trust should ensure that medicines are managed in accordance with safe and professional practice standards.	<p>Completed:</p> <ul style="list-style-type: none"> Medication safety peer review audits performed, with weekly spot checks. Additional weekly bite-size training sessions on medicines management introduced during handover over a period of two weeks. Monthly medication audits undertaken on MEG to ensure that improvements are sustained and that improvements are identified early, and action is taken. Quarterly audits undertaken by the Pharmacy Team in addition to the local monthly audits.
The trust should ensure that staff provide care and treatment in ways which have regard and respect for the individual needs of patients, and in a manner, which is not degrading.	<p>Completed:</p> <ul style="list-style-type: none"> Focused education and training session on continence care and the importance of privacy and dignity. Monthly Outstanding Care audits undertaken on MEG to ensure that improvements are sustained and that improvements are identified early, and action is taken.
The trust should ensure there are enough staff on duty to enable the delivery of patient care needs in a responsive manner.	<p>Completed:</p> <ul style="list-style-type: none"> Robust recruitment and retention plan in place, including a reassessment of the budgeted establishment. Monthly MEG Matron's audit to ensure that improvements are identified early, and action is taken in relation to staffing and patient care needs.
The trust should ensure staff effectively manage infection control risks.	<p>Completed:</p> <ul style="list-style-type: none"> Standardisation of catheter stands and products procured. Monthly infection prevention and control audits undertaken on MEG to ensure that improvements are sustained and that improvements are identified early, and action is taken.
The trust should ensure nutrition and hydration needs of patients are clearly identified to ensure patient safety.	<p>Completed:</p> <ul style="list-style-type: none"> Bitesize training on nutrition and hydration support. Design of patient bed boards reviewed to support feeding.
The service should ensure that fridge temperature variations are escalated and addressed, as per policy.	<p>Completed:</p> <ul style="list-style-type: none"> Trust has clarified room temperature escalation policy. Care Group spot checks for consistency and Quality Reviews completed and remain ongoing. New template in place.
The service should ensure that patients risk assessments are recorded in a single accessible location.	<p>Ongoing:</p> <ul style="list-style-type: none"> Although EPIC in place, remains not fully addressed from a documentation training need. New medical admission flowsheet being finalised in Epic. Ongoing training and Practice Development Nurse (PDN) support

CQC Concerns	Improvement Actions
Medical Care, including older people's care DH, PRUH and Orpington Hospital	
The service should ensure staff are up to date with statutory and mandatory training.	Ongoing: <ul style="list-style-type: none"> Monthly review of all training compliance records with support provided to staff to complete.
The service should continue to work with system wide partners to ensure timely discharge of patients.	Ongoing: <ul style="list-style-type: none"> The Trust is exploring options to improve discharges together with the ICS and our peer Guy's and St Thomas'. South East London (SEL) virtual wards working group.

Table 9: Children and young people quality improvement actions completed by 31 March 2024 to address the CQC's findings

CQC Concerns	Completed Improvement Actions
Children and young people, DH	
The trust must ensure they manage staffing levels in children and young people's services, so they ensure patients safety is not compromised and that staff can respond to patients in a timely manner.	Completed: <ul style="list-style-type: none"> MEG quality audits regularly undertaken on wards auditing staffing levels and responsiveness to patients. Care Group Quality Ward Rounds set up in January 2023 and ongoing.

Table 10: Well-led quality improvement actions ongoing and completed by 31 March 2024 to address the CQC's findings

CQC Concerns	Completed Improvement Actions
Well-led	
The trust should review and improve the practices of the human resources team to enable its own policies/procedures to be enacted promptly.	Ongoing: A review of the Employee Relations team is underway. A review is also underway of the senior workforce team. This includes roles, responsibilities, and remit. This will be complete by end May, with any changes implemented thereafter.
The trust should consider how it may improve the accuracy of information related to trainee doctors and continue to review their rotas to ensure they meet required standards.	Completed: There are a number of workstreams in place to achieve this including the appointment of a Chief Registrar at each site. The postholders will be responsible for improving communication and addressing rota issues. There is a well-established system of Guardian of Safe Working, with Guardians at both sites. There is a robust system in place to escalate issues as needed. There is a monthly junior doctor forum at both sites with regular executive attendance.
The trust should improve opportunities to listen to the views of its staff and how it considers information expressed by those individuals.	Completed: The Trust has a number of mechanisms in place including "Ask the CEO" with the CEO and his executive team, staffside monthly meetings. Care groups also have staff listening sessions.
The trust should have a lead clinician for sepsis, so the profile of this matter remains high on the agenda.	Completed: Sepsis Clinical Lead now in place and leading on the sepsis improvement work.
The trust should continue to work on the Workforce Disability Equality Standards and Workforce Race Equality Standards to improve its achievement of expected targets.	Ongoing: EDI remains a core priority for the Trust and plans are in place to achieve WRES/DES targets. This have been signed off at Board level.
The trust should ensure care groups identify target dates for specific actions within the staff survey action plan.	Completed: All Care Groups identified their people priorities for 2023/24, with guidance provided on content.

Records Submission

7. King's College Hospital NHS Foundation Trust submitted 1,379,539 records³ during 2023-24 M1-6 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. We are unable to provide full data due to the delays in extracting data post Epic implementation, as outlined in the Data Quality section.
 - 99.7% for outpatient (non-admitted) patient care; and
 - 74.7% for accident and emergency care (due to inclusion of Greenbrook UTC data at Denmark Hill).
- 7.1 The percentage of records in the published data April 2023 to September 2023³ which included the patient's valid NHS number, was:
 - 99.5% for admitted patient care;
- 7.2 The percentage of records in the published data April 2023 to September 2023³ which included the patient's valid General Medical Practice Code, was:
 - 100.0% for admitted patient care;
 - 99.9% for outpatient (non-admitted) patient care; and
 - 97.1% for accident and emergency care.

Information Governance Assessment

- 8 King's College Hospital NHS Foundation Trust's 2023-24 submission of the Data Security and Protection Toolkit is due on 30th June 2024. The Trust's 2022/23 submission of the Data Security and Protection Toolkit made in June 2023, covering the period of 1st July 2022 to 30th June 2023, reports an overall assessment of Standards Met.

Payments by Results (PbR)

- 9 King's College Hospital NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2023-24 by the Audit Commission.

Data Quality

10. There are several 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 many different systems and processes. Only some of these are subject to external assurance or included in internal audit's programme of work each year.
 - Many 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 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.³
 - 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.
 - Since the implementation of the new Epic system on 5 October 2023, the Trust has not been submitting admitted, outpatient or emergency care data set (ECDS) records to secondary uses service (SUS), as it works to rebuild, and quality assure its data feeds. The Trust intends to submit October 2023 – March 2024 CDS data by 20 May 2024. Therefore, it is not possible to reflect the impact on data quality via the national commissioning data set data quality (CDS) DQ dashboards for the Trust at the time of updating this report.
 - Activity volumes recorded are lower post-Epic implementation particularly in outpatients and in some instances, activity is not being recorded on

³ please refer to the Data Quality section to understand data limitations.

the system, which are being identified and rectified with the Apollo programme. Otherwise, daily/weekly activity tracker reports have been developed to enable care groups to monitor their activity with comparisons to pre-Epic activity baselines.

- There are some known activity changes such as Same Day Emergency Care (SDEC) pathways which are now correctly reported within the Emergency Datasets, following latest national guidance, as opposed to our previous practice of recording this activity as outpatients. Activity coding changes are being identified as part of our wider activity review process, and we have also setup a Joint Activity Recording Panel with Guys and St Thomas Hospital who implemented Epic jointly with us to review and approve changes in coding practice consistently.
- One of the key themes associated with the Epic system is that processes previously undertaken and supported by administrative staff are now increasingly required to be supported by clinical staff. We have seen an increase in unoutcomed and unsigned visits which has led to increases in our waiting lists as teams get used to new processes, and

data is reviewed for inclusion / exclusion in these requirements. In-system Epic reports and additional dashboards have been developed to support monitoring and targeted interventions with services seeing higher levels of outcome activity.

- The Epic system has improved pathway management functionality compared to our legacy PiMS system, but we are seeing higher volumes of 'manually created' pathways in our RTT and diagnostic waiting lists which has caused a higher-than-expected increase in our overall waiting list numbers. Our central RTT validation team is reviewing defined priority cohorts of patients on our waiting lists and has also developed additional training materials to assist users and we are identifying key service areas with training needs.
- At go-live there were integration issues with eRS which meant that we had high volumes of appointment slot issues (ASI) for which we were not able to immediately convert the GP referral to booked appointments. This led to rapid change to elements of our clinic build in the Epic system which has enabled our central Outpatient Appointment team (OPAC) to manage and reduce this ASI referral backlog.

