NHS
Kingston Hospital
NHS Foundation Trust

Annual Report and Accounts

2018-19

Living our values *everyday*

CARING SAFE RESPONSIBLE VALUE EACH OTHER

Kingston Hospital NHS Foundation Trust

Annual Report and Accounts

2018-19

Presented to Parliament pursuant to schedule 7, paragraph 25(4) (a) of the National Health Service Act 2006

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Contents

Performance Report **7**

Overview of performance 7

Going Concern 10

Performance Analysis **11**

Performance and measures 11

Financial Review of 2018/19 11

Environmental matters 14

Social, community and human rights issues 14

Accountability Report **15**

Directors' Report **15**

Board of Directors 15

Single Oversight Framework 19

Well Led Framework 20

Quality Governance 20

Freedom to Speak Up 21

Improvements for patients 21

Patient Advice and Liaison Service (PALS) 28

Complaints 28

Working with our partners 29

Declarations 31

Statement of the Chief Executive's responsibilities as the accounting officer of Kingston Hospital NHS Foundation Trust **32**

Remuneration Report **32**

Staff Report **38**

Compliance with the NHS Foundation Trust Code of Governance **47**

Governance arrangements 48

Directors 49

Chairman 49

Deputy Chairman 49

Senior Independent Director 49

The Board 49

Directors' remuneration 49

Appointment, re-election and the Nominations Committees 49

Directors and their independence 50
Register of directors' interests 50
Trust auditors 50
Board Committees.....50
Attendance at Board and Committee meetings (2018-19) 51
Company Secretary.....53
Statement of compliance with the NHS Foundation Trust Code of Governance 53
Council of Governors and Membership.....53
Annual Governance Statement..... 57

Appendices

1 – Quality Report

2 – Sustainability Report

3 – Annual Accounts for 2018-19

Performance Report

Overview of performance

It has been another extremely busy year at the Trust but also one of the most successful to date. There have been a number of significant achievements across the hospital this year that have made us both incredibly proud to lead Kingston Hospital.

We were inspected by the CQC in 2018 and in August that year found out that we had climbed from Requires Improvement straight to an Outstanding rating for Overall Quality, Caring and Well-led, becoming the first acute trust in London to achieve this. The Trust was also rated Good for Safe, Effective and Responsive. Key to our success was the focus we placed on recruitment and retention of staff over the past two years, including a reduction in the use of agency staff. When the CQC inspected the Trust in 2016, our turnover rate was 20.24%; two years later when we were re-inspected, this rate has fallen to 14.37%.

These achievements are all the more remarkable given the increasing pressure the hospital finds itself under and we would like to pay tribute to our incredible staff who manage this challenge magnificently and continuously strive to deliver excellent care to our patients. We have seen significant improvements in an area that has been one of our greatest challenges: our urgent and emergency care pathways, to get patients from home to hospital and hospital to home, or other appropriate setting. Historically, patients often experienced long delays at various points in the pathway and we have worked with partners across health and social care to develop more integrated processes and workforce models. We agreed on priorities for our local population and have delivered a substantial reduction in delays to discharge, which we know improves patient outcomes in the long term. This work continues to develop, striving towards the shared goal of supporting people to live in their own homes for longer rather than in alternative care settings; not only does this improve quality of life, but it is also an efficient model of health and social care.

We continued to make a number of improvements to our estate in 2018/19, including the building of a third floor on the Sir William Rous Unit, which delivers the Trust's Cancer Services. Thanks to an extremely generous bequest from the late Mr Maxwell Thorne, the new floor now houses the brand new Maxwell Thorne Haematology Day Unit. The unit can accommodate 3,000 patients every year and provides a wonderful environment for our haematology day patients. We also refurbished our second elderly care ward, to make it completely dementia friendly and opened a new Medical Day Unit with the hospital's Gastroenterology ward, for patients who require further treatment or infusions but do not need to be in an acute bed. Additional works have included a refurbishment of our Maternity Unit and the opening of a new Costa Coffee at the hospital's main entrance.

Speaking of Maternity, the department continues to go from strength to strength, and in the last year has won a HSJ award for 'Improving Outcomes through Learning and Development' and more recently achieving excellent results in the National Maternity Patient Survey. In the survey, the Trust scored better overall than all other maternity units in South West London and was ranked 15th out of the 69 acute Trusts to take part nationwide.

In addition, the Trust was also successful in winning a number of other national awards, including an 18th consecutive CHKS Top Hospital award, the Staff Retention and Wellbeing Employer of the Year at the Our Health Heroes Awards, and the award for Outstanding Achievement in Healthcare at the Health Business Awards. Staff Survey results for 2018 were also very positive, with the Trust now in the top 10% of all organisations and ranked 7th overall nationally amongst Picker Acute Trusts.

We wish to express our personal thanks to all of our staff, patients, partners, governors, volunteers and the local community for helping us to achieve so much during 2018/19.

Jo Farrar
Interim Chief Executive
23rd May 2019

Sian Bates
Chairman
23rd May 2019

Statement of purpose and activities of the foundation trust

The purpose of this overview is to provide sufficient information for the reader to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Kingston Hospital NHS Foundation Trust is a small, single site hospital, located within Kingston-Upon-Thames in South West London. The Trust provides services to approximately 300,000 people locally on behalf of its main commissioners, including Kingston, Richmond, Wandsworth, Merton and Sutton Clinical Commissioning Groups (CCGs) in South West London and Surrey Downs CCG (East Elmbridge locality) in Surrey.

The hospital is on the site of the former Kingston Union Workhouse, built in 1839 as a result of the Poor Law Amendment Act 1834. In 1948, when the NHS was launched, the entire former workhouse site was given over to the hospital. The Trust was licensed as a NHS Foundation Trust, a not-for-profit, public benefit corporation authorised under the National Health Service Act 2006 to provide goods and services for the purposes of the health service in England, with effect from 1 May 2013.

Since 2011 the Trust has been working to a set of core values developed by staff and patients to enable the organisation to deliver the shared vision of 'working together to deliver exceptional, compassionate care – each and every time'. The Trust's aim is to make these values - **caring, safe, responsible, and value each other -** what we do for every patient, every colleague, every day.

The Trust has some 354 acute beds and directly employs around 2,900 whole-time equivalent staff, with another 300 staff employed by contractors working on behalf of the Trust. In the last year the Trust saw over 127,000 patients in A&E, undertook 444,498 outpatient appointments and cared for 67,323 admitted patients (this included Daycase and Maternity admissions). The Trust's maternity unit delivered 4,976 babies.

As well as delivering services from the main hospital base, the Trust delivers ambulatory services at a range of community locations in partnership with GPs and community providers.

The Trust's clinicians provide and/or support care in outpatient and day surgery facilities at a number of community locations including:

- Queen Mary's Hospital, Roehampton,
- Teddington Memorial Hospital
- Molesey Hospital
- Cobham Day Surgery Unit
- Emberbrook Community Centre
- Raynes Park Health Centre
- Surbiton Health Centre
- Ebbisham Centre, Epsom
- Glenlyn Medical Centre
- Epsom Cottage Hospital
- Leatherhead Community Hospital

The Trust has strong links with tertiary and specialist hospitals, particularly St George's University Hospitals NHS Foundation Trust and The Royal Marsden Hospital NHS Foundation Trust who jointly provide cancer services on the Kingston Hospital site in the Sir William Rous Unit. The Trust has close links with Kingston University and St George's Medical School, and jointly runs the Elective Orthopaedic Centre at Epsom Hospital in partnership with St George's

University Hospitals NHS Foundation Trust, Croydon Health Services NHS Trust and Epsom and St Helier University Hospitals NHS Trust.

Key Issues and Risks to the Delivery of Objectives

The Trust has mechanisms in place to manage risk, supported by its Corporate Governance structure and Risk Management Strategy. Further detail on this can be found in the Annual Governance Statement which also describes how specific risks are identified, assessed and mitigated as part of the Trust's risk management processes.

The key risks to delivery of each of the Strategic Objectives (SO) are summarised below, together with commentary on mitigating actions.

Strategic Objective 2018/19	Key risks to delivery	Mitigating actions
1. To ensure that care is rated as outstanding, as defined by the CQC across all core services by 2021/22	Increased attendances and complexity of cases in A&E and flow through the hospital.	An internal Emergency Care Programme Board has overseen an extensive programme of work on A&E and patient flow. The Trust has continued to work collaboratively in the local system through the A&E Delivery Board for Kingston, Richmond and Surrey Downs. MADE (multi-agency discharge events) have enabled detailed information on capacity gaps across the system to support a system wide response to flow. A Joint Assessment and Discharge (JAD) team has been extended to all boroughs.
2. To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients	Workforce sustainability, due to global and local risks to recruitment and retention, which in turn risks ability to deliver SO1.	Mitigation of this risk is overseen by the Trust's Workforce Committee, which reports to the Trust Board. Key KPIs cover vacancy rate, turnover, sickness, appraisal, staff survey results and agency spend. There has been a strong focus on: speed of recruitment; skill mix and manpower planning; development of the training and education offer; and investment in initiatives to support staff health and wellbeing. The Trust has been proactive in supporting its EU staff as preparation for EU Exit has taken place and has been recognised as playing a leading role in the sector in this regard. EU staff have expressed their appreciation for the Trust's support and encouragement.
3. To work creatively with our partners (NHS, commercial and community/ voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the	Strategic instability and potential failure to deliver plans for Out of Hospital care. Governance of	The Board continues to be fully engaged in discussions and building relationships with colleagues across SW London, particularly in the boroughs of Kingston and Richmond, and in Surrey Downs. Executives chair a number strategic development groups, including the A&E Delivery Board mentioned under SO1. Commitment to delivery of 6 system transformation priorities has been gained. System leadership and governance in

Strategic Objective 2018/19	Key risks to delivery	Mitigating actions
future	partnerships that may expose the Trust to financial or reputational risk due to the actions of other parties.	Kingston, Richmond and East Elmbridge has been strengthened. The four acute trusts in SW London have worked together to strengthen governance, reporting and forward planning arrangements for the SWL Acute Provider Collaborative. The Collaborative has agreed a programme of work for collaboration spanning seven areas: SWLEOC (SWL elective orthopaedic service); SW London Pathology; Workforce; Procurement; IM&T; Radiology; and a single acute medicines formulary.
4. To deliver sustainable, well managed, value for money services	The challenge of delivering the financial plan for 2018/19 and financial pressures impacting across the system going forward.	A monthly Productivity & Improvement Board, chaired by the Chief Executive and attended by all Executives, meets to review and drive performance against the plan. The Trust has engaged in regular dialogue with NHS Improvement on longer term financial planning. The Trust is developing a masterplan for the Hospital site which aims to increase efficiency and release capital for improvement of services and environment for patients and for staff.
	Review of the estate in early 2017 identified some concerns over fire safety systems.	The Fire Safety Programme Board was established to oversee and support the delivery of an extended programme of actions to mitigate risks on the Corporate Risk Register and a DH loan was obtained to fund. A Risk based approach was agreed with the London Fire Brigade supported by an external expert.
	Disruption to business continuity due to EU Exit, particularly in a 'no deal' scenario.	The Trust has been proactive in planning for the possibility of a 'no deal' exit from the EU. A Brexit Risk Assessment Group has met regularly to identify and to mitigate, as far as possible, key areas of risk for the Trust, including risks shared with system and community partner members of the A&E Delivery Board.

Going Concern

The Directors have reviewed the Trust's position in relation to Going Concern. For 2019/20, the Trust is planning for a deficit of £7.8m excluding depreciation on donated assets of £0.1m and before Provider Sustainability Funding (PSF) of £5.8m and MRET funding of £3.1m. On the assumption that the PSF is received in full, the Trust plans to return a surplus of £1.1m. Risk around the non-receipt of part of the total planned Provider Sustainability Funding would be mitigated by measures to manage working capital as necessary.

After making enquiries on budgeting, capital and cash requirements, the Directors have a reasonable expectation that Kingston Hospital NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust continues to adopt the going concern basis in preparing its Annual Accounts.

Performance Analysis

Performance and measures

The Board receives performance reports at each formal Board meeting. Each Executive Director presents reports on achievement of targets in relation to their own portfolios in reports on Clinical Quality, Operational Performance, Finance and Workforce. Performance reports are also discussed at Board committee meetings where a 'deep dive' approach is taken to gaining additional assurance on a range of significant areas of interest.

Performance measures are reported against the CQC domains: Safe, Effective, Caring, Responsible and Well Led. A scorecard summarises performance against target (where applicable) for each metric and a commentary under each domain gives further detail on exceptions. The scorecard also picks up the annual trend and compares data with the same month last year.

The table below outlines that, as per our plan, we are undertaking more day cases than inpatient elective cases year on year in relation to planned care. Emergency attendances have grown significantly in the past year, with a much higher than expected increase on previous years. Alongside this we are seeing growth in the volume of admissions in all specialities but the age profile is increasingly advanced age groups with complex problems. Performance against the four hour standard has declined however the Trust remains one of the more high performing against the national position, which is declining year on year. A review of the emergency standards is underway to understand this decline nationally and new guidance is due in Autumn 2019. Birth rates have reduced in general and this is a similar pattern across London.

Type	Service	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Elective (Spells)	Daycase	22,298	22,204	23,521	24,756	24,592	26,036	26,432	29,686
	Inpatients	4,546	4,300	4,328	4,027	3,866	4,406	4,212	4,124
	Births	5,914	5,985	5,863	5,866	5,800	5,636	5,330	4,976
Non Elective	ED Attendances	113,021	113,360	110,384	110,473	113,437	116,557	118,397	127,482
	Emergency Admissions	21,572	21,076	21,488	21,054	26,602	26,560	30,510	33,513
	A&E 4 hour target	97.10%	96.40%	95.70%	94.40%	92.10%	89.98%	89.16%	89.24%
	Outpatient Attendances	342,360	332,932	343,488	369,859	388,747	418,094	424,580	444,498

Financial Review of 2018/19

The Trust achieved a financial position of a £0.9m deficit for the year ended 31st March 2019 which represented a favourable variance of £0.1m against the agreed annual control total of £1.0m deficit.

The retained surplus for the year was £20.5m inclusive of PSF of £23.6m, impairments of £3.9m and net donated assets impact of £1.7m benefit. All of these items are excluded from our position for the comparison to the control total set by NHS Improvement.

Revenue

In the year to 31st March 2019, the Trust received income of £297.7m, excluding Donated Asset Income from Kingston Hospital Charity. This represents an overall increase of 14.2% compared to the income received for the year to 31st March 2018. This is analysed overleaf:

	Year to 31st March 2019	Year to 31st March 2018
	£m	£m
Patient Care Income	247.7	229.3
Education, Training and Research	10.3	9.8
Other	39.7	21.5
Total Income	297.7	260.6

The Trust received Patient Care Income of £247.7m. This represents an overall increase of 8.0% compared to the year to 31st March 2018 and is driven largely by approx. £2.0m tariff uplift, £14.0m increased non-elective and A&E activity; £2.2m for Pay award uplift. Approximately 83.2% of total revenue was derived from patient care in 2018/19 compared to 88.0% in 2017/18. Of the Other income of £39.7m shown above, £23.6m related to Provider Sustainability Funding (£4.8m in 2017/18).

Expenditure

Total costs for the year ended 31st March 2019 were £283.7m compared to £267.3m for the 12 months to 31st March 2018, comprised as follows:

	Year to 31st March 2019	Year to 31st March 2018
	£m	£m
Staff Costs	171.5	160.1
Running Costs (Excluding Staff)	105.8	101.1
Finance Costs (Including PFI)	3.9	3.7
Public Dividend Capital dividend payable to HM Treasury	2.5	2.4
Total Expenditure	283.7	267.3

Total costs increased by £16.4m of which £11.4m related to staff costs. This included inflation and grade drift. The Department of Health awarded a 3 year pay uplift programme for Agenda for Change staff starting in 2018/19, which has led to a greater inflationary increase in year compared to recent years.

Running costs (or non-pay costs) increased by £4.7m, including a £2.2m increase in Clinical Negligence Scheme for Trusts (CNST) premiums net of the earned rebate; the remaining increase was driven by increased costs of drugs and clinical supplies related to increased activity pressures.

Capital

The Trust delivered a capital spend of £22.6m, compared to a plan of £22.3m. The final spend was comprised as follows:

- Expenditure related to the Estates (£15.5m)
- Investment in IT infrastructure and systems (£2.7m)
- Replacing clinical equipment (£2.6m)

£1.8m of Charity-funded capital is included in the total above, of which £1.4m related to the upgrade of the Sir William Rous Unit and £0.2m to a ward upgrade.

Of the Estates expenditure, £10.6m related to the Fire Safety programme.

A further £2.2m was spent under the Trust's Managed Equipment Service as part of the Trust's upgrade of the imaging service.

Revaluation and impairment

The Trust's land, buildings and equipment were revalued as at 31st March 2019. This resulted in a total impairment of £6.5m. £3.9m of this was charged to operating expenses and £2.6m to the Revaluation Reserve. Offsetting the latter, there were increases in land and building values of £5.4m, contributing to a total net increase in non-current asset values of £14.0m.

Total movements in non-current assets are summarised in the table below.

	Tangibles	**Intangibles**	**Total**
	£000	**£000**	**£000**
Opening	**117,569**	**11,103**	**128,672**
Additions	22,786	1,530	24,316
Impairments charged to operating expenses	(3,909)		(3,909)
Impairments charged to revaluation reserve	(2,559)		(2,559)
Revaluations	5,359		5,359
Depreciation	(5,873)	(2,015)	(7,888)
Disposals	(1,286)		(1,286)
Closing	**132,087**	**10,618**	**142,705**

Cash

The Trust's cash holding increased from £4.0m at 31st March 2018 to £7.7m at 31st March 2019. The Trust continues to utilise its working capital loan facility with the Department of Health.

Financial Improvement Plans (FIPs)

The Trust delivered £12.1m of cost savings during 2018/19 against a target of £12.0m (>100%). This included £3.2m of new schemes in year to offset the non-delivery of some transformational schemes (including outpatient transformation and patient flow), which did not deliver the full values anticipated in 2018/19. The Outpatient Transformation project and patient flow are still being pursued and refined for the 2019/20 programme.

Estates Development

As a responsible employer and provider of healthcare services to the local community, the Trust has been looking at the best ways in which to regenerate, and maximise value and efficiency from, its NHS estate – as recommended by the 2017 Naylor Review. After undertaking a number of independent building inspections it was concluded that buildings defined as the 'Coombe Road Redevelopment' project, in particular Regent's Wing, were not fit to meet the needs of modern patient care or staff working environment in their current state. In addition, given the condition of the buildings, meeting the ever increasing maintenance and service costs was not sustainable and it was agreed to sell that portion of the site as part of a wider

development plan for the estate. The sale was completed in March 2019, bringing in substantial income which will allow the Trust to reinvest in order to improve patient care and staff experience.

2019/20 Future Plans

For 2019/20, the Trust is planning for a deficit of £4.7m before Provider Sustainability Funding (PSF) of £5.8m. On the assumption that the PSF is received in full, the Trust plans to report a surplus of £1.1m. Delivery of this position is based upon a number of assumptions which have been clearly stated in the Trust's Annual Plan submission to NHS Improvement.

The Trust will start 2019/20 with a cash balance of £7.7m, and is forecasting a closing cash balance at 31st March 2020 of £1.0m.

Environmental matters

Information on how the Trust has regard to Environmental Matters is included in the Sustainability Report in Appendix 2 of the report.

Social, community and human rights issues

The Trust recognises the need to forge strong links with the communities it serves in order to fulfil its responsibilities for healthcare provision. Through its Council of Governors and through its Membership Strategy, the Trust endeavours to engage members of the local community in the affairs of the Trust by developing initiatives in which members are able to get involved (if they wish), dependent on their particular interests and skills. In January 2019 the Trust hosted a 'meet the neighbours' event, inviting people living close to the Hospital site to hear about the Trust's future plans and to discuss issues important to local residents.

Human rights legislation sets out universal minimum standards about treating everyone equally with fairness, dignity and respect. The Trust is committed to meeting its obligations in respect of the human rights of our staff and patients; this is closely aligned both to the NHS constitution and to the Trust's values. The Trust has an Equality & Diversity Strategy overseen by an Equality & Diversity Committee that reports directly to the Trust Board.

Accountability Report

Directors' Report

The Directors present their Annual Report together with the audited financial statements for Kingston Hospital NHS Foundation Trust (the Trust) for the period 1 April 2018 to 31 March 2019. The Directors' Report incorporates the Chairman's and Chief Executive's statements and, together with the management commentary and business review, gives an analysis of the development and performance of the Trust over the year and the vision for the future.

Board of Directors

As can be seen from the Directors' biographies below, and from our compliance with the requirements of the Code of Governance applicable to NHS Foundation Trusts, the Board of Directors (the Board) has an appropriate composition of skills and depth of experience to lead the Trust. During 2018/19 the balance of the Board did not comply with Code of Governance reference B.1.2, which states that at least half the Board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent. The Board was working towards a reduction in overall size and held a Non-Executive Director post vacant pending a review of voting positions on the Board. This has now concluded and the Board was again compliant with this element of the Code from 1st May 2019. The Board has not agreed to any full-time executive director taking on more than one Non-Executive directorship of an NHS foundation trust or another organisation of comparable size and complexity during the year. The Directors who held office during the year were:

Non-Executive Directors

Sian Bates
Chairman
Appointed September 2013, reappointed September 2016, end of current term August 2019
Sian was appointed as Chairman on 1st September 2013. Sian was Chair of NHS South West London between 2011 and March 2013 and was Chair of Richmond and Twickenham Primary Care Trust from 2001. Sian started her career in the Civil Service and established and held Executive roles with AZTEC, the Training and Enterprise Council for South West London, for 10 years. She was a consultant specialising in organisational development and Human Resources and worked with many companies and organisations across London.

Dr Nav Chana
Non-Executive Director
Appointed December 2016, end of current term November 2019
Nav is a GP at the Cricket Green Medical Practice where he has been a GP for 26 years. He is the National Director of the National Association of Primary Care (NAPC's) Primary Care Home Programme, which is a validated form of primary care network, and which has informed the policy of primary care network implementation described in NHS England's Long Term Plan. Previously, as Chairman of NAPC, he co-led the development of the 'primary care home' model. He sits on a number of Advisory Boards for NHS England and other organisations. Nav has had a varied career in healthcare education. He was the Director of Education Quality (DEQ) for Health Education South London, and prior to that the London Postgraduate Dean for General Practice and Community Based Education.

Jonathan Guppy
Non-Executive Director
Appointed April 2017, end of current term March 2020
Jonathan is a management consultant with many years' experience of helping public and private sector companies to improve their performance. Previously Jonathan was a partner at

KPMG where his main business focus was supporting clients in the health sector, and later he was a senior director at Monitor, the Health Regulator. Outside of his role at Kingston Hospital Foundation Trust, Jonathan provides coaching and mentoring support to senior leaders of both established and entrepreneurial companies. Jonathan qualified as a chartered accountant with Ernst and Young in London.

Sylvia Hamilton
Non-Executive Director
Appointed January 2016, reappointed January 2019, end of current term January 2022
Sylvia is an experienced senior Human Resources (HR) professional. Sylvia is currently employed for 4 days per week as HR Director for Bridgepoint, a mid-market European Private Equity Business. Prior to Bridgepoint she served as Group HR Director at Grosvenor, the International Property and Fund Management business. Previously she was an HR Director at EY, the accountancy firm, where she also held responsibility for graduate recruitment. Sylvia worked at BT from graduate entry to senior HR positions; she also held operational roles, such as in customer service, managing large groups of people. Sylvia is also a Governor at a girl's school in Twickenham.

Dr Rita Harris
Non-Executive Director
Appointed August 2016, end of current term July 2019
Rita joined the Trust in August 2016 having been Executive Director for Child and Adolescent Mental Health Services at the Tavistock and Portman NHS Foundation Trust. With over 35 years' experience in the NHS she has led and managed a variety of services in Health and Social Care at local and national levels. This has involved the development of national programmes of new ways of working across agencies, involving users and other partners. Rita has held a number of academic positions and is an experienced trainer in service leadership and transformation. She continues to provide consultation to a number of senior leaders in heath and social care. Rita began her career as a Clinical Psychologist and Family Therapist. Rita was appointed Senior Independent Director on 1st June 2017.

Joan Mulcahy
Non-Executive Director
Appointed January 2011, reappointed January 2018, end of current term May 2019
Joan joined the Trust Board on 13 January 2011 as a Non-Executive Director. She is a Management Consultant, a professionally qualified accountant and an experienced Board level Director with significant experience in the Banking industry. Previously she worked for Allied Irish Bank Group where she held a variety of roles, culminating as Chief Operating Officer and Board Director of AIB Group (UK) PLC. She currently undertakes a number of non-executive roles in various strategic bodies.

Dame Cathy Warwick
Non-Executive Director
Appointed October 2017, end of current term September 2020
In her most recent role as CEO of the Royal College of Midwives Cathy was closely involved in the development of maternity policy, and was part of a major review of maternity services in England chaired by Baroness Cumberlege. Cathy has worked with four successive Secretaries of State for Health aiming to influence policy on behalf of women, forging collaborative relationships with a broad range of organisations with common interests and working closely with obstetricians, gynaecologists and paediatricians and their Royal Colleges. Cathy is very interested in research and teaching and holds visiting professorships at King's College London and Hong Kong University. She received honorary doctorates from the University of Dundee in 2015 and Kingston and St George's University London in 2007. Passionate to influence global maternity health, she has led midwifery study tours to South Africa, India and Cuba, Sri Lanka

and Nepal. Cathy was Director of Midwifery and General Manager for Women and Children's Services at King's College Hospital. Cathy received a CBE for services to healthcare in 2006 and was made a Dame in the 2018 New Years Honours list.

Executive Directors

Ann Radmore
Chief Executive
Appointed September 2015 as Interim Chief Executive and May 2016 as Chief Executive
Resigned from the Trust with effect from 31st March 2019
Ann has worked in the NHS for over 35 years and started her career as a management trainee. Before joining Kingston Hospital she was the Director of the national Better Care Fund programme at NHS England and was previously Chief Executive of the London Ambulance Service. Ann was also Chief Executive of NHS South West London having been Chief Executive of NHS Wandsworth. Ann led the London-wide implementation of the ground breaking stroke and cardiovascular models – which significantly improved outcomes for patients through specialist units.

Rachel Benton
Director of Strategic Development
Appointed March 2010
Rachel joined the Trust on 1 March 2010. Rachel has worked in the NHS since 1990 in a variety of roles covering general management, strategy, planning and business development. Before joining Kingston Hospital, Rachel headed up the planning and business development function for Imperial College Healthcare. Rachel is a graduate with an MSc in Health Services Management.

Alex Berry
Director of Integration (non-voting)
Appointed October 2018
Alex joined the Trust in October 2018. Prior to that she was Director of Transformation for Hampshire Partnership of CCGs where she focused on integrating health and care in the community setting. Alex also led on the development of the New Care Models Programme for the Hampshire and Isle of Wight STP. Alex started her career in the NHS as a management trainee and since then has worked in a variety of roles in the NHS and private sector. Over the last 10 years she has worked in a number of NHS director roles where she has led large complex change programmes.

