King's College Hospital
NHS Foundation Trust

Quality Account

2024-2025

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Part 1 Introduction to the Quality Account

Statement on Quality from the Chief Executive

Statement on Quality from the Chief Executive

I am pleased to present the Trust's 2024-25 Quality Account. This important report is an opportunity for us to reflect on the progress we have made over the past 12 months to improve the quality and safety of services we provide across our hospitals.

During the process of developing the priorities outlined in this Quality Account, we have sought the views of key stakeholders. Their feedback is invaluable, and we remain incredibly grateful to local people and partner organisations for their insights, and ongoing scrutiny, of the work we do.

As with many NHS Trusts, we face multiple challenges on a number of fronts, particularly in terms of making sure our services are financially sustainable.

However, our organisation is first and foremost about people, and our priority will always be to ensure we continue to provide safe and effective care for patients, and the many different communities we serve.

I am pleased to report we have made positive progress on our current Quality Priorities :
am pleased to report on:

- Ongoing embedding of Epic, the electronic patient record we launched in October 2023 together with Guy's and St Thomas'. Over the past year, we have used the system to deliver a range of positive changes to patient safety and care, including greater use of MyChart by patients using our services, which gives them greater input into how and where they receive care. We have seen an increase in patients with an active MyChart account. As of 31 March 2025, 237,228 patients have an active account, and this number is increasing month on month. Through the use of Fast Pass a scheduling tool, we have also seen appointment waiting times in one of our services, Haematology, reduce by 26 days per patient on average, with a total savings of 574 days. More success stories are detailed in Part Two of the report.

- We were selected as the London pilot site for the Worry and Concern collaborative to develop, test and evaluate methods to incorporate patients' worries and concerns in the recognition and assessment of acute illness. The roll-out of Martha's Rule at King's builds on this work. It is an important patient safety initiative which gives patients and families access to an urgent review from our Critical Care Outreach Team if they are worried that the inpatient's condition is getting worse. We were one of the first 143 hospitals in England to implement this initiative, which involved engagement with patients, as well as awareness raising amongst staff.

- As part of our Quality Priority: Acutely Unwell Patients, we have established an information dashboard. This brings together data from Epic, InPhase (our incident reporting and management tool), and patient experience platforms to better measure outcomes for acutely unwell patients, enabling us to identify emerging patient safety trends, and make targeted interventions where needed. A Deteriorating Patient Improvement Group has also been set up to drive improvements in this vital aspect of patient care. By analysing the data sources at our disposal, we are better positioned to improve patient safety, optimise the allocation of resources, and ultimately drive up standards and improve clinical outcomes as a result. We will continue this very important Quality Priority into 2025/2026

- I welcome the work which has been done to explore the patient safety implications of the challenges our workforce faces. The thematic review which has been completed has helped to provide in depth and comprehensive insights into the particular challenges faced at King's. Our workforce safety dashboard which has been developed will help to guide our quality impact assessment processes as we continue our improvement programme over 2025/26 and beyond.

Priorities for the coming year

After discussion with patients, staff, and partner organisations, we have agreed on the following quality priorities for 2025/26:

- Implementing and embedding National Safety Standards for Invasive Procedures 2023 (NatSSIPs2) across all areas where invasive procedures are carried out, so improving safely culture linked to this key aspect of patient care.
- To improve the experiences of patients with learning disabilities and autism receiving care in our hospitals. This will be a two-year Quality Priority, and will focus on enhanced training for our staff, additional roles for volunteers, and the introduction of sensory packs, as well as increasing the number of Learning Disability passports in use throughout the Trust.
- To improve care for acutely unwell patients by using outcome data to drive improvements. This is a continuation of our Quality priority from last year and will focus on making sure we use the data we now have across the organisation, including down to ward and team level.

I have always been clear that the very best organisations are constantly looking to improve, and that this ethos is owned and championed by the people who deliver our services. We have superb staff at King's doing important, vital work, and the work of our Quality Improvement and Innovation (QII) team is helping colleagues at the Trust deliver improvement in a consistent, evidence-based way.

However, there is more we can do in this regard, and this year, we will launch the King's Improvement Method, which will help us deliver improvements, and equip our staff with the skills they need to deliver positive change in their area of work.

Once again, I would like to thank our patients and local stakeholders for the unwavering support they give us. I do believe we are making progress as an organisation, but it is clear there is still more to do, and that is what we are focused on.

Professor Clive Kay,
Chief Executive, King's College Hospital NHS Foundation Trust


A huge thank you to all our amazing staff.
Main entrance.
Princess Royal University Hospital
PAY HERE

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 services across five sites including the following:

Local services:

- 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 facility at King's College Hospital dedicated to outpatient services.
- Camberwell Hub Pre-Assessment Clinic.

Community Services

- 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

- 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 97 critical care beds on the King's College Hospital and the PRUH sites.
- 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 14,000 staff across five main sites King's College Hospital, Princess Royal University Hospital, Orpington Hospital, Queen Mary's Hospital Sidcup, 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 2024-25 Quality Account Priorities

Table 1: Summary of results and achievements for the 2024-25 Quality Account priorities

Domain/Objectives		Achievement, 2024-25
Patient Safety – Priority 1: Workforce and Patient Safety		
1	To undertake a thematic review into the 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.	**Completed**
2	Devise and implement the means for monitoring workforce related patient safety issues, both proactively and reactively.	**Carried over into 2025-26**
Patient Outcomes – Priority 2: Acutely unwell patients: measuring outcomes to drive improvement		
1	A dashboard that is available for use that integrates data from Epic, InPhase and Patient Experience systems.	**Completed**
2	The Deteriorating Patients Improvement Group using insights from the dashboard to inform on interventions that improve the identification and management of deteriorating patients.	**Completed**
3	Agreed methodology in piloting a dashboard that can predict anticipated events.	**Completed**
4	Successful participation in the Worry and Concern improvement work.	**Completed**
Patient Experience – Priority 3: Embedding and enhancing MyChart		
1	Continued increase month on month in the number of patients signed up to MyChart through in-reach and outreach activities.	**Completed**
2	Number of patients in contact with Patient Advice and Liaison Service (PALS) who are supported to sign up to MyChart.	**Completed**
3	Co-designed MyChart manual .	**Completed**
4	Proxy access guide exists and has been distributed to clinical teams with support from MyChart helpdesk for troubleshooting.	**Completed**
5	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).	**Completed**
Patient Safety, Patient Outcomes and Patient Experience – Priority 4: Health data to improve patient safety, patient experience, and patient outcomes		
1	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.	**Partially completed**
2	Jointly agreed Quality Dashboards in Epic which can be used within local quality governance processes.	**Partially completed**
3	Development and launch of agreed ward level dashboards, in line with Quality Assurance Framework (QAF).	**Carried over into 2025-26**
4	Baseline survey of the quality of demographic data with an identified plan to address areas of improvement.	**Completed**
5	Safety Improvement dashboards in place for all agreed safety priorities set out in the Trust's Patient Safety Incident Response Plan (PSIRP).	**Completed**

2024-25 Quality Account Priority 1:
Workforce and Patient Safety

Why was this a priority?

At King's we recognise that the safety and well-being of our staff is fundamental to the delivery of high-quality patient care. 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. Sometimes it can be challenging to identify how far these factors contribute to the safety incidents which are reported as there can be a temptation to focus on the tasks that were or were not done at the time of the incident, rather than the broader picture. This priority sought to explore how workforce, as a system based contributory factor, impacts patient safety at King's College Hospital.

The objectives for this priority were to:

1. Gain a robust system-based understanding of the current impact of workforce-related challenges on patient safety across the organisation.
2. Develop a sustainable, ongoing process to monitor triangulate workforce and patient safety insight.

Aims and progress made in 2024-25.

Objective 1: To undertake a thematic review into the 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. **Completed**

A comprehensive thematic analysis which triangulated internal insight from patient safety incidents, risks, whistleblowing, freedom to speak up concerns, annual staff survey and GMC training surveys was undertaken. This incorporated a review of external analysis including Freedom to Speak Up National Guardian's Office, Professional Bodies including the GMC and NMC as well as significant national debate on the role of medical associate professions.

The analysis of patient safety incidents, learning responses, and risk register data underscored the importance of addressing staffing shortages, improving IT infrastructure, and enhancing workforce skills. For example, 15% of our patient safety incidents cited staff availability as a factor and we saw that situations in which workload demands exceeded human capacity were particularly prevalent in incidents related to patient falls and medication safety.

The triangulation of NHS Staff Survey and Freedom to Speak Up (FTSU) data highlighted issues such as low morale, burnout and concerns about staffing levels. Our FTSU data showed that 18% cases involving patient safety concerns with staffing pressures and workload being common themes. Our GMC national training survey results in 2024 were positive, with 87% of results in the good-excellent category. Within this, however, there was also important feedback within the key specialities which required improvement plans. This included the rota gaps, workload issues due to expanded catchment, initial challenges in adopting new IT systems and equipment.

breakdown which reduced training opportunities. The National Education Training Survey[1] showed that 36% of trainees in the NHS who considered leaving during their training programme were concerned about work stress, workload and financial concerns.

The national insights from professional bodies such as the NMC and GMC highlighted the 'vicious cycle' that unmanageable workloads have on staff well-being and patient safety. Whilst the National Guardian's Office also reflects that like at King's many staff raise concerns about staffing pressures and increased workloads through FTSU processes which may reflect fears of detriment or a lack of psychological safety in using traditional escalation processes.

Addressing these workforce challenges is crucial for the continuous improvement of patient safety and the overall wellbeing of NHS staff. The findings emphasise the need for a system-based approach to patient safety, recognising that workforce factors cannot be considered in isolation and that we can do more to build a positive safety culture, where staff feel empowered to raise concerns without fear of reprisal. Whilst it was reassuring to note that many of the challenges King's faces are replicated nationally, it does not undermine the need for focussed efforts here to ensure our workforce are understood and supported to deliver safe care.

Objective 2: Devise and implement the means for monitoring workforce related patient safety issues, both proactively and reactively. **Partially Completed and carried over to 2024-25**

Using the findings of the review we explored ways to ensure that this data is more effectively incorporated into our everyday approach to workforce planning and workforce re-design. This included:

- Regularly sharing workforce and patient safety insights through our Patient Safety Committee and Outstanding Care Boards.
- Using workforce themed risks to inform workforce planning during annual business planning cycles
- Integrated oversight of workforce related safety incidents, risks and concerns through Quality Impact Assessments
- Developing a dashboard which tracks workforce safety issues reporting using Learning from Patient Safety Events (LfPSE) fields.

Whilst good progress has been made within the year, it was recognised that it was important to continue further work to embed ways of monitoring workforce-related patient safety issues, particularly as part of the Quality Impact Assessment processes associated with our organisational improvement programme. This will include refining and using our workforce safety dashboard to assess the safety impact of cost improvement programmes.

[1] NETS 2023 | NHS England | Workforce, training and education

2024-25 Quality Account Priority 2:

Acutely unwell patients: Measuring outcomes to drive improvements

Why was 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 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.

In-hospital patient deterioration remains a significant concern within the NHS. Annually, over 60,000 patients experience clinical deterioration on UK hospital wards, necessitating admission to Critical Care Units (CCUs). Delayed or missed recognition of deterioration is linked to adverse outcomes, including increased morbidity and mortality rates. To address this, the National Early Warning Score (NEWS) system was developed, enhancing the detection and response to clinical deterioration in adult patients. This led to notable improvements in patient safety, but inadequate recording or infrequent monitoring of vital signs can result in missed or delayed recognition of patient deterioration.

Ensuring adherence to monitoring protocols enhances patient safety and reduces the risk of preventable deterioration. Historically we had no reliable mechanism to monitor adherence to vital sign monitoring.

Despite the Trust having made significant investment in reducing patient deterioration (e.g. 24/7 adult and paediatric Critical Care Outreach Teams) data from Intensive Care National Audit & Research Centre (ICNARC) and InPhase incidents demonstrated that there was more that we could do to improve the safety of our patients.

As part of the move to Patient Safety Incident Response Framework (PSIRF), we established a Deteriorating Patient Improvement Group focused on driving improvements in this area. Along with themes from PSIRF and Epic, this indicated issues around the monitoring, escalation and response to patient deterioration. Central to effective improvement initiatives is the availability of accurate and comprehensive data.

There are a number of publications that demonstrate the positive impact of implementing a dashboard designed to monitor acutely unwell patients, one study in 5 NHS hospitals demonstrated an improved compliance from 64% to 83% to NEWS protocols following the introduction of a dashboard [1].

Dashboard Objectives

- Monitoring of ward compliance with monitoring and escalation protocol to optimise 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.
- 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.
- Relevant mental health outcomes data will be incorporated into the dashboard where available.
- Implementing an acutely unwell data dashboard will enable real-time monitoring of patient conditions,

facilitate timely interventions, and provide valuable insights into the effectiveness of our response strategies. This data-driven approach is essential for enhancing patient safety, optimising resource allocation, and ultimately improving clinical outcomes.