Learning from Deaths

11. During 2023-24, 2413 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:
- 606 in the first quarter (April to June 2023);
 - 553 in the second quarter (July to September 2023);
 - 602 in the third quarter (October to December 2023).
 - 652 in the fourth quarter (January to March 2024).

11.1 By 30 September 2023, 102 case record reviews (Structured judgment review forms) and 17 investigations (patient safety incident reviews) have been carried out in relation to 100 of the 1159 deaths included above.

- 11.2 The number of deaths in each quarter for which a case record review or an investigation was carried out was:
- 73 in the first quarter;
 - 29 in the second quarter;
 - 5* in the third quarter (investigations only);
 - 6* in the fourth quarter (investigations only).

- 11.3 One patient death (0.04%) of all the deaths between Q1 and Q4 was judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:
- 1 representing 0.037% for the first quarter;
 - 0 representing 0.037% for the second quarter;
 - * for the third quarter;
 - * for the fourth quarter.

- 11.4 Summary of learning from case record reviews and investigations
- Identified need for additional training for trainees regarding intracranial pressure placement following craniotomy.
 - Clarity around recommendations for receiving team when repatriating a patient to improve patient care.
 - Clear communication with bereaved family members and ensure that they are and feel actively included in the investigation process.
 - Importance of translation services, especially in bereavement situations.
 - Appropriateness of transfer to discharge lounge for patients who have significant falls risk and are not well known by the receiving team.
 - Peripheral line care issue in medicine.
 - Communication breakdown between areas of care team leading to blood tests not being taken over weekend and lack of identification and action on

deteriorating patient.

- Importance of close co-operation and communication with Guy's bladder cancer team through and outside of the multidisciplinary team – this pathway is already in place and needs to be utilised.
- Acute myocardial infarction coding remains an issue, but the new electronic health record system will facilitate improvements, in conjunction with ongoing education for junior doctors and coders.
- Signposting and advice on appropriate follow up for future pregnancies to be made part of bereavement support.
- Technical difficulties have been experienced in auditing deaths, with data quality issues in relation to the new electronic health records system.

11.5 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

- Additional training with company representative for intracranial pressure monitor placement will be arranged.
- Team education in relation to the importance of revisiting families' understanding and the need to offer regular updates.
- Teaching around sensitive communication with families has been added to the Child Death teaching programme.
- Thematic review of falls causing severe harm including trust wide recommendations as per the Patient Safety Incident Response Framework.
- Multiple care group and trust actions to improve peripheral line care.
- Improvements in handover between phlebotomy and ward team. Relationship-building with Guy's bladder cancer team and more effective use of multidisciplinary team meetings.
- Standard Operating Procedure developed for post-bereavement follow-up for families.
- Electronic health record system team to resolve data quality issue around deceased patients.

11.6 Previous reporting period

- 145 case record reviews and 8 investigations, which related to deaths, were completed after 31 March 2023 and which took place before the start of the reporting period.
- 1 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 method of case record review.

***Please note:**

- *The Introduction of the new electronic health record (EHR) system at the beginning of October 2023 has impacted on the current status of our previously stable and well-established mortality processes. Structure judgment review documentation has been paused as issues around accessing and completing the document have been identified.
- Specialties continue to review their deaths and potential learning opportunities during their Mortality and Morbidity meetings and present their local data at the Mortality Monitoring Committee on a 6-monthly basis.
- A Working Group has been set up to address issues identified at each stage of the mortality review process and develop supporting documentation within the EHR system that is both accessible and fit for purpose. However, data are limited for Q3 and Q4 until these issues are resolved.

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.

See table 11 on the next page.

Table 11: 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	01/01/23 to 31/12/23	1.0326 (95% CI 0.8919, 1.1212) - as expected	01/01/22 to 31/12/22	0.9813 (95% CI 0.8967, 1.1152) - as expected	1.0442 (0.895, 1.1173) - as expected	0.7433 (0.8934, 1.1193) - 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 routinely takes action 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	01/01/23 to 31/12/23	49%	01/01/22 to 31/12/22	49%	67%	34%	42%	NHS Digital	
Patient Reported Outcomes Measures - hip replacement surgery <i>2020-21 data is reported as data not published at the time of publishing the Quality Account.</i>	EQ-5D Index: 15 modelled records	Apr 21 - Mar 22	Adjusted average health gain: *	Apr 20 - Mar 21	Adjusted average health gain: 0.471	0.528	0.456	0.456	NHS Digital	The Trust considers that this data is as described for the following reasons – Insufficient data submitted for KCH, 15 modelled records for Hip and 14 modelled records for Knee PROMs. Data submissions are being migrated into the Trust's new EHR system, Epic.
	EQ VAS: 15 modelled record		Adjusted average health gain: *		Adjusted average health gain: 14.615	23.632	11.909	14.717		
	Oxford Hip Score: 15 modelled records		Adjusted average health gain: *		Adjusted average health gain: 22.604	23.557	6.953	22.515		
Patient Reported Outcomes Measures - knee replacement	EQ-5D Index: 14 modelled records	Apr 21 - Mar 22	Adjusted average health gain: *	Apr 20 - Mar 21	Adjusted average health gain: 0.307	0.339	0.244	0.324		

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
surgery <i>2020-21 data is reported as data not published at the time of publishing the Quality Account.</i>	EQ VAS: 14 modelled records		Adjusted average health gain: *		Adjusted average health gain: 5.246	9.743	5.967	8.360		
	Oxford Knee Score: 14 modelled records		Adjusted average health gain: *		Adjusted average health gain: 15.478	17.754	15.434	17.482		
Percentage of patients readmitted within 28 days of being discharged	Patients aged 0-14 – 0.85%	Apr-23 to Aug-23	0.76%	Apr-22 to Mar-23	0.87%	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+ 7.41%		7.24%		7.57%	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	2022 National Inpatient Survey	6.6	2021 National Inpatient Survey	7.0	8.2	6.4	7.0	CQC	The Trust considers that this data is as described for the following as CQC national patient survey is a validated tool for assessing patient experience and in line with local survey results. The Trust intends to continue its work on discharge and Patient-led assessment of the care environment (PLACE) to improve the scores, and so the quality of its services.
• Did you feel able to talk to members of hospital staff about your worries and fears?	Score out of 10 trust-wide	2022 National Inpatient Survey	7.1	2021 National Inpatient Survey	7.4	9.1	6.7	7.6	CQC	
• Were you given enough privacy when being examined or treated?	Score out of 10 trust-wide	2022 National Inpatient Survey	9.5	2021 National Inpatient Survey	9.3	9.9	9.0	9.5	CQC	
• Thinking about any medicine you were to take at home, were you given any of the following?	Score out of 10 trust-wide	2022 National Inpatient Survey	4.3	2021 National Inpatient Survey	4.4	6.1	3.3	4.4	CQC	
• Did hospital tell you who to contact if you were worried about your condition or treatment after you left hospital?	Score out of 10 trust-wide	2021 National Inpatient Survey	6.7	2021 National Inpatient Survey	7.1	9.7	5.7	7.5	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)	2023 NHS Staff Survey	62.7%	2022 NHS Staff Survey	63.5%	88.8%	44.3%	65.0%	NHS National Staff Survey	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 Annual Staff Survey. The Trust intends to take the following actions to improve this score, and so the quality of its services, by: Sharing the staff survey results transparently with all care groups and corporate teams, and asking all to pick their lowest-scoring NHS People Promise to generate an improvement action plan. This improvement can be measured by the staff survey results in the following years. Support for this action planning is given in a series of people promise action planning workshops, and also to individual care groups by the people business partners, by the senior OD practitioners, and by the EDI business partners. We also have an Engagement toolkit to help people think of activities they could do to support people experience, as the link between people experience and patient care is well established.