Sally Brittain
Director of Nursing and Quality
Appointed October 2017
Sally is a registered nurse and midwife who has undertaken various professional leadership roles within nursing and midwifery, most recently as Deputy Director of Nursing at Frimley Health NHS Foundation Trust, and previously as Deputy Chief Nurse at Surrey & Sussex Healthcare NHS Trust. She is also a previous Head of Midwifery and Supervisor of Midwives. Sally has experience of leading large-scale change and service transformation and achieved an MSc in Clinical Leadership & Health Education at Kingston University in 2014. In her many roles Sally has been committed to making sure that all patients are at the centre of planning their care and have equal access to high quality services. She is passionate about supporting staff to develop and progress their careers.

Kelvin Cheatle
Director of Workforce and Organisational Development
Appointed September 2016
Kelvin is an experienced Workforce Director having operated at Director level for over 20 years in the public, voluntary and private sectors. His career includes working in Local Government, at Broadmoor Hospital and West London Mental Health Trust. Kelvin has also worked at Capsticks Solicitors and established and developed their HR Advisory service leading work on complex employee relations, workforce modernisation and Speak Up initiatives. He was President of the HR Directors in the NHS Professional Association (HPMA) from 2008-10 and is a Visiting Fellow at University College London where he teaches Strategic HR Management.

Jo Farrar
Director of Finance
Appointed April 2015, Interim Chief Executive from 1st April 2019
Jo joined the Trust on 1 April 2015 from Homerton University Hospital NHS Foundation Trust where he had been the Director of Finance since March 2010. Previously he was the Interim Director of Finance at the Oxford Radcliffe Hospitals NHS Trust, acting Chief Executive of NHS London's Provider Agency, and Head of Compliance at Monitor. Jo trained as a chartered accountant at KPMG where he gained experience of a number of mergers and acquisitions and as a senior member of the Transaction Services Team.

Mairead McCormick
Chief Operating Officer
Appointed December 2017
Mairead has been in the organisation since December 2017 and has primarily focused on transforming how the Trust delivers patient flow and building, protecting and strengthening the elective and cancer programme. Having established a new clinically led structure in the past 6 months she wants to use this expertise to influence a more integrated approach to patient care. She is driven by improving patient outcomes, blurring traditional boundaries and looks forward to building the foundations outlined in the NHS 10 year plan. She is also committed to developing the operational managerial skills required to enable this level of transformation and continue to keep Kingston Hospital NHS Foundation Trust a great place to work.

Susan Simpson
Director of Corporate Governance (Company Secretary - non-voting)
Appointed September 2017
Susan joined the Trust as Head of Corporate Affairs and Company Secretary in April 2015 after 20 years in governance roles in Education and became a non-voting Director in 2017. Prior to moving to Kingston, Susan was advisor to the Board of Governors at Sparsholt College Hampshire, one of the UK's leading specialist Further Education colleges. Susan supported the College Board through a successful merger in 2007 and achievement of Ofsted 'outstanding' for governance in 2014. Concurrently, Susan also held positions as National Subject Specialist for Further Education Governance, Associate Tutor for Hampshire Governor Services and Lay Advisor for NHS Health Education Wessex. Susan graduated from Durham University and was the Support Staff Training Manager for Coopers & Lybrand before moving into public sector governance.

Jane Wilson
Medical Director
Appointed August 2009
Jane was appointed Medical Director on 3 August 2009. Jane has over 20 years' experience at Kingston Hospital as a Consultant Obstetrician and Gynaecologist, and has held a number of leadership roles within the Trust. In a clinical management role in the Women and Child Health Division she led the expansion of the maternity service to a capacity of more than 5,000 deliveries. She has an interest in education and held the role of Director of Medical Education

from 2002 to 2009, overseeing implementation of the national changes in the structure of junior doctors training. As Medical Director she shares responsibility for Quality with Sally Brittain, who leads on Patient Safety.

Register of Directors' Interests

The Register of Directors' Interests is available for inspection during normal office hours at the Chief Executive's office and is published on the Trust's website.

Fit and Proper Persons Test

The Trust has put in place processes to ensure appointments to the Board meet the regulatory standards for the Fit and Proper Person Requirements of Directors which came into force for all NHS providers on 1 April 2015. Compliance with these regulations is integrated into the Care Quality Commission's (CQC) registration requirements, and within the remit of their regulatory inspection approach. Appointments are made subject to acceptance of the code of conduct for NHS Managers.

Performance evaluation of the Board

The annual appraisal of the Chairman is undertaken by the Senior Independent Director and includes consideration of the views of Governors, Non-Executive and Executive Directors, and key external stakeholders. The performance of Non-Executive Directors is evaluated annually by the Chairman and includes consideration of the views of Governors, Non-Executive and Executive Directors. The Nominations & Remuneration Committee receives assurance annually that the performance evaluation process for Non-Executive Directors and the Chairman has been completed appropriately.

Executive directors have an annual performance appraisal with the Chief Executive and this includes consideration of the views of Non-Executive and Executive Directors, key external stakeholders and direct line management reports. The Chief Executive's annual appraisal is conducted by the Chairman and includes consideration of the views of Non-Executive and Executive Directors and key external stakeholders. The Remuneration Committee receives annual assurance that the performance evaluation process for the Executive Directors has been completed appropriately.

Annual objectives are set for all members of the Board, taking into account the Trust's values and its strategic and annual corporate objectives. Annual performance appraisal takes account of the extent to which each of these objectives has been met. Performance appraisals are used as the basis for determining individual and collective professional development programmes for all Directors relevant to their duties as Board members.

Details of how the effectiveness of the Board's governance processes is assessed can be found within the Annual Governance Statement.

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs.

The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Segmentation

Based on information from the themes of the Single Oversight Framework, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

As at the date of publication of this report NHS Improvement has placed the Trust in segment 1, meaning the Trust has maximum autonomy and no support needs have been identified. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

As noted above, NHSI segment individual trusts into four categories as follows: 1) Maximum autonomy; 2) Targeted support; 3) Mandated support; 4) Special measures; according to the level of support each trust needs. Kingston' overall framework score started 2018/19 at level 2, and in May 2019 the Trust received notification that this had been upgraded to 1.

Finance and use of resources

In the finance and use of resources domain, the table below shows the individual metrics applied and how the Trust has performed under each over the last 2 years.The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust stated above may differ from the overall finance score in this table.

The table below reflects the significant progress the Trust has made in improving its financial sustainability, efficiency and controls, particularly over the latter half of 2018/19.

Area	**Metric**	**2017/18 scores**							**cores**
		Q1	Q2	Q3	Q4	Q1	Q2	3	Q4
Financial sustainability	Capital service capacity	4	4	4	4	4	4	1	
	Liquidity	3	4	3	3	3	3	1	
Financial efficiency	I&E margin	4	4	4	3	4	4	1	
Financial controls	Distance from financial plan	1	2	4	4	1	1	1	
	Agency spend	1	1	1	1	1	1	1	
Overall scoring		**3**	**3**	**3**	**3**	**3**	**3**	**1**	

Well Led Framework

The Trust has had regard to NHS Improvement's well-led framework in arriving at its overall evaluation of the organisation's performance and in developing its approach to internal control, board assurance framework and the governance of quality. Further details are provided below and in the Annual Governance Statement and Quality Report. No material inconsistencies have been identified between the Annual Governance Statement, Corporate Governance Statement, Quality Report, Annual Report and reports arising from CQC planned and responsive reviews of the Trust and any subsequent action plans.

Quality Governance

Service quality is governed through the Board's Quality Assurance Committee and the Quality Improvement Committee. The Council of Governors has also established a Quality Scrutiny Committee to enable the Council of Governors to fulfil its responsibilities representing the

interests of stakeholders and for holding the Non-Executives to account for Quality Performance. More detail is shown on page 59.

Freedom to Speak Up

The Board is committed to an open and honest culture and recognises the importance of enabling staff to speak up about any concerns at work in order to improve services for all patients and the working environment for staff. In 2016 the Trust adopted the standard integrated policy issued by NHS Improvement and NHS England, the 'Freedom to speak up: raising concerns (whistleblowing) policy for the NHS'. This policy was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. In most circumstances, concerns will be raised and resolved informally through the management structure of the Trust. A number of other options are available to staff who do not feel able to raise concerns in this way, including access to the Freedom to Speak Up Guardian (FTSUG). The Trust has appointed a FTSUG, as recommended in the Francis review. The FTSUG acts as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive, or if necessary, outside the organisation.

The National Guardian's Office asks Freedom to Speak Up Guardians in all trusts and foundation trusts for information on Freedom to Speak Up cases raised with them each quarter. The National Guardian's report for 2017/18 indicated that the average number of cases reported to FTSUGs for trusts was 43, with the total number reported overall for that year being 7,087.

In 2018/19 Kingston Hospital NHS Foundation Trust submitted the following data to the National Guardian's Office. A review of Q3 has not revealed anything significant in the lack of reporting in that quarter. An independent review into allegations of bullying and harassment in Theatres lies beneath the increase in the number of cases in Q4 and this is seen as a positive endorsement of the approach the Trust has taken to supporting staff in that area to raise their concerns.

	Total cases raised with FTSUG	Cases relating to patient safety	Cases relating to bullying & harassment	Other cases
Quarter 1	8	3	5	0
Quarter 2	5	1	3	1
Quarter 3	0	0	0	0
Quarter 4	12	3	7	2
Totals	25	7	15	3

Improvements for patients

During 2018/19 the Trust implemented many improvements for patients, a sample of which is described in this section of the report. The Board recognises the value of what can sometimes be small steps in making a difference to patient experience and continues to encourage innovation and quality improvement across the Trust.

Kingston Hospital rated 'Outstanding' by CQC

Following an inspection of key services and the Trust's leadership in November, the Care Quality Commission gave Kingston Hospital an 'Outstanding' rating for Overall Quality, Caring and Well-led. The report highlighted many examples of outstanding care and innovation throughout the hospital and gave the Trust no 'must do' actions. For 'Safety', 'Effectiveness' and 'Responsiveness' the Trust was rated 'Good'.

Kingston Hospital wins 18th consecutive CHKS Top Hospital award

Kingston Hospital was named as one of the CHKS Top 40 Hospitals for 2018, an accolade awarded to the 40 top performing CHKS client Trusts. Kingston is the only Trust to feature in the list every year for the last 18 years and this is down to the commitment of our staff to provide high quality care for our patients. The Top Hospitals awards are data driven and this year, for the first time, the award considered all Trusts in England, Wales and Northern Ireland, not just those who are CHKS clients.

Top Acute Trust for increasing research studies

In July 2018 Kingston Hospital was named the top Acute Trust in the country for percentage increase in number of research studies available for patients to take part in, according to figures from the National Institute for Health Research (NIHR). The figures showed that the number of open studies at Kingston Hospital jumped 93% from 28 to 54, which was the largest percentage increase of any acute trust across England. More open studies means that more patients at Kingston Hospital and people in the local community had the opportunity to access new and better treatments through participation in clinical research.

Free Patient Wi-Fi

In February 2019 the Trust launched a new patient Wi-Fi service, allowing unlimited access to free Wi-Fi on laptops and mobile devices to help our patients keep in touch with their families, friends and loved ones during their stay or visit. It will also help patients and visitors to find their way around the site and allow them to access online healthcare information and details about public transport or other local services.

Kingston Hospital wins Our Health Heroes Award

Kingston Hospital was named the Staff Retention and Wellbeing Employer of the Year at the Our Health Heroes Awards 2018 for outstanding commitment to staff welfare. The award recognised the hospital's work to set up the Health and Wellbeing framework for staff (providing support with physical, mental, financial and family health issues) and how the Trust addressed the need for training, development and career progression opportunities. These improvements helped us recruit and retain more permanent staff.

Health Business Awards

Kingston Hospital won the award for Outstanding Achievement in Healthcare at the Health Business Awards 2018. The nomination highlighted how the Trust is one of the best performing Trusts with regards to cancer targets, and also praised the dementia care, palliative care and sexual health services. The hospital was put forward for this award by the researchers at the Health Business Awards based on its achievements, rather than the Trust entering itself.

Unplanned Care Division

A&E, Acute Assessment Unit (AAU), Elderly Care, Cardiology, Respiratory Medicine, Gastroenterology and Endoscopy and Specialist Outpatients, Therapies, Radiology and Pharmacy

Blyth ward opening

In November 2018, Kingston Hospital opened its second fully dementia friendly ward, Blyth, following a full refurbishment. The Elderly care ward underwent changes to its lighting, flooring, signage, wall finishing, sanitary ware, artwork and furniture, to make it an overall calmer and more comfortable place, where patients who may be confused and scared can feel safe and looked after in a homely environment. Blyth now includes a new lounge and kitchenette area where patients can relax with their relatives or carers, making them feel more at home in their surroundings.

Initiative launched to improve patient flow

Kingston Hospital launched an initiative called Home1st to improve patient flow by discharging patients when they are medically fit and it is safe for them to leave hospital. Patients can be discharged sooner, as their needs can be assessed and follow up support provided once they

have returned home. Home1st allows ward staff to prevent patients spending unnecessary time in hospital waiting for assessments and results by working with community services to enable these to be carried out in the patient's home.

Physio chairs for medical and elderly care wards

Following a project to facilitate better seating for patients on the medical and elderly care wards, the hospital funded eight riser recliner chairs to allow patients who have poor sitting balance or weak postural muscles to sit comfortably in a supportive armchair. The chairs also help patients with swollen legs and poor circulation to sit with their legs elevated in these supportive chairs and allow them to maintain and improve the strength in their back, stomach, and leg and arm muscles. The chairs also facilitate patients breathing, communication, alertness and feeding and potentially improving function and reducing length of stay.

Opening of Medical Day Unit

In January 2019, the Trust opened its new Medical Day Unit, integrated into the hospital Gastroenterology ward, becoming a dedicated area for patients who require further treatment or infusions but do not need to be in an acute bed. The Medical Day Unit has eight chairs and two side rooms with single sex facilities and aims to improve the quality of patient care and experience by creating a calm space away from the ward bays. The unit also allows patients to leave their bed on the ward sooner, freeing space up in the bays for patients needing to be admitted and improving patient flow within the hospital.

End PJ Paralysis campaign

Kingston Hospital embraced the national End PJ Paralysis campaign, with the aim of getting more patients up out of bed, dressed and moving around, rather than sitting on a ward in their pyjamas. A number of activities took place as part of the campaign including physiotherapy classes to help elderly patients be more mobile, all to help prevent deconditioning and get patients home quicker.

Successful implementation of MUST (Malnutrition Universal Screening Tool) in Respiratory Oncology clinic in Sir William Rous Unit

The Dietetic and Main Outpatients Department (MOPD) teams have worked together closely to embed the Malnutrition Universal Screening Tool (MUST) Outpatient Pilot. Competencies were developed for MOPD staff, an audit was carried out, data was collected and staff had the opportunity to develop new skills. Data collected showed that patients at risk of malnutrition were screened appropriately and referred for intervention earlier, which will result in better clinical outcomes for patients. The pilot was well received by patients and the project demonstrated excellent Multi Disciplinary Team (MDT) working across clinical areas and service lines. It is also an important step to meet National Institute for Health and Care Execellence (NIC) guidelines (QS24). The plan is to roll out to all outpatient clinics over the next 3 years as part of the 3 year Nutrition Strategy.

Implementation of Cough Reflex Testing

The Speech and Language team implemented Cough Reflex Testing, a screening tool designed to be administered as part of the Speech and Language Therapy (SLT) bedside swallowing assessment. It helps to detect patients with dysphagia that may be at risk of silent aspiration and has a good evidence base when used in conjunction with the SLT assessment. The evidence suggests that the implementation of this test significantly reduces the numbers of patients with aspiration pneumonia. The SLT team implemented the pilot in November 2018 and it will be ongoing until the summer 2019.

New ambulatory pleural service

With the national drive to increase ambulatory care pathways an ambulatory pleural service was implemented by one of the Trust's Consultants in Respiratory Medicine. The service includes a chest X-ray, clinical review, thoracic ultrasound and if required aspiration or drainage of the pleura. A new indwelling pleural catheter service enables patients with cancer to have their effusions managed as an outpatient as opposed to having an inpatient admission.

Implementation of weekend inpatient echocardiography service

The Trust implemented a weekend inpatient echocardiography service and can now meet the NICE guideline for patients admitted with acute heart failure who need to receive an echocardiogram within 48 hours of request. There have been a number of benefits from this, including: improved compliance with seven day service standards so that inpatients have scheduled 7 day access to the service; improved ability for clinical decision making for ED, AAU and ITU colleagues; decrease in length of stay for patients waiting for echocardiogram, especially those admitted to non-cardiology ward – prior to implementation of the service the average wait for inpatient echocardiogram was three days and this has now decreased 1.5 days.

IDDSI (The International Dysphagia Diet Standardisation Initiative)

Following the National Patient Safety Agency (NPSA) alert and advice from NHS England, all NHS hospitals are required to be compliant with new international standardised texture descriptors for food and fluid. The SLT team have lead the roll out of new compliant signage for fluids and is now working closely and collaboratively to ensure Trust compliance for all food and fluids by April 2019. This has required collaborative work and a multi-agency approach across providers and various stakeholders.

Paperless project in Dietetics

Change management for paperless pathways for outpatient dietetic clinics was initiated as a service improvement and to meet the priority to switch from paper to e-referrals for all consultant-led outpatient appointments. Since June 2018, the dietetics team successfully moved all Paediatric dietetic outpatient clinics and patient notes to a paperless system. They successfully liaised with internal hospital departments, GP surgeries, community and tertiary centres and other stakeholders to switch to the electronic pathway for referrals and correspondence rather than using post/paper. The next phase of this project will focus on all adult outpatient dietetic clinics with the aim to be fully paperless by June 2019.

PLACE survey – Most Improved Trust for Dementia Care

The results of the Patient-Led Assessments of the Care Environment (PLACE) survey showed that Kingston Hospital was the most improved Trust in London for dementia care. The Trust's score for the dementia environment assessment increased from 48% to 79% this year, since the implementation of dementia friendly facilities and environments.

New Home Enteral Feeding Outreach service for Children in Kingston and Richmond

In January 2019 Kingston Hospital Dietetics began providing a new community based service for children receiving artificial home enteral feeding. Enteral feeding is the delivery of a nutritionally complete feed, directly into the stomach, duodenum or jejunum. The service is delivered in schools, health centres, MDT settings and includes domiciliary visits in Kingston and Richmond. This service is now far more accessible as it is delivered closer to home. It has reduced the number of hospital appointments for children who have complex physical and medical needs and they no longer need to miss school due to attending hospital appointments. It has improved the quality and safety of the service offered to these children and their carers and has allowed for improved working and communication within the community settings, resulting in a child and family centred approach.

Endoscopy New Build

The Endoscopy Department's plans to build a brand new unit on the Level 7 of Esher Wing are near completion. The new unit will provide ensuite accommodation to patients and will provide an outpatient area to allow the expansion of trans-nasal endoscopy. In addition, the new unit will allow endoscopy to move out of the current day surgery unit accommodation, which will allow the expansion of this area, thus moving day case work out of the main theatre environment. The new unit should be opening during the winter of 2019/20.

Kingston Hospital involved in NHS Improvement Stop the Pressure Programme

As part of NHS Improvement's Stop the Pressure Programme, information was collected from over 150 NHS care providers about the improvement plans for reducing pressure ulcers. A few

areas were identified as needing some support with making those improvements and one of those elements was nutrition. A team of dietitians across England has been working together over the past 18 months to produce a range of resources, have attended numerous events, presented, hosted seminars, and written articles for publication to highlight the importance of good nutrition and resources that are available to help colleagues and patients. One of the dietitians at Kingston Hospital was very involved from the start and contributed in the delivery of this project. She was awarded a British Dietetic Association Roll of Honour for her contributions during 2018.

New pilot project – Joint community/ hospital Chronic Obstructive Pulmonary Disease (COPD) **practitioner**

The Trust's Respiratory Medicine team implemented a pilot project of a joint community/ hospital COPD practitioner to reduce airways related admissions, re-admissions and length of stay. The post holder is an experienced Respiratory Physiotherapist who undertakes a daily morning in reach into the Acute Assessment Unit to review all patients admitted with COPD, ensuring best practice treatments are delivered with early intervention to help prevent delayed discharge and facilitate early supported discharge. This innovative post aims to provide a specialist respiratory practitioner service to patients with acute and chronic respiratory conditions; support and assist the respiratory teams in both primary and secondary care and acts as a resource to other healthcare professionals requiring specialist advice.

Intensive Therapy Unit (ITU) Funding Process

The Trust has successfully secured funding to provide an enhanced, safe and high quality service in ITU. The benefits of this service will include: improved dietetic monitoring and intervention which will decrease length of stay, infection rates, improve wound healing, increase ventilator free days, improve outcomes and decrease overall hospital length of stay; improve patient experience; increase ablility to carry out audit, quality improvements training and education, and will enable the Trust to meet the recommendations from the Faculty of Intensive Care Medicine, SWL Peer Review (2018) and Getting it Right First Time Report (2018).

ICU Patient and Family Evening

The Trust launched a new ICU Patient and Family evening for patients who have been discharged from ICU. The first event included a talk by a clinical psychologist about 'Improving Mental Wellbeing after Intensive Care', discussing how many post ICU patients experience anxiety, depression and post-traumatic stress disorder when they survive a critical illness. The ICU team launched the event as part of their work to support the wellbeing of patients and improve daily practices of the department by creating a calming environment for our patients and families.

Planned Care Division

Maternity, Paediatrics, Oral & Ear, Nose and Throat, Ophthalmology, Gynaecology & Breast, Sexual Health General Surgery &Urology ,Trauma & Orthopaedics, Dermatology & Plastic Surgery, Anaesthetics and Theatres, Intensive Care, Pathology and Palliative Care

Wolverton Centre goes paperless

The Wolverton Centre for Sexual Health at Kingston Hospital launched a fully paperless electronic patient record system in April 2018. The new system allows staff to record consultations and return test results electronically and as well as generate prescriptions. Future plans will include the ability for patients to book appointments online and the installation of self-registration kiosks.

Maternity Unit wins Health Service Journal (HSJ) award

Kingston Hospital's Maternity Unit won the award for Improving Outcomes through Learning and Development at the 2018 HSJ Awards for introducing new Physiological Cardiotocography (CTG) and Human Factors Training to improve foetal monitoring. Since the training project launched, the unit saw a sustained reduction in Hypoxic Ischemic Encephalopathy (brain

damage due to lack of oxygen in labour) and early neonatal deaths. The team developed and delivered a specific training programme, identifying a different way of reading the CTG and combined this with Human Factors training, making a real difference to families.

National Organ Donation Service – NHS Blood and Transplant

The Trust was one of the best performing Trusts for quality of care in organ donation when compared to similar Trusts. In 2017/18 from five consented donors, the Trust facilitated three actual solid organ donors resulting in five patients receiving a life-saving or life-changing transplant during the time period. The Trust referred 15 potential organ donors to the service during the time period.

Inhalation Sedation in Oral & Maxillofacial Surgery and Restorative Dentistry

Following investment in equipment and staff training, the Trust's Oral & Maxillofacial Surgery and Restorative Dentistry teams have introduced inhalation sedation. This light form of sedation is offered to anxious patients and children to help make dental treatment more pleasant. It also avoids the use of higher risk and more expensive general anaesthetic. Patients remain awake and aware, but experience a deep sensation of calm and relaxation.

Medical Investigations Unit

A new Medical Investigations Unit has opened at Kingston Hospital. This provides a comfortable and suitable environment for patients coming in for treatment such as drug infusions without the need for these patients to occupy an acute hospital bed. The service is being accessed by 8-10 patients every day.

Opening of Maxwell Thorne Haematology Day Unit

Work began on a major project at Kingston Hospital to add a third floor to the Sir William Rous Unit which delivers, the Trust's Cancer Services. Thanks to an extremely generous bequest from the late Mr Maxwell Thorne, the new floor now houses the brand new Maxwell Thorne Haematology Day Unit. The unit can accommodate 3,000 patients every year and comprises 12 treatment chairs, a 'Quiet Room' for patients, a new waiting area and a roof top terrace for patients to sit outside after their treatment. It enables adult chemotherapy services to be delivered from one building on the hospital site and provides a wonderful environment for our haematology day patients.

Paediatrics communication training

The Paediatrics Department worked with the Simulation Team to ensure all members of their multidisciplinary team received communication training. They carried out simulations of difficult conversations with parents and carers and discussed the common challenges that these conversations present. This training ensures that the team in Paediatrics keep communication at the forefront of patient care, to create a caring and personalised environment and make sure patients feel valued and listened to.

New Improved Pathway for Diagnosing Prostate Cancer

Kingston Hospital has developed a new RAPID pathway for diagnosing prostate cancer. The new pathway means that patients suspected of having prostate cancer will now be triaged directly to have an MRI, the gold standard for diagnosis. If the MRI findings are suspicious, a biopsy will be taken for analysis, and this is increasingly done using the template biopsy method whereby tissue is taken directly from the most suspicious regions of the prostate. This technique also has a lower risk of significant co-morbidities than the traditional trans-rectal ultrasound guided biopsy, which has a greater, if still small, risk of incontinence and erectile dysfunction following the procedure. The aim is to have all patients with a definitive diagnosis within 28 days of referral.

Urolift procedure implemented in Urology

The Urology department implemented the new Urolift procedure to benefit Kingston Hospital's male patients. The procedure is an alternative treatment option for clinically eligible men who require surgery for Benign Prostatic Hyper-plasia (BPH). The Prostatic Urethral Lift (Urolift) uses advanced technology and is less complex and less invasive compared with other

procedures. As it is a minimally invasive procedure, it can typically be performed as a day case and there are also significantly fewer side effects for our patients.

Community Adult Audiology Service

The Trust's Community Audiology Service expanded during the year. The Improving Quality in Physiological Services (IQIPS) accredited service now offers specialist hearing assessment and aural rehabilitation to adults through outpatient clinics at Dorking Community Hospital. The service delivered outside of the main hospital is offered to elderly adults who may otherwise find it difficult to access hospital based services due to limited mobility.

Straight to Test Pathway for Colorectal Cancer

In collaboration with Marsden Partner, Kingston Hospital developed a Straight to Test (STT) pathway for colorectal and upper GI cancers. Instead of patients with suspected cancer being booked into an outpatient clinic, patients are triaged and booked into a diagnostic test, such as colonoscopy or CT. This has greatly increased the process for diagnosing cancer, with the aim to have all patients given a definitive diagnosis within 28 days. Around two thirds of patients now have a diagnostic test before their consultation, and around 10% of patients have a phone call following their diagnostic test as their symptoms have settled, and nothing untoward has been identified during the scan.