Patients worry and concern / Martha's Rule

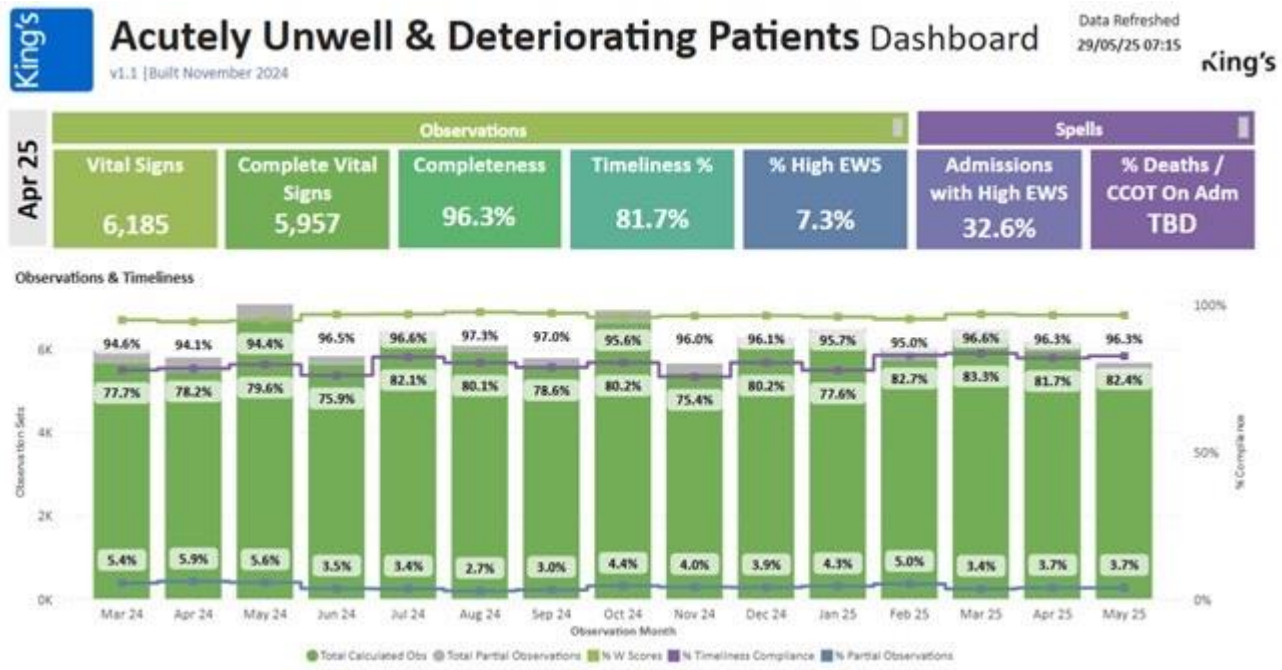
The NHS England Worry and Concern Collaborative selected seven pilot sites, one from each NHS region, to develop, test and evaluate methods to incorporate patients' worries and concerns in the recognition and assessment of acute illness. Kings was selected as the London pilot site; the project ran from April 2023 to April 2024. This work informed the nationally Martha's Rule initiative.

A key driver for Martha's Rule is the frequent absence of routine, reliable mechanisms for patients/relatives to escalate concerns, when standard care is not meeting their needs. Kings was selected as a provider site for implementation of Martha's Rule.

Aims and progress made in 2024-25.

Objective 1: A dashboard that is available for use that integrates data from Epic, InPhase and Patient Experience systems. **Completed**

Figure 1: Version 1 of the Acutely Unwell and Deteriorating Patient Dashboard



Version 1 of the dashboard is now live and in use within the Trust. This includes Spell level and ward level data and a headlines page showing trends across key metrics such as % of partial observations and % of vital signs recorded within appropriate time.

- Version 2 will include paediatric and maternity early warning scores; this is planned for roll out in May 2025.
- The aspiration is for the dashboard to become a real time monitoring tool, identifying patients who may be at greater risk of deterioration and therefore supporting earlier intervening.

Objective 2: The Deteriorating Patients Improvement Group using insights from the dashboard to inform on quality improvement work in the identification and management of deteriorating patients. **Completed**

The improvement group is now using the dashboard. Initial focus is on monitoring which includes completeness and timeliness of observations. All data is presented as tables and SPC charts to allow trends and data shifts to be seen. The accuracy of the data has been verified by comparing it with reports from Epic, our patient record system, which were analysed to extract the same information.

Figure 2: SPC chart demonstrating current compliance to timeliness of vital signs (58%)

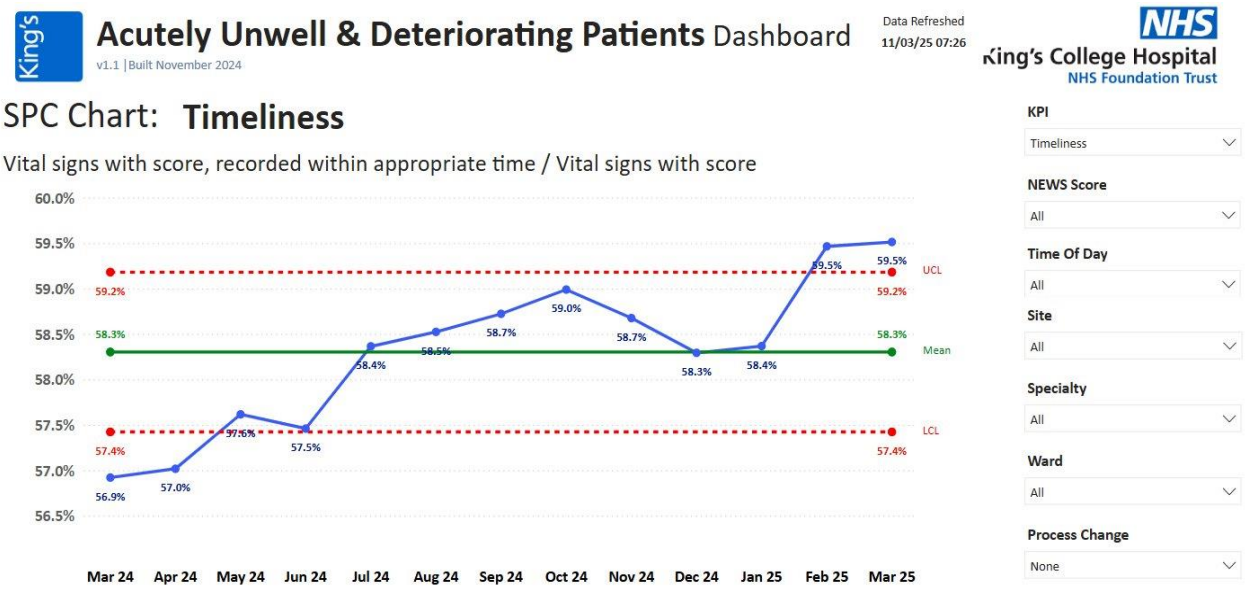
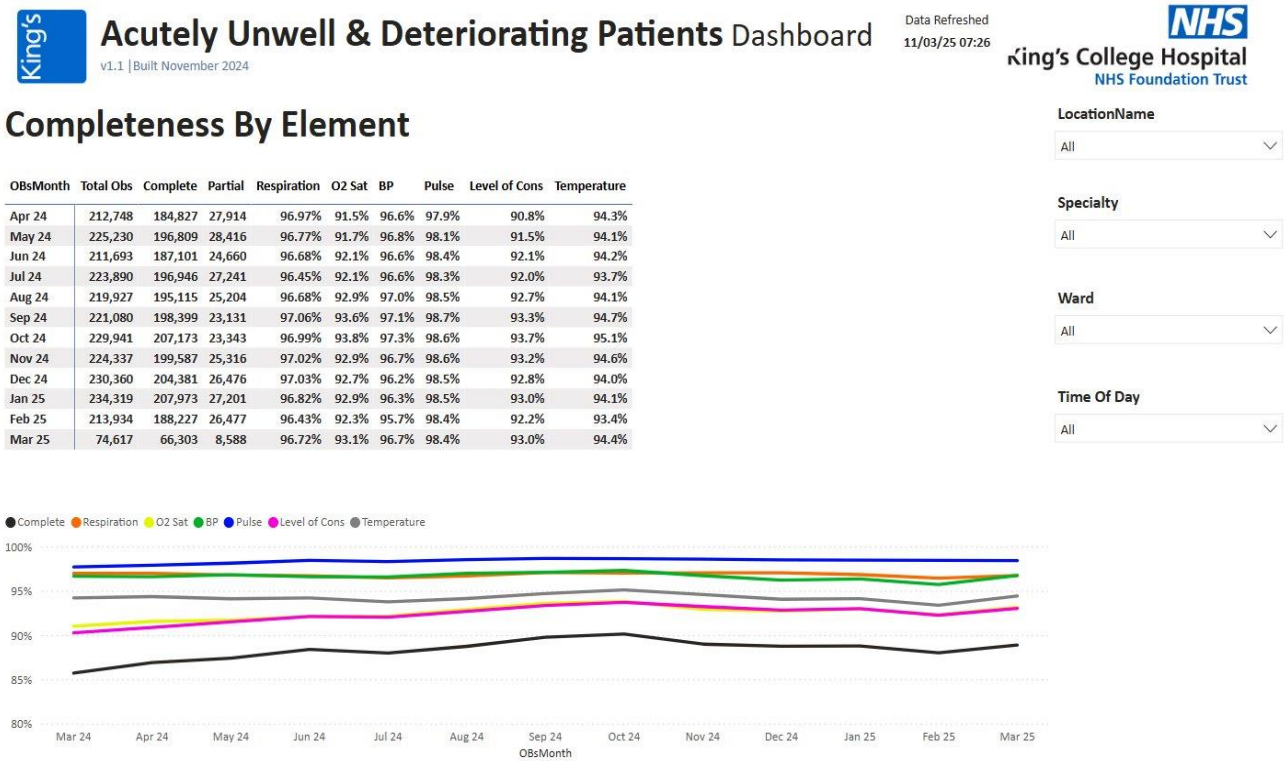


Figure 3: Showing which elements of vital signs are most likely to be missed



Objective 3: Agreed methodology in piloting a dashboard that can predict anticipated events. Completed

We have started the monitoring for the quality improvement project in several pilot wards across both hospital sites, with representation from adult, paediatric and maternity wards. The pilot wards have been given an

improvement toolkit to work through and are being supported by a mentor. The toolkit follows the Systems Engineering Initiative for Patients Safety (SEIPS) principle, which provides a framework for improving quality and safety in healthcare and integrates human factors with ergonomics.

Objective 4: Successful participation in the Worry and Concern improvement work. **Completed**

THREE COMPONENTS OF MARTHAS RULE

Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way	We are working on two elements: 1 Determining the effectiveness of incorporating parental concern into the aggregate scoring system for early identification of deteriorating children. Data collection is underway as a basis for evaluation. 2 Codesign projects to develop, test, and refine a structured, accessible, daily communication system that allows patients and their families to easily and routinely share concerns about a patient's condition with the healthcare team. Two patient workshops have been held with another due to happen in March 2025. We are the only Trust we know of in the Martha's Rule pilot to be designing a patient led, digital solution.
All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.	The Trust already has a 24/7 Critical Outreach (CCOT) Provision for adults at DH and PRUH, and for paediatrics at DH. Therefore, work towards this aim comprised a review of the current culture, experiences, and views of staff on escalating to iMobile CCOT.
The escalation route will also always be available to patients, themselves, their families and carers and advertised across the Hospital	A new automated triage system phone line went live on 30th September 2024, to enable patients and their carers to discuss their concerns about deterioration with the CCOT if they feel that standard care was not addressing their needs.

2024-25 Quality Account Priority 3:

Embedding and Enhancing MyChart

Why was 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. To ensure that our patients benefit from features of MyChart, in 2024/2025 we have focused our efforts on embedding MyChart as a tool for our patients to participate more fully in their care whilst also introducing additional functionalities within the system.

Aims and progress made in 2024-25

Objective 1: Continued increase month on month in the number of patients signed up to MyChart through in-reach and outreach activities. **Completed**

On 31 March 2025, the number of active MyChart patients increased by 114,390 patients from 122,858 to 237,228. King's patients had an active MyChart account with the figure raising to more than 500,000 patients when combined with Guy's and St Thomas' NHS Foundation Trust. To date, this is the largest instance of MyChart sign-up in the UK, demonstrating the success of careful planning alongside carrying out MyChart in-reach and outreach activities including in Outpatients areas to provide elbow-to-elbow support to get more patients signed up. The month-on-month increase as per the table 2 below:

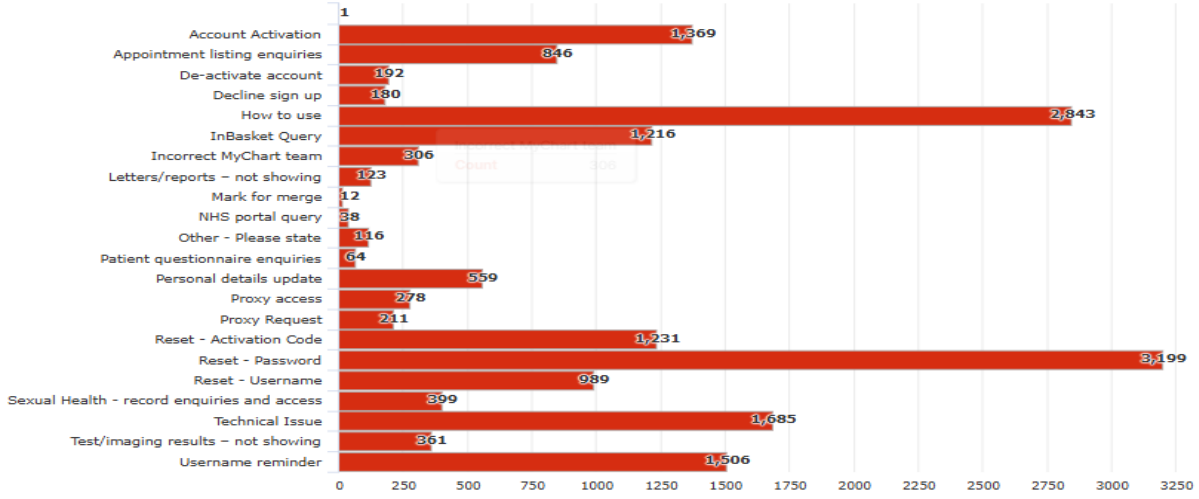
Table 2: Number of patients actively using MyChart. April 2024 to March 2025

Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
122,858	138,827	152,626	167,780	180,491	193,136	202,374	210,374	216,656	224,419	230,756	237,788

Objective 2: Number of patients in contact with Patient Advice and Liaison Service (PALS) who are supported to sign up to MyChart. **Completed**

Between April 2024 and March 2025, 17,724 individuals received support with accessing or using MyChart. The graph below shows the types of support individuals required.

Figure 4: MyChart queries supported by Patient Advice and Liaison Service



Objective 3: Production of a co-designed MyChart manual. **Completed**

The first draft of the MyChart manual has been produced. It is informed by themes recorded from PALS contacts. These include information on how to reset passwords, navigating the app, downloading apps, and accessing test results.