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 percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period	% patients who have been risk assessed as at risk of VTE on admission, expressed as a percentage of all discharges including Renal Dialysis patients	Apr-23 to Sept 23 (Unable to provide data from Oct 23 as not available yet due to delays in extracting data post Epic implementation as outlined in the Data Quality section.	98.1%	Apr-22 to Mar-23	98.1%	Not available (National data collection reinstated Apr 24)	Not available (National data collection reinstated Apr 24)	Not available (National data collection reinstated Apr 24)	NHSE	The Trust considers that this data is as described for the following reasons: Implementation of a new Trust wide electronic system in Oct 23 resulted in incomplete data availability. This will be rectified by Jul 24 when retrospective data will be available for Q3 and 4. To ensure the Trust meets the 95% risk assessment target, an electronic hard stop will be implemented as well as support and surveillance being continued by the VTE team.
The rate per 100,000 bed days of cases of <i>C. difficile</i> infection reported within the Trust among patients aged 2 or over during the reporting period	Rate/ 100,000 bed days	April 2023 – March 2024	115 cases (rate 25.36)	April 2022 – March 2023	130 cases	UCL rate 47.2	GSTT rate 15.87	National data not available at time of finalising Quality Account	https://www.gov.uk/government/statistics/c-difficile-infection-monthly-data-by-prior-trust-exposure	The Trust considers that this data is as described for the following reasons: there were 115 Trust- apportioned cases of CDI (for patients aged ≥2), thus the performance target of 109 was not met. The number of <i>C.diff</i> has increased nationally. However, the Trust had the second lowest rate in comparison to the Shelford Group Hospitals, and reduced the number of cases by 15, compared to last financial year.

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 2023 – Jan 2024	20179 (April to Jan 2023) Average reporting rate per 1000 bed days 60.1 (Apr to Sept 2023)	April 2022 – March 2023	36126 total incidents recorded 96.3 incidents per 1000 bed days	National data not currently available as all Trust's migrate from NRLS to LfPSE Most recent national data for comparison covers 21/22 financial year.	National data not currently available	National data not currently available	InPhase Business Intelligence Unit	Reporting at King's College Hospital NHS Foundation Trust remains high. Further work to embed a good reporting culture as part of a wider safety culture will form part of both PSIRF implementation. Bed day data not available post EPIC implementation (Oct 2023). Local data previously reported includes all incidents. 2023/24 data is specific to patient safety indicators as per indicator specifications.
The number and percentage of such safety incidents that resulted in severe harm or death	No. (rate per 1,000 bed days)	April 2023 – Jan 2024	57 resulting in severe physical harm, 2 in severe psychological harm and 22 fatal	April 2022 – March 2023	34 death (0.09 per 1000 bed days) and 106 severe harm (0.28)	National data not currently available as all Trust's migrate from NRLS to LfPSE Most recent national data for comparison covers 21/22 financial year.	National data not currently available	37 severe harm (0.27) and 20 deaths (0.15) – previous reporting period	InPhase	The way in which harm is assessed changed in April 2023 following the introduction of LfPSE. Whereas previously an assessment of 'avoidability' was made in determining how much harm the incident had contributed to. Under LfPSE the level harm represents the actual outcome for the patient. LfPSE also introduced a separate psychological harm assessment. Bed day data as above unavailable.



Part 3: Other information

Part 3: Other information

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

Table 12: Overview of the quality of care offered by King's

Indicators	Reason for selection	Trust Performance 2023-24	Trust Performance 2022-23	Peer Performance (Shelford Group Trusts) 2023-24	Data Source ⁴
Patient Safety Indicators					
Duty of Candour	Duty of Candour compliance data is not available post October 2023 following the soft launch, and then formal launch of PSIRF. The Trust brought its DoC processes in line with the CQC guidance (removing the arbitrary 10 and 15 working day targets) with a focus of quality linked to the compassionate engagement principles of PSIRF.	Average 76% Apr to Oct 23.	95%	Not available	InPhase
WHO Surgical Safety compliance	Since the beginning of 2017, the Trust has been able to electronically monitor compliance with the WHO checklist. The higher the compliance % the better.	97.5%	92.7%	Not available	Quality Metrics Scorecard
Total number of never events	Never events this year have included retained foreign objects post procedures (three cases in Maternity), scalding of a patient and wrong site surgery. System's based improvement plans have been implemented for each.	5	3	Not available	InPhase
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'.	0.55 (95% CI 0.43, 0.71) – Better than expected	0.50 (95% CI 0.37, 0.64) – Better than expected	0.94 (95% CI 0.89, 0.99)	NHS Digital data via HED, period: October 22 to September 23
SHMI Weekend admissions		1.0867 (95% CI 1.008, 1.17) – As expected	1.00 (95% CI 0.96, 1.04) – As expected	1.03 (95% CI 1.01, 1.06) – As expected	
Patient experience indicators					
Friends and Family – A&E	Overall, how was your experience of our service? % positive Friends and Family Test	67%	64%	79%	NHS England national statistics
Friends and Family – inpatients	Overall, how was your experience of our service? % positive Friends and Family Test	93%	94%	95%	NHS England national statistics
Friends and Family - outpatients	Overall, how was your experience of our service? % positive Friends and Family Test	91%	90%	94%	NHS England national statistics

⁴ please refer to the Data Quality section to understand data limitations.

Performance against relevant indicators

Table 13: Performance against relevant indicators

Indicators	Trust Performance 2023-24	Trust Performance 2022-23	National average	Target
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	65.9%	75.3%	60.7%	92.0%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	65.3%	69.3%	58.3%	95.0%
All cancers: 62-day wait for first treatment from Urgent GP referral for suspected cancer	60.9%	67.8%	61.5%	85.0%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	67.6%	78.7%	69.1%	>95%
<i>C. difficile</i> :	115 cases	92 cases	n/a	109
Maximum 6-week wait for diagnostic procedures	71.9%	87.8%	71.6%	>99%
Venous thromboembolism risk assessment	98.2%	98.5%	n/a	95.0%

Access to services

The extended industrial action this year and the resulting cancellation of elective outpatients and day case/inpatient admissions has continued to impede delivery of long wait reduction plans. This also represents an increased workload for our administrative teams as cancelled appointments need to be re-booked and existing outpatient, diagnostic and theatre lists are re-scheduled based on clinical priority.

The Trust estimates that our ERF activity delivery for M1-6 equates to 109% compared to the volume of activity in the Trust's 19/20 ERF baseline and that this equates to 105.3% ERF value-based delivery compared to the 110% baseline target. This internal Trust FY23/24 H1 ERF estimate is still subject to validation by NHSE. At the time of writing this report the Trust is commencing submission of its commissioning datasets to SUS and our internal estimate is that we achieved 100.8% of the FY19/20 baseline for the second half of the year. Whilst this is lower than our M1-6 actual performance, this ERF assessment is within the financial provision that the Trust had made for M7-12 reporting period.

We reduced activity across all of our services as a result of our Epic system implementation during October as all staff continue to become more familiar with the new system and clinical/administrative

workflows.

The number of COVID-positive patients in our beds has dramatically reduced and this year we have typically been caring for on average 1-2 patients per day in our critical care beds and 43 patients in our General and Acute (G&A) beds. At the time of writing this report, there was 1 COVID positive patient in our critical care beds and 44 patients in our G&A beds.

Referral to Treatment (18 Weeks)

The Trust was able to reduce the cohort of patients waiting over 78 weeks down to 9 waiters by June last year. However, the on-going industrial action combined with reduced planned activity volumes due to the Epic implementation and required re-scheduling of patients subject to clinical need has meant that the long waiting time position has been deteriorating from July onwards last year.

As such, the number of patients waiting over 78 weeks has increased to 46 by March 2024. Our volume of 52 week wait patients has increased from 1,506 patients waiting in September 2023 to 4,876 waiting in March 2024, driven by increased waiters in Ophthalmology, Oral Surgery, TandO and

Gynaecology.

Aside from extended growth in our long wait cohorts, we have also seen an increase in the total size of the Referral to Treatment Patient Tracking List (PTL) – growing from 93,617 patients in September 2023 to 104,374 in March 2024, driven by a combination of reduced activity and changes to patient tracking following the implementation of our electronic health record.

The Trust continues to work closely with local commissioners and providers to secure access to Independent Sector although financial restrictions are limiting the number of patients that we treat at off-site providers; and NHS mutual aid capacity to reduce the backlog of long waiting patients.

As part of our on-going Elective Recovery Programme, the Theatre Productivity improvement programme continues as we seek to maximise the use of our day case and inpatient theatres and outpatient clinic throughput in-week. Work also continues across all our sites to improve pre-operative assessment capacity and throughout.

Cancer Treatment within 62 Days

Following a consultation on the cancer waiting times NHS England had approval to implement changes to the cancer standards which are published from 1 October 2023. Prominence is given to the 28-day Faster Diagnosis Standard (FDS) and the 31- and 62-day standards. Monitoring of the 2-week wait will continue but will cease to be published as that metric no longer forms part of the NHS Operating Framework.