Laser treatment for urinary tract stone disease

Kingston Hospital purchased a laser to treat urinary tract stone disease. Previously, patients would be offered temporary treatment for stone blockages, such as the insertion of a stent, before going to St George's Hospital to have laser treatment of the stones. With the purchase of the laser, more patients are having definitive treatment immediately after presentation. In addition, the Trust has hired a second stone disease specialist, which ensures that there is cover for this service throughout the year.

Maternity Survey results best in South West London

Kingston Hospital's results for the national Maternity Survey, carried out on behalf of the Care Quality Commission, were the best of all maternity units in South West London. The women surveyed were asked questions relating to three different areas of their experience: Labour and Birth, Staff, and Care after Birth. The Trust scored better overall than all other hospitals in South West London for all three areas and was also ranked 15th out of the 69 acute Trusts to take part nationwide. Kingston's maternity unit scored particularly highly on several key questions including women being treated with respect and dignity, having confidence and trust in the staff, being involved in decisions about their own care and their partner being able to stay as long as they wanted.

Intraoral Digital Scanning in Orthodontics

The Orthodontic Department at Kingston Hospital is now one of the first departments in England to replace the uncomfortable process of taking alginate impressions of the mouth with digital scanning. Digital images of the dental arches, teeth and gums are captured and used to create 3D models. This has improved patient experience, accuracy and enhanced treatment planning through the use of virtual techniques.

Paediatric Diabetes Audit

The Paediatric Diabetes team at Kingston Hospital achieved the second best result in the London and South East region for the way they manage young patients with long term diabetes control. Their results place Kingston 11th out of 175 diabetes units in England and Wales. This means Kingston Hospital's young patients can achieve good diabetes control in childhood, which can influence their lifelong health and benefit their quality of life, as a child and into adulthood.

Cancer services performance

The Trust's cancer services continued to make progress in 2018/19, with excellent performance again. The Cancer MDT teams consistently met their national targets and frequently achieved 100% compliance in a number of areas. In October 2018, Kingston Hospital achieved 94.9% compliance for patients starting cancer treatment within 62 days of urgent GP referral,

compared to the national average of 79.4%. The Trust exceeded the target by nearly 10% and was therefore ranked third out of 131 trusts for this target, continuing to demonstrate our achievement as one of the best performing trusts in the country.

Eye Clinic Liaison Officer

Kingston Hospital's Royal Eye Unit implemented the post of an Eye Clinic Liaison Officer (ECLO) in partnership with the RNIB, to ensure patients with serious eye conditions are provided with the appropriate emotional and practical support. The post of the ECLO is integral to delivering high quality patient care.

Patient Advice and Liaison Service (PALS)

The PALS service logged 1,698 cases in 2018/19, which is a 6% increase from 2017/18. The most prominent three themes of concerns raised were: appointment administration concerns (36% of total concerns raised): communication concerns (22%): and care and treatment concerns (15%). During 2017/18, communication concerns accounted for 35% of the concerns received, appointment administration concerns 24%, and care and treatment concerns 14%.

Complaints

Every reasonable effort is made to resolve complaints at a local level and this involves correspondence and meetings with complainants. In 2018/19 the number of formal complaints received was 325, which is consistent with 326 received in 2017/18. The number of complaints received in 2018/19 remains less than in 2016/17 when 390 formal complaints were received.

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The most prominent three themes of complaints in 2018/19 were: care and treatment (21%); communication (20%); and appointment administration (15%). In 2017/18, the three most prominent themes were the same with a slightly different distribution: communication (19%); care and treatment (17%); and appointment administration (13%).

Complaint investigations are led within service line or department by the most appropriate clinical or managerial lead with scrutiny of that investigation and response throughout the process up to sign off of the response by the CEO. Any local actions arising as a result of the complaint are managed within the service line governance and complaints are discussed and reviewed by the Cluster and Divisional Trios. Where Trust wide learning is identified as a result of a complaint this is managed via an action plan or an improvement project which are monitored by the Quality Improvement Committee, Patient Experience Committee or the Executive Management Committee depending on which is most appropriate. The Heads of the Legal and Governance Department meet monthly to provide assurance to the senior team that the Trust has adequate arrangements in place to triangulate and review incidents, investigations, safeguarding and mortality and ensure the process is operating effectively.

It is recognised that swift action in responding to complaints is key to resolving them. As such, the Trust endeavours to respond within 25 working days to all complaints, or by the timeframe agreed with the complainant. The response rate for 2018/19 was 61% and there is ongoing work to improve this.

Complaints data is regularly reviewed in a number of Trust-wide committees/groups including the Patient Experience Committee, Clinical Quality Review Group and the Safeguarding/Learning Disability Group, as well as within individual service lines, clusters and divisions. Complainants' stories are also shared with the Trust Board at their meetings.

Complaints can be made in writing or by email and information about how to do this is on the Hospital website and throughout the Hospital. In an effort continually to improve the complaints process for patients, each complainant is sent a questionnaire about their experience of the complaints process at the time the complaint response is sent to them. This feedback is then used to drive improvements.

Working with our partners

During 2018-19 the Trust was actively involved in a range of strategic collaborations, working with our partners across South West (SW) London. The Trust is part of the South West London Health and Care Partnership which focuses on the health and wellbeing needs of the population in South West London. The Trust has worked closely with colleagues across SW London taking a lead role in system transformation. Members of the Trust's executive team hold key leadership roles in the governance groups leading development of the detailed plans. These include the Clinical Senate which is chaired by the Medical Director, the Finance and Activity Group chaired by the Director of Finance, the Workforce Board chaired by the Director of Workforce and the Acute Transformation Board which is chaired by the Chief Executive of Kingston Hospital.

More locally, the Trust has been working with our partners in Kingston and Richmond Clinical Commissioning Groups, Kingston and Richmond Boroughs, South West London and St. George's Mental Health NHS Trust, Chelsea and Westminster NHS Foundation Trust, local GP Federations, Hounslow and Richmond Community Healthcare NHS Trust, YourHealthcare Community Interest Company, and the voluntary sector to develop new models of integrated care. The models focus on locality working across the Boroughs of Kingston and Richmond with the aim of providing enhanced community based care and preventing unnecessary admissions to hospital. The results of this work can be seen in the impact on reducing delayed transfers of care and stranded patient metrics during the year, with associated benefits for the health of patients.

The Trust has played an active role in the local groups overseeing these developments including the Local Transformation Board and the A&E Delivery Board, which is chaired by the Chief Executive of Kingston Hospital.

South West London Health and Care Partnership

Kingston Hospital works in partnership with Clinical Commissioning Groups, other acute trusts, mental health providers, out of hospital providers, London Ambulance Services and Local Authorities as part of the South West London Health and Care Partnership programme. The objective of the partnership-working is to put South West London onto a clinically sustainable footing whilst maintaining and improving the quality of services provided to the local population.

South West London Acute Provider Collaborative (SWLAPC)

The South West London Acute Provider Collaborative was set up in 2016 to look at how Kingston Hospital, St George's University Hospitals NHS Foundation Trust, Croydon Health Services NHS Trust and Epsom and St Helier University Hospitals NHS Trust could work together to increase the delivery of financially sustainable clinical services. The current focus is on collaborative opportunities to increase productivity, opportunities for increased clinical networking.

The Royal Marsden Hospital NHS Foundation Trust and Macmillan Cancer Support

The Trust continues to work in partnership with the Royal Marsden Hospital NHS Foundation Trust and Macmillan Cancer Support to deliver benefits to patients. The Trust provides outpatient and diagnostic services onsite from our dedicated Sir William Rous Unit with Macmillan Cancer Support providing information and support on the ground floor, whilst The Royal Marsden provides chemotherapy services on the first floor.

St George's University Hospitals NHS Foundation Trust

Our working relationship with St George's has continued, with a number of medical consultants having either joint appointments or clinical commitments at both hospitals, covering a range of specialties. These shared posts deliver excellent clinical links and improve partnership working

across the specialties, ensuring that patients receive integrated care across the two hospitals and are 'seen in the right place, at the right time, by the right person'.

Queen Mary's Hospital (QMH)
For several years the Trust has provided a range of services at Queen Mary's Hospital Roehampton. A Memorandum of Understanding exists between the Trust and St George's Hospital covering the provision of services provided at that site. The Memorandum of Understanding involves a subcontract for the provision of services across a range of specialties.

BMI Healthcare Limited – Coombe Wing
The Trust has worked in partnership with BMI Healthcare Limited over a number of years to provide private patient services on the hospital site. This includes the provision of private patient services, largely through the use of Coombe Wing and hospital facilities such as the operating theatres. The BMI contract ended on 31st March 2019 with the provision of private health services transferring back to the Trust under the name Kingston Private Health.

South West London Elective Orthopaedic Centre (SWLEOC)
The Centre is the UK's largest dedicated hip and knee service providing world class orthopaedic care. The Centre is run by the four South West London acute trusts (Kingston Hospital NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust, Epsom & St Helier University Hospitals NHS Trust, and Croydon University Hospitals NHS Trust) to provide planned orthopaedic services to the patients of the four Trusts.

Prime/ISS
Prime Care Solutions (Kingston) Ltd is the company responsible for the provision of cleaning, portering, waste and catering services across the hospital. During 2018-19, ISS refurbished the coffee shop located at the hospital's main entrance to become a dedicated Costa Coffee outlet, which is extremely popular with both staff and visitors.

Veolia
Veolia provide the Trust's on-site energy generation facility within the central Energy Centre. The facility provides power to most of the site and delivers heat to several key buildings. Generation is provided by a gas fired combined heat and power system designed and built in 2007 by Veolia (previously Dalkia). This method of energy generation is highly efficient compared with running separate gas boilers.

Carbon Architecture
This year, the Trust has worked with Carbon Architecture to start scoping the design for the next stage in the Trust's energy strategy which will take effect in 5-7 years' time when the current Energy Centre is scheduled for demolition. This will include the capacity to provide a district heating solution to the surrounding housing in addition to Trust core services.

Boots UK
Kingston Hospital NHS Foundation Trust works in partnership with Boots to provide a pharmacy service offering high quality, safe and person-centred care to outpatients and A&E patients through a conveniently located pharmacy on the hospital site.

Siemens Healthcare Limited
The Trust entered into a 10 year contract with Siemens in 2017-18 for the provision of a radiology managed service including the provision of equipment, associated turnkey works, ongoing maintenance and an IMT solution.

InHealth Ltd
The Trust is working in partnership with InHealth Ltd for the provision of a fully managed MRI service including the supply of equipment and associated building work. The contract runs for 15 years, ending in September 2032.

Declarations

The Better Payment Practice Code requires the Trust to aim to pay all undisputed Non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. During 2018-19 the Trust paid 42% of non-NHS invoices within 30 days of receipt.

	Year to 31st March 2019		Year to 31st March 2018	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**47,189**	**110,450**	52,854	96,051
Total Non- NHS trade invoices paid within target	**19,590**	**46,768**	27,749	44,730
Percentage of Non-NHS trade invoices paid within target	**42%**	**42%**	53%	47%
Total NHS trade invoices paid in the year	**1,448**	**12,592**	5,042	9,495
Total NHS trade invoices paid within target	**1,161**	**11,637**	3,919	5,048
Percentage of NHS trade invoices paid within target	**80%**	**92%**	78%	53%

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury, has met the income disclosures as required by section 43(2A) of the NHS Act 2006 and did not make any political donations during 2018-19.

At the time of writing the report, so far as all directors are aware, there is no relevant audit information of which the company's auditor is unaware, and they have taken all the steps that are necessary as a director in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Statement of the Chief Executive's responsibilities as the accounting officer of Kingston Hospital NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Kingston Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Kingston Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the Annual Report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The responsibilities of the accounting officer were transferred from the Chief Executive, Ann Radmore, to the Interim Chief Executive, Jo Farrar, with effect from 1st April 2019. Details of the handover process and assurance given are provided in the Annual Governance Statement on page 56.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed

Jo Farrar
Interim chief Executive
23rd May 20

Remuneration Report

The narrative elements of the Remuneration Report are not subject to audit; the salary and pension information has been audited along with details on the median salary as a ratio of the highest paid director's remuneration. The Remuneration Report includes details of the remuneration paid to the Chairman and voting Directors of the Trust (the 'senior managers' who influence decisions of the Trust as a whole).

Annual Statement on Remuneration

Senior Managers who have served during 2018-19

Name	Role	Term of Office
Sian Bates	Chairman	Appointed September 2013, reappointed September 2016 to August 2019, further reappointment to September 2021
Dr Nav Chana	Non-Executive Director	Appointed December 2016 to November 2019
Jonathan Guppy	Non-Executive Director	Appointed April 2017 to March 2020
Sylvia Hamilton	Non-Executive Director	Appointed January 2016, reappointed January 2019 to January 2022
Dr Rita Harris	Non-Executive Director	Appointed August 2016 to July 2019
Joan Mulcahy	Non-Executive Director	Appointed January 2011, reappointed January 2018 to May 2019
Dame Cathy Warwick	Non-Executive Director	Appointed October 2017 to September 2020
Ann Radmore	Chief Executive	In post throughout 2018/19
Rachel Benton	Director of Strategic Development	In post throughout 2018/19
Sally Brittain	Director of Nursing & Quality	In post throughout 2018/19
Kelvin Cheatle	Director of Workforce and Organisational Development	In post throughout 2018/19
Jo Farrar	Director of Finance	In post throughout 2018/19
Mairead McCormick	Chief Operating Officer	In post throughout 2018/19
Jane Wilson	Medical Director	In post throughout 2018/19

The notice period for Executive Directors has been set at six months. Payments for loss of office are made on the basis of contractual requirements under employment law.

Remuneration Committee

The Remuneration Committee of the Board sets the remuneration for the Chief Executive and Executive Directors.

Membership

The Committee is:

- Chaired by the Chairman of the Board and attended by all Non-Executive Directors
- The Chief Executive attends all meetings except those at which their salary and terms and conditions are being discussed
- The Director of Workforce and Organisational Development attends the committee in an advisory capacity
- The Company Secretary attends the committee to take minutes

The Committee's role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and the other Executive Directors including:

- All aspects of salary (including any performance related elements and/or bonuses)

- Provision for other benefits including pensions
- Arrangements for termination of employment and other contractual terms, including assessment of associated risks

The Committee also makes recommendations to the Board on the remuneration and terms of service of Officer Members of the Board (and other senior employees) as are necessary to ensure they are rewarded fairly for their individual contribution to the Trust – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate.

Attendance at Remuneration Committee meetings
During 2018/19 the Committee met six times.

Name	Position	Attendance
Sian Bates	Chairman	6/6
Dr Nav Chana	Non-Executive Director	4/6
Jonathan Guppy	Non-Executive Director	5/6
Sylvia Hamilton	Non-Executive Director	5/6
Dr Rita Harris	Non-Executive Director	6/6
Joan Mulcahy	Non-Executive Director	5/6
Dame Cathy Warwick	Non-Executive Director	6/6

Nominations and Remuneration Committee
The Committee considers the remuneration, allowances, appraisal process and other terms and conditions of office of the Chairman and the Non-Executive directors, taking into account benchmarking against other similar organisations including Foundation Trusts and taking specialist advice. The fees currently paid to the Chairman and the NEDs were agreed in May 2013 following recommendation from the Committee and no changes were introduced during 2018/19.

Agreed membership of the committee:
- Chairman of the Foundation Trust, who chairs the Committee
- Lead Governor of the Council of Governors
- Deputy Lead Governor of the Council of Governors
- One other elected Governor
- One appointed Governor
- Two other Governors
- The Senior Independent Director is in attendance and will chair the Committee when matters associated with the Chairman are considered
- The Director of Workforce and Organisational Development is in attendance in an advisory capacity
- The Company Secretary is in attendance in an advisory capacity and to take minutes

Attendance at Nominations & Remuneration Committee meetings
In 2018/19 the Committee met four times.

Name	Position	Attendance
Richard Allen	Lead Governor (Elected public governor)	3/4
Sian Bates	Chairman	3/4
Marilyn Frampton	Elected public governor	4/4
Dr Naz Jivani	Appointed governor	4/4
Frances Kitson	Elected public governor	4/4
Jack Saltman	Deputy Lead Governor (Elected public governor)	3/4
Professor Peter Tomkins	Elected public governor	4/4

The gross pay for Sian Bates as Chairman of the Trust for the period ending 31st March 2019 was £47,500. The gross pay for each of the Non-Executive Directors was £13,500.

The Committee considered the re-appointment of four of the Non-Executive Directors during the year, including the Chairman of the Trust, and at the year end was in the process of seeking a new Non-Executive Director with ability to chair the Audit Committee. When considering the appointment or re-appointment of Non-Executive directors, the Council of Governors takes into account the qualifications, skills and experience required for each position.

The Trust's constitution states that the Council of Governors can remove the Chairman or a Non-Executive Director provided that the resolution to remove the individual has the approval of three-quarters of the members of the Council. The Council has not invoked this clause during the financial year.

Senior Managers Remuneration Policy

Element	Purpose and link to strategic objectives	Operation	Performance Framework
Base Salary	Provides fixed remuneration for the role, which reflects the size and scope of the Executive Director's responsibilities. Benchmarked against the NHS Boardroom Pay Report and set so as to attract and retain the high-calibre talent necessary to deliver the business strategy.	Reviewed by the Remuneration Committee	Individual and business performance are considerations in setting base salaries and in deciding on any increase in salary
Taxable Benefits	N/A	N/A	N/A
Retirement benefits	To provide post-retirement benefits	Pensions are in compliance with the rules of the NHS Pension Scheme	
Long-term incentives	N/A	N/A	N/A

There are no obligations within the service contracts of senior managers which could give rise to, or impact on, remuneration payments or payments for loss of office which are not disclosed in the Remuneration Report.

Chairman and Non-Executive Director Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation
Basic Remuneration	To attract and retain high performing Non-Executive Directors who can provide the Board with a breadth of experience and knowledge.	Reviewed by the Nominations and Remuneration Committee who make recommendations to the Council of Governors.

There are no provisions for the recovery of sums paid to directors or for withholding the payments of sums to senior managers.

Expenses

Six senior managers claimed expenses during 2018-19 totalling £1,289.04. No Governors claimed expenses during 2018-19.

Salary and Pension Entitlements of Senior Managers

Senior managers are defined as voting members of the Board, as listed below.

a) Remuneration 2018/19

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) to the nearest £100	Performance pay and bonuses (bands of £5,000)	Long-term performance pay and bonuses** (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
Ann Radmore (Chief Executive Officer to 31st March)	195-200			0-5		200-205
Jo Farrar (Director of Finance to 31st March)*	150-155			0-5	30-32.5	180-185
Mairead McCormick (Chief Operating Officer)	135-140			0-5	85-87.5	220-225
Jane Wilson (Medical Director)***	190-195			0-5		195-200
Rachel Benton (Director of Strategic Development)	115-120			0-5	15-17.5	135-140
Sally Brittain (Director of Nursing and Quality)	120-125			0-5	85-87.5	210-215
Kelvin Cheatle (Director of Workforce)	125-130			0-5		130-135
Sian Bates (Chair & Non-Executive Director)	45-50					45-50
Sylvia Hamilton (Non-Executive Director)	10-15					10-15
Joan Mulcahy (Non-Executive Director)	10-15					10-15
Jonathan Guppy (Non-Executive Director)	10-15					10-15
Dr Rita Harris (Non-Executive Director)	10-15					10-15
Dr Nav Chana (Non-Executive Director)	10-15					10-15
Dame Cathy Warwick CBE (Non-Executive Director)	10-15					10-15

* Director of Finance, Jo Farrar, was appointed as Interim Chief Executive effective from 1st April 2019.

** The Trust's Remuneration Committee considered options available to recognise and reflect the senior team's exceptional performance in leading the Trust to its CQC 'outstanding' status, especially with relation to 'well led'. As the average AfC award to staff in 2018-19 was 3%, a discretionary non-consolidated bonus of 2% was awarded to all Trust Executive Directors that had been in post on 1st April 2018.

*** The Medical Director's total remuneration included £34k that was related to her non-managerial role.

AUDITED.

Remuneration 2017/18

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) to the nearest £100	Performance pay and bonuses (bands of £5,000)	Long-term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
Ann Radmore (Chief Executive)	185-190	-	-	-	-	185-190
Duncan Burton (Director of Nursing and Patient Experience to September 2017)	60-65	-	-	-	82.5-85	145-150
Jo Farrar (Director of Finance)	145-150	-	-	-	32.5-35	180-185
Jane Wilson (Medical Director)	190-195	-	-	-		190-195
Rachel Benton (Director of Strategic Development)	115-120	-	-	-	25-27.5	140-145
Sally Brittain (Director of Nursing and Quality from October 2017)	60-65	-	-	-	165-167.5	225-230
Rachel Williams (Chief Operating Officer to September 2017)	65-70	-	-	-	40-42.5	105-110
Kelvin Cheatle (Director of Workforce)	125-130	-	-	-	-	125-130
Mairead McCormick (Chief Operating Officer from December 2017)	40-45	-	-	-	65-67.5	110-115
Sian Bates (Chair & Non-Executive Director)	45-50	-	-	-	-	45-50
Sylvia Hamilton (Non-Executive Director)	10-15	-	-	-	-	10-15
Joan Mulcahy (Non-Executive Director)	10-15	-	-	-	-	10-15
Dame Cathy Warwick CBE (Non-Executive Director from October 2017)	5-10	-	-	-	-	5-10
Dr Chris Streather (Non-Executive Director to May 2017)	0-5	-	-	-	-	0-5
Jonathan Guppy (Non-Executive Director from April 2017)	10-15	-	-	-	-	10-15
Dr Rita Harris (Non-Executive Director)	10-15	-	-	-	-	10-15
Chris Grindal (Non-Executive Director)	10-15	-	-	-	-	10-15
Dr Nav Chana (Non-Executive Director)	10-15	-	-	-	-	10-15

AUDITED.

b) Pension Benefits 2018/19

Name and title	Real increase in pension at pension age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total accrued pension at pension age at 31 March 2019 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5000) £000	Cash equivalent transfer value at 1 April 2018 £000	Real increase in cash equivalent transfer value £000	Cash equivalent transfer value at 31 March 2019 £000	Employer's contribution to stakeholder pension £'000
Jo Farrar (Director of Finance to 31st March)	2.5-5	-2.5-0	25-30	50-55	377	87	475	22
Rachel Benton (Director of Strategic Development)	0-2.5	-2.5-0	40-45	90-95	634	98	751	17
Sally Brittain (Director of Nursing and Quality)	2.5-5	12.5-15	45-50	135-140	737	184	944	18
Mairead McCormick (Chief Operating Officer)	2.5-5	5-7.5	50-55	120-125	699	172	892	20

AUDITED.

Pension Benefits 2017/18

Name and Title	Real increase in pension at age 60 (bands of £2500) £000	Real increase in lump sum at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2018 (bands of £5000) £000	Lump sum at age 60 relate to accrued pension at 31 March 2018 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2017 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Employer's contribution to stakeholder pension £'000
Duncan Burton (Director of Nursing and Patient Experience to September 2017)	0-2.5	0-2.5	35-40	80-85	399	74	477	9
Jo Farrar (Director of Finance)	2.5-5	-2.5 - 0	25-30	50-55	326	48	377	21
Jane Wilson (Medical Director)	-2.5 - 0	-2.5 - 0	75-80	235-240	1,751	76	1,844	4
Rachel Benton (Director of Strategic Development)	0-2.5	-2.5 - 0	35-40	90-95	567	59	651	17
Rachel Williams (Chief Operating Officer to September 2017)	0-2.5	-2.5 - 0	20-25	45-50	262	41	305	10
Sally Brittain (Director of Nursing and Quality from October 2017)	0-2.5	10 - 12.5	35-40	115-120	573	159	737	9
Mairead McCormick (Chief Operating Officer from December 2017)	0-2.5	0-2.5	40-45	110-115	667	25	699	6

AUDITED.

c) Fair Pay Multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.
The mid-point of the banded remuneration of the highest-paid director in Kingston Hospital NHS Foundation Trust in financial year 2018/19 was £197,500 (financial year 2017-18 was £192,500). This was 5.1 times (5.1 times in 2017-18) the median remuneration of the workforce, which was £38,958 (2017-18 median remuneration £37,717).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the Cash Equivalent Transfer Value of pensions.

AUDITED.

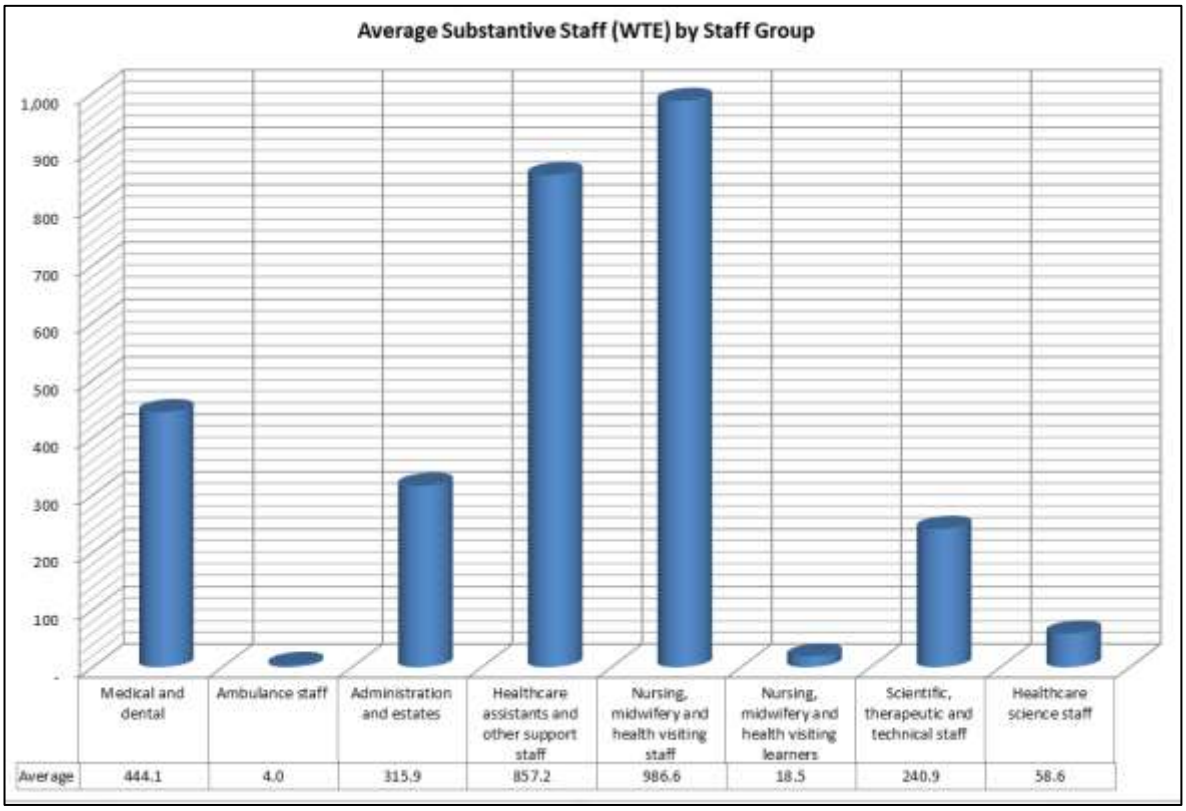
Sian Bates
Chairman
23rd May 2019

Jo Farrar
Interim Chief Executiv
23rd May 2019

Staff Report

Staff numbers and gender profile

The average whole time equivalent employed by the Trust is 2,926 in the following staff groups:



All staff as at 31st March 2019

The Trust employs a predominately female workforce with 76% of our employees being female. Trend data shows that there is an increase in the number of male staff employed over the past five years, moving from 21% to 24%. The table below breaks down the staff in post gender profile by pay band.