Objective 4: Production of a proxy access guide. **Completed**

The proxy access guide has now been developed and has been distributed to clinical teams through the Trust's intranet system. There is also additional support available from the MyChart helpdesk for troubleshooting

Objective 5: 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). **Completed**

- As a result of work through the year, there are now several services with Fast Pass enabled for their clinics including Clinical Haematology, Anticoagulation, Infectious Diseases, and Paediatric Neurology.
- Through use of Fast Pass Clinical Haematology has reduced appointment waiting times by 26 days per patient on average with a total savings of 574 days.
- Paediatric Neurology have expanded their use of Fast Pass and have registered an average 80 days improvement. Work is ongoing to scale this functionality more widely to improve waiting times and patient experience.
- Denmark Hill's Diabetes, Occupational Therapy and Oral Surgery services are now in the process of finishing their pilot and are in the process of deploying fast pass and self-scheduling features for all in scope clinics. This had resulted in a measurable reduction in patient waiting times
- As of 31 March 2025, a total of 73 appointments have been booked by patients across all pilot departments, and a reduction in the average days waiting for an appointment by 23 days, totaling 1375 days. Work is ongoing to scale up these features at pace across participating departments, and a wider rollout schedule is in development to ensure benefits are realised in other areas in the next financial year.

2024-25 Quality Account Priority 4:

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

Why was this a priority?

In 2023, the Trust migrated to three new electronic systems: Epic, which gives clinicians a much more comprehensive overview of patient care; InPhase, the Trust's local risk management system (LRMS), supporting quality governance oversight; and MEG, medical e-governance system for quality assurance and audit. This put the Trust in a good position to revisit and refresh its approach to using data effectively for measuring and improving quality. It also presented an opportunity to clarify how demographic data is effectively captured and used to understand whether there are hidden inequities in our safety, experience and outcomes data which we need to address. Therefore, a fourth cross-cutting quality account priority with organisational focus to improve patient safety, patient experience and patient outcomes using high quality data was agreed.

Aims and progress made in 2024–25

Objective 1: Revised Integrated Quality Report (IQR) with performance data provided through Business Intelligence Unit at Trust and Site level, with progress made towards specialty level IQR development. **Partially completed**

Processes for measuring for quality improvement providing ease and efficiency for quality audits and quality improvement is established across the Trust and Sites. Having robust and up to date data is a key component of the sustainability of any improvements implemented. Quality and Performance data is currently reported throughout the Trust via the Integrated Performance Reports (IPR) and the Integrated Quality Reports (IQR) at Trust and Site-level. During the year, the data metrics were reviewed and revised with the subject matter experts and oversight by the Trust Outstanding Care Board. These have now been agreed and will be reported as a joint Integrated Quality and Performance Report (IQPR).

The relaunch of the Trust's IQPR is planned for July 2025 which will incorporate the reviewed and agreed metrics in the new format IPR across Finance/Workforce/performance Quality.

Objective 2: Jointly agreed Quality Dashboards in Epic which can be used within local quality governance processes. **Partially completed and carried over into 2025-26**

Adult nursing metric dashboards have now been delivered within Epic. These supplement the 'nursing impact' dashboards which enable individual nurses to track their tasks and performance. The Metrics dashboards allow higher level assessment and analysis of performance over time in a range of nursing quality parameters, including nursing documentation, medication administration, IV-line care and blood tests. This work will continue through 2025 as part of our ongoing optimisation of Epic dashboards in conjunction with our colleagues at Guy's and St Thomas'.

Objective 3: Development and launch of agreed ward level dashboards, in line with Quality Assurance Framework (QAF). **Carried over into 2025-26**

This work is dependent on achieving objective 1 above, revised IQPR at Specialty level. Once the Care Group IQPR is completed this will feed into the performance packs sent out as part of the Executive Quality Visit

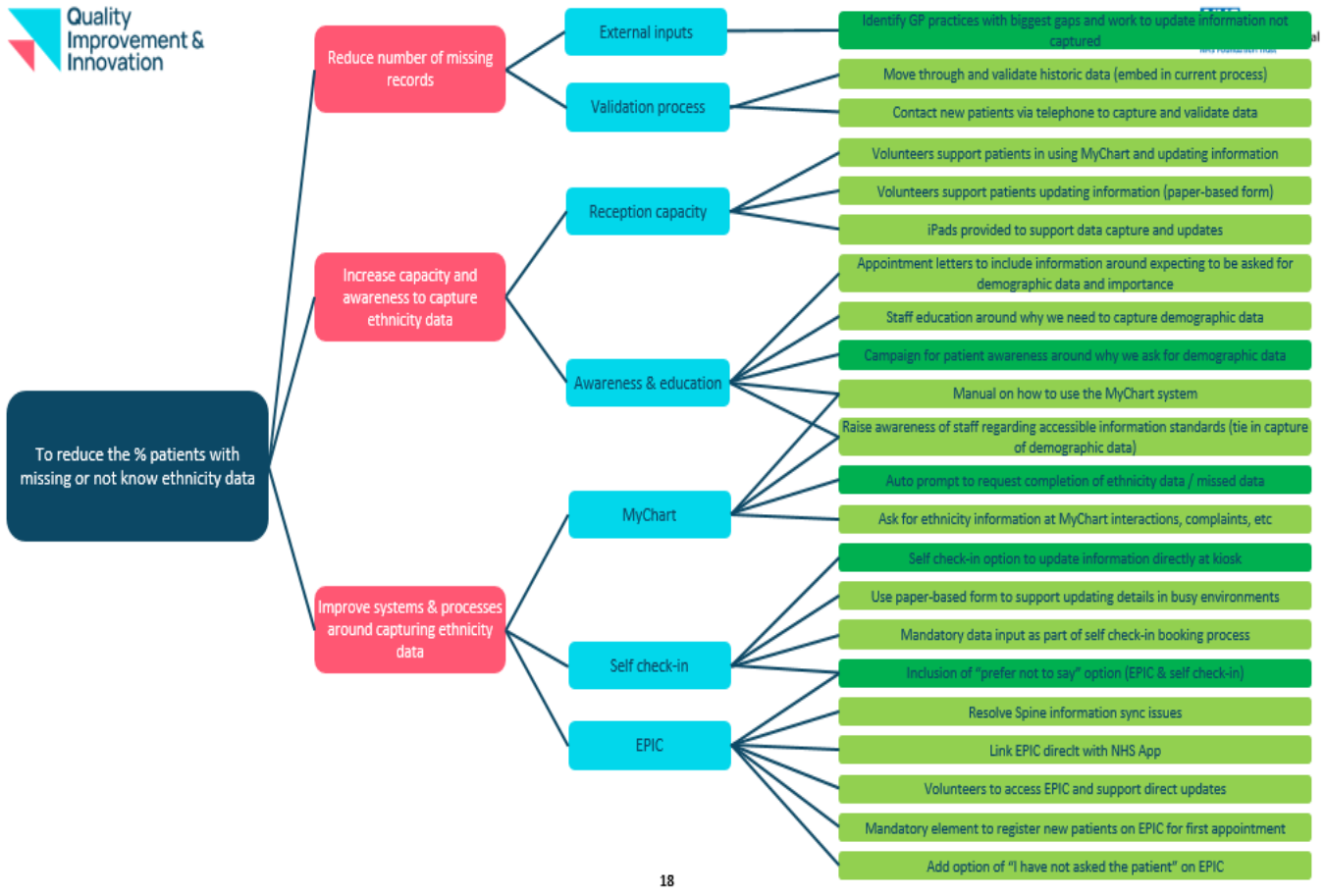
and monitoring via the Site IPR/Quarterly review meetings and will enable a risk-based approach to the Quality Assurance framework executive visits.

Objective 4: Baseline survey of the quality of demographic data with an identified plan to address areas of improvement. **Completed**

We worked with our Business Intelligence Unit to develop a pilot dashboard which examines demographic activity in Epic by diagnostic code. This provides a high-level insight into the patient composition at King's based on the patient's clinical diagnosis. It also helped to provide us with an insight into areas where the capture of certain demographic data, including ethnicity, is good or in need of improvement.

Following initial analysis, it was agreed that there were significant improvement opportunities in the capture of ethnicity data in outpatients based on the higher percentage of missing ethnicity data or where the ethnicity was stated as 'not known.' In order to understand the drivers of this, we conducted a number of Quality Improvement (QI) workshops with key outpatient stakeholders within the hospital. The workshops sought to map the processes for the capture of demographic data and identify reasons for gaps in data collection and ways that this could be improved as below:

Figure 5: Process map capturing demographic data and identifying reasons for gaps in data collection



This helped us to identify a range of actions which will help to drive improvement in this area. This work will continue to be overseen through the Trust's work to improve health inequities.

Objective 5: Safety Improvement dashboards in place for all agreed safety priorities set out in the Trust's Patient Safety Incident Response Plan (PSIRP). **Completed**

All patient safety improvement dashboards, which integrate and triangulate safety, experience and risk data and align to the Trust's Safety Priorities under PSIRF are all now complete. They are currently being validated with subject matter experts and will then be rolled out to for use by all sites and care groups. The dashboards can be filtered to relevant sites, care group and locations, making them accessible across the whole Trust.

These include the following patient safety priorities under the Trust Patient Safety Incident Response Plan (PSIRP):

1. Blood Transfusion
2. Delayed Diagnosis
3. Deteriorating Patients
4. Discharge Safety
5. End of Life Care / Palliative Care
6. Falls
7. Infection Control
8. Maternity and Neonatal Quality and Safety
9. Medication Safety
10. Mental Health Safety
11. Nutrition and Hydration
12. Operational Safety
13. Pressure Ulcers
14. Results Acknowledgement
15. Safer Procedures
16. Violence and Aggression
17. VTE Prevention

Choosing priorities for 2025-26

Choosing Priorities for 2025-26

The following improvement schemes have been agreed by the King's Executives and the Trust Board for 2025-26. These will be reported in full in the 2024-25 Quality Account with quarterly reporting to the Quality Committee.

Our Strong Roots, Global Reach strategy sets our BOLD vision: to have Brilliant people, providing Outstanding care for patients, to be Leaders in research, innovation, and education, and to have Diversity, equality and inclusion at the heart of everything we do. This vision was fundamental to the development of the set of quality priorities selected.

We used data insight from our Patient Safety Committee, Patient Outcomes Committee and Patient Experience Committee as well gathering feedback from staff, patients and consulting with Trust stakeholders and partners who were able to provide a long list for consultation. We invited our Trust and partner stakeholders to a consultation meeting, whereby using a scoring matrix we were able to produce a short list of quality priorities to take to the next stage of approval.

The short list was proposed to King's Executive in March 2025 and following further discussions a revised list was agreed, and this was ratified at the Quality Committee, taking into account feedback and recommendations from our stakeholders and partners. The set of quality priorities chosen forms part of the Trusts priorities for the year ahead, which also includes, Access to care, Staff Survey and Financial planning. The set of quality priorities we have chosen for 2025–26 are:

Our quality priorities for 2025/26 are as follows:

- Implementing and embedding National Safety Standards for Invasive Procedures 2023 (NatSSIPs2) across all areas where invasive procedures are carried out.
- To improve the experiences of patients with learning disabilities and autism receiving care in our hospitals.
- To improve care for acutely unwell patients by using outcome data to drive improvements.

Oversight and scrutiny will be through local and Trust wide executive assurance committees.

2025-26 Quality Account Priority 1:
Implementation of NatSSIPPs 2

Improving the safety of invasive procedures is a Trust patient safety priority as well as national and global safety challenge. The Centre for Peri-Operative Care, in collaboration with NHS England, published a revised version of the National Safety Standards for Invasive Procedures (NatSSIPs2) which were published in January 2023 to support standardisation, harmonisation and education. Implementation of NatSSIPs2 across the organisation was within the Safer Procedures Improvement Group's priorities for 2024/25. This, however, has not been fully delivered due to insufficient resource.

What are our aims for the coming year?

Our aims and objectives for 2025-26 are outlined below:

Quality Priority Patient Safety	What success will look like
To implement NatSIPPs2 across all areas where invasive procedures are carried out across the organisation, including, but not limited to, operating theatre environments.	• Improved compliance with NatSIPPs2 framework include 'must 'and 'should' recommendations. 'Must' recommendations are mandatory and must be adhered to. 'Should' recommendations are strongly recommended but can be omitted if a documented risk analysis justifies it. The aim is for 95% must and 70% should do's as per NatSIPPs2 analysis. • Increased presence of positive safety behaviours • Increased reporting of safer procedures related patient safety events reflecting good catches (e.g. issues with consent, equipment and implants pre-procedure and reconciliation issues peri-operatively) – costs and performance issues related to these issues. • Increased reporting of good care events. • Increase in effective team briefs and debriefs, including mechanism for capturing feedback and converting into improvement. • Increased presence of positive safety outcomes • Reductions in on the day unnecessary cancellations /lengths of operations/ increased number of cases completed on each list, reduction in post-operative infections and length of stay. • Long term (5+ years) reduction in costs of clinical negligence claims related to invasive procedures (c. £10m per year currently) • Improvements in team-working and culture • Improvement in safety culture - measurement of safety culture, by undertaking a safety culture assessment pre and post implementation – costs and performance improvements associated with improved safety culture. • Improvement in staff retention rates, and the costs associated with covering vacancies and training new staff. • Reduction in staff sickness absence due to stress • Reduction in FTSU concerns relating to invasive procedures/their settings. • Long term improvement in staff wellbeing (e.g. measure through staff survey/other)

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.

2025-26 Quality Account Priority 2:

Acutely unwell patients: measuring outcomes to drive improvement

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, feelings 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. This priority is a continuation from our Quality Account of 2024-25.

What are our aims for the coming year?

Our aims and objectives for 2025-26 are outlined below:

Quality priority Clinical Effectiveness	What Success will look like
Acutely unwell patients: measuring Outcomes to Drive Improvements	• Embed dashboard utilisation in quality and safety meetings across all wards. • Integrate paediatric and maternity monitoring data into currently available datasets. • Demonstrable improvement in timely, complete, and accurate observations recorded in line with Trust policy: We will measure 2 metrics: • [i] 10% increase in timeliness we will then try and incrementally increase. • [ii] completeness of observations with a benchmark of 90% compliance • Equity of monitoring and escalation will be measured by the inclusion and analysis of paediatric and maternity data within the dashboard reporting.