We have not been compliant with the 62-day GP referral to treatment standard during 2023-24 with performance achieving 63.0% by September 2023. Despite performance reducing in the second half of the year to 57.5% by December 2023, the position has recovered to 63.78%, even as we continued to reduce the over 62 days patient backlog post-Epic system implementation.

The number of patients waiting over 62 days for first cancer treatment (the “backlog”) had increased significantly from 240 patients waiting prior to the Epic implementation until the end of December but has been reducing week-on-week in Quarter 4 down to 102 by the end of March, as teams increase activity and focus on increasing cancer treatment volumes. This meant that the Trust has achieved its 62-day cancer backlog reduction target of 150 patient waiting by the end of the financial year.

Performance against the new 31-day treatment target was 91.7% for December 2023 and 89.06%

for March 2024 which is below the new national target of 96%.

The Trust has exceeded the new 75% national target for the 28 Faster Diagnosis since the beginning of this financial year until September 2023, impacted by the planned reduction in elective and outpatient activity. During Quarter 3 this year FDS compliance has reduced to 62.3% but continued to improve during Quarter 4 to 76.78% for March 2024.

Diagnostic Test within 6 Weeks

At the start of this financial year in April 2023, there were 314 patients waiting on the diagnostic waiting list for a DM01 reportable test over 6 weeks which equated to performance of 97.5%.

The impact of industrial action during the financial year and the focus on preparations for the implementation of the Epic system on 5 October 2023 meant that the number of patients waiting over 6 weeks increased to 996 by the end of September and equating to 92.7% performance.

Since the implementation of the Epic system, we have seen a significant increase in the total DM01 diagnostic PTL from 13,633 waiters at the end of September to 28,238 waiters at the end of March 2024.

The number of patients waiting on the diagnostic waiting list for a DM01 reportable test over 6 weeks has increased to 11,103 patients which equates to 65.2% performance by March 2024. The majority of the breach increases have been reported in Imaging modalities with the top 3 breaches non-obstetric ultrasound but also in cardiac echocardiography and neurophysiology.

Emergency Department four- hour standard

Type 1 A&E department attendance levels for the period April 2023 to January 2024 are 1.7% higher compared to the same period last year. Type 3 Urgent Treatment Centre attendances have increased by 0.9% for the Denmark Hill UTC but reduced by -4.4% at PRUH UTC.

Four-hour performance at the Denmark Hill site recovered significantly in Q4 achieving the highest monthly performance for the year in March 2024 at 69.19%. Performance at PRUH also recovered by the end of the year to 68.21% which is reflective of the performance delivered during the first half of the year.

Bed occupancy at DH has remained exceptionally high throughout the year increasing to 97.0% based on our daily Sitrep submissions compared to 96.0% reported for 2022/23. The number of patients waiting over 12-hours for admission into beds has increased again dramatically this year from 125 cases in April 2023 to 746 cases in March 2024.

Four-hour emergency performance at the PRUH site has improved during the financial year, averaging 64.6% compared to 64.2% last year, but this position has been driven by improved UTC type 3 performance of 91.8% for the year.

Bed occupancy at PRUH has remained exceptionally high and consistent with last year at 98.6% based on our daily Sitrep submissions. Despite improvements in the number of patients waiting over 12-hours for admission into beds to January to July 2023, we

have seen a considerable increase from 145 cases in July this financial year to 408 cases reported in March 2024.

The Trust has launched its Flow programme from November 2023 at both acute sites including a relaunch of ED Internal Professional Standards. Work continues to improve flow via early discharge and improved weekend discharges, as well as expanding our SDEC footprint to manage ambulatory patients.

Ambulance handover delays remain a focus at both acute sites. Particular focus has been given to reducing the number of delays over 60 minutes, and this has reduced from 220 breaches in April 2023 to 20 cases in March 2024. However, the number of breaches between 30-60 minutes has increased from 387 to 575 cases respectively.

Freedom to Speak Up

This year we were very pleased to welcome the National Guardian, Dr Jayne Chidgey-Clark and Charlie Cassell, Director of Operations and Strategy, to attend one of our Board Development sessions. This was a great opportunity for the Board, as Jayne reviewed our Freedom to Speak Up (FTSU) data, reports and staff survey results and opened a meaningful discussion regarding FTSU at King's.

On 14 July 2023, we also welcomed Suzanne McCarthy, Independent Chair of the Accountability and Liaison Board for the National Guardians Office. Suzanne spent the day with our Freedom to Speak Up Guardian and met members of the executive team, non-executive director, and our front-line staff. Suzanne was able to gain valuable insight into the role and positive impact of the speaking up culture at King's.

On 18 August 2023, the jury returned their verdict in the trial of neo-natal nurse, Lucy Letby. On the same day, the NHS England Executive team sent a letter to all senior NHS Leaders stating, "*We want everyone working in the health service to feel safe to speak up – and confident that it will be followed with a prompt response.*" Urgent actions were included, to provide assurance to NHSE.

In response to the letter, King's College Hospital NHS Trust took immediate action, not only to assure the Board, but our patients, staff, and all workers at King's. We value the voice of our staff, as a vital driver of learning and improvement.

The Executive team know that for a speaking up culture to develop across the Trust, a commitment to speaking up must come from the very top of the organisation. Leadership has the biggest impact on how workers behave, and the Trust accepts that actions speak louder than words. This is why the Trust leadership team made the decision to revisit the Board Self Reflection Tool, as a priority.

We have a new Freedom to Speak Up Policy, which was launched in February 2024. The policy, which fully aligns with NHSE national one, clearly sets out the Trust's commitment to openness and accountability, through the provision of a safe environment to speak up. The document supports our delivery of the NHS People Promise and is written in a way that it is easily accessible for all (not just those staff directly employed by King's), so that all workers at King's know how to speak up and what will happen when they do.

Last year we set out our commitment to build on our year-on-year positive progress and make it easier for staff to approach line managers and for them to respond appropriately. In line with this commitment, we have written the policy so it is fully inclusive and

demonstrates our determination to tackling any barriers our staff may face. We know managers have the biggest influence on the working environment and staff wellbeing; staff should feel confident and able to approach their line manager with concerns. Under the new policy, all staff are encouraged to speak up to managers under the first step of the FTSU process at King's. We anticipate concerns can be resolved quickly and locally in this way.

However, we do recognise that not everyone will feel comfortable talking to their manager, so we have alternative routes to raising concerns. These include the Freedom to Speak Up Guardians, Senior managers, King's Ambassadors, Guardians of Safe Working, staff networks, EDI, HR, and wellbeing teams.

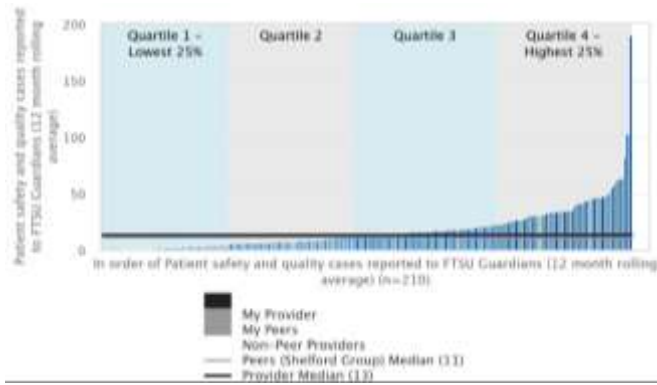
The policy also makes it clear that the Trust does not tolerate the harassment or victimisation of anyone raising a concern. Any such behaviour is a breach of the Trust's values and if following investigation it is confirmed to have taken place, it could result in disciplinary action.

To further demonstrate our commitment to strengthening the speak up culture, we have recruited a Deputy Freedom to Speak Up Guardian. The Deputy Guardian will be located at PRUH and South Sites to ensure visibility and accessibility across all areas.

We always focus on the people and the stories behind the data. This year we have seen a decrease of 20% in the number of staff raising concerns with the FTSU Guardian. We are viewing this as a positive trend, as we know staff continue to raise concerns, but are now doing so with their line managers or senior managers. This may also be due to the unexpected absence of the Guardian for an extended period. The absence of the Guardian highlighted the importance of contingency planning within the service, and further highlighted the need for a Deputy Guardian to be in post.

We have seen cases of bullying and harassment fall this year, by 10%, however workplace culture concerns have reduced by 23% which is a strong indicator that the joint working between teams and focus on creating a positive culture, is starting to see positive outcomes. Another good indicator of our culture is the number of cases reported which have an element of patient safety/quality. King's is in the top 25% of trusts for cases for a rolling 12-month period. This is demonstrated in the chart below (taken from NHSE Model Health System)

Figure 3: Patient safety and quality case reported to FTSU Guardians (12 month rolling average), National Distribution



Our staff all have a voice that counts and are confident to raise concerns that impacts on patient care or quality of service delivery.