	Female WTE	% Female	Male WTE	% Male	Total WTE
Apprentice	14	77.8%	4	22.2%	18
Band 2	402	77.3%	118	22.7%	520
Band 3	223	80.8%	53	19.2%	276
Band 4	160	81.2%	37	18.8%	197
Band 5	475	77.5%	139	22.7%	614
Band 6	461	82.6%	97	17.4%	558
Band 7	288	83.0%	59	17.0%	347
Band 8a	129	78.7%	35	21.3%	164
Band 8b	29	76.3%	9	23.7%	38
Band 8c	18	75.0%	6	25.0%	24
Band 8d	10	71.4%	4	28.6%	14
Band 9	2	100%	-	0%	2
VSM	11	73.3%	4	26.7%	15
Doctors	275	54.9%	226	45.1%	501
Trust Pay	8	88.9%	1	11.1%	9
Total	2,505	76.0%	791	24.0%	3,297

*Trust Pay –Students Nurses not on Agenda for Change pay rates

There is a higher than average percentage of male employees in pay bands 8c and above and Doctors.

The tables below show the gender split for the Board members and Senior Leaders for comparison.

Board Members as at 31st March 2019

Board Members		
Gender	Number	%
Female	9	69.2%
Male	4	30.8%
Total	13	

*including Non-Executive Directors and Chairman

Senior Leaders in the Trust as at 31st March 2019

Senior Leaders		
Gender	Number	%
Female	66	75.9%
Male	21	24.1%
Total	87	

*Band 8b and above (excluding Board Members)

Sickness absence

The average sickness absence rate for 2018/19 is recorded as 2.85%, slightly above the Trust target of 2.7%. However, when benchmarking against our local Trusts we are the best performing Trust, with the average sickness absence rate for our comparators being 3.58%.

*Local Comparators: St George's Healthcare, Epsom & St Helier, Croydon Health, Guy's and St Thomas', Imperial College Healthcare, Chelsea & Westminster, West Middlesex, Ashford & St Peter's, Frimley, Royal Surrey, West Herts, Dartford & Gravesham, Barking, Havering & Dagenham & Hillingdon.

Average sickness data by staff group is shown below:

	Average Sickness Rate
Maternity Support Workers	7.06%
Nursing Assistants	4.72%
Clinical Support	4.04%
Admin & Estates	2.98%
Qualified Midwives	2.91%
Qualified Nursing	2.90%
Qualified ST&Ts	2.12%
Qualified AHPs	1.78%
Medical & Dental	0.95%
Trust Average	2.85%

Staff policies and actions

This year the Trust was rated Outstanding for Caring, Well-Led and Overall Quality; this fantastic achievement is demonstrated through the work programmes provided below.

Equality and Diversity

The Trust remains committed to providing services and employment opportunities that are inclusive across all strands of equality – Age, Disability, Gender reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race/Ethnicity, Religion or belief, Gender/ Sex and Sexual Orientation – in accordance with the Equality Act 2010 and our public sector equality duties.

Work is continuing to progress in this area:

- Structure – a non-executive director now chairs the Equality and Diversity Committee, reporting directly to the Trust Board, which emphasises the Trust's commitment to equality and diversity.
- Training – compliance with mandatory Equality & Diversity Training incorporating the Equality Act Legislation is now compulsory for all staff. All managers and leaders undertaking a qualification within the Trust also have this included as a mandatory learning objective.
- Reporting – the Trust has complied with all national reporting (eg WRES & Gender) as well as taking part in WRES data collection and processes across London.
- Key Indicators – there has been significant improvement in a number of WRES indicators as well as gender data
- Dignity at Work Champions - the Trust has established a diverse range of staff who are designated as Bullying at Work Champions, offering support to other staff members.
- Staff Support – the lead for Equality & Diversity continues to provide direct support to staff on a range of issues around race and culture, disability and bullying and harassment.
- Interpreting Service - the Trust has an Interpreting Policy and uses language line for its interpretation and translation services. The interpreting services ensure staff members meet the needs of clients whose first language is not English or who have sight or hearing impairment.
- Chaplaincy Services - the Chaplaincy Department seeks to offer high quality pastoral and spiritual care to all patients, clients, carers and staff within the Trust; it is available to all and welcomes referrals from colleagues and carers alike. The Trust also has a designated staff chaplain.
- Millennial workforce – focus groups have taken place with this group of staff to better understand their expectation and needs within the workplace.
- Equality Impact Assessments – a Policy and associated processes are in place, along with a staff training programme that can be accessed for anyone who is not sure on how to conduct these.
- Positive about Disability – replacing the old two ticks symbol, the Trust has committed to this action plan to improve the experience for staff with disabilities.

Staff Engagement

Staff engagement and communication is a key priority for the Trust and as part of its ongoing Engagement Plan, a diverse range of activities have taken place:

- Regular communication via daily Global emails, the Chief Executive's weekly newsletter and the Monthly Team Brief.
- The Board and Governor Walkabout programme.
- Listening events including Coffee and Conversations, a monthly meeting with Executive and Non-Executive representatives and staff, providing an opportunity for staff to share their experiences of working for the Trust, raise any concerns and ask questions.
- A story from a patient, carer, staff or volunteer is given at each Trust Board meeting, providing an opportunity for the Board to connect with patients, relatives, front line staff and volunteers.
- The Annual General and Annual Members Meetings.
- Engagement events and forums to discuss specific initiatives and feedback with staff; for example the Senior Leaders Forum and Schwartz Round, which is a forum where staff can explore together the emotional impact of the work they do.
- Staff conferences and events to celebrate and showcase best practice, including a Health and Wellbeing Event.
- Focus Groups for new starters and millennials to listen to the views of particular groups of staff.
- The Partnership Agreement sets out the Trusts commitment to communicate, consult and negotiate with staff and their representatives on matters that affect their interests. The Trust has formal mechanisms in place to facilitate these processes, including the Trust Partnership Forum, the Local Negotiating Committee for Doctors and the Junior Doctors Forum.
- The Intranet, which was relaunched in 2018/19, and various social media platforms.
- Annual NHS Staff survey and internal surveys and action planning.
- Annual appraisal process for staff.
- The Leadership and Management Development Training Programme with a focus on compassionate leadership and embedding values to contribute to building sustainable leadership teams across the organisation.
- A corporate induction programme supported by enhanced Local Induction.
- The clinical governance infrastructure which enables multi-disciplinary discussions on clinical issues and service improvement.
- A greater visibility and analysis of qualitative information from the Friends & Family test at departmental level.
- The monthly and annual staff recognition awards, which actively recognise how staff and teams are living the values of the Trust.
- A recognition scheme whereby thank you cards are available for a member of staff to give to a colleague. Part of the remit is to recognise where and when the values have been lived.

Health, Safety and Wellbeing

Recognising that staff are our greatest resource and the evidence that good staff metrics improve patient outcomes, and given the continued and increasing pressures on staff and the NHS, it is more important than ever to support the health and wellbeing of our staff to enable them to continue to be safe, productive and compassionate in their care for patients. Improving staff wellbeing has also proven to be a powerful and cost effective way both to encourage staff retention and to attract external candidates seeking new employment.

The Occupational Health and Wellbeing Service leads this important work, promoting the physical and mental wellbeing of staff, helping them to work safely and effectively to maximise the success of the organisation. The Service offers a wide range of support, advice and interventions from pre-employment screening, health surveillance, vaccines, blood tests, needle stick injury assessment and management, fast track referral to physiotherapy, Flu immunisation, Management referrals, Confidential Employee Assistance Programme with access to counselling, legal advice and financial and debt management to lifestyle events and therapies including yoga, pilates, circuit training, lunchtime walking group, massage and acupuncture.

In 2012 the Occupational Health Service was initially assessed by the Faculty of Occupational Health Medicine and achieved the Safe Effective, Quality Occupational Health Service (SEQOHS) accreditation, which endorses our service as a safe, effective and quality service; the service achieved full reaccreditation in 2019.

The Occupational Health Flu Fighter Team vaccinated 76% of all front line clinical staff this winter which was the 7th highest percentage in London; the 75% CQUIN (commissioning for Quality and Innovation payment) target was also achieved.

The KingstonWorksWell Health and Wellbeing Strategy aims to create an environment that encourages staff to take responsibility for their own holistic health and wellbeing, underpinned by 4 key pillars of wellbeing; mental health, physical health, financial health and family health.

The Health and Wellbeing Team have implemented a number of initiatives to help raise awareness of the Trust's strategy and the support that is available to staff particularly around mental health and building emotional resilience. Feedback from staff, both qualitative and quantitative, clearly demonstrates that the perception of our staff has evolved and they recognise their health and wellbeing as being at the forefront of the Trust's priorities.

Since the launch of the Health and Wellbeing Strategy, the Trust has seen a significant improvement in key performance metrics with our proudest achievement being rated 'Outstanding' by the CQC in August 2018. Throughout the CQC report, examples were provided of how the Trust's wellbeing initiatives are making a difference to patient care and staff wellbeing and contributed to the outstanding rating, supporting the Trust's success in jumping from 'Requires Improvement' to 'Outstanding' in just 2 years.

Countering Fraud and Corruption

The Board is committed to maintaining an honest, open and well-intentioned culture and to the elimination of any fraud and corruption within the Trust. The Trust has procedures in place that reduce the likelihood of fraud occurring; these include Standing Orders, Standing Financial Instructions, systems of internal control and risk assessment and Standards of Business Conduct. The Trust's Counter Fraud Policy provides guidance to employees, setting out roles and responsibilities and the steps that must be taken where fraud or corruption is suspected or discovered.

The Trust has nominated a Local Counter Fraud Specialist (LCFS) whom staff can contact promptly and in confidence if they have any concerns that a fraud may have taken place. LCFS provide expert advice, undertake proactive reviews of policies and processes, and case investigations.

Staff Survey 2018

As already highlighted, staff engagement and communication is a key priority and the Trust adopts a range of activities and mechanisms to facilitate this. The Staff Survey is an important tool in monitoring engagement and learning from staff feedback to inform future strategies. The results of the 2018 survey are very positive, with the Trust now in the top 10% of all organisations. It is ranked 8th overall nationally amongst Acute Trusts; an improvement from 16th place last year. These results are consistent with the CQC Outstanding rating the Trust achieved this year.

The key themes are provided below, with the Trust's score compared to the national average. The Trust scores higher in 5 areas, the same in 4 areas with one score lower:

	Theme	National Average	KHFT
1	Equality, diversity & inclusion	9.1	8.8
2	Health and wellbeing	5.9	5.9
3	Immediate Managers	6.7	6.8
4	Morale	6.1	6.1
5	Quality of appraisals	5.4	5.9
6	Quality of Care	7.4	7.7
7	Safe environment - Bullying and harassment	7.9	7.9
8	Safe environment - Violence	9.4	9.4
9	Safety culture	6.6	7.1
10	Staff engagement	7.0	7.3

Response rate

The response rate this year is 58.2%, an increase of 5.4% from last year's score of 52.8%. This provides confidence that the results represent the majority view of the workforce. The Trust performs very well nationally, ranked 8th out of 88 Acute Trusts surveyed and is 13% higher than the average response rate of 45%.

Engagement score

The engagement score this year remains the same as last year at 7.3. This demonstrates that staff feel well engaged by managers at all levels of the organisation. The Trust again performs very well nationally, ranked 8th out of 88 Acute Trusts; the national average score is 7.0.

There are three key findings relating to the staff engagement score:

- Advocacy - Staff recommendation of the Trust as a place to work or receive treatment.
- Motivation - Staff motivation at work.
- Involvement - Staff ability to contribute towards improvement at work.

The details are provided in the table below:

Below Average
Average
Above Average

		KHFT Historical				Organisation Type			
		2017	2018	Trend 2017 v 2018		Average PICKER Trusts	KHFT	Trend KHFT v Average	
Engagement Score		7.30	7.30	-		7.00	7.30	0.30	
I would recommend my organisation as a place of work	Advocacy	7.10	7.20	0.10		6.50	7.20	0.70	
If a friend or relative needed treatmnent, I would be happy with the standard of care provided by this organisation	Advocacy	7.40	7.60	0.20		7.00	7.60	0.60	
Care of Patients/service users is my organisation's top priority	Advocacy	7.80	8.00	0.20		7.30	8.00	0.70	
I am able to make suggestions to improve the work of my team/department	Involvement	7.30	7.30	-		7.10	7.30	0.20	
There are frequent opportunites for me to show inititative in my role	Involvement	7.30	7.30	-		7.10	7.30	0.20	
I am able to make improvements happen in my area of work	Involvement	6.60	6.50	- 0.10		6.20	6.50	0.30	
I look forward to going to work	Motivation	6.80	6.70	- 0.10		6.60	6.70	0.10	
I am enthusiastic about my job	Motivation	7.60	7.60	-		7.60	7.60	-	
Time passes quickly when I am working	Motivation	7.90	7.90	-		7.80	7.90	0.10	

Areas of improvement and high performance

- The Trust scores significantly better than the Picker Acute Trust average in 42 questions of the 90 asked (46%). The top three shown in the table below : -

		The Trust Score	The Picker Average Score	Improve
1	Communication between Senior management and staff is effective here	54%	41%	13%
2	I would recommend my organisation as a place to work	74%	62%	12%
3	If a friend or relative needed treatment I would be happy with the standard of care provided by my organisation	82%	71%	11%
	My Organisation acts on concerns raised by Service Users	84%	73%	
	Feedback from Service users is used to inform decisions in my department	69%	58%	
	Senior Managers here try to involve staff in important Decisions	45%	34%	
	Senior Managers here act on Staff Feedback	44%	33%	

- Of the 88 questions asked, the Trust is significantly better on 15 questions compared to last year. The top three shown in the table below:-

		2018	2017	Improve
1	my manager supported me to receive training, learning and development identified in my appraisal	55%	46%	9%
2	my organisation treats staff who are involved in incidents fairly	69%	61%	8%
2	my organisation takes action to ensure incidents are not repeated	79%	73%	6%

- The areas of improvement and high performance cover a wide spectrum including appraisal, training, support and recognition from managers, communication with senior management, job satisfaction, health & wellbeing, commitment to the organisation, and patient care and experience.

Areas that require improvement

- Staff satisfaction with pay (although slightly improved from last year).
- Staff experiencing harassment, bullying or abuse from patients, relatives or the public.
- Staff experiencing discrimination at work from the public.
- Of the 90 questions asked, the Trust is significantly worse on 7 questions compared to last year:

		2018	2017	Decrease
1	my line manager is supportive in a personal crisis	70%	75%	-5%
	my line manager can be counted on to help	71%	76%	-5%
	my line manager takes a positive interest in my health and well-being	66%	71%	-5%
3	my line manager gives me clear feedback	63%	67%	-4%
4	my line manager asks for my opinion before making decisions that affect me	58%	61%	-3%
5	I have had appraisal review in last 12 months	87%	89%	-2%
	I have experienced discrimination at work from the public (12m)	88%	90%	-2%

Top and bottom ranked scores

The survey highlights the top and bottom 5 ranked scores for the Trust. These are tabled below:

Top 5 scores (compared to average)		
54%	9b	Commutations between senior management and staff is effective
74%	21c	Would recommend organisation as a place to work
44%	9d	Senior managers act on staff feedback
45%	9c	Senior managers try to involve staff in important decisions
82%	21d	If friends/relative needed treatment would be happy with the standard of care provided by the organisation

Most improved from last survey		
69%	17a	Organisation treats staff involved in errors fairly
55%	19g	Supported by managers to received training, learning or development definitely identified in appraisal
79%	17c	Organisation takes action to ensure errors are not repeated
82%	21d	If friends/relative needed treatment would be happy with the standard of care provided by the organisation
67%	18c	Would feel confident that organisation would address concerns about unsafe clinical practice

Bottom 5 scores (compared to average)		
88%	15a	not experienced discrimination from patients/service users, their relatives or other members of the public
32%	5g	Satisfied with level of pay
68%	13a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
39%	10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours
60%	10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours

Least improved from last survey		
66%	8f	Immediate manager takes a positive interest in my health and well-being
71%	8b	Immediate managers can be counted on to help with difficult tasks
70%	8e	Immediate manager supportive in a personal crisis
58%	8d	Immediate manager asks for my opinion before making decisions that affect my work
63%	8c	Immediate manager gives clear feedback on my work

Future priorities and targets

The Trust has a comprehensive Workforce Strategy in place for 2017/20, which sets out the overall framework for the management and development of the workforce, focussing on seven "pillars": Workforce Planning, Resourcing, Pay and Reward, Engagement, Diversity, Learning and Education/OD, and Health and Wellbeing. An annual delivery plan of priorities is developed and implemented for each year.

An action plan has been developed in response to the results of the Staff Survey, approved by the Trust Board. The key priority areas, with actions, are provided below and will form part of the Trust's Workforce Strategy annual delivery plan; this is monitored via the Executive Management Committee and the Trust Board.

Pay and benefits

- On-going implementation of the new national pay frameworks and support for a change to the High Cost Area Pay Supplement.
- Enhanced benefits – reviewing and extending the scope of benefits available to staff, and allowing employees to view the value of these benefits in their total reward statement on ERS Self Service.
- Agile Working – improving the opportunities for flexible and agile working to meet the different contractual needs of groups of employees.
- Pension options – engagement in the national review of pension options with a view to offering more choice.

Bullying and Harassment

- Continue to raise awareness through improved publicity and reporting mechanisms using the Trust's Dignity at Work Champions.
- Ensuring speedy escalation of serious cases through line management, up to the Director of Nursing and Chief Operating Officer, to ensure appropriate action in critical cases.
- Quarterly report on case trends from the local security manager to the Nursing and Midwifery Board
- The appropriate application of sanctions to patients in serious cases.

Managerial Skills

- Continuing the rollout of compassionate leadership training to managers.
- Continuing the rollout of core skills through the leadership programmes levels 2-5 and managers toolkit.
- Running master classes such as those covering essential conversation skills.
- Accredited training in mediation skills and establishment of an in-house Workplace Medication Service.
- Extending simulation training to cover real-life scenarios.

The Trust's success in addressing these priorities will be measured by the results of the next year's staff survey.

Expenditure on Consultancy

The Trust's expenditure on consultancy during 2018/19 was £1,058,000.

Off-payroll Engagements

Summary of off-payroll engagements as at 31 Mar 2019, for more than £245 per day and that last for longer than six months	**2018/19**
	Number of engagements
	Number
No. of existing engagements as of 31 Mar 2019	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0
Confirmation:	
Please confirm that all existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.	N/A

For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2018 and 31 Mar 2019, for more than £245 per day and that last for longer than six months	2018/19 Number of engagements
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and national insurance obligations	0
Number for whom assurance has been requested	0
Of which:	
Number for whom assurance has been received	0
Number for whom assurance has not been received *	0
Number that have been terminated as a result of assurance not being received	0
*Where an individual leaves after assurance is requested but before assurance is received and instances where trusts are still waiting for information from the individual at the time of reporting this should be included within "No. for whom assurance has not been received".	

Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	18

Exit packages

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages £,000
<£10,000	-	-	1	£4,000	1	£4,000
£10,000 - 25,000	-	-	2	£31,000	2	£31,000
£25,001 - 50,000	-	-	1	£28,000	1	£28,000
£50,001 - 100,000	-	-	-	-	-	-
£100,001 - 150,000	-	-	-	-	-	-
£150,001 - 200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total	**-**	**-**	**4**	**£63,000**	**4**	**£63,000**

Compliance with the NHS Foundation Trust Code of Governance

The Board of Directors "the Board" is responsible for the leadership of the Trust and for ensuring proper standards of corporate governance are maintained. The Board accounts for the performance of the Trust and consults on its future strategy with its members through the Council of Governors "CoG". The Board also acts as the Corporate Trustee for the Kingston Hospital Charity.

The Board attaches great importance to ensuring that the Trust operates to high ethical and compliance standards. Kingston NHS Foundation Trust has applied the principles of the NHS

Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Board considers that the Annual Report and accounts, taken as a whole, are fair balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, operations and strategy.

The role of the Council of Govenors (CoG) is to influence the strategic direction of the Trust so that it takes account of the needs and views of the members, local community and key stakeholders, to hold the Board to account on the performance of the Trust, to help develop a representative, diverse and well-involved membership, and to help make a noticeable improvement to the patient experience. It also carries out other statutory and formal duties, including the appointment of the Chairman and Non-Executive directors of the Trust and the appointment of the external auditor. The Chairman ensures that the views of Governors and members are communicated to the Board as a whole.

Governance arrangements

The Trust's constitution was ratified in May 2013 on Authorisation as a Foundation Trust. Further changes have been made as required by changes in legislation and governance practice. The latest version of the constitution is available on the Trust's website.

The key responsibilities of the Board of Directors are to:

- Provide leadership to the Trust in setting a framework of processes, procedures and controls which enable risk to be assessed and managed
- Ensure the Trust complies with its Licence, its Constitution, requirements set by NHS Improvement, and relevant statutory and contractual obligations
- Set the Trust's vision, values, strategic aims and standards of conduct
- Ensure the quality and safety of the healthcare services provided by the Trust
- Put in place the necessary resources to deliver the Trust's strategic objectives
- Ensure the Trust exercises its functions effectively, efficiently and economically

The Board has approved Standing Financial Instructions and a Scheme of Delegation and Reservation of Powers which outline the decisions that must be taken by the Board and the decisions that are delegated to the management of the Hospital. These documents include instructions on budgetary control, banking arrangements, contracts and tendering procedures, capital investment and security of the Trust's property and data, delegated approval limits, annual accounts and reports, payroll, borrowing and investment, fraud and corruption, risk management and insurance.

Board directors collectively and individually have a legal duty to promote the success of the Trust to maximise the benefits for the population that it serves. They also have a duty to avoid conflict of interests, not to accept any benefits from third parties and declare interests in any transactions that involve the Trust.

The Council of Governors is not responsible for the day-to-day management of the organisation, which is the responsibility of the Board of Directors. The role of the Council of Governors includes:

- Appointment or removal of the Chairman and other Non-Executive directors
- Approval of the appointment (by Non-Executive directors) of the Chief Executive
- Deciding the remuneration, allowances and other terms and conditions of office of Non-Executive Directors

- Appointment or removal of the Foundation Trust's financial auditors
- Review and development of the Trust's membership strategy

A formal procedure is in place (see the Annex 7B to the Trust's Constitution) should there be a dispute between the Board and Council of Governors. The Council of Governors also has access to the Senior Independent Director and to NHS Improvement should there be any concerns which cannot be resolved with the Board in the course of normal business. Within the Constitution (see Annex 5) the Council of Governors has agreed clear and fair processes for the removal of any governor who fails to carry out their duties appropriately.

Further information about the Board of Directors and Council of Governors is outlined below.

Directors

The biographies of the directors who held office during the year appear on in the Directors' Report.

Chairman

The Chairman of the Trust is Sian Bates, a Non-Executive Director who chairs the Council of Governors and the Board.

Deputy Chairman

The Board did not appoint a Deputy Chairman for 2018/19 pending a review of the composition of the Board and held a vacancy for a Non-Executive Director throughout the financial year whilst the review was carried out. The Board will revisit the decision on appointment of a Deputy Chairman in 2019/20.

Senior Independent Director

The Senior Independent Director (SID) provides an alternative route for communication with Governors if they feel unable to raise a particular concern through the Chairman. The Senior Independent Director also undertakes the Chairman's appraisal, after seeking feedback from the rest of the Board, and from Governors and partners. Dr Rita Harris carried out this role during 2018/19.

The Board

The Board met at six scheduled meetings during the year under review plus five Board development sessions. Regular contact, including with the Non-Executive Directors, is maintained between formal meetings. Board meetings follow a formal agenda, which includes a review of quality and patient care, and operational performance against quality indicators set by the Care Quality Commission (CQC), NHS Improvement and by management, such as infection control targets, patient access to the Trust and Emergency Department waiting times. The Directors have timely access to all relevant quality management, financial and regulatory information. On being appointed to the Board, Directors are fully briefed on their responsibilities. Ongoing development and training requirements for individual Directors are assessed annually through the appraisal process, with the Chairman leading on collective Board development, which is addressed at Board workshops.

Directors' remuneration

Details of the directors' remuneration, fees and expenses for the year and their service contracts and Letters of Appointment are set out in the Remuneration Report. The accounting policies for pensions and other retirement benefits are set out in Note 9 to the accounts.

Appointment, re-election and the Nominations Committees

The Directors are responsible for assessing the size, structure and skill requirements of the Board, and for considering any changes necessary or new appointments. If a need is identified in the case of an Executive Appointment, the Remuneration Committee, which comprises the

Chairman and the Non-Executive Directors assisted by the Director of Workforce and Organisational Development, will produce a job description, decide if external recruitment consultants are required to assist in the process and if so instruct the selected agency, shortlist and interview candidates. If the vacancy is for a Non-Executive Director, the Nominations and Remuneration Committee comprising members of the Council of Governors (CoG) and the Chairman, with the Senior Independent Director, the Director of Workforce and the Company Secretary in attendance, considers the matter.

Non-Executive Directors are appointed for a three-year term in office. A Non-Executive Director can be re-appointed for a second three-year term in office on an uncontested basis, subject to the recommendation of the Nominations and Remuneration Committee and the approval of the CoG. A Non-Executive Director's term in office may, in exceptional cases, be extended beyond a second term on an annual case-by-case basis by the CoG, subject to a formal recommendation from the Chairman, satisfactory performance, and the needs of the Board, without the Trust having to go through open process. Removal of the Chairman or another Non-Executive Director shall require the approval of three-quarters of the members of the CoG.

The Chairman, other Non-Executive Directors, and the Chief Executive (except in the case of the appointment of a new chief executive) are responsible for deciding the appointment of Executive Directors. The Chairman and the other Non-Executive Directors are responsible for the appointment and removal of the Chief Executive, whose appointment requires the approval of the CoG.

Directors and their independence

At the end of the financial year, the Board comprised the Chairman, Chief Executive, six voting Executive Directors, seven voting Non-Executive Directors (including one vacant position) and two non-voting Directors. The Board has formally assessed the independence of the Non-Executive Directors and considers that there are no relationships or circumstances that are likely to affect their independent judgement. All Directors have made declarations in accordance with the Trust's Register of Interests Policy. At each meeting Directors are reminded to declare interests in matters to be discussed and any declarations made are recorded in the minutes.