How will we monitor and measure our progress?

Monthly progress reported to and monitored by the Patient Outcomes Committee, with quarterly reporting through the Integrated Quality Performance Report to the Outstanding Care Board and Quality Committee.

2025-26 Quality Account Priority 3:

To improve experiences of patients with learning Disabilities and Autism receiving care at Kings College Hospital

Why is this a priority?

People with Learning Disabilities and Autism have poorer health than others and are more likely to experience a number of health conditions. Similarly, research from the University of Cambridge published in October 2020 suggests that autistic people are more likely to have chronic physical health conditions. As highlighted in the 2018 Learning Disabilities Mortality Review (LeDeR) Programme report, not getting care and support that meets people's individual needs can lead to avoidable harm and premature, avoidable death. The 2020 annual LeDeR report highlighted that this risk increases for people with a learning disability from Black or minority ethnic groups.

This will be a 2-year Quality Priority.

What are our aims for the coming year?

Our aims and objectives for 2025-26 are outlined below:

Quality Priority Patient Experience	What Success will look like
To improve the experiences of patients with Learning disabilities (LD) and Autism, receiving care at King's College Hospital	• Increase the number of patients with LD passport in place. • All patients with a LD have a flag on Epic in place. • New process for supporting patients with LD who Do Not Attend appointments. • To introduce a new volunteer role with focus on patients with LD • To provide training to staff and volunteers to support our patients with LD throughout their care journey • Availability of sensory packs • Quantitative and qualitative data to inform improvements to be deployed in year 2. • Number of care partner passports issues • To enhance compliance with the Accessible Information Standard • To better support discharge of patients with LD through the new 'Hospital2Home' service • To collaborate with South London and Maudsley on research relating to sensory packs

How will we monitor and measure our progress?

Bi-monthly progress reported to and monitored by the Trust Patient Experience Committee, with quarterly reports to the Trust Outstanding Care Board Integrated Quality Performance Report and Quality Committee.

2.2 Statements of Assurance from the Board

During 2024-25, the King's College Hospital NHS Foundation Trust provided eight relevant health services:

- Assessment of 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.
- The Trust has reviewed all data available to it on the quality of care in these services.
- The income generated by the relevant health services reviewed in 2024-25 represents 91% of the total income generated from the provision of health services by the King's College Hospital NHS Foundation Trust for 2024-25.

Clinical Audits and National Confidential Enquiries

- During 2024-25, 76 national clinical audits and 15 national confidential enquiries covered relevant health services that King's College Hospital NHS Foundation Trust provides.
- During that period, King's College Hospital NHS Foundation Trust participated in 99% of the national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate.
- The national clinical audits and national confidential enquiries in which King's College Hospital NHS Foundation Trust was eligible to participate during 2024-25 are as follows (see Table 3).
- The national clinical audits and national confidential enquiries in which King's College Hospital NHS Foundation Trust participated during 2024-25 are as follows (see Table 3).
- 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 2024-25, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry (see Table 3).

Table 3: Participation in national clinical audits and confidential enquiries

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	**Participation**	**% submitted**
Actual and Potential Deceased Organ Donation Audit	Yes	Data collection in progress
BAUS Data & Audit Programme – BAUS Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	Yes	Data collection in progress
BAUS Data & Audit Programme – BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)	Yes	Data collection in progress
BAUS Data & Audit Programme – Penile Fracture Audit	Yes	Data collection in progress
Breast and Cosmetic Implant Registry	Yes	Data collection in progress
British Hernia Society Registry	Yes	Data collection in progress
Intensive Care National Audit and Research Centre - Casemix Programme	Yes	Data collection in progress
Intensive Care National Audit and Research Centre – Liver Intensive Care	Yes	Data collection in progress
Child Health Clinical Outcomes Review Programme: Juvenile Idiopathic Arthritis	Yes	Organisational questionnaire submitted - No (0%) Clinical questionnaires submitted – Yes

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	**Participation**	**% submitted**
		(percentage not provided)
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
National Patient Reported Outcomes Measures Programme - Hip Replacements	Yes	Data collection in progress
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	Awaiting report
Royal College of Emergency Medicine Quality Improvement Programme: Time Critical Medications (year 1)	Yes	Awaiting report
Royal College of Emergency Medicine Quality Improvement Programme: Mental Health Self Harm	Yes	Awaiting report
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
Falls and Fragility Programme – National Audit of Inpatient Falls	Yes	Data collection in progress
Inflammatory Bowel Disease Registry - children	Yes	Data collection on pause by audit provider
Learning Disability Mortality Review Programme	Yes	Data collection in progress
Liver Transplantation Audit – Adults	Yes	Data collection in progress
Liver Transplantation Audit - Paediatrics	Yes	Data collection in progress
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity	Yes	Data collection in progress
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Maternal mortality surveillance	Yes	Data collection in progress
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – Maternal mortality confidential enquiries: Saving lives, Improving Mothers' Care	Yes	Data collection in progress
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) – perinatal Mortality Surveillance	Yes	Data collection in progress
Medical and Surgical Clinical Outcome Review Programme – Community Acquired Pneumonia	Yes	Organisational questionnaires – 2 (100%) Clinical questionnaires – 2 of 16 cases (12.5%)
Medical and Surgical Clinical Outcome Review Programme – End of Life Care	Yes	Clinical questionnaires – 4 of 12 cases (25%)
Medical and Surgical Clinical Outcome Review Programme – Endometriosis	Yes	Organisational questionnaires – 0 (0%) Clinical questionnaires – 5 of 12 cases (42%)
Medical and Surgical Clinical Outcome Review Programme: Rehabilitation following critical illness	Yes	Awaiting report
Medical and Surgical Clinical Outcome Review Programme: Acute Limb Ischemia	Yes	Data collection in progress
Medical and Surgical Clinical Outcome Review Programme: Blood Sodium	Yes	Data collection in progress
Medical and Surgical Clinical Outcome Review Programme: Acute illness in people with a learning disability	Yes	Data collection in progress

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	**Participation**	**% submitted**
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 Diabetes Audit Integrated Specialist Survey	Yes	Data collection in progress
National Adult Diabetes Audit: National Diabetes Inpatient Safety Audit	Yes	Data collection in progress
National Adult Diabetes Audit: Transition and Young Type 2 Audit	Yes	Data collection in progress
National Adult Diabetes Audit: National Pregnancy in Diabetes	Yes	Data collection in progress
National Diabetes Inpatient Safety Audit	Yes	Data collection in progress
Transition (Adolescents and Young Adults) and Young Type 2 Audit	Yes	Data collection in progress
National Respiratory Audit Programme: Children and young people clinical audit	Yes	Data collection in progress
National Respiratory Audit Programme: Adult asthma	Yes	Data collection in progress
National Respiratory Audit Programme: Secondary care COPD audit	Yes	Data collection in progress
National Respiratory Audit Programme: Pulmonary Rehabilitation	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	Data collection in progress
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 Kidney Cancer Audit	Yes	Data collection in progress
National Non-Hodgkin Lymphoma Audit	Yes	Data collection in progress
National Pancreatic Cancer Audit	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 Adult Cardiac Surgery	Yes	Data collection in progress
National Cardiac Audit Programme - National Audit of Cardiac Rhythm Management	Yes	Data collection in progress
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	Data collection in progress
National Comparative Audit of Blood Transfusion - Bedside Transfusion Audit	Yes	Data collection in progress
National Early Inflammatory Arthritis Audit	Yes	Not reported
National Emergency Laparotomy Audit	Yes	Data collection in progress
National Endoscopy Database	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	Data collection in progress
National Joint Registry Audit	Yes	Data collection in progress
National Lung Cancer Audit	Yes	Data collection in progress

PARTICIPATION IN NATIONAL CLINICAL AUDITS AND CONFIDENTIAL ENQUIRIES		
In which KCH was eligible to participate	**Participation**	**% submitted**
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	Data collection in progress
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	Data collection in progress
Paediatric Intensive Care Audit Network	Yes	Data collection in progress
Perioperative Quality Improvement Programme	Yes	Data collection in progress
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Trauma	Yes	Data collection in progress
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Orthognathic Surgery	Yes	Data collection in progress
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Oncology and reconstruction	Yes	Data collection in progress
Sentinel Stroke National Audit Programme	Yes	Data collection in progress
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	Data collection in progress
Society for Acute Medicine's Benchmarking Audit	Yes	Data collection in progress
National Major Trauma Network	Yes	Data collection in progress
UK Cystic Fibrosis Registry	Yes	Data collection in progress
Vascular Services Quality Improvement Programme - National Vascular Registry	Yes	Data collection in progress

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

National Audit title	Improvement actions to date
National Paediatric Diabetes Audit - Annual Report	An internal investigation was undertaken in response to the 'Alert' status for the performance indicator Adjusted Mean HbA1c at DH. Improvement actions include increasing the use of hybrid close loop (HCL) amongst all age groups, use of Health and Wellbeing practitioners to support young people, identifying ways to support young people with obesity, increasing regular home download reviews and patient-/family-led changes to pump/meter/app settings and routine review of the care of any patients admitted with hyperglycaemia or diabetic ketoacidosis.
Sentinel Stroke National Audit Programme	Time to Thrombolysis currently below national target: • Working with Neuroradiology to review the CT process, in order to provide real time reporting where possible. • Regular simulation training is now in place, including Emergency Department colleagues alongside stroke team. • Regular attendance by Resident doctor to stroke calls. • Joint application for DH and PRUH for national funding for thrombolysis pathway improvement work.
Intensive Care National Audit and Research Centre: Case mix programme	Rate of unit-acquired infections in blood is higher than expected (observed 3.1%, expected 1.7%; 95% predicted range 0.8%, 2.6%). This issue was initially identified as King's was emerging from peak Covid-19 pandemic and represents an improvement from Apr 23 to Sep 23 reporting period (DH 3.5%). DH Critical Care has joined Infection in Critical Care Quality Improvement Programme (ICCQIP) which includes a national review of line-related bacteraemias. KCH is also participating in a National Institute for Health and Care Research (NIHR) portfolio research study looking at antibiotic governance, called SHORTER (SHORT duration antibiotic therapy for critically ill patients with sepsis), and are leading recruiters to this research in the UK.
National Hip Fracture Database Audit 6-monthly report	Detailed investigation in relation to pressure ulcers has been completed and actions are being taken, including improved data quality, efforts to reduce time in the Emergency Department, planned local audit to ensure correct measures are in place for people who have high risk Waterlow Scores, planned local audit of time-to-theatres, planned local audit of mobilisation of patients on first day post-operatively, planned local audit of length-

	of-stay.
National Neonatal Audit Programme - KCH	13.8% of admitted babies born at <32 weeks met the National Neonatal Audit Programme surveillance definition for necrotising enterocolitis on one or more occasion (national average 5.5%). A local audit is being undertaken and there is a plan to commence probiotics in high-risk populations. The observed proportion of bronchopulmonary dysplasia (BPD) or death in babies born at <32 weeks gestational age was higher at DH than the national average (DH 58.9%, national average 40.1%). The result is not risk-adjusted, and it has not triggered an outlier alert. The team are continuing to use more non-invasive ventilation (NIV) and less invasive surfactant administration (LISA). These are now in regular use for babies from 27 weeks. The proportion of cystic periventricular leukomalacia (cPVL) or death in babies born at <32 weeks gestation at DH was 21.4%, higher than the national average (10.1%). KCH caters for very high-risk premature infants including those who are extremely growth restricted. The KCH team plans to introduce a quality improvement (QI) bundle for prevention of cPVL by collaboratively working with maternity colleagues in perinatal optimisation – work is underway. Data for the first 9 months of 2024 shows cPVL rate of 13.1%.
National Neonatal Audit Programme - PRUH	Proportion of babies born at <31 weeks or weighing less than 1501g who underwent first retinopathy of prematurity (ROP) screen according to the guidance at PRUH (55%) was lower than the national average (78.5%). This result is driven by data not pulling through accurately on Badgernet from Epic and actions are in place to improve.

The reports of over 63,000 local clinical audits were reviewed by King's College Hospital NHS Foundation Trust in 2024/25. This is part of the Trust' 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
- Infection Preventions & Control
- I.V Lines
- Uniform & Dress Code
- Medicines Management
- Quality & Safety
- Documentation
- WHO Surgical Safety Checklist
- Tracheostomies
- Mattresses
- Matron Assurance

Assurance is gained through the Matron Audit. Further validation processes are led by care group lead nurses who oversee improvements, actions, and feed back to the care group triumvirate and site leadership teams.

Quality Improvement

Supporting Quality Account Priorities through Quality Improvement and Innovation

The Quality Improvement and Innovation (QII) team has made significant strides improving patient care, operational efficiency, and staff engagement across King's College Hospital. By embedding structured improvement methodologies, fostering collaboration including patients and carers, and driving innovation, QII has strengthened the Trust's commitment to achieving and progressing its Quality Account priorities.

One of the key achievements this year has been the implementation of the re-engineered A3 Improvement Plan, a standardised problem-solving approach applied across multiple priority initiatives. The A3 was introduced to support this year's Quality Account priorities, providing a structured framework to tackle complex challenges effectively. This methodology has led to tangible improvements in other Trust wide programmes, such as the 'Show Me You Care' campaign, which directly responded to communication concerns raised in the Care Quality Commission (CQC) inpatient survey.

The **King's Improvement Method (KIM)** is the Trust's structured approach to focussing the organisation on improving. It brings together a number of areas including strategy, quality, performance, finance, and improvement at every level of the organisation—so that all teams are working towards the same goals.

KIM helps us set clear priorities, regularly review progress, and support staff to make meaningful changes. It combines leadership behaviours, shared goals, data-driven performance reviews, and practical improvement tools that help teams solve issues and progress ideas. This means that we can improve how care and services are delivered, so we can better look after our patients and our staff.

This method is part of our ambition to be the best at getting better—by building a culture where every team is supported to learn, adapt, and improve. The approach of "Improving King's Together", will start in 2025/26 phased though areas across the Trust.