However, the National Staff Survey results have indicated that there is still work for us to do to address perceptions of fear and futility amongst staff when it comes to raising concerns. We saw a slight deterioration of 1.71% in staff confidence to raise concerns about unsafe clinical practice, but a slight increase of 0.08% in confidence to speak up about anything that concerns

them and a belief the Trust would address those concerns.

The nursing workforce is our largest staff group. As with previous years and nationally, nurses continue to be the highest reporting group of across the Trust.

The number of doctors raising concerns is slowly increasing and this reflects the national picture. Historically, doctors were the least likely of all staff groups to speak up. However, at King's we have seen an increase of 140% in doctors raising concerns. This is extremely positive and aligns with the GMC, refreshed Good Medical Practice requirements for doctors to raise concerns.

The FTSU Guardian will be delivering FTSU joint awareness sessions with the GMC for all junior doctors at King's.

In March 2024 the Trust procured a new module for the InPhase software package to support Freedom to Speak Up. As well as providing a highly secure platform to record contacts (both in terms of IT security and ensuring only the Guardians have access to confidential data), this allows the opportunity to align insight from Freedom to Speak up with other sources (particularly incidents, complaints, and PALS enquiries) and so further support learning and improvement across the organisation.

Consolidated annual report on rota gaps

King's College Hospital employs approximately 1543 whole time equivalent (WTE) Junior Doctors at any one point in time. Of these, there are 749 doctors in 781 Health Education England (HEE) training posts. With currently 164 less than full-time (LTFT) Junior Doctors there are 59 WTE HEE training vacancies. Significant rota gaps occur from delays in being able to recruit to the HEE vacant posts due to posts "put on hold" by HEE, which cannot be filled by the Trust until these are released. HEE also hold because a trainee may be used to fill a post. Parental leave also gives rise to rota vacancies which need to be covered with locally employed doctors as well as the gaps from LTFT. This is shown in the HEE data below.

There is approximately a 10% vacancy rate for HEE positions across the Trust, but this increases with the addition of the different vacancy gaps as

described above. HEE vacancies are generally only known with less than 12 weeks' notice putting additional strain on Care Groups to fill these gaps, especially as recruitment from overseas may take up to 6 months.

Rota gaps impact on the Junior Doctor's by increasing work pressures resulting in Exception Reports for increased workload, working additional unrostered hours, immediate patient safety concerns (e.g. carrying 2 different bleeps) and missed training and education opportunities.

Conversely HEE may send in excess of 100 Junior Doctors to non-HEE posts for essential training opportunities or by placing 2 less than full-time doctors in 1 post with their total WTE equaling greater than 1. This causes difficulties in planning recruitment of locally employed doctors as these additional training numbers cannot be relied upon.

Table 14: HEE rota gaps and hold gaps 2023-24

January 2024 Junior Doctors		Sum of Position Budget		Sum of Actual WTE		Vacant WTE		HEE Posts from grid		HEE Vacancies		Oversubscribed HEE	
Total		1630.4		1543.51		86.89		781		59		104.95	
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
HEE WTE Doctors in posts	701	700	700	700	718	731	756	756	749	749	749	737	
HEE Rotation Vacancies	78	75	75	75	72	72	62	62	63	59	59	61	
HEE Vacancies from LTFT	36.1	35.2	35.2	35.2	36.3	37.1	39.4	39.4	43	44.2	44.2	42.4	
HEE Rotation Parental leave Gaps	14	15	15	15	15.8	15.6	18	18	17	14.6	14.6	11.4	
HEE Rotation Gaps on hold	12	14	14	14	11	11	11	11	15	17	17	21	
Overall Vacancies	140.1	139.2	139	139.2	135.1	135.7	130.4	130.4	138	134.8	134.8	135.8	

Plan for improvement to reduce these gaps:

- Trust post recruitment should be undertaken in anticipation of HEE gaps. If HEE posts are routinely left vacant then filling these permanently with locally employed doctors could be more cost effective than using bank and agency.
- Review of vacancies from less than full time Doctors with HEE to see if more posts can be maximised, for example 2 LTFT Doctors to fill

1 whole time equivalent gap.

- Ensuring adequate time to allow for recruitment of doctors from abroad to fill upcoming vacancies.
- Retention of medical staff through introduction of permanent positions.
- Utilisation of allied health professionals such as Physician Associates to improve Junior Doctors rotas.

Quality Alerts

Primary Care Quality Alerts and King's Reverse Quality Alerts

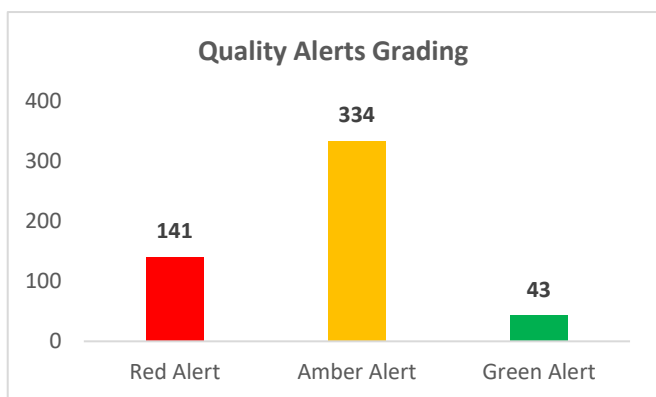
A Primary Care Quality Alert (also referred to as GP Quality Alert) is a formal notification from an Integrated Care Board (ICB), raising quality concerns with the King's College Hospital NHS Foundation Trust. This is on behalf of our primary care colleagues, including general practices, community pharmacy, dental, optometry services and social care providers. A Quality Alert can also take the form of a complaint related to the Trust services raised from primary care.

King's Reverse Quality Alerts allow the Trust to formally raise quality concerns in relation to the care and treatment of our patients within the primary care via the ICB.

Primary Care Quality Alerts

For the period 2023-24, the Trust received 521 Primary Care Quality Alerts.

Figure 4: Primary Care Quality Alerts received by the Trust from the ICB 2023-24



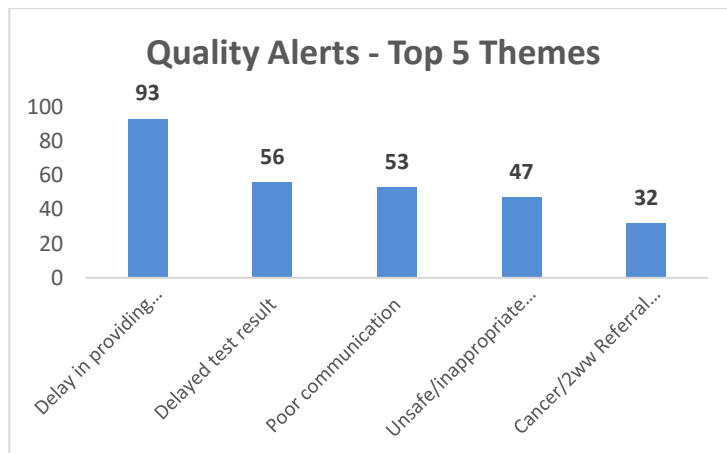
Of the 141 red Quality Alerts, the top 3 themes were recorded as the following:

- Delay in providing appointment / treatment (22)
- Delayed test result (21)
- Unsafe/inappropriate discharge / readmission (18)

Of the 334 Amber Quality Alerts, 267 have been resolved with responses sent to the ICB. 67 currently remain under investigation. The top 5 themes for these 334 alerts are as following;

- Delay in providing appointment / treatment (62)
- Poor communication (39)
- Delayed test result (34)

Figure 5: Top 5 Quality Alert themes 2023-24



Improvement work undertaken/to be undertaken for top 5 themes:

Delay in providing appointment / treatment:

- To support Stroke Unit outpatient flow, a request has been made within Epic to allow appointments to be made directly with the outpatient team on discharge.
- Multiple services which have experienced appointment issues post discharge, have identified system issues in relation to staff workload assignment. Weekly checks on specific patients will be implemented to ensure plans are in place to provide care along with regular staff workload reviews.

Delayed test result:

- To support primary care services remain up to date on critical results sharing, a Synnovis webpage with a live position has been shared with primary care services. The website aims to provide information in relation to test results communication and pathology services in general.
- Delays in sharing information on test results caused by server capacity issues have been addressed by daily compression of logs. Threshold for server capacity alerts have moved from 95% to 85% capacity alerts.