Register of directors' interests

The register of directors' interests is available for inspection during normal office hours at the Chief Executive's office and is published on the Trust's website.

Trust auditors

Grant Thornton were appointed as the Trust's external auditor following a competitive tender process for a period of three years from 1st April 2017. The Council of Governors agreed with the Audit Committee the criteria for appointing, re-appointing and removing external auditors. KPMG are the Trust's internal auditors.

Board Committees

The Board has the following committees:

- Quality Assurance Committee
- Finance and Investment Committee
- Audit Committee
- Workforce Committee
- Remuneration Committee
- Charitable Funds Committee
- Equality & Diversity Committee

Details of the roles of these committees are included in the Annual Governance Statement.

Attendance at Board and Committee meetings (2018-19)

The following table sets out the number of directors meetings held during the year and the number of Board committee meetings attended by each member of that committee. On occasion, directors attend meetings of committees of which they are not a member in order to triangulate assurances and build knowledge; those attendances are not included in this table since they do not count towards quorum of the meetings.

	Trust Board	Workforce Committee	Quality Assurance Committee	Finance & Investment Committee	Audit Committee	Equality & Diversity Committee
Number of meetings held in the year	6	4	6	12	4	2***
Sian Bates	6/6	4/4	3/6	3/3	-	1/2
Rachel Benton	5/6	-	-	-	-	-
Alexandra Berry (from October 2018)	4/4	-	-	-	-	-
Sally Brittain	6/6	4/4	5/6	5/6*	-	-
Dr Nav Chana	6/6	1/2**	5/6	-	-	-
Kelvin Cheatle	6/6	4/4	-	-	-	1/2
Jo Farrar	6/6	-	-	12/12	-	-
Jonathan Guppy	5/6	-	-	12/12	-	-
Sylvia Hamilton	6/6	4/4	-	9/12	-	-
Dr Rita Harris	6/6	-	6/6	-	4/4	2/2
Mairead McCormick	6/6	-	2/6	8/12	-	-
Joan Mulcahy	6/6	-	-	-	3/4	-
Ann Radmore	6/6	1/4	-	6/12	-	-
Dame Cathy Warwick	6/6	-	5/6	6/12	4/4	2/2
Jane Wilson	5/6	4/4	6/6	5/6*	-	-

*FIC attendance shared between Jane Wilson and Sally Brittain
**Dr Chana ceased to be a member of the Workforce Committee mid-year
***The Equality & Diversity Committee reported directly to the Board from 1st November 2018.

Attendance at Council of Governors Meetings

The following table sets out the members of the Council of Governors during 2018/19 and the number of Council of Governors meetings attended by each member. Elections took place in November 2018, following which a number of members retired and new members were appointed. Attendance has therefore been listed showing the number of meetings attended against the number of meetings the member was eligible to attend as a member of the Council of Governors in 2018-19.

Name	Appointing Organisation/ Constituency	Term of office	Attendance in 2018 - 19
Councillor Piers Allen	Appointed Governor London Borough of Richmond	Appointed November 2018-21	1/2
Richard Allen	Elected Governor – Kingston	Elected November 2012 Re-elected November 2015 to November 2018, Re-elected 2018-21	4/4
Councillor Rowena Bass	Appointed Governor Royal Borough of Kingston Upon Thames	Appointed October 2018-21	2/3
Dr Marita Brown	Elected Governor - Kingston	Elected November 2014 to November 2017, Re-elected November 2017 to November	4/4

Name	Appointing Organisation/ Constituency	Term of office	Attendance in 2018 - 19
		2020	
Councillor Kim Caddy	Appointed Governor - Wandsworth Borough Council	Appointed November 2012 – September 2018	0/1
Sarah Connor	Staff Governor – Nursing and Midwifery	Ends November 2017 Re-elected to November 2020	3/4
Carlin Conradie	Allied health professionals and clinical support staff	Elected November 2017 to November 2020.	4/4
Michelle Deans	Elected Governor - Kingston	Elected November 2017 to November 2020.	1/4*
Dennis Doe	Elected Governor – Kingston	Elected November 2012 Re-elected to November 2018 Retired November 2018	1/2
Councillor Christine Elmer	Appointed Governor - Elmbridge Borough Council	Appointed November 2012	2/4
Marilyn Frampton	Elected Governor - Merton	Elected November 2011, Elected November 2014 to November 2017, Re-elected November 2017 to November 2020	4/4
Dr Julia Gale	Appointed Governor – Kingston University	Appointed November 2013	2/4
James Giles	Elected Governor – Kingston	Elected November 2018-21	1/2
Bonnie Green	Elected Governor – Richmond	Elected November 2015 to November 2018, Re-elected 2018-21	4/4
Helen Haywood	Elected Governor – Kingston	Elected November 2015 to November 2018	0/2
Councillor Drew Heffernan	Appointed Governor, London Borough of Sutton for Sutton and Merton Borough Councils (Joint Nomination)	Appointed July 2018-21	1/4
Paul Hide	Elected Governor – Sutton	Elected November 2014 to November 2017, re-elected November 2017 to November 2020	4/4
Dr Doug Hing	Wandsworth, Merton and Sutton CCGs	Appointed October 2017-2020	4/4
Dr Naz Jivani	Appointed Governor - Kingston CCG	Appointed November 2012; November 2015; November 2018-2021	1/4
Seamus Joyce	Elected Governor – Richmond	Elected November 2015 to November 2018	0/2
Jane Keep	Elected Governor – Richmond	Elected November 2018-21	2/2
CJ Kim	Elected Governor – Elmbridge	Elected November 2014 to November 2017, Re-elected November 2017 to November 2020	3/4
Ursula Kingsley	Staff Governor – Management and Administrative Staff	Ends November 2017, re- elected November 2017 to November 2020.	4/4
Frances Kitson	Elected Governor – Kingston	Elected November 2012 (Richmond) Elected (Kingston) November 2015 to November 2018, Re-elected November 2018-21	3/4
Cathy Maker	Elected governor- Richmond	Elected November 2017 to November 2020.	4/4
Robert Markless	Elected Governor - Kingston	Elected November 201,1 Re-Elected November 2014 to November 2017, Re-elected November 2017 to November 2020	3/4
Pravin Menezes	Staff Governor - Medical & Dental Practitioners	Elected November 2018-21	2/2
Felicity Merz	Elected governor - Wandsworth	Elected November 2017 to November 2020.	3/4
Dr Kate Moore	Appointed Governor - Richmond CCG	Appointed November 2016 – 2019	1/4
Raju Pandya	Elected Governor – Kingston	Elected November 2018-21	1/2
Dr Heather Patel	Appointed Governor - Surrey Downs CCG	Appointed November 2012	1/4*
Jack Saltman	Elected Governor – Elmbridge	Elected November 2015 to November 2018, Re-elected 2018-21	4/4
Terry Silverstone	Elected governor- Richmond	Elected November 2017 to November 2020.	4/4
Councillor Ken Smith	Appointed Governor – Royal Borough of Kingston upon Thames	Appointed October 2017 - September 2018	0/1
Councillor Margaret Thompson	Appointed Governor – Royal Borough of Kingston upon Thames	Appointed May 2013	2/4
Professor Peter Tomkins	Elected Governor - Rest of Surrey and Greater London	Elected November 2011 Re-Elected November 2014 to November 2017, Re-elected November 2017 to November 2020	3/4

Name	Appointing Organisation/ Constituency	Term of office	Attendance in 2018 - 19
Nicola Urquhart	Appointed Governor - London Borough of Richmond	Appointed November 2012 – reappointed 2015 – October 2018	1/2

*Long-term absences were accepted for these members during the year.

Company Secretary

The Board has direct access to the advice and services of the Director of Corporate Governance acting as Company Secretary (Secretary), who is responsible for ensuring that the Board and committee procedures are followed and that sufficient information and resources are made available for them to undertake their duties. The Secretary is also responsible for advising the Board, through the Chairman, on all corporate governance matters. Through the Company Secretary the Board has access to independent professional advice where they judge it necessary to discharge their responsibilities as directors.

Statement of compliance with the NHS Foundation Trust Code of Governance

The Board of Directors considers that it was compliant with the provisions of the NHS Foundation Trust Code of Governance. The Council of Governors retains the power to hold the Board of Directors to account for its performance in achieving the Trust's objectives.

Council of Governors and Membership

Council of Governors

Role of the Governors

The Council of Governor is responsible for the appointment of the Chairman and the Non-Executive Directors, and agreeing their terms and conditions, as well as the appointment of the external auditor. Each financial year, the Council of Governors is consulted by the Board on the Trust's forward plans and receives the Annual Accounts, Auditors' Report, Annual Report and Quality Report. Governors respond as appropriate when consulted by the directors on specific issues. Governors are unpaid. However they are entitled to receive reimbursement of expenses. No expense claims were made by Governors in 2018/19.

Lead Governor

The Council of Governors select one of their elected members to be the Lead Governor of the Council of Governors. The Lead Governor co-ordinates any communication between NHS Improvement and the other Governors and acts as a main point of contact for the Chairman and the Senior Independent Director. The Lead Governor at the date of this report is Richard Allen, Elected Governor for Kingston. The Lead Governor participated in the formation of a Lead Governor Association during 2017/18.

The Council of Governors has selected a Deputy Lead Governor to deputise for the Lead Governor as necessary. The Deputy Lead Governor at the date of this report is Jack Saltman, Elected Governor for Elmbridge.

The Council of Governors is chaired by the Trust's Chairman and supported by the Director of Corporate Governance as Secretary.

The Council comprises of:

- 17 elected public Governors
- 4 elected staff Governors
- 11 Partner appointed Governors

Meetings of the Council

The Council held full meetings on four occasions during 2018/19.

In addition to the four formal meetings the Council also participated in joint meetings of the Non-Executive Directors and the CoG, and the AGM/Annual Members Meeting. During 2017/18 a Joint Board and CoG working party reviewed governance mechanisms to ensure that these provide information appropriate to the role of the CoG and enhanced processes were agreed in Q4 for introduction with effect from 1st April 2018. These have been in operation through 2018/19 and a review of the impact of these measures is planned to take place in May 2019.

A training and development plan has been developed for the Council of Governors, which includes both external and internal training, induction and engagement. The Council received training on a number of topics during the year: Information Technology Strategy; Membership & Public Engagement; and Effective Questioning & Challenge.

In the event of a dispute between the Council of Governors and the Board of Directors, the Council of Governors and the Board of Directors shall meet and attempt to resolve the dispute by negotiation. If agreement cannot be reached then the dispute shall be referred to the Chairman, whose decision shall be final and binding.

Register of Governors' interests

A register of Governors' interests is maintained. A copy of the latest version submitted to the Council of Governors is available on the Trust's website or it may be inspected during normal office hours at the Chief Executive's office.

Understanding the views of Governors and Members

The Board of Directors has taken steps to ensure members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and Members about the Trust. Non-Executive Directors and the Chief Executive have attended each meeting of the Council of Governors. The Chief Executive presents a regular report on performance of the Trust, the current key risks and mitigating actions. Governors have taken part in discussions to develop the strategic plan and corporate objectives of the organisation.

A Membership Recruitment and Engagement Committee, which is a committee of the Council of Governors was established in May 2013. Its role is to support the Trust in growing and developing the membership, improving diversity of membership and facilitating communication between Governors, members and the local community.

Governors have engaged with patients, members and the wider public in a number of ways during 2018/19. This included:

- Engagement events around the Council of Governors elections which took place in November 2018.
- Accompanying Executive and Non-Executive Directors on Walkabouts to various departments across the Hospital, both clinical and non-clinical.
- Events such as health talks, with Governors invited to attend to provide opportunities after the meetings for patients, members and the wider public to speak to a Governor.
- Designated e-mail addresses for Governors by constituency for patients, members and the wider public to contact them.
- Governors attending Trust events, both on site and off site community events where they have met and recruited members and engaged with the wider public on the work of the Council of Governors and the Trust.
- Email bulletins to members including details of where and how to meet and contact Governors.
- A number of Governors attend their local Healthwatch, CCG and Patient Participation meetings.

- The Patient Experience Committee and the Equality & Diversity Committee have members who are Governors.

Membership
The Trust first began recruiting members in support of its Foundation Trust application in 2006, and now 13 years into the recruitment programme, it has a substantial membership base of 7,089 public members. Membership is open to all members of the public aged over 14. The Council of Governors is continuing to recruit and promote membership and this is done through Governor engagement in the Trust and membership drives externally.

Eligibility requirements for joining different membership constituencies, including the boundaries for public membership, are shown in the Trust's Constitution, which is available on the Trust's website.

The Trust has an extremely high percentage of staff members, with almost all staff choosing to remain as members.

Community engagement
During the year the Trust continued to implement its Membership Engagement Strategy and Governor Involvement Strategy to promote good relationships, communication and engagement with the wider community through foundation trust membership, fundraising and some aspects of volunteering.

The main aim is to support the Trust in maintaining and engaging the membership and facilitating communication between Governors, Members, Staff and the local community. Throughout the year the Trust has been holding Members' events to engage the membership of the Hospital.

Managing an active membership
Specific initiatives are being developed under the Governors' Involvement Strategy. The types of events the Trust hosts are being extended, and will be scheduled in a way that they appeal to different sub-groups of the membership, providing a mix between the informative Health Talks for members and new initiatives, such as dining companions, and supporting our work with dementia and fund raising activities.

Membership size and movements - 2018/19		
Public constituency	**At 1st April 2018**	**At 31st March 2019**
At year start (April 1)	7,084	7,089
Staff constituency		
At year start (April 1)	3,525	3,265
Analysis of current membership by age, ethnic origin, socio-economic group and by gender		
Public constituency	**Number of members**	**Eligible membership**
Age (years):		
0-16	2	2,212,725
17-21	456	572,354
22+	4,738	7,439,119
Not stated	1,893	N/A
Ethnicity:		
White	2,573	5,911,117

Mixed	60	428,833
Asian or Asian British	532	1,575,044
Black or Black British	155	1,101,070
Other	1	290,267
Not stated	3,768	N/A
Socio-economic groupings*:		
AB	2,581	901,198
C1	2,174	987,762
C2	1,044	459,841
DE	1,249	640,451
Gender analysis		
Male	2,352	5,090,125
Female	4,403	5,118,294
Not stated	334	N/A

* Please note that these figures exclude 41 members that did not fit into the Office for National Statistcis groupings.

Analysis by Constituency	**Members**	**Number of Eligible population**	**Number of Public Governors**
Elmbridge	843	134,360	2
Kingston	3,012	181,539	7
Merton	438	109,192	1
Rest of Surrey and Greater London	805	9,390,378	1
Richmond	1,362	201,132	4
Sutton	139	46,707	1
Wandsworth	303	145,111	1
Out of area/ Not Categorised	187	N/A	N/A

Annual Governance Statement

Scope of responsibility

As Interim Chief Executive I have assumed the responsibilities of Accounting Officer with effect from 1st April 2019. Ann Radmore, as Chief Executive, held those responsibilities for the period 1st April 2018 to 31st March 2019. Between us, for the period covered by the Annual Report & Accounts for 2018/19, we hold responsibility for maintaining a sound system of governance (incorporating the system of internal control) that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which we are personally responsible, in accordance with the responsibilities assigned to us. We are also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The handover of Accounting Officer responsibilities took place at a meeting held on 29th March 2019 attended by the Chief Executive, Interim Chief Executive, Director of Corporate Governance and the Associate Director – Financial Accounting and Control. At that meeting, Ann Radmore confirmed in writing that she had reviewed all relevant information available to her and, to the best of her knowledge, there was nothing that would prevent her from signing the Annual Report and Accounts and Quality Report for 2018/19 as Chief Executive and Accounting Officer for Kingston Hospital NHS Foundation Trust. She also confirmed that there were no indications of any matters which would prevent the Interim Chief Executive from signing the final version so as far as could be predicted.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Kingston Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Kingston Hospital NHS Foundation Trust for the year ended 31st March 2019 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

Kingston Hospital NHS Foundation Trust is committed to a Risk Management Strategy which minimises risk to all of its stakeholders through a comprehensive system of internal controls, based upon the support and leadership offered by the Board of Directors, its Committees and the Executive Management Committee. The Risk Management Strategy provides a framework for taking this forward through internal controls and procedures which encompass strategic, financial, quality, reputational, compliance and health & safety risks. Its aim is to ensure the safety of patients, staff and the public and to deliver quality, patient-centred services that achieve excellent results and promote the best possible use of public resources, through an integrated approach to managing risks from all sources. The strategy also seeks to support consistency and standardisation through the gathering and dissemination of intelligence on risks and mitigation control measures amongst all staff.

The high level Board committee structure discharging overall responsibilities for risk management is summarised below:

- Trust Board is responsible for establishing principal strategic and corporate objectives and for driving the organisation forward to achieve these. It is also responsible for ensuring that effective systems are in place to identify and manage the risks associated

with the achievement of these objectives through the Board Assurance Framework and the Corporate Risk Register.

- Audit Committee, on behalf of the Board, reviews the establishment and maintenance of an effective system of internal control and risk management across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives and also ensures effective internal and external audit.
- Quality Assurance Committee (QAC) provides assurance to the Trust Board and Audit Committee that there are adequate controls in place to ensure high quality care is provided to the patients using the services provided by the Trust.
- Finance & Investment Committee (FIC) is responsible for scrutinising aspects of financial performance as requested by the Board, as well as conducting scrutiny of major business cases, proposed investment decisions and regular review of contracts with key partners.
- Workforce Committee is responsible for providing leadership and oversight for the Trust on workforce issues that support the delivery of the Board's approved workforce objectives; and for monitoring the operational performance of the Trust in people management, recruitment and retention, and employee health and wellbeing.
- Equality & Diversity Committee (E&DC) enables the Trust Board to carry out its responsibilities for the Equality and Diversity agenda and provide strategic direction, leadership and support for promoting and maintaining equality, diversity and human rights issues across the Trust in line with Trust strategic objectives.

The Risk Management Strategy ensures that risks are identified from the bottom up: risk registers are managed within each service line and corporate area. Risk identification, assessment and control is carried out locally with accountability through Associate Divisional Directors and review by the Risk Management Committee.

The Risk Management Committee (RMC) meets on a monthly basis. During this meeting all risks on the Trust Risk Registers rated at 12 or above are discussed and reviewed. The aim of the RMC is to provide assurance to the Executive Management Committee (EMC) and to the Audit Committee that the Trust has adequate risk management arrangements in place and is operating effectively, ensuring that risk is kept under control in accordance with the Boards risk appetite and minimising exposure to harm.

Staff are trained and equipped to manage risk in a way appropriate to their authority and duties through targeted training of individuals and access to the Trust's Patient Safety, Governance & Risk team. Guidance is provided in writing through the Risk Identification, Assessment and Risk Register Policy. This includes the process to identify and manage local risks, the systematic means by which these local risks are escalated to Board level attention through the Corporate Risk Register and how risks are controlled and monitored. Further operational procedures for risk and incident management are referenced in the Risk Management Strategy which is available to all staff through the Trust's policy management system. The Board has used benchmarking data and input from the Internal Auditors to learn from good risk management practice in other organisations. The framework ensures responsibilities are clear and that quality, performance and risk are understood and managed.

The risk and control framework

The Trust understands that healthcare provision and the activities associated with caring for patients, employing staff, providing premises and managing finances will always involve an inherent degree of risk. Good risk management practice requires that identified risk is analysed, evaluated, treated and actions followed up for the purposes of monitoring and review to further improve.

The key elements of the risk management strategy and the Trust's approach to risk management and risk appetite are summarised as follows.

Possible risks are identified through a variety of mechanisms, both reactive and proactive. Proactive identification may arise from local risk assessments, impact assessments and gap analyses of published reports on healthcare subjects or inspections of other care providers. Reactive identification can be flagged as a result of a serious incident, a trend in incidents or complaints, observations from a Trust Board walkabout or as a result of an audit, either internal or external.

Risks are analysed, scored, and current controls evaluated according to the Trust's Risk Identification, Assessment and Risk Register Procedure. The aim of this process is to decide what further action to control the risk is required (treat the risk), or if the risk must be tolerated at its existing level (accept the risk). The evaluation of the risk assessment will involve the analysis of the individual risk to identify the consequences/severity and likelihood of the risk being realised. Within the Trust, the severity and likelihood of risk is given a numeric score based on the following matrix:

Consequence	**5x5 Risk Matrix**	**Likelihood**				
		1	**2**	**3**	**4**	**5**
	Consequence	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

The process of evaluation includes a set of risk metrics for risk impact and likelihood which aims to improve consistency of risk assessments taking place within the Trust, for example:

	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long- term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly

The Trust's definition of a corporate risk is one that meets any of the following criteria:

- It is a high level risk that has been scored at ≥ 12.
- It is a risk that is deemed to deserve corporate visibility.

The risk assessment template is structured in a way that requires the recording of an initial risk rating, a target risk rating and a current risk rating, the latter being post-mitigation and reviewed on a regular basis. The Trust's risk 'appetite' is determined by the target risk rating, i.e. once the mitigating actions have been implemented successfully and the risk has reduced to the target, the Trust accepts the residual level of risk.

Quality Governance and Performance

The Trust is compliant with the registration requirements of the Care Quality Commission (CQC). The Trust was inspected by the CQC in May/June 2018, with all of the Trust's services receiving a rating of 'Good' and well-led and caring as 'Outstanding'. The overall rating for the Trust is Outstanding. The CQC has not taken enforcement action against Kingston Hospital NHS Foundation Trust during 2018/19.

The Trust is the first Acute Trust in London to receive a rating of Outstanding.

The Trust's arrangements for quality governance, including how the quality of performance information is assessed and how assurance is obtained routinely on compliance with CQC registration requirements, are based on a robust and systematic approach which permeates right through the organisation and creates and maintains reliable processes and continuous learning. The Board reviews the Trust's integrated quality and operational compliance report at each meeting, scrutinising key trends in performance (covering clinical, operational and workforce performance KPIs). This ensures that all Board directors are kept adequately appraised of performance and provides an opportunity for full Board scrutiny of performance across the Trust. Meetings of the Quality Assurance Committee are used to look in more detail at quality issues highlighted by the data. Key elements of the Committee's terms of reference are to:

- Scrutinise the assessment of quality risks identified in the Board Assurance Framework as detailed on the Trust Risk Register and ensure there is sufficient assurance that these risks are managed by the Trust including actions to eliminate gaps in controls, for example, ensuring that audit programmes address the key issues.
- Review the performance of the Trust in meeting its relevant statutory and regulatory obligations including compliance with the NHS Act 2006, the Health and Social Care Act 2008 (and its successor documents) and the CQC (Registration) Regulations 2009 (and its successor documents) through the review of the Integrated Quality and Operational Compliance report.
- Review the evidence to support the Trust's Quality Governance arrangements through review of the Integrated Quality and Operational Compliance report.
- Monitor and review the Trust's Quality Performance Indicators in relation to quality and safety. The QAC will work with the Clinical Quality Improvement Committee (CQIC) to identify the most valuable quality indicators for the Board and maintain oversight of the

clinical quality aspects of CQIC's work to ensure it has appropriate quality monitoring mechanisms in place for all levels of the organisation.

- Seek assurances at least annually from management that lessons are being learnt and relevant changes made following incidents, including SIs, complaints and claims.
- Monitor the Trust's compliance with the CQC's Essential Standards of Quality and Safety.
- Monitor and make recommendations on the adequacy and effectiveness of any aspects of the Trust's performance as the Board may request, focusing mainly but not exclusively on outcome measures and liaising with the Finance and Investment and Audit Committees to minimise duplication.
- To maintain oversight of quality related strategies.
- The Committee shall review and approve the annual Clinical Audit Programme. The Committee will commission audits from clinical audit or internal audit (as appropriate) as and when it requires in year if a risk is identified which requires more focus and increased assurance.
- Review the draft Trust Quality Priorities and Quality Report prior to adoption by the Trust Board.
- Seek assurances from the Patient Experience Committee on the concerns raised in the complaints received by the Trust and reviewed by the Committee.

The Trust's IM&T Information Systems Security Policy is designed to ensure that there is a consistent and systematic approach to the management of IT-based Information Assets. This includes the approach to data security, use of password protection and data encryption, prevention of and learning from security breaches, and the corporate policy on system ownership. Compliance with BS 27002 - an international standard for information security management - helps ensure that IM&T systems are properly assessed for security, appropriate levels of security maintain the confidentiality; integrity and availability of information and information systems; all staff are aware of their accountability and the limits of their authority; a means is established to communicate awareness of information security issues, their impact on KHFT and other NHS organisation's to management, users and other staff; all electronic data is secured so that only appropriately authorised users may access it.

The major risks faced by the Trust at the year end, including clinical risks, fall into the following categories.

1. **Workforce** – overseen by the Workforce Committee on behalf of the Trust Board. The risk to patient safety resulting from a potential increased vacancy level as a result of the possible departure of EU staff, and the difficulties in recruiting EU staff in the future. This includes substantive employees, bank and agency staff and staff employed to work for external suppliers at the Trust.
2. **Financial Sustainability** – overseen by the Finance & Investment Committee, with a strong focus on cash management, productivity and financial improvement.
3. **Fire Safety** – following a full site review in early 2017, a risk based remedial programme (implementation planned over 2.5 years) was agreed with the London Fire Brigade and is nearing completion.

The Board Assurance Framework is where the Trust Board focuses on ensuring that these risks are mitigated. A monthly report is prepared which tracks how successful the Trust has been in mitigating the risks, whether any further controls are needed or assurance sought. This report is received by the Audit Committee and the Trust Board at each meeting.

The implementation of the Risk Management Strategy and effective operation of the Trust's corporate governance structure are the principal means by which the Trust is able to assure itself of the validity of its Corporate Governance Statement, required under NHS Foundation Trust Condition 4(8) (b), and is achieved through:

- Development and quality assurance of Service Line risk management frameworks to support the Trust's Risk Management Strategy.
- Providing training and support to staff to enable them to manage risk as part of normal line management responsibilities.
- Effective use of the governance system and structures in place.
- Risk assessments undertaken systematically in all Service Lines and departments to identify risk, assess effectiveness of controls and implement treatment plans, where necessary.
- Delivery of action plans at corporate level and at local level, e.g. individual risk treatment plans.
- Use of, and compliance with, policies to strengthen the systems of control.
- Using information from risk assessment, incidents, complaints, audit, claims and other relevant external sources to improve safety and support organisational learning
- Internal and external audits and assessment to provide assurance of the effectiveness of controls to minimise risk.

The CQC review in 2018 reported that all levels of governance and management functioned effectively and interacted with each other appropriately. The Trust's leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care and the structure had effective systems and processes in place to support the delivery of its strategy. Patient safety and quality are the Trust's priorities at all levels, including the Board and its Committees level and in discussions with staff.