Driving Excellence in Patient Safety and Operational Efficiency

The introduction of the Patient Safety Incident Response Framework (PSIRF) across the Trust has significantly improved patient safety approach at King's. By establishing 16 Patient Safety Improvement Groups based on key safety themes at King's, investigation resource demand has been reduced by 7,820 hours per month, allowing staff to focus on direct patient care and safety improvement. Targeted quality improvement initiatives have also led to measurable efficiencies, including a 5% reduction in non-sterile glove use, a cost saving of £63,763 in Intravenous line infection prevention, and postnatal care cost reductions of £70,000 annually.

Surgical patient safety has also been enhanced, with Treatment Escalation Plan (TEP) completion rates increasing from 21.6% to 72%. The refinement of the thrombolysis pathway has addressed critical delays in emergency stroke care, ensuring timely and effective treatment. Additionally, improvements to recruitment processes have streamlined onboarding, eliminating redundant tasks and optimising resource allocation.

Embedding a Culture of Continuous Improvement

The QII Strategic roadmap for 2025-2026 will focus on embedding a culture of continuous improvement by aligning QI efforts with the Trust's strategic priorities. The roadmap emphasises four key objectives:

1. **Increased QI Visibility & Impact** – Promoting the use of QI methodologies across all levels of the Trust, ensuring staff, patients, and carers are engaged in improvement efforts.
2. **Improved Value** – Embedding QI and innovation to drive financial recovery, optimise resources, and enhance operational performance.
3. **Enhanced Transparency & Inclusion** – Strengthening communication and transparency to create an inclusive improvement environment.
4. **Validated Innovation** – Evaluating and adopting new innovations to ensure their effectiveness and sustainability within the Trust.

To support these objectives, initiatives such as structured QI training programmes for staff/patients/carers, coaching and advice, and the introduction of improvement huddles and visibility boards will be launched.

The work of the Quality Improvement & Innovation team is central to achieving King's College Hospital's Quality Account priorities. Through structured methodologies, innovation, and collaboration, significant improvements have been made in patient safety, operational efficiency, and staff engagement. A key aspect of this work has been the co-design of improvement solutions with patients and carers, ensuring their voices shape meaningful and sustainable changes that directly enhance patient experience and care delivery. By addressing existing challenges and strategically scaling improvement efforts, the Trust will foster a culture of continuous improvement, ensuring the best possible outcomes for patients, staff, and the wider community.

Information on participation in clinical research

The number of patients receiving relevant health services provided or subcontracted by King's College Hospital NHS Foundation Trust in 2024-25 that were recruited during that period to participate in research approved by a research ethics committee was 29535 total portfolio recruitment, of which:

- 491 commercial
- 29044 non-commercial

The number of patients receiving relevant health services provided or subcontracted by King's College Hospital NHS Foundation Trust in 2024-25 that were recruited during that period to participate in research approved by a research ethics committee was 29,535.

Kings College Hospital were in the top four recruiting Trusts in the United Kingdom to the National Institute for Health and Care Research (NIHR) research portfolio.

Commissioning for Quality and Innovation (CQUIN) framework

NHS England decided to pause the Commissioning for Quality and Innovation (CQUIN) framework for 2024-25. In May 2024 NHSE announced that the CQUIN programme is non mandatory for 2024-25. For that reason, the national CQUIN financial arrangements previously described in Service Condition 38 of the NHS Standard contract will also not apply during the pause. NHS England has produced a list of optional indicators that can be used by any systems that have agreed to operate a local quality scheme during the pause. Operation of such scheme is entirely optional and a matter for local agreement between providers and commissioners. The Trust agreed to carry forward with two of the CQUINs:

- Prompt switching of intravenous to or antibiotics
- Recording of and response to NEWS2 score for unplanned critical care admissions.

Care Quality Commission (CQC)

- King's College Hospital NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "Requires Improvement" trust wide and "Good" for well-led. King's does not have any conditions on registration.
- The CQC has not taken enforcement action against King's during 2024-25.
- King's College Hospital NHS Foundation Trust has participated in an inspection by the CQC relating to Ionising Radiation (Medical Exposure) Regulations IR(ME)R during 2024-25. The CQC confirmed compliance with the IR(ME)R 2017. The inspection highlighted good practices, including effective procedures, detailed training records, and a positive departmental culture. No areas for improvement were identified, and the service demonstrated a well-defined governance structure with clear accountability.
- King's College Hospital NHS Foundation Trust made the following progress by 31st March 2025:

Table 5: 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	Completed Improvement Actions
Maternity Services at DH and PRUH	
The trust must ensure staff complete timely risk assessments for each woman and take action to remove or minimise risks (ligature risks).	Annual review of ligature points conducted within the department with works planned to remove identified higher risk ligatures as part of estates planning and maintenance. All women and birthing people are risk assessed and those considered high risk for self-harm mitigated through 1:1 Registered Mental health Nurse (RMN) and Healthcare Assistant (HCA) support; Safeguarding team are involved in assessments.
The trust must ensure effective processes and systems are in place in the maternity assessment unit (MAU) to ensure women are safe.	The MAU has now been moved onto the DH hospital site (previously located in the Harris Birthright Unit) and this significantly improves the safety for women who present to the MAU with a need for urgent intervention and treatment. Birmingham Symptom-specific Obstetric Triage System (BSOTS) is in place and being audited regularly.
The trust should ensure that staff complete patient records appropriately.	Epic is now in place, and the Maternity unit undertakes monthly audits of compliance with documentation standards.

Table 6: Medical care including older people's care quality improvement actions completed by 31 March 2023 to address the CQC's findings

CQC Concerns	Completed Improvement Actions
Medical Care, including older people's care DH	
The service should continue to work with system-wide partners to ensure timely discharge of patients.	As part of King's Patient Flow Oversight Group, discharge improvement has been aligning to NHSE and GIRFT recommendations including: • Golden Discharges, • Transport • Continuous flow • Live bed state and transfer centre • Operational Pressures Escalation Levels (OPEL) triggers: • Repats • Multi Agency Discharge Event (MADE) • Discharge lounge.

Table 7: Well-led quality improvement actions completed by 31 March 2023 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.	The people directorate are carrying out a series of improvement programmes across their services. One of the programmes is focused on the employee relations team. This work aimed to improve the quality, consistency and timeliness of advice and support from that team. The work was led by the Deputy Chief People Officer and Associate Director of Workforce who worked with key stakeholders (Heads of Nursing although the work covered all staff groups) to identify priority areas for improvement such as resolving cases promptly, accuracy of advice and support and identification of escalation channels. This is highlighted in the attached report. In addition, all people directorate teams are required to complete mandatory training on information governance which includes sections on confidentiality.

Records Submission

Kings College Hospital NHS Foundation Trust submitted 2,698,913 records during 2024-25 M1-12 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data April 2024 to March 2025 which included the patient's valid NHS number was:

- 99.4% for admitted patient care.
- 99.2% for outpatient (non-admitted) patient care; and
- 96.0% for accident and emergency care (due to inclusion of Greenbrook UTC data at Denmark Hill).

The percentage of records in the published data April 2024 to March 2025 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
- 98.6% for accident and emergency care.

Information Governance Assessment

King's College Hospital NHS Foundation Trust's 2024/25 submission of the Data Security and Protection Toolkit is due on 30th June 2025. King's College Hospital NHS Foundation Trust's 2023/24 submission of the Data Security and Protection Toolkit made in June 2024 covering the period of 1st July 2023 to 30th June 2024 reports an overall assessment of 'Approaching Standards'. The Trust has an agreed improvement plan with NHS England; and one action left on the improvement plan which we are seeking progression information from the NHSE. Once the Trust completes the outstanding actions it's status for the 23/24 assessment will be changed to 'Standards Met'.

Payments by Results (PbR)

King's College Hospital NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2024-25 by the Audit Commission.

Data Quality

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.
- 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.

The new Epic system was introduced in October 2023. As with any new Electronic Patient Record system, there has been a significant impact in a number of service areas on data flow and data quality. In June 2024 the Trust's pathology provider, Synnovis, was the victim of a significant cyber attack which significantly reduced their ability to process laboratory tests for several months, in turn reducing both Trusts' capacity to treat patients, especially those requiring blood and blood products.

Both Trusts have supported a programme of work with our local commissioner, South East London Integrated Care Board (ICB) to assess, review and agree on known areas of recording change. One of the main areas where a counting and coding change has been agreed relates to nurse-led pre-assessment clinics which we have agreed to be reverted back to being recorded as follow-up attendances. Another key area is in relation to the recording of diagnostics and imaging activity, particularly where these tests are linked to referring outpatient encounters; and the reporting of Ophthalmology and associated diagnostic activity from the Epic system.

At the time of writing this report the programme remains an ongoing piece of work with the South East London ICB commissioners.

Learning from Deaths

During 2024-25, 2367 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:

- 547 in the first quarter (April to June 2024).
- 562 in the second quarter (July to September 2024).
- 606 in the third quarter (October to December 2024).
- 652 in the fourth quarter (January to March 2025).

By 31 March 2025, 172 case record reviews (Structured Judgment Review Forms) and 43 investigations (patient safety incident reviews) have been carried out in relation to 167 of the 2367 deaths included above.

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

- 33 in the first quarter.
- 35 in the second quarter.
- 53 in the third quarter.
- 46 in the fourth quarter.

Five patient deaths (0.2%) 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:

- 2 representing 0.08% for the first quarter.
- 0 representing for the second quarter.
- 2 representing 0.08% for the third quarter.
- 1 representing 0.04% for the fourth quarter.

Summary of learning from case record reviews and investigations

- Increased need for parallel planning and early discussions with families regarding palliative care; early introduction of family liaison/bereavement nurses.
- More detailed documentation of family communications in the notes
- Referral for organ donation to be considered for all deaths.
- Updated version of the bereavement checklist relevant to all areas and reflected on Epic.
- Bereavement training plans for all staff in child health.
- Utilisation of Epic in note keeping and special functions – standardised note entry and handover mechanisms updated.
- Learning points from patients for whom management was challenging taken forwards into trauma education forum and courses (KITTS course).
- Direct referrals to the Integrated Care Network (ICN) for the pro-active care of older patients living with frailty.
- Training for fitting and management of Miami J Collar with an escalation process in place.
- DNACPR discussions may have to be held with several members of the same family and possibly more than once to be understood by all family members clearly.
- Mortality ‘champions’ on each ward to try to upskill doctors to use the Epic build in documentation.
- Initiation of early proactive referrals to palliative care for children who may be life threatened or life limited.
- Dedicated and private end of life and bereavement space across neonatal intensive care, child health and emergency department at PRUH. Standard operating procedure for the withdrawal of life sustaining treatment on the paediatric intensive care unit in development.
- Documentation of Advance Care Planning (ACP) in patients with moderate to severe frailty in the Universal Care Plan in the London Care Record on discharge from hospital or with follow-up in the Integrated Care Network (ICN) for the pro-active care of older people living with frailty (Bromley).
- Improved death documentation completion rate on Epic.

<u>Previous reporting period</u>

- 70 case record reviews and 5 investigations, which related to deaths, were completed after 31 March 2024 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.

Following implementation of the new Electronic Health Record System (EHR), mortality review functionality has been developed and introduced in August 2024 and training provided. Structured judgement review completion rates reduced significantly following the migration from the old to the new EHR but is now improving, with oversight from the Mortality Monitoring Committee.

Specialties continue to review their deaths and learning opportunities during their Mortality and Morbidity meetings and to present their local data at the Trust Mortality Monitoring Committee on a 6-monthly basis, triangulating with mortality data from national clinical audits, patient safety investigations and complaints.

2.3 Reporting against core indicators

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

See table 8 on the next page

Table 8: 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 31/12/24	0.9865 (95% CI 0.8705, 1.1487) - as expected	01/01/22 to 31/12/22	0.9813 (95% CI 0.8967, 1.1152) - as expected	0.9841 (0.945, 1.025) - as expected	0.7076 (0.678, 0.738) - as expected	1.0	NHS digital	The Trust considers that this data is 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 31/12/24	48%	01/01/2022 to 31/12/2022	49%	65%	25%	40.50%	NHS Digital	
Patient Reported Outcomes Measures - hip replacement surgery	EQ-5D Index:26 modelled records	Apr 23 - Mar 24	Adjusted average health gain: Not provided as small number of cases	Apr 22 - Mar 23	Adjusted average health gain: Not provided as small number of cases (n=15)	0.598	0.367	0.453	NHS Digital	The Trust considers that this data is as described for the following reasons – Insufficient data submitted for KCH, 26 modelled records for hip PROMs. Data submissions are being migrated into Electronic Health Record System.
	EQ VAS: 26 modelled record		Adjusted average health gain: Not provided as small number of cases		Adjusted average health gain: Not provided as small number of cases (n=15)	17.172	6.279	14.087		

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
	Oxford Hip Score: 25 modelled records		Adjusted average health gain: Not provided as small number of cases		Adjusted average health gain: Not provided as small number of cases (n=15)	25.492	19.769	22.303		
Patient Reported Outcomes Measures - knee replacement surgery	EQ-5D Index:31 modelled records	Apr 23 - Mar 24	Adjusted average health gain: 0.275	Apr 22 - Mar 23	Adjusted average health gain: Not provided as small number of cases (n=14)	0.395	0.244	0.323		Oxford Knee Score adjusted average health gain is lower than the comparison Trust, however numbers are very small (n=30). Data submissions are being migrated into Electronic Health Record
	EQ VAS: 31 modelled records	Apr 23- Mar 24	Adjusted average health gain: Not provided as small number of cases		Adjusted average health gain: Not provided as small number of cases (n=14)	8.812	4.153	7.368		
	Oxford Knee Score: 30 modelled records	Apr 23- Mar 24	Adjusted average health gain: 12.439		Adjusted average health gain: Not provided as small number of cases (n=14)	19.013	13.630	16.815		

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
Percentage of patients readmitted within 28 days of being discharged	Patients aged 0-15 -0.85%	Apr-24 to Mar - 25	1.64%	Apr-23 to Mar-24	1.34%	Data not comparable due to differences in local reporting.	Data not comparable due to differences in local reporting.	N/A	For 24/25 Electronic patient record system (Epic). For 23/24 Epic and Patient Information Management System (PIMS)	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 16+ 7.41%		6.48%		6.64%	Data not comparable due to differences in local reporting.	Data not comparable due to differences in local reporting.	N/A		
Trust's responsiveness to the personal needs of its patients: To what extent did staff looking after you involve you in decisions about	Score out of 10 trust-wide	2023 National Inpatient Survey	6.7	2022 National Inpatient Survey	6.6	8.4	6.3	7.1	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

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
your care and treatment?										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	2023 National Inpatient Survey	7.3	2022 National Inpatient Survey	7.1	9.2	6.8	7.7	CQC	
Were you given enough privacy when being examined or treated?	Score out of 10 trust-wide	2023 National Inpatient Survey	9.3	2022 National Inpatient Survey	9.5	9.9	9.1	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	2023 National Inpatient Survey	4.3	2022 National Inpatient Survey	4.3	6.5	3.4	4.3	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	2023 National Inpatient Survey	6.8	2022 National Inpatient Survey	6.7	9.7	6.1	7.5	CQC	
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or	% (If a friend or relative needed treatment I would be happy with the standard	2024 NHS Staff Survey	61.8%	2023 NHS Staff Survey	62.7%	86.4%	39.2%	61.9%	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 Quarterly Pulse Surveys and the National Annual Staff Survey.