Poor communication:

- With issues experienced in responding to routine blood tests, an escalation flow chart has been created for all routine blood tests indicating defined points of escalation for each test.
- Teaching sessions have been delivered for the pre-operative assessment team regarding grossly abnormal results, their indications and communicating this information.
- Revisions made to the MRSA GP letters to support GP's in being aware of any patient admissions/planned surgery. An MRSA information is included within letters to provide helpful information.

Unsafe/inappropriate discharge / readmission:

- Cut The Cannula Project to be launched to support staff with the appropriate use of cannulas and alternative blood taking.
- Improvement plan in place with transport providers, operational teams, and nursing leaders to reduce the frequency of delayed discharges. Feedback systems currently in place to understand reasons for delayed/cancelled journeys.
- A long-term plan will aim to have a Patient Group Directions (PGD) in place for metformin in order to reduce an additional appointment to GP's. This is to reduce the risk of incorrect GDM diagnosis and treatment.

Cancer/2ww Referral Issue Inc Outpatients:

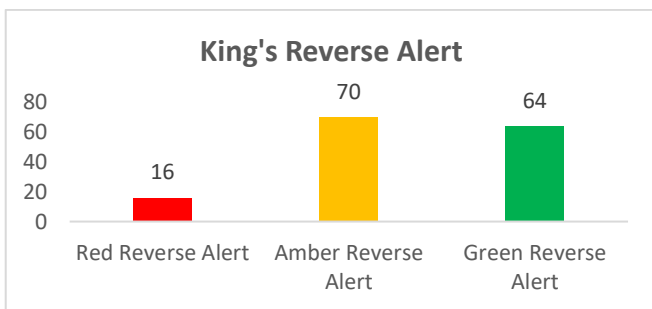
- Raise GP awareness of 2ww protocols for specific Trust services.
- Share communication within the Trust on how to complete inter-specialty referrals through EPR upgrade options and referral letters.
- Developing the Epic referral order process to ensure that orders selected as "suspected cancer" or "2ww priority" are escalated to the 2ww team immediately for triage.

The Trust previously held bi-weekly escalation meetings at the Denmark Hill and Princess Royal Hospital sites to highlight upcoming themes, trends, and emerging concerns to the senior management team up to Q3 23/24. This pathway however was replaced with information being shared with the newly formed Outstanding Care Group Board (OCB) meetings. Data from the Trust-wide and Site Level IQR reports are now shared with the (OCB). Monthly meetings with the ICB have also been created to provide information and assurance on the progress of alert responses, thematic analysis, ongoing improvement works and queries on the grading of alerts.

King's Reverse Quality Alerts

For the period 2023-24 the Trust sent out 150 King's Reverse Quality Alerts.

Figure 6: King's Reverse Quality Alerts raised with the ICB 2023-24

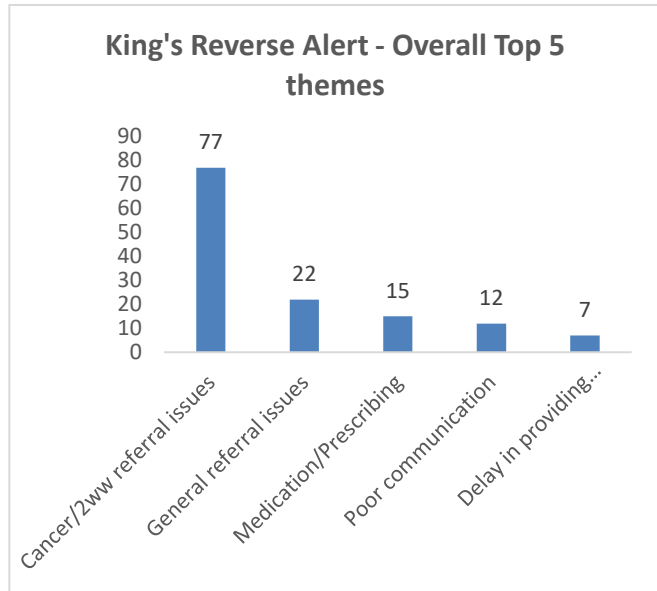


Of the 16 Red Reverse Quality Alerts, the following themes were recorded for the top 3:

- Medication/Prescribing (6)
- Delayed diagnosis (2)
- Possible failure of adequate care (2)

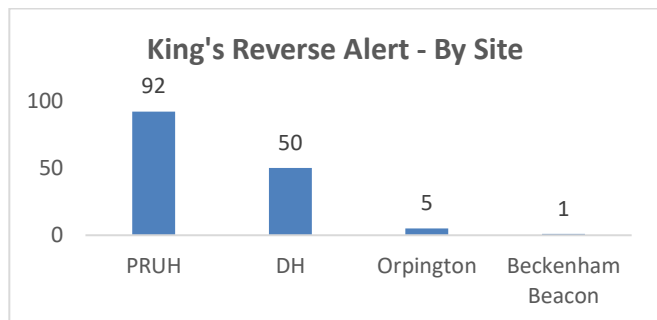
Of the 150 Reverse Quality Alerts, 95 have been resolved with responses shared by the ICB. 55 currently remain under investigation. The top 5 themes are displayed in the graph below:

Figure 7: Top 5 themes for King's Reverse Quality Alerts 2023-24



Some of the work being undertaken to address the issues relating these themes include identifying training gaps and delivering additional training provided for staff. Local guidelines for 2ww referrals are being reviewed to ensure compliance with available guidelines. This includes through regular audits on ERS.

Figure 8: King's Reverse Quality Alerts raised with the ICB by site



Next steps:

With the Trust having transitioned to a new local risk management system (InPhase) in April 2023, work has been conducted to improve the oversight of the management of Quality Alerts and provide greater assurance in relation to policy requirements to monitor compliance. Technical configuration to InPhase is

allowing the Trust to identify and record Quality Alert themes in relation to patient safety events. Portals have been created which allow the Quality Governance Team to monitor key metrics in relation to alert responses and record response review actions. Further work will be conducted to open the Portal to all Care Groups to all their data to be viewed and specific responses managed. As a result of this expansion in the accessibility, patient safety concerns or compromises to positive patient experiences will be highlighted in a quicker timeframe.

To further improve quality and patient safety within the Trust and share learning, a learning slot is occupied within the monthly Trust Quality Governance Briefing. This shares information with staff on alert responses and key learning.

South East London Integrated Care System Statement on King's College Hospital NHS Foundation Trust Quality Account 2023-24



SEL ICB King's Health Service Trust 2023-24 Quality Account Statement

South East London

SEL ICB wishes to thank King's College Hospital NHS Foundation Trust for sharing their 2023/2024 Quality Account with us and welcomes the opportunity to provide a commissioner statement. We are pleased that the working relationship between SEL ICB and the Trust continues to flourish particularly around quality and the development/implementation of the national Patient Safety Incident Response Framework (PSIRF). We confirm that we have reviewed the information contained within the Quality Account and, where possible, information has been cross referenced with data made available to commissioners during the year.

Firstly, SEL ICB would like to congratulate the Trust on the implementation of the Epic electronic patient record in October 2023 which demonstrates the collaborative working between two of our Acute Trusts and is the largest electronic patient record project across the NHS. We do not underestimate the huge undertaking for the Trust and the benefits the system will have on patient care and recognise the dedication of the teams who worked tirelessly to achieve success.

The ICB also recognises the work undertaken by staff to ensure patients are receiving high quality, compassionate and effective care during a year which has seen increased demand, financial pressures, and ongoing industrial action. The Trust has implemented the Patient Safety Incident Response Framework which will assist in guiding their patient safety improvement work over the coming year as they continue to drive improvements through learning. The learning and the work on the national worry and concerns pilot has led to the introduction of Martha's rule across the NHS for which the ICB commends the Trust.

The Trust has continued with its improvement journey, as highlighted in previous years Quality Accounts, which is supported by the refreshing of their quality governance reporting structures which has led to improved oversight of quality issues and involvement from ward to Board.

The ICB acknowledges the achievements made against the three quality priorities set for 2022/2023. In particular, fully achieving the recording and scoring of observations within the paediatric critical care and maternity critical care units. The full achievement of the patient experience priority will ensure improved communication with patients and their relatives.

The ICB recognises the need for innovation within healthcare and notes the Trust's commitment to support ideas from staff to support them to prototype, develop and scale their projects. In particular the work being undertaken to improve patients' accessibility to home ventilation services who are unable to attend hospital.

Whilst the Trust's CQC rating remains as Requires Improvement, the ICB would like to acknowledge the progress made to address the conclusions drawn by the CQC in their 2022/2023 inspections.