The following activities undertaken during 2018/19 also support the Board's assurance on the effectiveness of its corporate governance structures and internal controls:

- Commencement of the action plan to address the 'should dos' arising from the CQC inspection in May 2018.
- The Clinical Audit programme and reports to the Quality Assurance and Audit Committees on the outcomes.
- Annual review of each Committee's effectiveness against their terms of reference.
- Joint review with Governors on the effectiveness of the Council of Governors and of governance mechanisms to enable Governors to fulfil their responsibilities.

The Trust has published an up-to-date register of interests for senior decision-making staff within the past twelve months and has, as required by the 'Managing Conflicts of Interest in the NHS' guidance, agreed a policy to cover declarations of interest for all staff.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust

ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Board, on a monthly basis, keeps under review the Trust's use of resources, financial performance and cost effectiveness through the monthly finance report, reviewed in detail by the Finance & Investment Committee and also received bi-monthly by the Board. Where key risks and issues in relation to the Trust's use of resources are identified, 'deep dive' reviews are conducted to ensure that a sufficient degree of assurance is obtained.

The oversight role of the Board and the Finance & Investment Committee is supplemented by the annual internal audit programme which includes a comprehensive review of the Trust's financial systems and controls. The detail of the key actions of the internal audit programme can be found at the 'systems of internal control' section below.

External auditors carry out the audit of financial systems and comment specifically on the use of resources and going concern in their reports to the Audit Committee and the Board.

The governance structure at Executive Management level and below provides opportunities for specific divisions, clusters and service lines to be challenged on their use of resources within the respective services which they provide.

Information governance

During 2018/19 five Serious Incidents (SIs) relating to information governance were reported though the Data Security and Protection Toolkit. All received Root Cause Analysis Investigation. Three involved emails sent to external organisations. all of whom have deleted the information. One involved information stored on a camera for an extended period of time. The final SI involved information about another patient being sent out on CD which was promptly returned. The SIs did not require reporting to the Information Commissioner's Office and no further action was required beyond the mitigations already put in place.

In 2018/19 the Trust received 669 Freedom of Information (FOI) requests. 88% (at the time of writing) of the 2018/19 requests were answered within the 20 working day limit. Although the Act is applicant blind, it is estimated that the majority of requests were from Members of the Public (48.6%) (though this may also conceal other categories), Commercial Enquirers (35%) and Press (10%). Patients and Relatives accounted for only 1 request. All Information delivered accounted for 46.6% of requests, which rose to 83.1% when partially delivered is taken into account. The top categories of request included Staff Information, Statistics, IT Infrastructure/Software, Agency and Bank Spend, Service Performance, and Policies Procedures and Guidelines.

In 2018-19 KPMG performed a GDPR – Privacy Diagnostic Review. Given that GDPR came fully into effect on 26 May 2018, the Trust welcomed the review finding of Amber – Green "Significant Assurance with minor improvement opportunities". The Trust has already implemented many of these.

Data Security and Protection Toolkit Attainment Levels

The Trust's Information Governance Toolkit Assessment Report overall score for 2017/18 was 80% and was graded Green - Satisfactory. In 2018/19 the Information Governance Toolkit (was replaced by the Data Security and Protection (DSP) Toolkit v1.0. This represented a significant change, with 'Requirements' being replaced by 'Assertions' and scoring going from levels between 0 and 3 to either 'Standards Met' or 'Standards Not Met'. The new DSP Toolkit has

157 Assertions, 97 of which were mandatory for Kingston Hospital NHS Foundation Trust in 2018/19. These are spread over ten Data Security Standards:

1 Personal Confidential Data
2 Staff Responsibilities
3 Training
4 Managing Data Access
5 Process Reviews
6 Responding to Incidents
7 Continuity Planning
8 Unsupported Systems
9 IT Protection
10 Accountable Suppliers

Submission for the new Toolkit, as with previous Toolkits, was by 31st March 2019. The Trust's Toolkit was submitted with 'Standards Met'. We have submitted an improvement plan as to how we intend to improve where we believe improvements are necessary. Our Dashboard for submission was as follows:

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Reports for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust followed the NHSI December 2018 Guidance in compiling its Quality Report, including wide stakeholder engagement. This consisted of proposing 14 quality improvement initiatives, of which stakeholders were requested to choose the top two priorities for them in each of the three quality sections. The 6 quality priorities were then presented to Trust Board of Directors for approval, and form part of the Quality Report for 2018/19 in terms of stating our intentions for quality improvement. This process included engagement with stakeholders such as the Quality Assurance Committee, Council of Governors, Governors' Quality Scrutiny Committee and key external stakeholders such as local Healthwatch organisations, local commissioners and overview and scrutiny committees. Written responses are included in the Quality Report from our external stakeholders, and this is then formally presented to Parliament.

Workforce Safeguards

In October 2018 NHS Improvement published 'Developing Workforce Safeguards' to support providers to deliver high quality care through safe and effective staffing. The Trust notes that Boards must assure themselves that robust governance systems and processes around staffing and related outcomes are embedded down to ward or service level. This may include formally reviewing or adding processes such as QIAs to organisational policy. Ultimate responsibility for governance around staffing decisions should rest with the Chief Executive.

The Trust has undertaken a gap analysis in order to develop an action plan to ensure these workforce safeguards are implemented. In addition it can gain assurance from an Internal Audit: Safe Staffing, undertaken in 2018 and the Care Quality Commission report of the same year which highlight robust management of staffing from ward to Board.

Emergency Preparedness Resilience and Response (EPRR)

EPRR is defined by a series of statutory responsibilities under the Civil Contingencies Act (2004) and the Health and Social Care Act (2012), which requires NHS, funded organisations to maintain robust capabilities to plan for and respond to incidents or emergencies that could impact on health or services to patients. The Civil Contingencies Act 2004 delivers a legislative framework for the provision of civil protection in the United Kingdom, ensuring consistency of planning, whilst setting clear responsibilities for frontline responders for responding and recovering from incidents.

It is a requirement of NHS funded organisations annually to complete a self-assessment against the NHS Core Standards for EPRR, along with an additional section on a specific aspect in order for NHS England to carry out a deep dive exercise. This year's EPRR assurance deep dive topic was command, control and coordination with the Trust.

In accordance with the requirements laid out in the EPRR 2018-19 Assurance Process Letter (1st August 2018), the overall level of compliance is based on the total number of amber and red ratings. In respect of Kingston Hospital the ratings were agreed at a review meeting with NHS England and Kingston & Richmond CCG. Kingston Hospital was 98% compliant with the core standards and therefore has an assessed level of compliance of substantially compliant.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by a letter of comfort from the outgoing Chief Executive, the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The role of the Board and its committees in maintaining and reviewing the Trust's systems of internal control is described above. The internal audit programme provides a further mechanism for doing this. In 2018/19, KPMG, the Trust's internal auditors identified high priority (red risk) recommendations made within their audit reports, which alongside medium and low priority recommendations are monitored in an internal audit recommendations tracker which is frequently reviewed by the Audit Committee.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of internal audit's work. The Head of Internal Audit for the Financial Year 2018/19 gave an overall opinion that significant assurance with minor improvements required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control In 2018/19 KPMG provided internal audit services. The contract and associated Quality Plan specify that the delivery of internal audit function will continue to be in compliance with NHS Internal Audit Standards and those of the Institute of Internal Auditors (UK).

Review	**Assurance Level**
Safe Staffing	Significant assurance with minor improvement opportunities
Investment Appraisal	Partial assurance with improvements required
Charity Core Financials	Significant assurance with minor improvement opportunities
GDPR	Significant assurance with minor improvement opportunities
Statutory and MandatoryTraining	Partial assurance with improvements required
High Cost Drug Income Recovery and Expenditure	Significant assurance with minor improvement opportunities
Core Financials Systems	Significant assurance with minor improvement opportunities
Clinically Led Clusters	Significant assurance with minor improvement opportunities

The high priority recommendations made in 2018/19 related to:

- the review of guidance documentation to ensure clarity on expectations around identifying and quantifying benefits of investment, and definition of a standard template to track benefit realisation post-approval and socialise as part of the 2019/20 business planning process.
- Statutory and mandatory training compliance rates, which were consistently below target in 2018/19 and were identified as an area requiring improvement by the CQC. Work is ongoing in relation to supporting staff to complete e-Learning. The Employee Self Service module of OLM (Oracle Learning Management) system will be implemented for 2019/20.

The Audit Committee is responsible for oversight and assurance that processes undertaken by the Trust Board and other committees are operating effectively. In fulfilling its role the Committee:

- Reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives.
- Reviews arrangements that allow staff and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.
- Monitors and reviews the effectiveness of Clinical Audit activities through a quarterly report on aspects of policy, process assurance and data quality, and highlighting 'red' rated clinical audit outcomes.
- Advises the Board on internal and external audit services.
- Monitors compliance with standing orders and standing financial instructions.
- Reviews schedules of losses and special payments.
- Reviews the annual financial statements prior to submission to the Board.
- Reviews the Quality Report following recommendation from the Quality Assurance Committee.
- Reviews findings of significant assurance functions, both internal and external.

The Committee's main activities during the course of the year have been:

- Consideration of Internal Audit Reports
- Approval and monitoring of progress with the Internal Audit and Counter Fraud plans
- Monitoring of progress with external audit
- Quarterly reports from the Head of Clinical Audit and Effectiveness

The Audit Committee comprises three members independent Non-Executive Directors. The Committee has provided reports to Board meetings after each of its meetings and through that process identified areas it wished to draw to the Board's attention.

Conclusion

In conclusion, to the best of my knowledge, no significant internal control issues were identified during 2018/19.

Signed:

Interim Chief Executive
23rd May 2019

Kingston Hospital
NHS Foundation Trust

QUALITY REPORT 2018-2019

Working **together** to deliver **Exceptional, Compassionate Care** every time

CONTENTS

PART 1-

Statement on Quality and Introduction from the Chief Executive 3

What is a Quality Report? 5

PART 2 – Priorities for Improvement and statements of assurance from the board

Kingston Hospital NHS Foundation Trust Priorities for 2019/20 8
Patient Safety 11
Patient Experience 13
Clinical Effectiveness 15
Overview of Services 16
Participation in Clinical Audits 17
Participation in Clinical Research 21
Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework 21
Care Quality Commission Registration and Inspections 23
Improvements since the CQC Inspection in 2016 25
Data Quality 26
Information Governance Toolkit Attainment Levels 27
Clinical Coding 29
Mortality and Learning from Deaths 30
Performance outcomes 34
Progress in implementing the priority clinical standards for seven day hospital services 40
Response to the Gosport report 40
Statement on Junior Doctor Rota Gaps 41

PART 3 – Looking Back at 2018/19 42

Patient Safety 43
Clinical Effectiveness 47
Patient Experience 51
Single Oversight Framework 56
Other Improvements to Quality of Care 57
Recruitment and Retention 58
National Inpatient Survey Results and Actions 59
Patient Advice and Liaison Services (PALS) 61
Patient and Public Involvement Strategy 61
Staff Survey Results 62
Independent Auditors Limited Assurance Report to Council of Governors 66

Appendix A National Confidential Enquiries 69
Appendix B National Clinical Audits & National Confidential Enquiries 70
Appendix C Actions to be taken 74
Appendix D Language and Terminology 95
Annexe 1 Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees 100
Annexe 2 Statement of Directors' responsibilities for the quality report 109

PART 1

Statement on Quality and Introduction from the Chief Executive

Over the past year the Trust has continued to focus on quality for our public, patients and staff at Kingston Hospital NHS Foundation Trust and build on our successes and achievements so far, in improving the service and care we provide. The most complete test of quality is a full CQC inspection and report. During 2018 Kingston Hospital NHS Foundation Trust underwent a full inspection and received an overall rating of Outstanding, including Outstanding for being 'Well-led' and 'Caring' categories. Only 6% of Trusts in the UK are rated Outstanding. Kingston Hospital NHS Foundation Trust was the first London Trust to receive this accolade.

The CQC highlighted "Our overall findings indicated that all areas made improvements", "There was a stable executive team which was demonstrating good leadership", "All staff were extremely caring and compassionate".

The Trust Board is committed to being a clinically led and managerially enabled organisation. Following the Trusts restructure in the summer of 2018, The Trust services are now clinically led by a triumvirate, ensuring that delivery of high quality care is at the forefront of everything we do at Kingston Hospital NHS Foundation Trust. This Report covers how we have performed against the Quality Priorities set for 2018 - 19 and sets out what our Quality Priorities will be during 2019 - 20.

During 2018 - 19 the Trust focused on delivering 6 Quality Priorities, which had been agreed following consultation with our staff, members, governors, and patient experience committee of which patient representatives are core members and collaborators. Out of the 6 Quality Priorities, the Trust have achieved 4 and partly achieved 2. There is evidence that Outstanding NHS Trusts engage staff in Quality Improvement activities. Throughout 2018/2019 the Trust committed to promoting improvement activity and demonstrated how staff strive for continuous learning and improvement. The Trust will build on this with the 2019/2020 Quality Priorities by further engaging patients in the Quality Improvements underway throughout the Trust.

The Dementia Strategy implementation continues as a key focus for the Trust which is proud of the achievement, delivering a hugely visible positive benefit directly for staff, patients and their relatives. The environment has been greatly improved in our Emergency Department as well as on designated wards, in lift lobbies and corridors and the Outpatient setting. Additionally, we have 200 new Dementia friends, developed a patient and carer leaflet to explain about 'delirium' as an illness, and moved towards using a specific pain measurement scale for patients with dementia to be able to tell us more ably about their pain, so we can help more.

The Trust staff turnover rate of 14.4% remains low and the staff vacancy rate of 6.7% is testament to how the Trust staff feel valued and enjoy their work. This results in increased stability. The Trust is delighted that 74% of its workforce who completed the national staff survey would recommend the Trust as a place to work and 82% would be happy with the standard of care provided if a friend or relative required treatment. The Trust is supported by a large number of volunteers who are dedicated to helping it achieve our standards in all areas of the Trust.

The Trust is now moving forward to a new phase. At the end of March 2019 the Trust said Goodbye to our Chief Executive, Ann Radmore, who is moving on to pastures new. It was under Ann's direction and guidance that the Trust has undergone significant change and

achieved amazing results and we are looking forward to aspiring to excellence under the guidance of our interim Chief Executive Jo Farrar.

Working in conjunction with our staff, partners and stakeholders the Trust has set our Quality Priorities for 2019/2020. These are described below.

QUALITY PRIORITIES FOR 2019-2020

Patient Safety

1. Improve the process to identify patients with learning disabilities.
2. Improve identification and escalation of the deteriorating patient.

Patient Experience

1. Improve pain management for patients attending the Emergency Department.
2. Engage more patients in quality improvement.

Clinical Effectiveness

1. Improve the staffing in emergency department.
2. Home before lunch discharges.

The Quality Report presents a balanced picture of the Trust's performance over the period covered and, to the best of my knowledge, the information reported in the Quality Report is reliable and accurate.

Jo Farrar
Interim Chief Executive

WHAT IS A QUALITY REPORT?

Patients deserve to know about the quality of care they receive, and at Kingston Hospital NHS Foundation Trust Quality is an absolute priority.

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Report. The Quality Report is a narrative to patients, carers, professionals and the public about the quality and standard of services we provide. It aims to increase public accountability and drive quality improvement within NHS organisations. This is achieved by getting organisations to review their performance over the previous year, identify areas for improvement, and publish that information, along with a commitment to you, the public, about how those improvements will be made and monitored over the next year.

The Quality Report is now established as an important means of demonstrating and communicating improvements in the quality of patient care. We will continue to focus attention on making our Quality Report more readable and accepted as a core instrument in improving accountability to the public.

The quality of services at Kingston Hospital NHS Foundation Trust is measured by and focuses on 3 areas that help us to deliver high quality services:

- Patient Safety
- Clinical Effectiveness (How well the care provided works)
- Patient Experience (How patients experience the care they receive)

Information in a Quality Report is mandatory. However, information contributions decided by patients and carers, Foundation Trust Governors, staff, commissioners, regulators and our partner organisations can be incorporated.

Scope and structure of the Quality Report

This report summarises how well we as a Trust have performed against the quality priorities and goals we set ourselves for the last year and, if we have achieved what we set out to do. In the document we have explained the reasons if we have not achieved our goals and what we are going to do to make improvements. It also sets out the priorities we have agreed for the coming year and how we intend to achieve them and track progress throughout the year. The Quality Report is prepared each year by the Director of Nursing and Quality and overseen by the Quality Assurance Committee. This group is chaired by a Non-Executive Director. Guidance is published on how to write the Quality Report and this has been adhered to.

One of the most important parts of reviewing quality and setting quality priorities is to seek the views of our patients, staff and key stakeholders (such as the Clinical Commissioning Groups, Council of Governors, Healthwatch Groups). The Quality Report includes statements of assurance relating to the quality of our services and describes how we review them, including information and data quality. It also includes a description of audits we have undertaken, our research work, how our staff contributes to quality and comments from our external stakeholders.

If you, or someone you know, needs help understanding this report or would like the information in another format, such as large print, easy read, audio or Braille or in another language, please contact our Communications Department. If you have any feedback or

suggestions on how we might improve our Quality Report, please do let us know either by emailing: Sally Brittain, Director of Nursing and Quality at sally.brittain@nhs.net

10 facts about our Trust.

In 2018/2019 The Trust:

Delivered 4976 babies

CATCHING CANCER EARLIER

Consistently achieved 62 day cancer performance target

Admitted 67,323 including day cases and maternity and held 444,498 outpatient appointments

Cared for patient in 354 acute beds

Achieved an Outstanding Rating From the CQC

Continued to work in partnership with volunteers

Overall rating for this trust	Outstanding ☆
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding ☆
Are services responsive?	Good
Are services well-led?	Outstanding ☆

Kingston Hospital Charity

Received approximately £1.5 million in donations

Employed approximately 2900 Whole time equivalent members of staff

Saw 127,482 patients in Accident and Emergency

Won National Awards for Staff Retention and Wellbeing Employer of the Year

PART 2

KINGSTON HOSPITAL NHS FOUNDATION TRUST PRIORITIES FOR 2019/20

How were the priorities chosen?

Working with stakeholders ensures that the quality priorities selected are pertinent and relevant to service users. In this section we will explain why we think each priority is important, what we aim to achieve, what we have done so far and what we plan to do in the year ahead. Where possible we refer to historical and/or benchmarked data to enable readers to understand progress over time and performance compared to other providers.

The number of priorities selected is in line with those stipulated in the NHS Improvement document *Detailed Requirements for Quality Reports for 2018/19.*

The description must include:

At least **three** priorities for improvement (agreed by the NHS Foundation Trust's Board) indicating the relationship, if any, between the identification of these priorities and the reviews of data relating to quality of care referred to in the assurance statement.

- Progress made since publication of the 2017/18 Quality Report; this should include performance in 2018/19 against each priority and, where possible, the performance in previous years.
- How progress to achieve these priorities will be monitored and measured, and
- How progress to achieve these priorities will be reported.

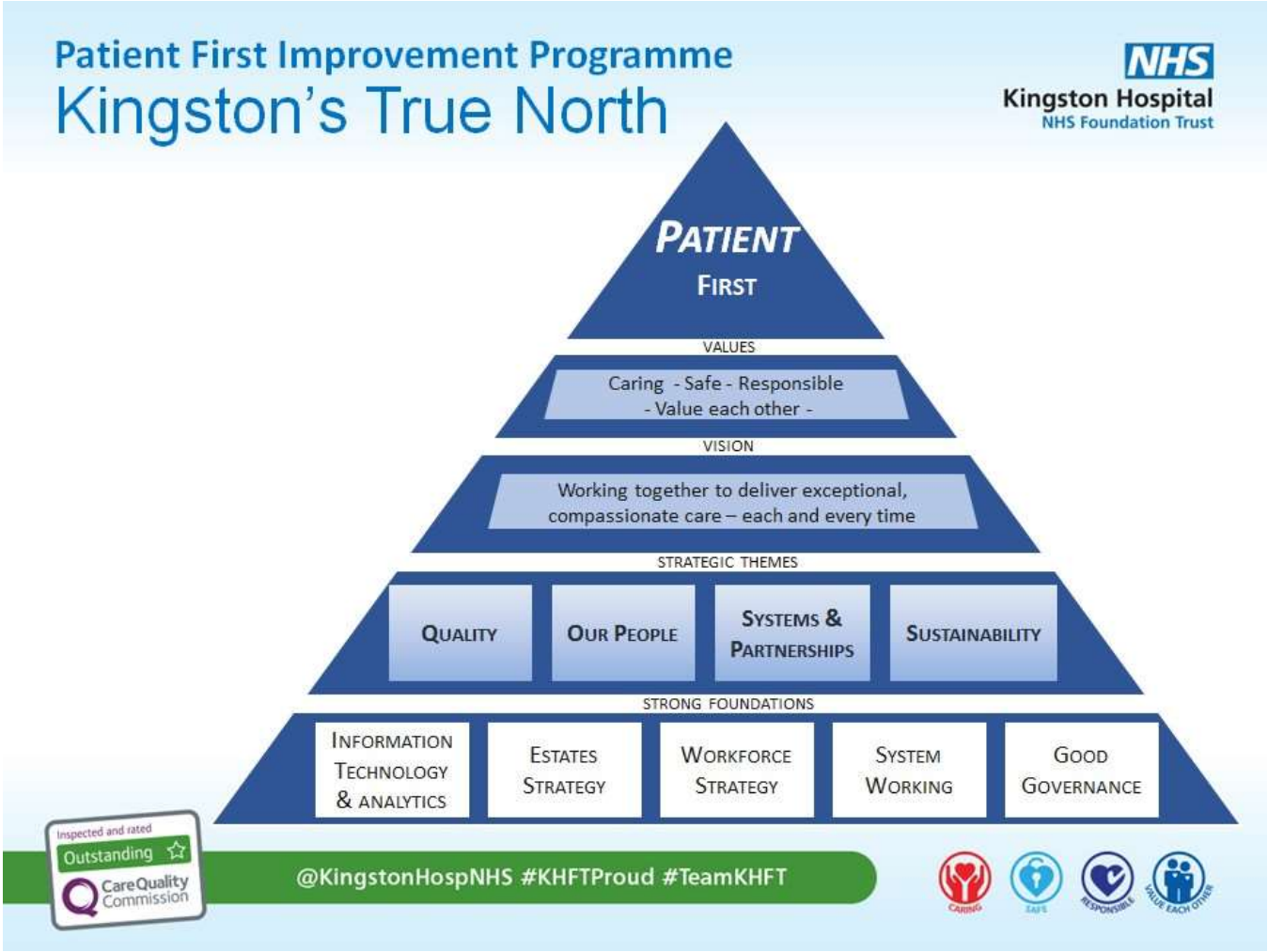
The dates of consultation are listed below:

- Quality Improvement Committee — 12th December 2018
- Executive management Committee — 9th January 2019
- Governors Quality Scrutiny Committee — 15th January 2019
- Council of Governors — 22nd January 2019
- Trust Board Meeting (Public) — 30th January 2019
- Quality Assurance Committee — 26th February 2019

In the autumn of 2018 the proposed Quality Priorities were presented for voting to:

- All members
- The Health Overview Panel for Kingston and Richmond
- The local CCG's
- The Trust Governors
- Health watch for Kingston and Richmond
- All non-executive Directors
- The Trust Board

Following the closure of the vote, all responses were collated and an analysis was undertaken to determine the two top priorities from the list in each of the 3 sections, Patient Safety, Patient Experience and Clinical Effectiveness. The top two from each section, so 6 collectively, were then proposed to the Executive Management Committee for agreement. The final proposals for the **six** Quality Priorities were the proposed to the Trust Board, and approved. These are the approved Quality Report Priorities 2019/20.



Our Quality Priorities for 2019/2020 form part of our wider ambition.

Our top priorities relate to the Trust's True North. The True North is our internal compass that ensures our hospital is heading in the right direction, this is a fixed point that we should always use for reference when determining which improvements and projects to prioritize. The Trust has undergone a clinical restructure during 2018/2019 to enable us to deliver our priorities and as a clinically led and managerially enabled organization, focus on putting people first. Our services are led by a Trio consisting of the Chief of Medicine/Surgery, a Head of Nursing and an Associate Director and managed through 2 divisions divided into 6 clusters.

Division	Cluster	Area
Unplanned	1	Urgent, Emergency and ITU
Unplanned	2	Medicine and Therapies
Unplanned	3	Clinical Support
Planned	4	Specialist Surgery, Specialist Outpatients and Cancer
Planned	5	Women, Children and Sexual Health
Planned	6	Surgery, Anaesthetics and Endoscopy

QUALITY PRIORITIES FOR 2019/20

Domain	Item	Priority	Rationale
Patient Safety	1	Improve the process to identify patients with learning disabilities.	Raising awareness of patients with learning disabilities or autism is a national priority. These standards require the Trust to ensure that we have the necessary structures and processes in place to positively impact outcomes for patients with learning disabilities or autism.
	2	Improve identification and escalation of the deteriorating patient.	Early recognition and treatment of deteriorating patients, facilitating the escalation of care in an appropriate and timely manner, improves outcomes.
Patient Experience	1	Improve pain management for patients attending the Emergency Department.	Our patient survey and some patient complaints show that we do not always help alleviate people's pain as quickly as they would like. We want to improve pain management in the Emergency Department so ensure that all patients have appropriate treatment
	2	Engage more patients in quality improvements.	Involving patients and the public in quality improvement helps to ensure that the changes made will meet their needs. It can also promote greater ownership of local health services, and a stronger understanding of why and how they need to change and develop.
Clinical Effectiveness	1	Improve staffing in the Emergency Department.	Having a fully multi-disciplinary staffed emergency department is important for patient care. We need to develop a workforce in the Emergency Department that utilises new roles and responsibilities more creatively, while still being safe, to ensure we have the best services for our patients.
	2	Home before lunch discharges.	When patients are discharged earlier in the day they are more likely to settle better when they are back home and have everything in place to meet their needs. This means that their experience is improved and it reduces the likelihood of readmission back into hospital

PATIENT SAFETY

- **Quality Priority for Improvement 1**

Improve the process to identify patients with learning disabilities.

Why we chose this Indicator:

We know some people with learning disabilities encounter difficulties when accessing NHS services and can have much poorer experiences than the general population. Raising awareness of patients with learning disabilities is a national priority. Compliance with these standards requires the Trust to ensure that we have the necessary structures and processes to deliver the outcomes that people with learning disabilities, their families and carers expect and deserve.

Monitoring:

We plan to establish a Learning Disabilities improvement group to coordinate delivery. The Quality Improvement Committee will monitor the progress of the quality priority via reporting from the Safeguarding Board.

The Trust will explore how best to achieve this with local Healthwatch and other relevant stakeholders, including service users with learning disabilities.

Measures to assess Achievement

Improvement will be measured by progress against elements of the Learning Disability Improvement Standards Action Plan – Standard 1 Respecting and protecting rights: mechanisms to identify and flag patients with learning disabilities, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services.

We will explore the use of patient stories and qualitative feedback from service users to support our measurement for improvement.

We will also measure the number of patients who are identified on our clinical record system as having learning disabilities or autism

- **Quality Priority for Improvement 2**

Improve the identification and escalation of the deteriorating patient.