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
friends	of care provided by this organisation)									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 three lowest-scoring NHS People Promises to generate an improvement action plan. This improvement can be measured by the staff survey results in the following years. We are also launching an Engagement toolkit in Q2 as the link between people experience and patient care is well established.
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	April 2024-January 2025	86% (average anytime compliance during admission) 62% (average 14-hour compliance)	Apr-21 to Mar-22	97.9%	Bart's Health NHS Trust 99.1%	Sheffield Teaching Hospital NHS Foundation Trust 95.0 %	95.5%	NHS Improvement	The Trust considers that this data is described for the following reasons: This census data was collected electronically. Monthly snapshot ward audits reflect similar compliance scores. Mandatory VTE risk assessment was introduced mid-November, '24, resulting in improvements to compliance in Dec 24/Jan 25 that will positively impact future scores. The Trust intends to take the following actions to improve this score, and so the quality of its services: Further Optimisation of electronic solutions to enhance timely completion of VTE risk

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
										assessment. VTE Clinical Nurse Specialists will work closely with areas not meeting the National target for VTE risk assessment of 95% and develop action plans to address this as part of the PSIRF process.
The rate per 100,000 bed days of cases of *C. difficile* infection reported within the Trust among patients aged 2 or over during the reporting period	Rate/ 100,000 bed days	April 2023 – March 2024	112	April 2022 – March 2023	130 cases	National data not available at time of finalising Quality Account	National data not available at time of finalising Quality Account	National data not available at time of finalising Quality Account	https://www.gov.uk/government/statistics/c-difficile-infection-monthly-data-by-prior-trust-exposure	The Trust considers that this data is described for the following reasons: there were 112 Trust-apportioned cases of CDI (for patients aged ≥2), thus the performance target was not met. However, we achieved a reduction of 18 cases compared to last year. The number of *C.diff* has increased nationally The Trust intends to take the following actions to improve this score, and so the quality of its services, by: • IV to oral switch antibiotic rounds. • IPC nurse ward rounds to support clinical assessment of patients with diarrhoea. • Quality Improvement project for C.diff. • Quality Improvement project for cleaning.
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting	No. (rate per 1,000 bed days)	April 2024 – Mar 2025	27176 47.01 patient safety incidents per 1000	April 2023 - Mar 2024	23065	National data not currently available – expecting publication of organisational level data from	National data not currently available	National data not currently available	InPhase Integrated Quality Report	Reporting at King's College Hospital NHS Foundation Trust remains high. Comparisons with previous data complex following implementation of LfPSE and splitting of reporting of patient safety and non-patient safety

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
period			bed days.			LfPSE from May 2025.				incidents.
The number and percentage of such safety incidents that resulted in severe harm or death	No. (rate per 1,000 bed days)	April 2024 – Mar 2025	99 - 72 resulting in severe physical harm, 3 in severe psychological, and 24 in death. 0.17 per 1000 bed days.			National data not currently available – expecting publication of organisational level data from LfPSE from May 2025.	National data not currently available	National data not currently available	InPhase	The way in which harm is assessed changed in April 2023 following the introduction of LfPSE. Whereas previously an assessment of 'avoidabilty' was made in determining how much harm the incident had contributed to. Under LfPSE the level harm represents the actual outcome for the patient as a result of the incident.

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

Indicators	Reason for selection	Trust Performance 2024-25	Trust Performance 2023-24	Peer Performance (Shelford Group Trusts) 2024-25	Data Source[2]
Patient Safety Indicators					
Duty of Candour	Duty of Candour compliance data is not available post October 2023 following the 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.	No targets set under PSIRF so no performance figure can be reported.	Average 76% Apr to Oct 23	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.	98.1%	97.5%	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-based improvement plans have been implemented for each.	3 (2024-25)		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.'	0.63 (95% CI 0.51, 0.78) – Better than expected	0.55 (95% CI 0.43, 0.71) – Better than expected	1 (95% CI 0.95, 1.06)	NHS Digital data via HED, period: December 23 to November 24
SHMI Weekend admissions		0.99 (95% CI 0.92, 1.06) – As expected	1.0867 (95% CI 1.008, 1.17) – As expected	1.39 (95% CI 1.18, 1.62) – As expected	
Patient experience indicators					
Friends and Family – A&E	Overall, how was your experience of our service? % positive Friends and Family Test	73%	67%	79%	NHS England national statistics
Friends and Family Inpatients	Overall, how was your experience of our service? % positive Friends and Family Test	93%	93%	95%	NHS England national statistics
Friends and Family Outpatients	Overall, how was your experience of our service? % positive Friends and Family Test	94%	91%	94%	NHS England national statistics

Performance against relevant indicators

Table 10: Performance against relevant indicators

Indicators	Trust Performance 2024-25	Trust Performance 2023-24	National average	Target
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	60.0%	65.9%	60.7%	92.0%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	71.1%	65.3%	58.3%	95.0%
All cancers: 62-day wait for first treatment from Urgent GP referral for suspected cancer	68.4%	60.9%	61.5%	85.0%
All cancers: 62-day wait for first treatment from NHS Cancer Screening Service referral	n/a	67.6%	69.1%	>99%
C. *difficile*:	112 cases	115 cases	n/a	108
Maximum 6-week wait for diagnostic procedures	53.9%	71.9%	71.6%	>99%
Venous thromboembolism risk assessment	86.8%	98.2%	n/a	95.0%

Access to services

The Trust's FY2024-25 Operating Plan included an objective to reduce the number of patients waiting more than 65 weeks for treatment to 80 by the end of September 2024. Delivering this plan was dependent on enacting system mutual aid in key services areas, no further industrial action and delivery of the activity plan across key service areas. Unfortunately, this target was not achieved.

On 3 June 2024 our Pathology partner, Synnovis was impacted by a cyber-attack and the Trust had to reduce activity to ensure delivery of core emergency pathways. This necessitated a significant reduction in elective activity. Between July and September there were significant restrictions on some patient cohorts who could not be treated onsite due to their clinical condition. This impacted our ability to treat some long waiting patients.

Pre-Synnovis incident Elective Recovery Fund (ERF) activity delivery equated to approximately 115% compared to the Trust's 2019/20 ERF baseline and approximately 110% from June onwards. Following the implementation of a number of Counting & Coding changes (described above) the overall estimated ERF position was approximately 106% compared to the 110% baseline target.

The number of COVID-positive patients in our beds remains low this year with an average of 29 patients in our General & Acute (G&A) beds compared to 43 for FY23/24. We have typically been caring for on average 1 patient per day in our critical care beds which is similar to last year.

Referral to Treatment (18 Weeks)

Despite industrial action in June and the extended impact of reduced activity during the Synnovis pathology between June and September, the Trust has implemented a number of elective recovery plans to deliver against the 65 week forecasts between August to March 2025, ending the year with 103 patients waiting over 65 weeks by the end of March 2025.

The Trust planned to reduce the number of 65 week wait patients to 80 by the end of March with enhanced recovery actions which included mutual aid and extended use of Independent Sector Providers (ISP) to treat long wait patients on Denmark Hill waiting lists in Bariatric Surgery, Colorectal and General Surgery. Additional weekend Day Surgery Unit (DSU) lists and additional lists in main theatres were also being put on during February and March.

There were ongoing actions in other key specialties to deliver the 65-week year-end forecast including Ophthalmology and Maxillo-facial Surgery.

The total Patient Tracking List (PTL) size has been reducing between April to December 2024, and despite increasing in Quarter 4 there were 88,631 pathways on the PTL by the end of March. This remains below pre-Epic levels with reductions across all wait groups for March. Referral To Treatment (RTT) incomplete performance for patients waiting under 18 weeks has also improved from 56.90% in April to 63.99% in March 2025, even though we continue to reduce the number of long wait patients on the PTL.

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. We have also been implementing the Getting It Right First Time (GIRFT) F Cohort 3 programme to review and standardise clinic templates across 19 services and continue to work to maximise potential capacity and optimise new: follow up ratios as part of our ongoing Outpatient Transformation programme of work.

Cancer Treatment within 62 Days

Following the consultation on the cancer waiting times in 2023 performance monitoring continues to be focussed on the 28 day Faster Diagnosis Standard (FDS) as well as the 31 day and 62 day cancer standards. Monitoring of the 2-week wait continues within the Trust but ceases to be published as the metric no longer forms part of the NHS Operating Framework.

Following the implementation of Epic in October 2023 the Trust was put into the Tiering programme for its cancer performance. However, as a result of the pathway transformation work and improved performance that has been observed during this year, the Trust received written confirmation that it was being moved out of the Tier 1 programme from November 2024. This was on the basis of the improvements delivered in our 62 day referral to treatment and 28-day Faster Diagnosis Standard performance.

We have not been compliant with the 62-day General Practitioner (GP) referral to treatment standard (national target is 85%) during 2024-25 but performance has been improving for each quarter during the year with Quarter 3 performance at 71.4%. This reduced in Quarter 4 to 67.0% as we reduced the number of backlog patients waiting for treatment.

The number of patients waiting over 62 days for first cancer treatment (the “backlog”) has remained below the last year’s reduction target of 150 cases for March 2024 for the majority of the financial year, peaking at 160 cases in August and September during the Synnovis incident. The backlog reduced to levels just over 100 towards the end of November, and we have seen the seasonal increase in the backlog to 169 cases by the middle of January 2025. The number of backlog patients reduced to 135 patients by the end of March.

Performance against the new 31 day treatment target has been relatively stable during the year achieving 91.2% in Quarter 3 and improving to 93.7% in Quarter 4 but remains below the new national target of 96%.

The Trust has exceeded the new 75% national target for the 28 Faster Diagnosis this financial year with the exception of April and January. Whilst performance for Quarter 1 was below target at 74.6%, the national target has been achieved for each quarter for the remainder of the year with performance at 76.2% for Quarter 4.

Diagnostic Test within 6 Weeks

At the start of this financial year in April 2024, there were 11,704 patients waiting on the diagnostic waiting list for a DM01 reportable test over 6 weeks which equated to performance of 58.3%.

Since the implementation of the Epic system in October 2023 there has been a significant increase in the total DM01 diagnostic PTL from 16,399 total waiters to 28,042 by the end of April 2024. Whilst the PTL size has remained relatively static during 2024, we were required to report on planned patients waiting beyond their treat by date from March 2025 onwards. There were 31,943 patients waiting on the total DM01 diagnostic PTL which reflected the additional planned waiters who are now reportable as active DM01 waiters.

The number of patients waiting on the diagnostic waiting list for a DM01 reportable test over 6 weeks has increased from 11,704 patients waiting at the end of April 2024 to 14,412 at the end of March 2025 which equates to 54.9% performance. The majority of the breach increases have been reported in non-obstetric ultrasound (7,229 breaches by March 2025) and cardiac echocardiography (4,682 breaches in March 2025).

The Trust does have a number of short and medium recovery actions in place which are helping to maintain the current performance levels, but a long term solution is now needed to manage ongoing demand.

Emergency Department four- hour standard

Type 1 A&E department attendance levels for the period April 2024 to March 2025 are 3.8% higher compared to the same period last year. Type 3 Urgent Treatment Centre (UTC) attendances have also increased by 5.4% for the Denmark Hill UTC and by 1.4% at Princess Royal University Hospital (PRUH) UTC.

Four-hour performance at the Denmark Hill site has improved significantly this financial year compared to FY23/24 with performance exceeding 70% on a monthly basis with the exception of October where performance of 69.0% was reported. Performance for Quarter 2 improved to 75.84% and despite increased winter and patient flu-related pressures, performance for Quarter 3 was 71.0% and improved in Quarter 4 to 72.0%.

Bed occupancy at DH has remained exceptionally high throughout the year with average occupancy at 97.1% based on our daily Sitrep submissions consistent with 97.0% reported for 2023/24. The number of patients waiting over 12 hours for admission into beds increased from a monthly average of 197 cases between April and November to 404 cases between December and March. The in-year monthly high of 443 breaches was reported in January 2025.

Four-hour emergency performance at the PRUH site remained challenged in Quarter 1 at 63.8% but has seen improved performance in Quarter 2 and peaking at 70.7% for Quarter 3 but reducing slightly to 69.8% for Quarter 4.

Bed occupancy at PRUH has remained high at 96.8% for the year, which also includes beds at Orpington Hospital. The number of patients waiting over 12-hours for admission into beds remained high in Quarter 1 with a monthly average of 650 cases. Whilst improvements were delivered during July and August, the number of breaches has increased to 618 cases in December and 836 in January.

Formal care group decompression plans for Emergency Department (ED) have remained in place from November this year as well as winter arrangements including LAS winter plans to manage flow on both of our acute hospital sites. There is ongoing work with South London and Maudsley (SLAM) to support a potential solution to reduce long waits for mental health patients within ED specifically at the Denmark Hill site.