The ICB is supportive of the Trusts plans to reduce its long wait cohort and of its elective recovery programme and acknowledges its improvements in achieving the national target for the 28-day faster diagnosis.

The ICB is pleased to see the excellent work undertaken to address the themes and concerns raised by quality alerts and looks forward to continually supporting ongoing discussions.

The ICB would like to acknowledge the part the Trust has played in developing a SEL approach to quality through participation in the SEL System Quality Group (SQG). The ICB welcomes the ongoing commitment of the Trust at the SQG to develop a shared quality priority across the system during 2024/25 and looks forward to our continued partnership over the coming year.

Paul Larrisey
Interim Chief Nurse
Caldicott Guardian
NHS South East London Integrated Care System

Healthwatch Bromley:

Healthwatch Bromley Statement King's College Hospital NHS Foundation Trust Quality Account for 2023-24 and Quality Account Priorities for 2024-25.



Healthwatch Bromley response to King's Quality Account 2023-24 and priorities for 2024/25

2023-24 priorities

Thank you for asking us to comment on the Quality account for 2023/2024. We would like to acknowledge and thank the staff of the trust for their commitment, hard work, and delivery of care during the last 12 months in challenging circumstances.

Despite the increasing amount of time spent at operational alert level 4 teams at the Princess Royal site have continued to provide compassionate and good quality care. The huge effort involved in the roll out of Epic and progress to date is noted, however, the system is still presenting challenges and impacting the delivery of care for patients, clinicians, and other healthcare providers. We look forward to seeing further progress and the benefits for patients and trust staff.

2024/25 priorities

Our comments are based on a draft of the document that did not include narrative to support all the chosen 2024/2025 priorities. We support the priorities for 2024/2025 relating to acutely unwell patients and MyChart. The trust could consider ways to further improve the benefits for patients with a severe mental illness within the MyChart project.

Regarding the patient safety priority, we would like to have further discussions with the trust to help inform the delivery plans, objectives and benefits to patients and carers. The cross-cutting data improvement priority is a key building block for future service improvement and delivery of improved care.

The work undertaken and progress made by the trust in 2023/2024 on priority 2, patient experience, is noted and very welcome. We trust this will be continued in 2024/2025.

The new communication training for clinicians is particularly welcome, and we look forward to seeing a big increase in the number of staff successfully undertaking this during 2024/2025.

The welcome guide is a good addition although it could benefit from additional information relating to working age mental health. The increase in patient and carer involvement across the trust is very welcome and we trust this

approach will also be embedded robustly within the new patient safety framework.

Priority 3, the neuro rehabilitation project, has made good steps forward and we look forward to seeing at the patient experience group how the feedback on the identified outcomes will be used to improve services within King's College Hospital NHS Foundation Trust and across the South East London Integrated Care System (SEL ICS). The wider system focus is very welcome, and we trust a similar approach, where relevant, will be taken in quality improvement programmes across the trust.

While noting the work being undertaken and progress made relating to priority 1, Better identification and management of patients with sepsis, there is clearly further work to be done and we welcome deteriorating patients being a continued priority in 2024/2025.

Continuing to build on the good progress made within paediatrics and maternity will deliver additional benefits. We consider better identifying the health inequalities that exist for these patients and ensuring that all clinical and medical staff undertake the relevant sepsis training to be extremely important. We look forward to seeing data relating to improved readmission rates, reduced length of stay, staff training and improved patient experience, in future board papers as evidence of the impact the program is having. This could make a meaningful contribution to reducing pressure on Accident and Emergency (A&E) departments and aiding timely discharge.

We note the trust has successfully applied to be a Martha's Rule NHS pilot and look forward to seeing its implementation and impact. The work undertaken in 2023/2024 regarding patients being encouraged to raise concerns and worries should be continued, greatly expanded beyond the pilot wards, and further embedded as an ethos and culture. We acknowledge that staff are already caring of their patients and striving under a heavy workload to deliver the best possible care as safely as possible.

The Quality Improvement support to staff is comprehensive and we note the intention to "develop a patient led version of the support offer for 2024". The development of a co-production process to meaningfully co-design improvements with patients, carers and the public is welcome, and we look forward to seeing the outcome and for the initiative to be rapidly scaled and implemented.

As offered, we would be interested in reading the Commissioning for Quality and Innovation (CQUIN) performance and the 2024/2025 goals. Reviewing the wider performance data, we note the hard work and commitment by staff in delivering the best possible care in the midst of the ongoing industrial action. We note changes such as the 7-day occupational therapy and physiotherapy service across medicine to better support patients and also the reduced diagnostic performance since the implementation of Epic.

The challenging financial circumstances faced by the trust mean prioritisation and difficult decisions may have to be made. We trust where this is necessary appropriate quality and equality impact assessments will be undertaken and published to ensure those most in need of care are supported and relevant mitigations are put in place.

We look forward to developing a closer working relationship with the trust in 2024/2025 to the benefit of London Borough of Bromley residents.

Charlotte Bradford
Operations Co-ordinator
Healthwatch Bromley

Healthwatch Lambeth:

Healthwatch Lambeth Statement King's College Hospital NHS Foundation Trust Quality Account for 2023-24 and Quality Account Priorities for 2024-25.



King's College Hospital Quality Account 2023-24: Healthwatch Lambeth Response

Healthwatch Lambeth is the independent local health and social care champion for Lambeth residents. We work in close partnership with King's College Hospital (KCH) NHS Foundation Trust to improve the health services it provides to our residents. We are therefore pleased to be given the opportunity to comment on KCH's Quality Account for 2023-24.

We have a strong working relationship with the Patient and Public Involvement Team at KCH, and we have regular meetings with the Patient Experience committee to update each other on our work, and to share information, insight and feedback.

We find the Patient Experience Committee a very useful forum for sharing information on the work we are doing, the feedback we are receiving, and to highlight any issues or challenges residents are bringing to our attention.

We will be planning quarterly information and advice stalls on the main Denmark Hill site for the remainder of 2024 and into 2025, in the Golden Jubilee Wing and will use these stalls to raise awareness of Healthwatch Lambeth (who we are and what we do), to obtain feedback from people using services and provide information and support to Lambeth residents experiencing problems accessing and using health and care services.

2023-24 priorities

2023-24 Quality Account Priority 2 – Improving patient experience through effective communication.

We wish to highlight Quality Account Priority 2 in the KCH Quality Account "To improve patient experience through effective communication". This priority is of particular importance to our residents. Poor communication is often behind patients and carers having less positive experiences of care when engaging with hospital services,

The quality account indicates that this domain overall has been fully achieved and there are some good examples of progress made to date in relation to education and training, information provision about inpatient stay and involving patients and carers in reviewing organisational documents. However, Healthwatch Lambeth insight gathered over the past year from service users about particular clinical areas indicates that this is an area that requires continued review and monitoring.

- Our work with Black, Asian and minority ethnic groups, and those with learning disabilities exploring and understanding their experiences of maternity care highlights that the provision of good communication encompassing positive staff attitudes are key to positive experiences of care. Where this was found to be lacking many pregnant and newly birthed women/birthing people felt a loss of autonomy and control,

feeling unable to express care preferences and often processed through the system. Women whose first language was not English faced particular challenges. Our recommendations include the need for training and a review of staff attitudes to ensure that pregnant and newly birthed women/birthing people received personalised care and feel informed and involved in their care through good communication.

- Our work on hospital discharge experiences demonstrates mixed experiences in terms of the coordination and communication patients received during and after discharge. This was due to a range of factors which included familiarity with hospital processes and patients' capacity to navigate the system. Those who were the most vulnerable, and had the least support, faced the toughest challenges. Our recommendations highlight the need for improved communication around the discharge process with consideration of the different communication needs of patients.

We are very keen to continue to work alongside KCH on this priority to ensure good quality communication with patients and carers is at the heart of everything that is done. We look forward to working with you to ensure that implementing our recommendations arising from our engagement work in these areas are implemented.

2023-24 Quality Account Priority 3 – Improve outcomes for patients needing neurorehabilitation

It would be good to indicate how you will measure these outcomes now you have identified them. In addressing health inequalities, we are pleased that you will be looking at different groups and using information to develop more culturally competent services. However, you state that you have limited data at this stage. How will you be seeking to mitigate this?

⁵We look forward to you sharing with us details of this.

2024/25 priorities

2024-25 Quality Account Priority 1 – Patient safety and workforce

⁵There is no information in the updated document sent by you about what aims and objectives are for the new financial year.