Why we chose this Indicator:

We know that early recognition and treatment of deteriorating patients, facilitating the escalation of care in an appropriate and timely manner, improves outcomes. We also know that patients approaching the end of life may receive inconsistent care as their condition deteriorates if personalised plans for current and future care are not clearly communicated.

Monitoring:

The Deteriorating Patient Group is a committee chaired by the Deputy medical Director with the aim to improve the safety of patients who are vulnerable to unexpected deterioration and will coordinate the delivery of this quality priority. The Quality Improvement Committee will monitor the progress of the quality priority.

Measures to assess Achievement

The primary measure of improvement will be a reduction in in-hospital peri-arrest calls. These are calls made to the emergency resus team in response to a patient deemed at imminent risk of acute physical deterioration. Earlier intervention should reduce the need for this level of escalation.

Our balancing measure will be the number of cardiac arrest calls**.** Increases in cardiac arrest calls could indicate that our processes are not effective in responding appropriately to deterioration.

PATIENT EXPERIENCE

- **Quality Priority for Improvement 1**

Improve pain management for patients attending the Emergency Department

Why we chose this Indicator:

Our patient survey and some patient complaints show that we do not always help alleviate people's pain as quickly as they would like. We want to improve pain management in the Emergency Department to ensure that all patients have appropriate treatment.

Monitoring:

The Trust-wide Pain Group will coordinate the delivery of this quality priority. Monitoring the progress of this will be through the Quality Improvement Committee.

Measures to Assess Achievement

Increase the number of Patient Group Direction (PGD) trained nurses – these are nurses that are trained to supply/administer medication (in this case paracetamol and ibuprofen).

Improvements in the assessment and management of pain in ED in line with the Royal College of Emergency Medicine best practice guidelines – the specific family of measures will be determined as part of a systematic quality improvement project

Improvements in the ED Patient Survey results

The Trust will explore how best to achieve this with local Healthwatch and other relevant stakeholders.

- **Quality Priority for Improvement 2**

Engage more patients in quality improvement

Why we chose this Indicator:

Involving patients and the public in quality improvement helps to ensure that the changes made will meet their needs. It can also promote greater ownership of local health services, and a stronger understanding of why and how they need to change and develop.

Monitoring:

Delivery of this quality priority will be coordinated and reported via the Patient Experience Committee.
The Quality Improvement Committee will monitor the progress of the quality priority.

Measures to Assess Achievement

Review of patient engagement in key quality improvement groups, committees and projects:

- To review the results of the baseline survey
- Scope to include all Trust-wide improvement groups and projects, all QI projects that report to Quality Improvement Committee and all Yellow Belt projects
- Assess level and appropriateness of patient, carer and family involvement using an agreed framework for patient and public involvement.

- Ongoing monitoring of patients involved in QI projects each quarter
- Improvements in the Staff Survey - KF32. Effective use of patient / service user feedback.
- Undertake a survey of patients involved in QI projects to assess their experience/satisfaction with their involvement

CLINICAL EFFECTIVENESS

- **Quality Priority for Improvement 1**

Improve staffing in the Emergency Department

Why we chose this Indicator:

Having a fully multi-disciplinary staffed emergency department is important for patient care. We need to develop a workforce in the Emergency Department that utilises new roles and responsibilities more creatively, while still being safe, to ensure we have the best services for our patients

Monitoring:

Delivery will be coordinated and monitored through the Emergency Care Programme Board. The Quality Improvement Committee will monitor the progress of the quality priority

Measures to assess Achievement

Staffing metrics – link to 2019/20 workforce breakthrough objectives – e.g. stability and temporary staffing rates
Improved staff satisfaction – annual survey
ED Key Performance Indicators: reduced time to triage, reduced time to assessment and improvement in 4 hr standard

- **Quality Priority for Improvement 2**

Home Before lunch discharges

Why we chose this Indicator:

When patients are discharged earlier in the day they are more likely to settle better when they are back home and have everything in place to meet their needs. This means that their experience is improved and it reduces the likelihood of readmission back into hospital.

Monitoring:

Delivery will be coordinated and monitored through the Emergency Care Programme Board as part of the work to implement the SAFER bundle.

The Quality Improvement Committee will monitor the progress of the quality priority

Measures to Assess Achievement

Primary measure: % patients discharged before noon from adult inpatient wards
Secondary measures:

- Distribution of the time of discharge
- Balancing measure: emergency readmission rate
- Balancing measure: average length of stay on the ward

Overview of Services

During 2018/19 the Kingston Hospital NHS Foundation Trust provided and/or subcontracted 57 relevant NHS services, for adults and children in the following specialties:

Accident and Emergency	General Surgery
Assisted Conception	Gynaecology
Breast	HIV
Cancer in partnership with RMH	Neonatal Care
Cardiac Physiology	Nephrology
Cardiology	Neurology
Care of the Elderly and stroke services	Neurophysiology
Clinical Support Services – therapies related to an inpatient episode of care and/or referral for outpatient treatment(s)	Obstetrics
Colorectal	Occupational therapy
Community Midwifery	Ophthalmology
Community Paediatrics	Ophthalmology (Community)
Critical Care	Oral and Dental Services
Day Surgery	Paediatrics
Dermatology	Pain Management
Diabetes and Endocrinology	Parent Craft
Diagnostics (imaging and pathology)	Pathology as part of the SWLP
Dietetics	Patient Transport
Digital Hearing Aids	Pharmacy in partnership with Boots
Direct Access – Biochemistry	Physiotherapy outpatient
Direct Access – Cytology	Respiratory Medicine
Direct Access – Haematology	Respiratory Physiology
Direct Access – Cellular Pathology	Rheumatology
Direct Access – Immunology	Speech and Language Therapy
Direct Access – Microbiology	Surgical Appliances
Direct Access – Radiology/Imaging (MRI in partnership with Inhealth)	Upper GI
Ear, Nose and Throat	Urology
Endoscopy	Trauma and Orthopaedics
Gastroenterology General Medicine	Vascular
Genito Urinary Medicine	

The Trust has reviewed all the data available to it on the quality of care in 57 of these relevant health services.

The income generated by the relevant health services reviewed represents 89.3% of the total income generated from the provision of relevant health services by Kingston Hospital NHS Foundation Trust for 2018/19.

Participation in Clinical Audits

Clinical audit is designed to improve patient care, treatment and outcomes. Its purpose is to involve all healthcare professionals in a systematic evaluation of delivery of care against evidence based standards, identify actions to improve the quality of care and deliver better care and outcomes for patients. The work carried out by the various National Confidential Enquiries involves review of patient care nationally. The resulting recommendations enable local hospitals to drive up standards and enhance patient care and safety.

The table below showcases examples of excellence demonstrated by Kingston Hospital NHS Foundation Trust's latest performance in national clinical audits.

Stroke: Patients receive a **world class stroke service** The Trust has achieved the an 'A' rating for overall performance continuously since Aug-17, placing the service amongst the best performing teams nationally – Sentinel Stroke National Audit Programme.	**Parkinson's Disease:** **100% of patients were reviewed at 6-12 monthly intervals** within the last year, were reviewed **by a specialist and provided with** both **oral and written information** throughout the course of their care as per best practice recommendations - National Parkinson's Audit.	**Diabetes:** The Trust **is amongst the best performing 25% of Trusts nationally for 3 patient safety indicators** The Trust achieved some of the lowest rates nationally for medication errors, glucose management errors and insulin errors – National Diabetes In-patient Audit.
Organ Donation: NHS Blood and Transplant commended the Trust for providing a **world class service in saving and improving lives through organ transplantation** as demonstrated by our excellent performance in the Potential Donor Audit.	In 2018/19 staff endeavoured to improve patient care and outcome by participating in: **50 national clinical audit projects** **10 confidential enquiries** **418 local audits**	**Hip Fracture:** **More patients** admitted as an emergency with a hip fracture **receive all of the recommended key elements of patient care** (77.1%) **compared to the national average** (57.1%) - National Hip Fracture Database.
7-Day Service: **More patients are reviewed by a consultant within 14 hours of admission** 7-days a week **compared to other Trusts in the region** (regional average) **and nationally** (national average).	**Heart Failure:** Research shows that patients leaving hospital on three recommended disease-modifying drugs have a higher survival rate. These drugs reduce the rate of deterioration and help improve symptoms and	**Care of Preterm Babies:** The **Trust performed above the national average for 2 key indicators of best practice relating to patient/ carer involvement**: • Parents/carers had a consultation with a senior member of the

Trust performance also **exceeds the NHS England target** of 90% - National 7-day Service Audit.	quality of life. For a second year in a row **100% of patients** treated for heart failure **were discharged on each of the recommended disease modifying drugs for which they were eligible**. Nationally only 44% of patients were discharged on all 3 drugs - National Heart Failure Audit.	neonatal team within 24 hours of a baby's admission – 100% compared to 95% nationally. Parents present on at least one consultant ward round during a baby's stay – 91% compared to 74% nationally - National Neonatal Audit Programme.

During 2018/19 50 national clinical audits and 10 national confidential enquiries covered relevant health services that the Kingston Hospital NHS Foundation Trust provides. This is an increase of 10 national audits and 1 national confidential enquiry from the previous year.

During that period Kingston Hospital NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquires which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Kingston Hospital NHS Foundation Trust was eligible to participate in during 2018/19 are listed in Appendix A and B.

The national clinical audits and national confidential enquiries that the Kingston Hospital NHS Foundation Trust participated in, during 2018/19 are also listed in Appendix A and B.

The national clinical audits and national confidential enquiries that Kingston Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, are listed in Appendix A and B 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 that audit or enquiry.

The reports of 42 national clinical audits were reviewed by the provider in 2018/19. The actions that Kingston Hospital NHS Foundation Trust intends to take to improve the quality of healthcare provided are listed in Appendix C.

The reports of 157 local clinical audits were reviewed by Kingston Hospital NHS Foundation Trust in 2018/19. Examples of improvement actions taken as a result of national and local audit are shown in the table below.

Performance in local and national clinical audits is reviewed by the clinical teams, and where gaps in performance are identified these are assessed for risk and appropriate actions planned to drive improvement. Performance in all clinical audits is fed into the service line quality governance process, to ensure progress with actions is monitored and any gaps in assurance are fed into the wider improvement priorities, and areas of excellent performance are showcased at the Trust's Annual Improvement Seminar.

Performance in all national clinical audits is reported to the Trust Board via the Trust Committee structure and reported externally to our Commissioners.

National and local clinical audit results are used primarily by Kingston Hospital to improve patient care where gaps are found but are also used as assurance that the hospital is following best practice guidance. Four examples of how clinical audit results have provided assurance and improved care during 2018/19 are given in the boxes below.

Clinical audit driving improvement

Kingston Hospital NHS Foundation Trust **continues to deliver excellent care to patients with heart failure** as demonstrated by latest performance in the National Audit of Heart Failure

The National Heart Failure Audit aims to examine and improve service delivery for and outcomes of patients admitted to hospital with heart failure.

Latest performance:

- Performance remains at 100% for patients discharged on all 3 recommended disease modifying treatments (ACE inhibitors, beta blocker and MR angiogram (MRA)). Only 44% of patients nationally were discharged on all 3 treatments.
- Performance has improved compared to previous for the following criteria:
  - **Assessment and diagnosis:** Cardiology inpatient, input from consultant cardiologist and input from specialist.
  - **Discharge and follow up:** Received discharge planning.
- Performance has improved compared to previous and is better than other Trusts nationally for:
  - **Discharge and follow up:** Referral to heart failure nurse follow up, referral to cardiology follow-up and referral to cardiac rehabilitation.

What makes this happen?

- Recruitment of additional full-time Heart Failure Nurse Specialists, a consultant cardiologist with specialist interest in heart failure, and a full-time Community Heart Failure Nurse Specialist for South Richmond, who works out of Kingston Hospital.
- Development of Heart Failure Ward Rounds (Mon-Fri) with daily ward in-reach.
- Regular Heart Failure Multidisciplinary Team meetings with attendance from Community Heart Failure Nurse Specialists from Kingston, Richmond and Surrey Downs Clinical Commissioning Groups.

Plans for the future:

- Recruitment of further Heart Failure Nurse Specialist.
- Development of the Advanced Care Planning processes for Heart Failure.
- Proposal to Kingston Clinical Commissioning Group for Heart-Kidney Clinics at Kingston Hospital.

NHS Blood and Transplant (NHSBT) commends Kingston Hospital NHS Foundation Trust for providing a world class service in saving and improving lives through organ transplantation**, as demonstrated by the latest findings in the Potential Donor Audit.**

Latest performance:

- 15 potential organ donors were referred during 2017/18. There were no occasions where potential organ donors were not referred.
- A senior nurse – organ donation (SNOD) was present for 7 organ donation discussions with families during 2017/18. There were no occasions where a SNOD was not present.

Who makes this happen?

- Successful referral and support for the donor families is the key to successful organ donation. The Trust Organ Donation Committee have worked hard with the Clinical Lead for Organ Donation, the Specialist Nurse for Organ Donation, the Intensive Care Unit (ICU) consultants and nursing team, the Emergency Department and Theatre teams.
- By raising awareness, providing teaching and training opportunities through the NHSBT regional study days and embedding the referral protocol the Committee has ensured a better pathway of referral, care and support

for all involved in organ donation at the Trust.

Plans for the future:

- The Committee is looking at ways to continue to promote organ donation across the Trust. It is exploring ways to continue raising awareness and also encourage consideration of tissue donation across the wards, and working with the Paediatrics and Maternity teams to explore donation for families who have asked about it when faced with loss.

Clinical audit providing assurance

Emergency Contraception Benchmarking Audit demonstrates excellence in patient care by the Wolverton Centre

Emergency contraception provides women with a means of reducing the risk of the conception of an unintended pregnancy following unprotected sexual intercourse. The copper intrauterine contraceptive device (Cu-IUD) is the most effective method of emergency contraception.

Latest performance:

The Wolverton centre was ranked first nationally for:

- Women suitable for a copper Cu-IUD provided with information about it as a method of emergency contraception.
- Women suitable for a Cu-IUD offered it as an option for emergency contraception.

Excellent performance was also demonstrated for 'Women given contraceptive advice', and 'Women given sexual health advice'.

Who makes this happen? The Wolverton Team:

- Has a trained fitter of emergency Cu- IUDs available during opening hours.
- Provide advice to local GPs and local pharmacies to ensure women who are suitable for the emergency Cu-IUD have access to the service within the appropriate time frame.
- Promote the Cu-IUD as the most effective form of emergency contraception and support women to make the best choice for themselves.

Plans for the future:

- Make the emergency contraception proforma mandatory.
- Create a coil patient information display in the waiting room, which will include a "myths debunked" section and other relevant information.
- Give all patients not already on contraception a contraception leaflet on arrival at their appointment.

WHO Safer Surgical Checklist Audit – providing best practice to surgical patients at Kingston Hospital NHS Foundation Trust

To improve surgical safety the World Health Organisation (WHO) developed the WHO Safer Surgery Checklist. The checklist identifies three phases of an operation and in each phase a checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the operation.

Latest performance:

Since 2016 a Trust-wide audit has been undertaken to ensure that the checklist is fully completed for all applicable procedures. The audit has demonstrated continuous improvement in performance, and now provides assurance that best practice is being met:

- Checklist fully completed – improved performance from 95.7% (2016/17) to 100% (2018/19).
- Debrief completed after last patient on theatre list – improved performance from 83.5% (2016/17) to 99.6%

(2018/19).

What makes this happen:

- The checklist is asked about at interview and included in the induction process for all new theatre staff members; listed on a whiteboard in each theatre and audited.
- Staff are actively encouraged to escalate incidences where the checklist is not performed and staff not complying are challenged.
- Performance is shared with all theatre service users and discussed at their service line meetings, at the Theatre User Group and in all appropriate service line audit meetings.
- The senior person on duty checks entries on the electronic patient record (CRS) at the end of each day to ensure that where WHO checklists are completed they are recorded as such on the system.

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 1486 an increase from 894 in 2017/18.

The Trust was involved in conducting 65 clinical research studies during 2018/19, covering 27 specialities, an increase from 58 in 2017/18.

This financial year we now have research being conducted additionally in Stroke and Cardiology. Furthermore we have grown our commercial research with 5 research studies open to recruitment in 2018/19 as well as our home grown research, sponsoring 2 research projects.

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of income for Kingston Hospital NHS Foundation Trust in 2018/19 was conditional on meeting quality improvement and innovation goals agreed between Kingston Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2018/2019 are provided in the table below and for the following 12 month period are available electronically at this link:

https://www.england.nhs.uk/publication/cquin-indicator-specification

The key aim of CQUIN is to support a shift towards a vision where quality is the organising principle. The framework therefore helps ensure that quality is always part of discussions between commissioners and hospitals everywhere. In 2018/19 the Trust had a contract value of £4,931,478 for CQUIN activity (in the previous year, the value of this activity was £4,822,905). The table below illustrates how the Trust performed against the CQUIN schemes.

The table below summarises the different schemes that the Trust engaged in during 2018/19.

THEME	AIM	% ACHIEVEMENT
Improving staff health and wellbeing	Introduction of health and wellbeing initiatives	0%
	Healthy food for NHS staff, visitors and patients	100%
	Improving the uptake of flu vaccinations for front line staff within Providers	100%
Reducing the impact of serious infections (Sepsis)	Timely identification and treatment for sepsis in emergency departments and acute inpatient settings	55%
	Timely treatment for sepsis in emergency departments and acute inpatient settings	40%
	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours	100%
	Reduction in antibiotic consumption per 1,000 admissions	33%
Improving services for people with mental health needs who present at A&E	Improving services for people with mental health needs who present to A&E.	100%
Offering advice and guidance (A&G)	Offering advice and Guidance (A&G)	100%
Preventing Ill Health by Risky Behaviours	Tobacco screening	50%
	Tobacco brief advice	100%
	Tobacco referral and medication	100%
	Alcohol screening	100%
	Alcohol brief advice or referral	75%
Local CQUIN	Local Transformational CQUIN	75%
	Local Other - Capacity Planning	100%
	Local Other - STP Engagement	100%
Dose Banding	CA2 Nationally standardised Dose banding for Adult Intravenous Anticancer Therapy (SACT)	100%
Medicines Optimisation	MO Trigger 1 - Faster adoption of prioritised best value medicines as they become available	83%
	MO Trigger 3 -Cost effective dispensing routes	100%
	MO Trigger 4 - Improving data quality associated with outcome databases (SACT and IVIg)	100%
	MO Trigger 5 - Reviewing and switching existing patients to clinically appropriate but also more cost effective regimen treatment	100%

Dental	Dental - Collection and submission of data on priority pathways procedures	100%
	Dental - Participate in the Acute Dental Systems Resilience Group (SRG)	100%
	Dental - Active participation in consultant led MCN	100%

*Performance for most schemes is measured quarterly - note that Qtr 4 performance is yet to be confirmed by commissioners and is therefore based on the Trust's latest estimate.

*MO Trigger 2 is deemed to be not applicable to the Trust

Local CQUIN 2019/20

Local CQUIN goals are not relevant for the 2019/20 contract.

National CQUINs 2019/20

The national indicators that Kingston Hospital NHS Foundation Trust is working on are:

- Staff Flu
- Alcohol and Tobacco Brief Advice
- Preventing Falls
- Antimicrobial Resistance
- Same Day Emergency Care
- Medicines Optimisation
- Dental

CARE QUALITY COMMISSION (CQC) REGISTRATION AND INSPECTIONS

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates care provided by the NHS, local authorities, private companies and voluntary organisations that provide regulated activities under the Health and Social Care Act 2008. The CQC registers, and therefore licenses, all NHS Trusts. It monitors Trusts to make sure they continue to meet very high standards of quality and safety. If services drop below the CQC's essential standards then it can impose fines, issue public warnings, or launch investigations. In extreme cases it has the power to close services down.

Kingston Hospital NHS Foundation Trust is required to register with the CQC - every hospital has to be and its current registration status is Outstanding. This means that we are doing everything we should to keep patients safe and to provide good care. The CQC carries out regular checks to make sure that hospitals are meeting important government standards. There are currently no conditions attached to the registration and there has been no enforcement action during the reporting period.

The CQC undertake announced and unannounced compliance visits to assess if the service is safe, effective, caring, is responsive to people's needs and is well-led.

The Trust was inspected by the CQC in May 2018 and June 2018, with all of the Trust's services receiving a rating of 'Good' and well-led and caring as 'Outstanding'. The overall rating for the Trust is Outstanding. The CQC has not taken enforcement action against Kingston Hospital NHS Foundation Trust during 2018/19.

The Trust is the first Acute Trust in London to receive a rating of Outstanding.

Improvement in rating since last inspection

Ratings

Overall rating for this trust	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Outstanding ☆

There has been an improvement in all ratings since our last inspection.

Ratings tables

Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Aug 2018	Good ↑ Aug 2018	Outstanding ↑ Aug 2018	Good ↑ Aug 2018	Outstanding ↑↑ Aug 2018	Outstanding ↑↑ Aug 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

The Trust did not receive any “Must Do” actions.

Detailed action plans were developed and implemented with clinical teams and departmental heads in relation to the “Should Do” actions identified by the CQC. Progress against these actions has been monitored by the Quality Improvement Committee.it should be noted that where an action was developed for a specific service, ward or department it was intentionally implemented Trust wide for consistency and good practice. The ‘Should Do’ actions from the CQC continue to have a sustained focus to enable delivery on all actions. Key actions completed include improvements to compliance rates of mandatory training for both medical and nursing staff, renewed Emergency Department Patient Group Directives to enable appropriate registered staff to be trained to administer analgesia, improving the time taken to close reported incidents via the Trusts Risk Management System, continuing to develop services towards full seven days per week availability and consideration of ways to reduce the average length of stay for medical elective patients.

Kingston Hospital NHS Foundation Trust has not participated in any *special reviews* or *investigations* by the CQC during the reporting period.

The overall findings by the CQC indicated that all areas have made improvements. Examples of outstanding practice were found throughout the hospital. All staff were found to be extremely caring and compassionate. People were treated with the utmost kindness, dignity and respect. Care and treatment was delivered as part of a person-centred culture.

Changes at Kingston Hospital NHS Foundation Trust between the CQC inspections in 2016 and 2018 are detailed in the table below:

SAFE
• The design and layout of the emergency department (ED) has changed considerably since our last inspection (2016). There is a new entrance area, waiting area, streaming cubicles, urgent treatment centre and majors waiting area. • The resuscitation area has expanded to include two more bays. • The majors' area has expanded to five cubicles. • Mandatory training is well organised and staff are enabled to be released from their normal duties to attend or complete this. • Safeguarding systems, processes and practices protect people from abuse, neglect and breaches of their dignity and respect. • Nursing staffing numbers have improved. The Trust plan and review staffing levels and skill mix so that people receive safe care and treatment. Where staff vacancies exist, processes are in place to avoid any negative impact on patients. • Staff understand their responsibilities to raise and record safety incidents, concerns and near misses. • Lessons are learnt when things go wrong. • Good standards of infection prevention and control. All areas inspected were visibly clean and staff adhered to bare below the elbows. •
EFFECTIVE
• Care and treatment are delivered based on evidence-based guidelines, national guidance and best practice. • Staff have the skills, knowledge and experience to deliver effective care and treatment. • Staff development opportunities and systems for appraisals are commented on favourably by staff. • Patient nutrition and hydration needs are assessed and met. All patients are appropriately offered food or drink unless they are nil by mouth, in which case intravenous fluids are administered. • Patient's pain levels are assessed and managed appropriately. • There is effective multi-disciplinary working across the inspected services. • Staff understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They know how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.
CARING
• Staff treated patients with dignity, kindness and compassion. • Staff take time to interact with patients and those close to them in a respectful and consideration way. • Staff treat patients as partners in their care. • Staff take time to ensure patients and their families understand their treatment plans. • Staff take time to answer questions and explain what is going to happen next to provide reassurance to patients. • Patients' individual preferences and needs were always reflected in how care is delivered. • Staff maintain patients' privacy at all times. • Staff help patients and those close to them to cope emotionally with their care and treatment. • In the emergency department, volunteers speak with patients and relatives. • In the emergency department a therapy dog is used to help attend to people's emotional needs.

- Emergency department staff obtain cooked breakfasts for patients and their relatives who have been in the department overnight.
- Patients, friends and families provide positive feedback and examples of their care.
- Staff show determination and creativity in overcoming obstacles to deliver care for vulnerable patients and those with additional needs. For example, in the outpatient department, quiet waiting areas for patients living with dementia and a learning disability are provided.
- Within the emergency department, patients with confusion are cared for in a caring and compassionate way in dementia friendly cubicles.

RESPONSIVE

- Within the emergency department, five dementia friendly majors' cubicles have been created to provide a calming environment.
- Staff in the emergency department have designed two new resuscitation bays which include annexes so relatives can be close to the critically unwell patients and do not have to leave the area to go to the family room.
- The emergency department consistently meet the RCEM arrival to treatment 60-minute standard.
- The Trust places emphasis on meeting the needs of people living with dementia and has arrangements in place to care for and improve the experience of those patients in hospital.
- From December 2016 to November 2017 the Trust's referral to treatment time (RTT) for non-admitted pathways had been consistently better than the England average.
- The Trust performed better than the 93% operational standard for people being seen within two weeks of an urgent GP referral. The Trust performance is consistently better than both the standard and England average.
- The Trust performs better than the 93% operational standard for people being seen within two weeks of an urgent GP referral for suspected cancer.
- Staff have telephone access to language interpreters if required and interpreters can attend appointments when booked in advance.
- Staff have access to sign language interpreters.

WELL-LED

- There is strong and clear leadership which has improved significantly within the emergency department.
- The service has a clear vision and set of values, with quality and sustainability as the top priorities.
- The vision for the services is in line with the Trust's overall vision for the organisation.
- All levels of governance and management functioned effectively.
- The Trust has effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff within the Trust feel supported, respected and valued by the organisation.
- Staff have confidence that any issues in performance or behaviour would be addressed appropriately by senior leaders.
- Staff are encouraged to be open and honest.
- Services gather people's views and experiences, and act on them to shape and improve the service and culture.
- Leaders and staff strive for continuous learning, improvement and innovation.
- The Trust collects, analyses, manages and uses information well to support its activities, using secure electronic systems with security safeguards.

Data Quality - NHS Number and General Medical Practice Code Validity

Kingston Hospital NHS Foundation Trust submitted records to the Secondary Uses Service (SUS) throughout 2018/19. This data is included in nationally published Hospital Episode Statistics (HES) data. The Trust's Data Quality Group ensures performance meets and/or exceeds national performance.

Kingston Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit by the Audit Commission during the reporting period. This Audit was undertaken for a five year period only and finished in March 2015. There were no external audits completed in this area for the reporting period 2018/2019.