Ambulance handover delays remain a focus at both acute sites. Particular focus has been given to reducing the number of delays over 60 minutes. Denmark Hill site had zero ambulance handover breaches each month this financial year with the exception of 3 cases reported in October 2024. The number of 30-60 minutes breaches at Denmark Hill reduced from 679 in Quarter 1 to 616 in Quarter 3, but increasing to 742 during Quarter 4.

PRUH site reduced the number of 60 minute ambulance handover breaches from 71 in Quarter 1 to 38 in Quarter 2 but increased over the winter months with 88 breaches reported for Quarter 4. The number of 30-60 minutes handover breaches at PRUH reduced from 1,486 in Quarter 1 to 1,302 in Quarter 2 but increased back to 1,471 in Quarter 3 and further to 1,630 during Quarter 4.

Freedom to Speak Up

Last year, we committed to training our managers to respond positively to concerns. Dr. Jayne

Chidgey-Clark, the National Guardian, emphasised the critical role of leadership, stating, “Confidence in speaking up stems from knowing that concerns will be addressed appropriately.”

At King’s, we know that leaders and managers must actively listen and act. If they do not, staff may hesitate to voice concerns, affecting both wellbeing and ultimately patient care. We are committed to supporting managers, especially those at Band 6 and above, in addressing workplace issues.

Managers at King’s are increasingly confident in encouraging their teams to speak up and respond effectively to concerns. However, responses to escalated cases vary among managers. To ensure confidence and consistency, the Freedom to Speak Up (FTSU) Guardians are reviewing processes and delivering bespoke training for managers. These trainings are integrated into leadership programs and reinforce managerial accountability.

One significant outcome of this focus on training is a rise in managers themselves raising concerns through FTSU. Managers are also seeking informal advice from Guardians on handling concerns and requesting training to ensure their teams know how to raise concerns.

Our commitment to educating and supporting managers will remain a key priority for 2025/26.

Growing Confidence in Speaking Up

This year, more staff are raising concerns through the FTSU Guardians each quarter compared to previous years. There is a 35.47% increase in cases brought to the Freedom to Speak Up Guardians in 2024/2025 compared to 2023/2024. High numbers of reported cases often reflect an enhanced Freedom to Speak Up culture and increased trust in the Guardians and speak up process.

At King’s, this has been particularly evident over the past year. On 4 March 2024, a Deputy Guardian joined the team, primarily based at the Princess Royal Hospital (PRUH), but working Trust-wide. Their presence and increased FTSU visibility and engagement across the South Sites has led to a significant rise in staff raising concerns at PRUH and South Sites since 1 April 2024, accounting for 39% of the total cases raised this year compared to 15% in 2023/24.Numbers only tell part of the story. Behind each statistic is a personal experience of someone working within the Trust. However, data remains essential for informed decision-making and identifying potential areas of concern across the organisation.

Through various engagement activities, such as listening sessions, clinical huddles, team meetings, training events, webinars, and ward visits, the Guardians have reached out to nearly 3,000 staff this year, in addition

to handling formal confidential cases. Training provided by the Guardians includes topics on psychological safety and fostering civility in the workplace. The introduction of the InPhase software module has secured the handling of confidential FTSU data and facilitates alignment with other Trust-wide safety indicators and mechanisms.

Who is Speaking Up?

- **Nurses:** Nurses, our largest workforce group, continue to be the highest reporters both nationally and at King's.
- **Administrative and Clerical Staff:** Due to many service redesigns and consultations, administrative and clerical staff have accessed the FTSU service for support. They are the second highest staff group. Due to a requirement of impartiality, the FTSU Guardians are unable to be involved in any consultation processes, but signpost staff to ensure they have access to the correct support.
- **Doctors:** Nationally, doctors are the least likely to raise concerns, with only 6.1% doing so, due to fears of retribution and job security concerns. At King's, however, doctors are the third highest reporting professional group, suggesting increased confidence and trust in FTSU.
- King's surpassing the national average for doctors speaking up reflects the effectiveness of our initiatives. The FTSU Guardians collaborate closely with the Guardians of Safe Working and deliver joint training sessions with the GMC to ensure that particularly resident doctors know how to raise concerns and are supported.

What Are Staff Speaking Up About?

- The Trust's primary reporting themes extend beyond the National Guardians Office (NGO) statutory reporting requirements. Concerns relating to culture and behaviours have increased over the last two years. Poor working relationships and inappropriate attitudes and behaviours remain the most reported category of 2024/25.
- While cultural concerns are a key driver for staff speaking up, as a Trust we acknowledge that culture directly impacts patient safety and quality. To address this, we are working to triangulate FTSU data with patient safety, experience, HR metrics and NHS Staff Survey results to identify patterns and key areas of concern across the Trust.
- All FTSU data is integrated into the Trust's Integrated Quality Report to ensure Board committee oversight and accountability.

FTSU Priorities for 2025/26

- **King's Ambassador Scheme:** Launched in March 2023, this initiative currently has over 60 Ambassadors, with a new cohort beginning in Spring 2025. King's Ambassadors integrate FTSU, EDI, and Wellbeing initiatives. While they do not handle FTSU cases, Ambassadors offer valuable support and help extend awareness of Freedom to Speak Up across the Trust.
- **Anonymity and Fear of Reprisal:** There has been a noticeable 61% increase in staff requesting anonymity when raising concerns. Fear of retaliation is cited as the primary reason, aligning with national trends. Since December 2024, we have collected more detailed information to understand the reasons behind these fears.
- **Addressing Workplace Detriment:** NHS staff, including those at King's, increasingly report facing disadvantages for speaking up. In response, the NGO has issued guidance for Trusts on mitigating detriment. At King's, we are embedding this guidance into all HR policies and introducing a risk assessment process to support staff who raise concerns, ensuring they receive appropriate protection and assistance.
- **Ongoing Training and Support:** We will continue providing comprehensive training for all staff, including managers and leaders, to ensure concerns are managed appropriately, staff feel valued for speaking up, and lessons learned are shared transparently. It is essential that staff trust their concerns are taken seriously and lead to meaningful action.

Guardians of Safe Working

Consolidated annual report on rota gaps.

In January 2025 Kings College Hospital employed 1459 Resident Doctors of which 710 are in Health Education England (HEE) posts. 749 Resident Doctors are locally employed by the Trust. Across the Trust, most care groups have had a decrease in vacancies this financial year (up until January 2025) compared to the financial year ending April 2024.

There has been a significant rise in the number of Resident Doctors employed on a less than full time (LTFT) contract in the past few years. Currently there are 241 LTFT Resident Doctors employed by the Trust whereas at the same time point last year there was 164. There are 62.65 WTE vacancies across the Trust. This appears to be mainly due to vacancies from LTFT working. The data does not take into account parental leave or long-term sickness, which could lead to an underestimation of vacancy numbers.

There were notable spikes in vacancy rates during the specialty changeover periods. HEE vacancies are generally only known with less than 12 weeks' notice putting additional strain on Directorates to fill these gaps. Analysis on the Health Education England (HEE) data over the last three years shows certain specialties (for example General Medicine) never fill their training positions. This is confounded by HEE putting vacant positions on hold, so these cannot be filled by the Trust until these are released by HEE.

Table 11: HEE trainee doctors data at King's

Care Group	Numbers of HEE Trainees	Numbers of Trust Doctors / Fellows	Total numbers of HEE & Trust Doctors & Fellows	Sum of Position budget WTE	Sum of Employee WTE	WTE Difference
Acute Specialty Medicine	64	49	113	110.00	109.53	0.47
Adult Medicine	1	22	23	22.28	23.00	-0.72
Cardiovascular Services	23	27	50	50.00	49.76	0.24
Children's	92	61	153	153.01	143.12	9.89
Critical Care	34	85	119	109.75	116.20	-6.45
Dental	40	3	43	34.12	41.40	-7.28
Emergency Care	32	49	81	76.00	74.72	1.28
General Medicine	62	87	149	146.70	144.11	2.59
Haematology	18	25	43	44.00	41.81	2.19
KHP		1	1	0.00	1.00	-1.00
Liver Gastro Upper GI and Endoscopy	13	54	67	78.50	66.12	12.38
Medical Director		7	7	49.00	7.00	42.00
Neurosciences and Stroke	30	42	72	86.00	70.48	15.53
Ophthalmology	13	8	21	19.70	20.03	-0.32
Orthopaedics	19	31	50	49.00	49.98	-0.98
Pathology	18	12	30	28.50	28.77	-0.27
Planned Medicine	39	7	46	43.32	41.29	2.03
R&D Ambulatory Services		7	7	5.80	6.16	-0.36
R&D Cardiac		2	2	1.00	2.00	-1.00

Care Group	Numbers of HEE Trainees	Numbers of Trust Doctors / Fellows	Total numbers of HEE & Trust Doctors & Fellows	Sum of Position budget WTE	Sum of Employee WTE	WTE Difference
R&D Clinical Haematology		1	1	1.00	1.00	0.00
R&D Department		2	2	2.00	1.20	0.80
R&D Liver		4	4	6.00	4.00	2.00
R&D Neurosciences		5	5	3.00	4.00	-1.00
Radiology	35	6	41	37.80	39.97	-2.17
Renal and Urology	23	19	42	42.00	40.58	1.42
Speciality Medicine	1	4	5	4.00	5.00	-1.00
Surgery	10	35	45	52.60	45.00	7.60
Surgery Theatres Anaesthetics and Endoscopy	34	54	88	85.00	87.19	-2.19
Theatres and Anaesthetics	50	9	59	43.00	55.63	-12.63
Trust Wide Programmes	19		19	19.00	19.00	0.00
Women's Health	40	31	71	67.50	67.89	-0.39
Grand Total	710	749	1459	1469.58	1406.93	62.65

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 to see if more posts can be maximised, for example 2 LTFT doctors to fill 1 whole time equivalent gap. However, this will increase the Trust's head count.

Ensuring adequate time to allow for recruitment of doctors from abroad to fill upcoming vacancies.

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 by primary care.

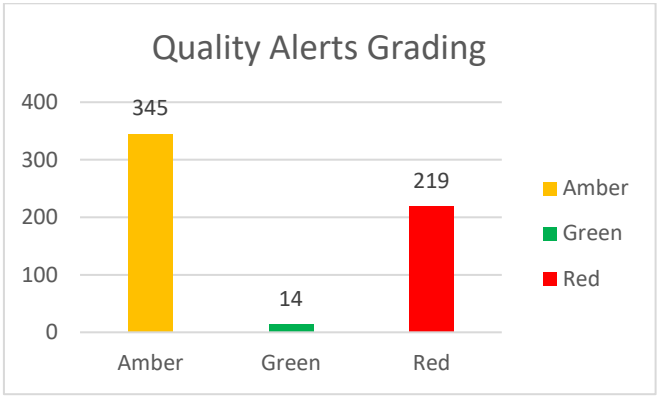
King's Reverse Quality Alerts allow the Trust to formally raise quality concerns in relation to the care and treatment of our patients within the primary care via the ICB.

In September 2024, in preparation for the introduction of the Patient Safety Strategy in Primary Care and with the implementation of Patient Safety Incident Response Framework (PSIRF) the ICB conducted a review of its Quality Alert system. The Patient Safety Strategy and PSIRF encourage a broader focus on risks, system vulnerabilities and learning opportunities rather than on harm as the primary metric. Therefore, key changes were made in the response to Quality Alerts raised. Not all Quality Alerts are responded to on an individual basis. Each Quality Alert is triaged at bi-weekly QA PSIRF panels. Quality Alerts that are triaged as patient safety incidents are logged on the Trusts local risk management system for the care groups to review and decide on the type of response at their care group PSIRF panels. All other Quality Alerts are logged and sent to the Care Groups for an appropriate response which is sent back to the ICB and primary care colleagues.

Primary Care Quality Alerts

For the period 2024-25, the Trust received 568 Primary Care Quality Alerts.

Figure 6: Primary Care Quality Alerts received by the Trust. from the ICB 2024-25



- Of the 219 red Quality Alerts, the top 3 themes were recorded as the following:
- Unsafe/inappropriate discharge/readmission (85)
- Delayed diagnosis (57)
- Operational Safety, Pathways/Capacity etc. (30)
- Of the 345 Amber Quality Alerts, the top 3 themes were recorded as follows:
- Unsafe/inappropriate discharge/readmission (148)
- Delayed diagnosis (78)
- Operational Safety, pathways, capacity etc. (58)

Improvement work undertaken/to be undertaken for top themes:

Unsafe/Inappropriate discharge

There are two Trust wide patient Safety Improvement Groups established at Denmark Hill (DH) and Princess Royal University Hospital (PRUH)

PRUH – main priorities from the group include:

- Developing a site wide approach to identify and supporting patient discharge prior to 1230 each day.
- Maintain weekly overview with a Multidisciplinary Team (MDT) approach to review and support discharge for those long length stays and complex patients. Utilising the NHSE delay codes and move process being fully managed on the Trust Electronic Patient Record system (Epic).
- Embed a criteria led discharge approach with full MDT engagement and effective Epic documentation to enable a culture of criteria led discharge.
- Continue to develop a progressive approach to electronic bed management to enable effective
- patient flow management and rhythm on the day.
- Continue to develop and utilise a quality dashboard to enable reflection and influence on all workstreams and future focus areas.
- District Nurse referral process: developed, piloted and now embedded; reduction in time from 60 to 20 minutes with the new process.
- Discharge check list: Currently in pilot phase with plan for future roll out.

DH – main priorities for this group include:

- Reducing delayed discharged due to transport issues
- Improving the accuracy of estimated discharge dates to inform a live bed status.
- Increasing the number of patients receiving care in the right place (criteria to reside)
- To ensure the site has a coordinated and effective discharge hub.
- Implementation of the SAFER bundle. This is a practical tool to reduce delays for patients in adult inpatient wards.
- Increase Same day Emergency Care (SDEC) capacity and utilization to improve admission avoidance.