2024-25 Quality Account Priority 2 – Acutely unwell patients

⁵No detail as to why this is a priority in the updated document sent by you.

We are pleased that you will be focusing on health inequalities amongst acutely unwell patients. It would be useful to define what you mean by acutely unwell patients and give some examples to those of us not clinically minded.

2024-25 Quality Account Priority 3 – Embedding and enhancing MyChart

⁵This year are undertaking projects in relation to digital inclusion and exclusion when accessing care drawing on in-depth qualitative research with patients and carers from Lambeth's diverse communities. Access to digital apps in both primary and secondary care and patient experiences of using these will be key. We look forward to working with the trust to share insight and recommendations in relation to digital access and sharing feedback specifically on patients' uses of MyChart.

2024-25 Quality Account Priority 4 – Patient safety, patient experience and patient outcomes

⁵There is no information in the updated document sent by you about what aims and objectives are for the new financial year.

Vanita Bhavnani
Research and Engagement Manager
Healthwatch Lambeth

⁵ The full details of the Quality Account Priorities for 2024-25, including aims, objectives, deliverables and how we will monitor progress, were shared with Healthwatch Lambeth after receipt of their statement in support of the Quality Account.

Healthwatch Southwark:

Healthwatch Southwark Statement King's College Hospital NHS Foundation Trust Quality Account for 2023-24 and Quality Account Priorities for 2024-25.



Healthwatch Southwark response to King's Quality Account 2023-24 and priorities for 2024/25

As the independent champions of patient voice in Southwark and partners of King's College Hospital, we appreciate the opportunity to comment on their Quality Account for 2023-24.

We value the positive relationship that the Trust has built with us and would like to commend the Patient and Public Involvement Team for their proactive efforts to liaise with us regularly to gather patient feedback through the Patient Experience Committee, our Quarterly Liaison meetings in addition to involvement and promotion of our research and project work.

Unfortunately, we are limited in our ability to fully comment on KCH's Quality Accounts 2023-24 due to capacity constraints of our small team and prioritisation of our end of year priority setting, current research, and project work underway.

We aim to gather more focused, local feedback around KCH by holding feedback stalls in Trust waiting areas. We hope by restarting our active presence at the Trust will enable us to offer more extensive commentary next year. Our comments on the KCH Quality Accounts 2022-23 are therefore inexhaustive but offer a brief response to KCH's priorities and achievements.

Priorities for 2023/24

Priority 1: To improve the identification and management of patients with sepsis.

- We are pleased to see the improvements made in identifying and managing sepsis related illnesses. Specifically in relation to the KPI's built into the Child Health governance processes.
- We would be interested to learn more about the difficulty experienced in not achieving the target regarding health inequalities. We would welcome greater insight into the action plans to address these objectives in 2024/25 via the Deteriorating Improvement Group, using the guidance and principles of Martha's rule in the trusts phased implementation for increased patient safety, alongside the training targets outlined.

Priority 2: To improve patient experience through effective communication.

- We are pleased to see that the trust has indicated full achievement of all targets for the objectives relative to this priority, with specific reference to the co-design of solutions and patient and carer involvement to review policies as this is evidence of the trusts commitment to actively utilise patient and public feedback. With this in mind, we would be

interested to hear the trusts stance on an effective reward and remuneration policy and procedure when requesting community and partner input to achieve objective 3.

- We would like to commend the significant decrease in issues raised about phone responsiveness via the PALS service. Having the telephone system roll-out to other areas of the trust will be welcomed, as our feedback data indicates a varied patient experience which aligns to the findings of the recent CQC inspection report. With issues pertaining to the A&E department and transportation services.
- We were not able to review or give comment on the action plans for the PLACE audit improvements required in the areas of continued unavailability of dementia clocks; poor condition of flooring; general cleanliness around the estate and the impact of clutter, lack of storage spaces and beds in corridors as these were not attached to the document received.

Priority 3: To improve outcomes for patients needing neurorehabilitation.

- We are pleased to see the continued patient representation on the steering group and embedding their experiences and views on the outcomes they would like to achieve post-discharge and how this has driven the cultural changes to become a more person-centred Trust.
- We are keen to support the Trust to make progress on the objective relative to identifying and understanding health inequalities and closing the gap of disparities for patients experiencing differences in health outcomes for neurorehabilitation. We are happy to share surveys and other materials to aid an increase in data sample size where effective analysis of differences between protected characteristics can inform better culturally competent care for the population using these services.
- We are pleased to see the achievement of the mental health contribution and the shared learning approach among other South East London Trusts as this actively demonstrates best practice sharing, capacity building and awareness raising of the learnings from this piece of work.

New Priorities for 2024/25

Firstly, we would like to thank the Trust for the opportunity to feed into the selection of priorities for 2024/25 earlier this year where we highlighted health inequalities, days disrupted by care, communication (language) and accessibility as priority areas based on our feedback and project research insights.

We would also like to commend the Trust on including contributions of health inequalities, sustainability, and mental health objectives to support the delivery of the strategy and vision in the 2024/25 priority setting.

With this commendation, it would have been helpful to outline why these priorities were chosen as areas of focus for 2024/25, preliminary aims, objectives and targets the Trust plans to achieve and measure progress, in relation to the strategy action plan and CQC improvement actions.

Priority 1: Patient Safety and workforce

- We welcome the prioritisation of patient safety and workforce as this should help to enhance the Trusts ability to identify, respond to and manage risks and incidents more efficiently with adequate staffing levels and training.
- As we continue to hear patients concerns around lack of communication, disorganisation, and disregard for patient care, we are interested to learn more about the specific objectives relating to this priority area.

Priority 2: Acutely unwell patient

- We are interested to see the specific objectives of this priority and how this will be managed in relation to patient services provided in primary care.
- We welcome this priority as a continued aspect of improving patient experience, care, and outcomes, we hope as part of the work of the Deteriorating Improvement Group to better understand and inform the Trust on best practice to swiftly identify and act on patient deterioration.

Priority 3: Embedding and enhancing MyChart

- We endorse the Trusts efforts to enhance patient autonomy to access their data with the use of EPIC/MyChart and keeping abreast of developments in the ever-evolving digital age we are in.
- We are keen to review how the full mobilisation of MyChart will impact patients' accessibility of their health information next year.
- We hope this will be a balanced approach for patients wishing to access data via traditional methods as insights shared from our Latin American access to services report highlighted the shift in digitalisation of services as a barrier for this community.

Priority 4: Use of health data to improve patient safety, patient experience, and patient outcomes.

- We support King's prioritisation of using patients' health data to inform the Trusts initiatives to achieve the strategic objectives as this promotes a learning culture. We welcome clarity on how progress against this priority will be measured.
- We would like to highlight the hard work and dedication of all staff at KCH in supporting the Trust to deliver a strong service in our borough. We hope to sustain and develop our close relationship with King's as we jointly plan to improve service users experience of health and care and share learning.

Rhyana Ebanks-Babb
Healthwatch Southwark Manager

Overview and Scrutiny Committees:

Bromley, Lambeth and Southwark Overview and Scrutiny Committees Statement King's College Hospital NHS Foundation Trust Quality Account for 2023-24 and Quality Account Priorities for 2024-25.



Bromley, Lambeth and Southwark Overview and Scrutiny Committees Southwark response to King's Quality Account 2023-24 and priorities for 2024/25

The Quality Account, including the progress made with the quality priorities for 2023-24 and the priorities planned for 2024-25 have been shared with the Health and Overview Scrutiny Committees. The Committees are currently unable to provide their feedback due to the pre-election period of sensitivity.

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 2023 to March 2024
 - o papers relating to quality reported to the board over the period April 2023 to March 2024
 - o feedback from the ICB dated 30/05/2024
 - o feedback from Bromley (03/06/2024), Lambeth (30/05/2024) and Southwark (24/05/2024) Healthwatch organisations
 - o feedback from Lambeth, Southwark and Bromley Overview and Scrutiny Committee – The Committees are currently unable to provide their feedback due to the pre-election period of sensitivity at the time of writing the account.
 - o the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/06/2024
 - o the national patient survey March 2024
 - o the national staff survey March 2024
 - o the Head of Internal Audit's annual opinion of the Trust's control environment dated 17/05/2024.
- 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, and 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 28/06/2024

Deputy Chair



Date 28/06/2024

Chief Executive

Independent Auditor's Report to the Council of Governors

NHS providers are not expected to obtain assurance from their external auditor on their quality account / quality report for 2023-24.

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King's College Hospital NHS Foundation Trust

Quality Account 2023-24

Published June 2024