Delayed diagnosis:

- 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.
- Pilot of InBasket dashboard, for service managers and clinical leads to deliver assurance that test results are being reviewed promptly by all clinical teams.
- Expression of interest for Synnovis Transformational funding to support the improvements and pull Synnovis into the workplan more seamlessly.
- Ongoing work includes administrative safety – review of incident reporting data vs. operational performance/administrative safety metrics.

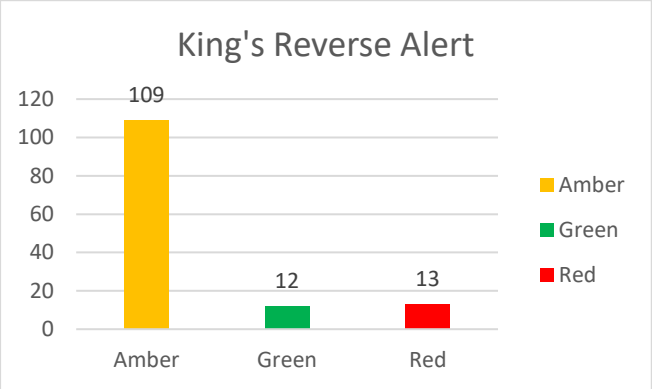
Operational Safety, pathways and capacity:

- Ongoing improvement work includes process mapping or referral management and follow up appointment booking process collaboratively with stakeholder groups to understand end to end process and potential system vulnerabilities.
- Regular interface meetings with Primary care Leads and Integrated care Boards to resolve current issues within the system.

King’s Reverse Quality Alerts

For the period 2024-25 the Trust sent out 134 King’s Reverse Quality Alerts.

Figure 7: King's Reverse Quality Alerts raised with the ICB 2024-25



Of the 13 Red Reverse Quality Alerts, the following themes were recorded for the top 3:

- Medication/Prescribing (6)
- Delayed treatment (2)
- Discharge safety/Operational Safety (1) each.
- Of the 134 Reverse Quality Alerts, 29 have been closed with 104 currently remaining open.

Annex 1

South East London Integrated Care System Statement on King's College Hospital NHS Foundation Trust Quality Account 2024-25

South East London Integrated Care System

NHS South East London

SEL ICB's King's College NHS Foundation Trust 2024/25 Quality Account Statement

SEL ICB wishes to thank King's College Hospital NHS Foundation Trust for sharing their 2024/25 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 their continued optimisation of the Epic electronic patient record which they launched in October 2023, including the launch of their patient portal, MyChart. Their dedication on quality and safety for all patients is demonstrated in their achievement of continuing to embed MyChart as a tool for our patients to participate more fully in their care whilst also introducing additional functionalities within the system.

The ICB would like to thank the staff and management of the Trust for their response in working across the healthcare system to maintain quality and patient safety during the Synnovis Cyber Attack.

The ICB recognises the significant achievements made against the three quality priorities set for 2024/25. Notably, the successful implementation of the priority to improve the care of deteriorating patients will enhance patient outcomes and drive safe, high-quality care. In particular, the implementation of a dashboard to monitor acutely unwell patients has had a positive impact, leading to improved compliance with NEWS protocols.

Whilst the Trust's CQC rating remains as Requires Improvement, the ICB acknowledges the completion of improvement actions taken by the Trust to address feedback from the CQC.

The ICB is supportive of the Trusts plans to reduce its long wait cohort and of its elective recovery programme and acknowledges the improvement work that is ongoing to achieve the national target for the 28-day faster diagnosis.

The ICB is pleased to see that mortality review functionality has been developed and introduced across the Trust with oversight from the Mortality Monitoring Committee.

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 2025/26 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

HealthwatchBromley:

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

healthwatch Bromley

Healthwatch Bromley response to King's College Hospital Quality Account

Thank you for asking us to review your 2024 - 2025 Quality Account. Our response recognises the challenging operating environment and financial issues the Trust has, and will continue to face, and we acknowledge the endeavours, commitment and skill of staff providing care for patients at this time. The draft we reviewed lacked some data sets, particularly in the audit section, and the statement on quality from the Chief Executive was not available, so commentary on these is excluded from our response.

We support the chosen quality account priorities for 2025 - 2026, especially the focus on patients with learning disabilities and autism and thank the Trust for engaging with us during their selection.

We note the valuable work undertaken during the year on the chosen 2024 - 2025 priorities whilst dealing with issues such as the Synnovis cyber-attack and the collapse of the Patient Transport provider.

Priority One - Patient Safety

Continuing to build on the baseline work of the thematic review in 2025 – 2026 is very welcome. We note the insight from this review highlighted "insufficient staffing" as the "primary workforce-related contributory factor" for patient safety incidents that have happened and may happen in future. We collect views and information from patients and the public throughout the year; these would support and inform the continued and very necessary work planned in 2025 - 2026. Therefore, we recommend Healthwatch Bromley be invited to attend the Patient Safety Committee regularly to contribute ongoing, relevant insight and patient experiences. We note the challenges faced in 2024 – 2025 from "competing demands and resources", the planned care division restructuring, ongoing financial pressures and the GIRFT programme, but trust the appropriate level of resources will be committed to completing this very important programme of work in 2025 – 2026 and look forward to engaging with the Patient Safety Committee.

Priority Two – Deteriorating Patients

Good progress has been made in this area, including the new dashboards. We particularly welcome the development of a patient led digital solution that allows families and patients to share their concerns and work to incorporate parental concerns within the aggregate scoring system. The new patient/carer activated Critical Outreach (CCOT) phone line is another welcome addition; it might benefit from an awareness-raising exercise to ensure it is used fully to better support staff, patients and their families. Aim 2 within this priority omits a reference to Critical Outreach in paediatrics at PRUH when talking about iMobile CCOT. We presume the capacity exists, but clarification would be helpful and provide assurance. We look forward to seeing the work undertaken being further embedded across the Trust and to see the results, when the data is available, of the new digital tools, and patient/carer activated phone line.

Priority 3 - My Chart

The progress made to date is very encouraging and we note the benefits this delivers for patients, staff and the wider Trust challenges. An accelerated rollout of booking functions and in particular rescheduling would be very beneficial, considering the current scope. There is considerable potential and functionality within My Chart for patients to add relevant information to better support their care, this is particularly true for people with mental illnesses and dementia and their families. We hope for, and would support, work being undertaken in this context. The development of a manual is a positive development; Healthwatch Bromley is often asked questions about MyChart, so providing us with a copy would be very helpful.

Priority 4 - Health Data

Considering the ongoing challenges faced by the Trust and references in Priority 1 to insufficient staff, robust data to assure sound and safe decision making is extremely important. We look forward to the launch of the new integrated Quality and Performance dashboard in July. The continued development of robust quality dashboards in Epic and in particular the launch of ward level dashboards is very important, and we trust that sufficient resources will be allocated to complete the work in 2025 – 2026. We note the completion of 17 new patient safety dashboards, are these subject to review in the current year for quality assurance purposes?

Clinical Audits

We note the considerable body of work relating to participation in national clinical audits and the attendant improvement work, for example in Sentinel Stroke, the time to thrombolysis, currently below the national target. We hope the application for funding for improvement work on this is successful and look forward to hearing about the progress made in the current financial year.

We further note that the 63,000 local clinical audits were reviewed and being used via the MEG system and within care group improvement work.

Quality Improvement

The move to embed a culture of continuous improvement within the Trust's strategic priorities is welcome and we expect the involvement of patient and lived experience in this process.

The wider range of performance information reported by the Trust in this document, such as Emergency Department performance, bed occupancy, CQC improvement work, and primary care reported issues with discharge, highlights many challenges faced by the Trust and the importance of the work being undertaken to support staff better. We look forward to seeing the results of this in the next staff survey. As a Bromley focused organisation, we hope that further steps are being taken to reduce and eliminate "corridor care" and "plus1" in the current year.

Current wider health and care system pressures inevitably impact on the Trust and impede its ability to deliver internal improvements for patients, staff and carers without making difficult decisions when prioritising changes. We expect a focus on health inequalities within our communities when changes are being made, and that people on the margins are not unduly penalised as a result. We are willing to support this via the patient insight we gather; one focus of our planned work this year is likely to be drug and alcohol services.

Thank you for your support and cooperation throughout 2024 – 2025, enabling us to work with the Trust for the benefit of Bromley residents. We look forward to further developing our partnership in 2025 - 2026 via the patient safety priority and other projects.

Finally, thank you to all the Trust's workforce for their continued hard work and commitment to patients in South East London and beyond.

Healthwatch Lambeth:

Healthwatch Lambeth Statement King's College Hospital NHS Foundation Trust Quality Account for 2024-25 and Quality Account Priorities for 2025-26.

King's College Hospital Quality Account 2024-25 and 2025-26: 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 the progress KCH's Quality Account for 2024-5 and priorities for 2025-26.

Comments on progress of 2024-25 priorities

Priority 1 - Workforce and Patient Safety

We are pleased that a thematic review has been completed which will be used to identify potential areas for improvement in 2025-26. Patients value safety and it is reassuring that the trust is looking into how workforce challenges may impact quality of care, as this was raised as a concern by patients in our recent priorities survey. We look forward to reading about how the thematic review will be used to achieve progress in relation to objectives 2 &3. Engagement with patients around safety themes could improve accountability and trust.

Priority 2- Acutely unwell patients: Measuring outcomes to drive improvements

We are pleased to see all objectives have been completed and look forward to receiving updates regarding which particular patients are at greater risk of deterioration. Some examples would be useful.

Priority 3 - Embedding and Enhancing MyChart

We are pleased to see that all the objectives for this priority have been completed. We receive a lot of insight from individuals facing challenges with accessing and using digital technology in healthcare. Although the feedback does not always specifically relate to accessing MyChart, we will share any feedback should it arise. We would be interested to see what feedback the trust receives from patients re roll out and access, both in terms of numbers registering and more qualitative thematic feedback around access particularly amongst vulnerable groups. Additionally, ongoing support and training for those who struggle with digital access would improve equity of access.

Priority 4 - Health data to improve patient safety, patient Experience and patient outcomes

We are pleased that objective 4 has been completed and that you are improving the capture of patient demographic data and would be interested to see what the data shows in relation to those who do not attend outpatient appointments. We would also welcome the capture of other demographics including age/gender identity etc. and to ascertain any association between non-attendance and particular characteristics that might warrant further investigation. More focus on how insights from the dashboards will

be shared with patients would be welcomed.

Comments on priorities for 2025-26

Priority 1 –Implementation of NatSSIPPs 2

Standardising processes for invasive procedures is reassuring particularly in light of previous investigations.

Priority 2 –Acutely unwell patients: measuring outcomes to drive improvement

We hope to see the completion of all outstanding objectives for this carried over priority and relevant data on what outcomes are measured and how they relate to improving standards of care. We would want to see how improvements in escalations etc. result in better outcomes. Presentation of publicly digestible performance data would be useful.

Priority 3 - To improve experiences of patients with learning Disabilities and Autism receiving care at Kings College Hospital

This is a long overdue priority that Healthwatch Lambeth has long called for and highlighted in our engagement work for example our work on maternity experiences with diverse group including individuals with learning disabilities and autism. The suggested measures including sensory packs, volunteer roles and training are promising steps to improve experience as would be the implementation of reasonable adjustments including offering a quiet waiting area and allowing extra time for patients to process information and respond. Patients and carers will want to know that their feedback about these is listened to and acted upon. Emphasis should be placed on ongoing patient engagement, co-design where relevant and capturing the lived experiences of care for this group and how experience can be further improved.

Healthwatch Southwark:

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

Thank you for the opportunity to review and comment on the Trust's Quality Priorities for the 2025/26 financial year. We greatly appreciate the insights shared and the continued effort to foster closer working relationships.

We value the Trust's commitment to quality and look forward to future opportunities to collaborate and provide feedback.

Overview and Scrutiny Committees:

Bromley, Lambeth and Southwark Overview and Scrutiny Committees Statement
King's College Hospital NHS Foundation Trust Quality Account for 2024-25 and Quality Account Priorities for 2025-26.

Lambeth Adult Social Care and Health Scrutiny Sub-Committee.

The Quality Account, including the progress made with the quality priorities for 2024-25 and the priorities planned for 2025-26 have been shared with the Health and Overview Scrutiny Committees. Members have noted the draft quality accounts and have highlighted the priority areas that have not been achieved or have only been partially achieved, which should continue to be monitored closely.

London Borough of Bromley – statement from the Chairman

The LBB Health Scrutiny Sub Committee note the 24/25 achievements on priorities for improvement and the items carried over to 25/26, along with the 25/26 priorities.

We have not received any comments this year from Southwark.

Council of Governors Committee:

We are encouraged to read that the current Quality Priorities have been completed, and that work is still ongoing to ensure those Priorities that require additional work will continue with good oversight.

For the new Quality Priorities, the Council of Governors were invited and involved at the initial stage of selection, and we are delighted to see the recommendation for Quality Priority: To improve experiences of patients with Learning Disabilities and Autism was selected. We have been invited to join each of the Quality Priority projects throughout the year to offer input and oversight and we look forward to working with the teams.

Annex 2

Statement of Directors' Responsibilities for the Quality Report

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

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

In preparing the Quality Report, directors are required to take steps to satisfy themselves that the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2021-22 and supporting guidance, detailed requirements for quality reports 2018-19.

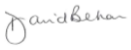
The content of the Quality Report is consistent with internal and external sources of information including:

- board minutes and papers for the period April 2024 to March 2025
- papers relating to quality reported to the board over the period April 2024 to March 2025
- feedback from the ICB dated 29/05/2025
- feedback from Bromley (22/05/2025), Lambeth (23/05/2025) and Southwark (20/05/2025) Healthwatch organisations
- feedback from Lambeth, Overview and Scrutiny Committee 23/05/2025
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/06/2025
- the national patient survey published March 2025
- the Head of Internal Audit's annual opinion of the Trust's control environment dated April 2025
- 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 England'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

Chief Executive 

Date 26/06/2025

Chair 

Date 26/06/2025

Annex 3

Independent Auditor's Report to the Board

NHS providers are not expected to obtain assurance from their external auditor on their quality account / quality report for 2024-25.

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King's College Hospital NHS Foundation Trust

Quality Account 2024-25

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