The percentage of records in the published data which included the patient's valid NHS number and General Medical Practice Code was:

Quality - NHS Number and General Medical Practice Code Validity

DQ Indicator		KHFT 2018/19 (Apr-Sept)	National 2018/19 (Apr-Sept)
Admitted Patient Care	% with Valid NHS number	99.4%	99.4%
	% with General Medical Practice Code	100%	99.9%
Out Patient Care	% with Valid NHS number	99.7%	99.6%
	% with General Medical Practice Code	100%	99.8%
Accident & Emergency Care	% with Valid NHS number	97.5%	97.4%
	% with General Medical Practice Code	100%	99.3%
Maternity - Births	% with Valid NHS number	100%	98.5%
	% with General Medical Practice Code	100%	99.9%
Maternity - Deliveries	% with Valid NHS number	99.8%	99.8%
	% with General Medical Practice Code	100%	100%
Data source: HSCIC SUS Dashboards – as published online 13th November 2018.			

Information Governance Toolkit Attainment Levels

In 2018/19 Kingston Hospital NHS Foundation Trust Information Governance Toolkit (IGT) was replaced by the Data Security and Protection (DSP) Toolkit v1.0. This represented a radical sea-change with Requirements being replaced by Assertions and scoring going from levels between 0 and 3 to either Standards Met or Standards Not Met. The new DSP Toolkit has 157 Assertions, 97 of which are mandatory for Kingston Hospital NHS Foundation Trust. These are spread over ten Data Security Standards:

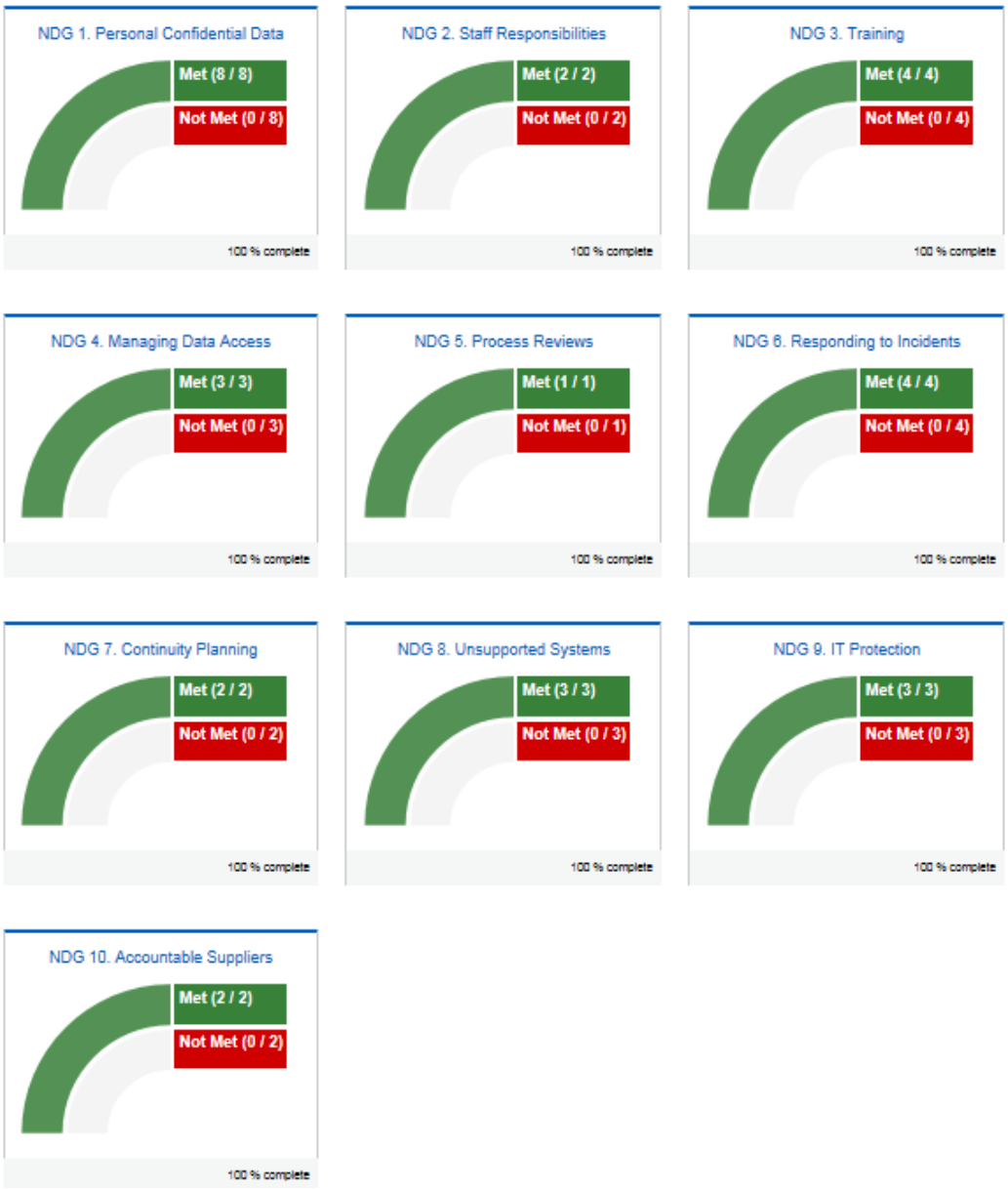
1. Personal Confidential Data
2. Staff Responsibilities
3. Training
4. Managing Data Access
5. Process Reviews
6. Responding to Incidents
7. Continuity Planning
8. Unsupported Systems

9 IT Protection
10 Accountable Suppliers

Submission for the new Toolkit, as with previous Toolkits, was by 31st March 2019. The Trust's Toolkit was submitted with Standards Met. We have submitted an improvement plan as to how we intend to improve. Our Dashboard for submission was as follows:

National Data Guardian Standards

The National Data Guardian (NDG) standards have been calculated for your organisation based on the responses provided in your organisation profile.



Clinical Coding

Clinical coding is the translation of medical terminology written by clinicians and health care professionals on patient conditions, complaints or reason for seeking medical attention, into a nationally and internationally recognised coded format. During the process of coding all clinical coders follow

national standards, rules and conventions, in order to achieve accurate, reliable and comparable data across time and sources.

As part of the internal clinical coding audit program, and to comply with the Information Governance Toolkit Standard 13-505, an audit was undertaken by an NHS Digital Accredited Clinical Coding Auditor during 2018/19. The audit was carried out on 200 Finished Consultant Episodes of mixed specialties, pertaining to activity in Day Surgery (DSU). The error rates reported for that period for diagnoses and procedures coding (Clinical coding) were:

	Kingston Hospital NHS Foundation Trust 2018/19
Total number of episodes examined:	**Mixed Specialties**
Primary Diagnoses Incorrect	7.5%
Secondary Diagnoses Incorrect	4.25%
Primary Procedures Incorrect	1.5%
Secondary Procedures Incorrect	4.24%

Data source: KHFT IG Audit, March 2018

It is important to note that the results should not be extrapolated further than the actual sample audited.

Data Quality

The Trust refreshed their five year Information Strategy and Data Quality Strategy in 2017. This incorporated the recommendations from various national reports, 'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations' [Lord Carter, February 2016] and the 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' [Robert Francis QC, February 2013], in respect of data quality and the use of information across services and the wider health economy. The following actions have been taken to improve data quality and are aligned with the in-year strategy progress:

- Monitor and correct data errors through exception reporting.
- Increasing data quality benefit awareness.
- Assurance through the Data Quality Group by setting data quality priorities and assurance processes.
- Development of data quality dashboards.
- Project commenced to replace existing data warehouse to allow for near real time reporting.
- Reduction of manual processing of data, more timely data and consistency of reporting.
- Rationalization of data flows and development of bespoke data sets.
- Investigation and proposals for changes to system software to reduce the risk of users creating errors (system hardening).

The Trust also subscribes to the external CHKS benchmarking tool, which includes a data quality measurement component.

The following national publications are reviewed bi-monthly by the Data Quality Group:

- National Data Quality Maturity Index (DQMI)
- SUS+ Data Quality Dashboards
- ECDS CQUIN DQ Report

Mortality and Learning from Deaths

As a Trust we have a history of reviewing deaths and investigating any concerns and this year we have continued to undertake the National Mortality Review process in line with national guidance in 2017/8 which has added greater rigor to our system.

During 2018/19 817 of Kingston Hospital NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period.

27.1	
Total Number of Deaths (01/04/2018 – 25/03/2019)	**817**
Total Number of Deaths in Quarter 1 (01/04/2018 - 30/06/2018)	**216**
Total Number of Deaths in Quarter 2 (01/07/2018 - 30/09/2018)	**194**
Total Number of Deaths in Quarter 3 (01/10/2018 - 31/12/2018)	**181**
Total Number of Deaths in Quarter 4 (01/01/2019 – 25/03/2019)	**278**

We have a well-established mortality review process in line with recommended practice as set out in the Learning from Deaths policy.

The Trust values specialty multi-disciplinary morbidity and mortality reviews to enable local review of all deaths and selection of cases according to pre-agreed criteria for detailed case record review. We review nearly 80% of cases at a local mortality review meeting, and use a trust database to document any areas of good practice alongside areas where care could have been better provided. The senior clinicians document whether there were any problems in care. The mortality surveillance group monitors the individual specialty Morbidity and Mortality (M&M) outcomes, and if there are any problems in care, refers the case for a detailed case record review using the structured judgement review (SJR) tool. Deaths can also be escalated directly for SJR through the bereavement service, who work closely with the mortality surveillance group, and refer any concerns from the bereaved for case record review. We have over 30 senior clinicians trained in SJR methodology from a wide range of specialties including allied medical professionals such as senior matrons, sepsis nurses and palliative care clinical nurse specialists (CNS's). We have instituted a random case selection for case record review to provide assurance with case selection and provide specialty deep dives.

The Trust supports the LeDer program for review of deaths of patients with learning disability, and routinely carries out SJRs where patients with learning disability have died, irrespective of any concerns in care; with the Deputy Director of Nursing as our LeDer lead.

The well-established mortality surveillance group, comprising of the trust mortality lead, risk lead, head of legal, alongside senior clinicians including palliative care, sepsis lead CNS, surgical and medical specialists and the medical director, review all the SJR learnings to identify actions and pathways for governance where case record reviews identify areas requiring improvement.

Any cases with a SJR score of 2 or less has a second stage review and if confirmed referred for appropriate further investigation, in order to enable learnings and further action.

The themes identified through our case record review program include.

1. Delay in monitoring and escalation.
2. Delay in diagnosis or timely investigations

3. Delay in establishing ceiling of care
4. Delay in management of sepsis
5. Poor use of non-invasive ventilation in peri-operative phase
6. Need for early decision making to prevent inappropriate levels of treatment, with advanced care planning

These have been referred to the quality groups involved in the improvement of these areas, with quarterly feedback to the physician body to share learnings.

The records show the case record review program has to date identified 8 cases with SJR of 2 or less, with the majority of cases having an overall care score of good to excellent. The trust remains a positive outlier in the national mortality indicators, with SHMI at 82, putting the trust in the top quartile of trusts with a reduction in mortality of 220 deaths in the year 17-18 compared to the expected mortality rate for the cohort of patients presenting to the hospital.

By 25th March 2019, 547 of morbidity and mortality reviews and 65 detailed case record reviews using the SJR methodology have been carried out in relation to 817 of the deaths included in the table below. In 7 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

27.2	SI Reviews	M&M Reviews	SJR Reviews	Total Reviews in %
Total Number of Deaths Reviewed (01/04/2018 – 25/03/2019)	**7**	**547**	**65**	**75.76%**
Total Number of Deaths in Quarter 1 (01/04/2018 - 30/06/2018)	**2**	**183**	**19**	**94.44%**
Total Number of Deaths in Quarter 2 (01/07/2018 - 30/09/2018)	**3**	**156**	**19**	**91.75%**
Total Number of Deaths in Quarter 3 (01/10/2018 - 31/12/2018)	**2**	**126**	**18**	**80.66%**
Total Number of Deaths in Quarter 4 (01/01/2019 – 25/03/2019)	**0**	**82**	**9**	**50.28%**

27.3	**SI Review method was used to assess these cases.**
Total Number of Patient Deaths Reviewed (more likely than not to have been due to problems in the care provided) (01/04/2018 – 25/03/2019)	**(7) 0.86%**
Total Number of Deaths in Quarter 1 (01/04/2018 - 30/06/2018)	**(2) 0.93%**
Total Number of Deaths in Quarter 2 (01/07/2018 - 30/09/2018)	**(3) 1.55%**
Total Number of Deaths in Quarter 3 (01/10/2018 - 31/12/2018)	**(2) 1.10%**
Total Number of Deaths in Quarter 4 (01/01/2019 – 25/03/2019)	**(0) 0% 4 Serious Incidents have been commenced however none have been concluded at the time of this report.**

27.4
A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3
➢ To ensure that there are clear instructions documented for the management of cases – specifically in relation to the management of ascetic drains, in relation to the volume of fluids to be drained, the timeframe

and the management of replacement fluids.
- To ensure that the Trust has a clear and comprehensive guideline regarding ascetic drains.
- To ensure the routine use of SBAR (Situation, Background, Assessment and Recommendation) approach in handovers/referrals.
- To enable a diagnosis review of previous history may prompt a wider differential diagnosis rather than focusing on a task based approach.
- Prior to discharge from ITU to a ward, patients with complex airways may benefit from a multi-disciplinary review.

27.5

A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4)

- Implementation of one comprehensive guideline on the management of ascetic drains.
- Improved documentation of clear management plans for patients.
- Focus on handover and use of SBAR approach on the electronic patient records.
- As far as is reasonable practicable ascetic drains should be inserted in daytime hours.
- Implementation of Multi-disciplinary Team (MDT) reviews for patients being discharged from Intensive Therapy Unit (ITU).
- Introduce a Trust wide tracheostomy passport.
- Review and update the tracheostomy guideline.

27.6

An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.

- Review of guidelines
- All Service lines tracking actions as a result of Serious Incidents (SIs).
- Overall improvement of M and M process with introduction of learning from deaths and the Structured Judgement Review (SJR) process.

27.7	SI Reviews
Total Number of Deaths Reviewed and Investigations completed after 1st April 2018 which relate to deaths which took place before the start of the reporting period (01/04/2017 – 31/03/2018)	**9**
Quarter 1 (01/04/2017 - 30/06/2017	**1**
Quarter 2 (01/07/2017 - 30/09/2017)	**3**
Quarter 3 (01/10/2017 - 31/12/2017)	**2**
Quarter 4 (01/01/2018 - 31/03/2018)	**3**

27.8	
Total Number of Deaths that were Avoidable (more likely than not have been due to problems in the care provided) (01/04/2017 - 31/03/2018)	**(9) 1.01%**
Quarter 1 (01/04/2017 - 30/06/2017)	**(1) 0.48%**
Quarter 2 (01/07/2017 - 30/09/2017)	**(3) 1.72%**
Quarter 3 (01/10/2017 - 31/12/2017)	**(2) 0.85%**
Quarter 4 (01/01/2018 - 31/03/2018)	**(3) 1.12%**

27.9	
Total Number of Deaths that were Avoidable (more likely than not have been due to problems in the care provided) (01/04/2017 – 15/01/2019)	**(16) 1.87%**
Quarter 1 (01/04/2017 - 30/06/2017) + (01/04/2018 - 30/06/2018)	**(3) 1.41%**
Quarter 2 (01/07/2017 - 30/09/2017) + (01/07/2018 - 30/09/2018)	**(6) 3.27%**
Quarter 3 (01/10/2017 - 31/12/2017) + (01/10/2018 - 31/12/2018)	**(4) 1.95%**
Quarter 4 (01/01/2018 - 31/03/2018) + (01/01/2019 – 25/03/201915/01/2019)	**(3) 1.12%**

In the 2018-19 year, 98.5% of the patient safety incidents reported at Kingston Hospital NHS Foundation Trust were rated as 'no harm', 'low harm' and 'near miss'. Nationally most incidents are reported as causing no or low harm. In 2017-18 approximately three-quarters of incidents were reported as causing no harm (74.3%) and low harm (22.5%). The remaining incidents were reported as causing moderate harm (2.7%), severe harm (0.3%) and death (0.2%).

National Reporting Learning System (NRLS) extract published in September 2018.

2018-19	Number of Patients Safety Incidents
Total number of patient safety incidents recorded for the period 01/04/2018 to 31/03/2019	5171
Number and Severity of incidents by the degree of harm	181 (3.5%) - Near Miss 3031 (58.6%) - No Harm 1881 (36.4%) - Low Harm 65 (1.3%) - Moderate Harm 6 (0.1%) - Severe Harm 7 (0.1%) - Death

National Data from NHS Digital

The Tables below represent Kingston Hospital NHS Foundation Trust's performance across a range of indicators, as published on the NHS Digital website (http://content.digital.nhs.uk/qualityaccounts). Many of these are reported monthly at the public board meetings as part of the Quality Report.

Indicator	Trust	National	Min	Max	Comment
Summary Hospital-Level Mortality Indicator (SHMI) Oct 2016 – Sep 2017	0.8233 (Band 3)	1	0.7270	1.2473	Lower is better We are below the national average
Summary Hospital-Level Mortality Indicator (SHMI) Oct 2017 – Sep 2018	0.8193 (Band 3)	1	0.6917	1.2681	Lower is better We are below the national average
Latest Data Published	14th February 2019				

The Trust is in 'SMHI Banding 3' for both years benchmarking shown above. This means the Trust is "lower than expected" against the national average, where being lower than average is considered good.

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons – high level of clinical coding accuracy.

Kingston Hospital NHS Foundation Trust has taken the following action to improve the quality of its services – Continued to run a 7 day palliative care services reflective of case-mix and population.

Indicator	Trust	National	Min	Max	Comment
Percentage of deaths with palliative care coded Oct 2016-Sep 2017	43.1%	31.2%	11.5%	59.5%	We are above the national average
Percentage of deaths with palliative care coded Oct 2017-Sep 2018	45.5%	33.6%	14.2%	59.5%	We are above the national average
Latest Data Published	14 February 2019				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons - high level of clinical coding accuracy.

Kingston Hospital NHS Foundation Trust has taken the following action to improve this percentage and so the quality of its services provision of a palliative care specialist team alongside training and guidance for staff and an approved End of Life Care Strategy.

Indicator	Trust	National	Min	Max	Comment
Age <16 readmissions within 28 days 2011/12	9.45%	10.03%	0%	14.94%	We were below the national average Lower number is better
Age <16 readmissions within 28 days 2012/13	No further data published.				
Latest Data Published	December 2013. Links confirmed to be accurate by NHS Digital as of March 2018				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons - high level of data coding accuracy.

Indicator	Trust	National	Min	Max	Comment
Age 16+ readmissions within 28 days 2011/12	11.06%	11.45%	0%	22.76%	We were below the national average Lower number is better
Age 16+ readmissions within 28 days 2012/13	No further data published.				
Latest Data Published	December 2013 (checked March 2018)				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons - high level of data coding accuracy.

Indicator	Trust	National	Min	Max	Comment
Trust's responsiveness to personal needs of patients Apr 2016 – Mar 2017	66.8	68.1	60.0	85.2	We are below national average Higher number is better
Trust's responsiveness to personal needs of patients Apr 2017 – Mar 2018	64.7	68.6	54.4	86.2	We are below national average Higher number is better
Latest Data Published	August 2018				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons - high level of data accuracy.

Kingston Hospital NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services – by delivering the Trusts True North Strategy and Quality Improvement work.

Indicator	Trust	National (Acute Trusts)	Min (Acute Trusts)	Max (Acute Trusts)	Comment
Staff who would recommend Trust as a provider to friends and family Staff Survey 2017	77%	70%	47%	86%	We are better than the national average Higher number is better
Staff who would recommend Trust as a provider to friends and family Staff Survey 2018	82%	71%	40%	87%	
Latest Data Published	26th February 2019				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons - high level of data accuracy.

Kingston Hospital NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services:

- By delivering and developing the Trusts True North Strategy.
- By focusing on staff engagement and delivery of our workforce strategy.

Indicator	Trust	National	Min	Max	Comment
% of patients admitted that were risk assessed for VTE Oct 2017-Dec 2017	98.1%	95.3%	76.1%	100%	KFHT above national average Higher number is better
% of patients admitted that were risk assessed for VTE Jan 2018-Mar 2018	97.7%	95.2%	67%	100%	KFHT above national average Higher number is better
Latest Data Published	2 March 2018				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons - high level of data coding accuracy.

Kingston Hospital NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services. The Trust has introduced mandatory field to mandate VTE risk assessments.

Indicator	Trust	National	Min	Max	Comment
Rate per 100,000 bed days for C.diff reported within the Trust for patients >2 years old Apr 2016-Mar 2017	10.9	13.2	0	83	KFHT below national average Lower number is better
Rate per 100,000 bed days for C.diff reported within the Trust for patients >2 years old Apr 2017-Mar 2018	11.9	13.7	0	91	KFHT below national average Lower number is better
Latest Data Published	12 July 2018				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons – sustained focus across the organisation and close monitoring of results.

Kingston Hospital NHS Foundation Trust has taken action to improve this rate, and the quality of the services by delivering its infection control priorities.

Indicator		Trust	National (Acute Trusts)	Min	Max	Comment
Number and % of patient safety incidents Apr 2017 – Sep 2017	Number	2,482	705,564	1,133	15,228	KFHT is lower than the National Average Rate for Acute Hospitals.
	Rate per 1,000 bed days	33.4	42.2	23.5	111.7	
Number and % of patient safety incidents Oct 2017 – Mar 2018	Number	2,522	730,151	1,311	19,897	KFHT is lower than the National Average Rate for Acute Hospitals.
	Rate per 1,000 bed days	29.4	42.1	24.2	124	
Latest Data Published		November 2018				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons – derived from our own data collection procedures.

Kingston Hospital NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services – by developing processes to ensure learning is shared Trust wide, disseminated to front line staff and embedded in practice.

Indicator		Trust	National (Acute Trusts)	Min (Acute Trusts)	Max (Acute Trusts)	Comment
Number and % of patient safety incidents that result in severe harm or death Oct 2016 – Mar 2017	Number	10	17.5	1	92	KFHT is higher than the National Average % for Acute Hospitals. Lower number is better
	%	0.41%	0.38%	0.03%	2.13%	
Number and % of patient safety incidents that result in severe harm or death Oct 2017 – Mar 2018	Number	8	18.8	0	99	KFHT is higher than the National Average % for Acute Hospitals. Lower number is better
	%	0.36%	0.35%	0%	1.55%	
Latest Data Published		November 2018				

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons – derived from our own data collection procedures.

Kingston Hospital NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services – by providing incident investigation training and working with staff to identify and embed the Duty of Candour (DoC) requirements.

- Duty of Candour audit reviewed and undertaken, with results reported to Serious Incident Group.
- Duty of Candour added to all Patient Safety and Risk Management training, for example, the Managers Toolkit and Health Care Assistant training.
- Introducing process to ensure collection of all learning from incidents, patient feedback, complaints, mortality and mortality reviews and sharing this learning Trust-wide.

The Trust has kept a consistent percentage in the number of patients who would recommend this hospital to family and friends from 17/18 to 18/19.

Clinical Area	Response Rate		uld Family	
	2017-18	2018-19	2017-18	2018-19
Inpatients	34.3%	49.3%	92.4% (1932)	95.5% (8192)
Outpatients			93.2%	92.4%
Day cases	14.6%	13.2%	97.0%	97.1%
ED	10.7%	23.5%	91.6%	87.6%
Maternity			96.6%	94.2%

National Data from NHS Digital

Indicator		Trust	National	Min	Max
Patient Reported Outcome Measures (PROMS) **Hip Replacement** (Apr 2017-Mar 2018)	**Hip Replacement Primary** **Health Gain (EQ-5D)**	No Data	90.9%	82.6%	100%
	Hip Replacement Primary **Health Gain (EQ-VAS)**	No Data	69%	48.1%	89.3%
	Hip Replacement Primary **Oxford Hip Score**	No Data	97.8%	87.2%	100%
	Hip Replacement Revision **Health Gain (EQ-5D)**	No Data	74%	52.4%	78%
	Hip Replacement Revision **Health Gain (EQ-VAS)**	No Data	56.4%	40.9%	97.6%
	Hip Replacement Revision **Oxford Hip Score**	No Data	86.3%	74.5%	97.6%
Latest Data Published 14 February 2019					

Indicator		Trust	National	Min	Max
Patient Reported Outcome Measures (PROMS) **Knee Replacement** (Apr 2017–Mar 2018)	**Knee Replacement Primary** **Health Gain (EQ-5D)**	No Data	82.9%	64.2%	96.6%
	Knee Replacement Primary **Health Gain (EQ-VAS)**	No Data	59.9%	39.7%	86.4%
	Knee Replacement Primary **Oxford Knee Score**	No Data	94.9%	84.9%	100%
	Knee Replacement Revision **Health Gain (EQ-5D)**	No Data	75.3%	68.8%	80%
	Knee Replacement Revision **Health Gain (EQ-VAS)**	No Data	53.2%	43.6%	74.2%

	Knee Replacement Revision **Oxford Knee Score**	No Data	87.4%	81.3%	96.3%
Latest Data Published 14 February 2019					

Indicator		**Trust**	**National**	**Min**	**Max**
Patient Reported Outcome Measures (PROMS) – Groin Hernia April 2017-September 17	**Health Gain (EQ-5D)**	No Data	52.3%	31.3%	73.7%
	Health Gain (EQ-VAS)	No Data	39.1%	16.1%	56.9%
Data Published 14 June 2018 (ceased to be collected on the 1st October 2017)					

Indicator		**Trust**	**National**	**Min**	**Max**
Patient Reported Outcome Measures (PROMS) – Varicose Vein April 2017-September 17	**Health Gain (EQ-5D)**	No Data	52.6%	35.1%	73.8%
	Health Gain (EQ-VAS)	No Data	40.8%	16.1%	56.9%
	Health Gain Aberdeen Score	No Data	82.1%	58.3%	93.5%
Data Published 14 June 2018 (ceased to be collected on the 1st October 2017)					

Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons - data derived from returns to national data collection procedures.

Please note that PROMS data on Groin Hernia and varicose vein surgery ceased to be collected on the 1st October 2017 following the consultation on the future of PROMs by NHS England.

Progress in implementing the priority clinical standards for seven day hospital services:

Kingston Hospital NHS Foundation Trust meets the clinical standards 2, 5 & 6 for the seven day hospital standards in full. This means emergency admissions are seen within 14 hours by a consultant and they have access to diagnostics and consultant directed interventions on a 7 day basis. Clinical standard 8; daily review by a consultant, is the subject of ongoing work. All patients are reviewed daily until stable on weekdays, however at weekends only 69% are seen daily. Work continues to improve same day discharges, The Frailty team work and reduction in delayed discharges will all help to improve this, by freeing up weekend on call consultants to review unwell inpatients and ensure they progress according to plan.

The Trust has undertaken a review of the Gosport Report and completed benchmarking which provided assurance to the Trust Board to ensure that processes are in place for staff to speak up, including how feedback and support is given to those who speak up and how the Trust ensures staff who do speak up do not suffer detriment. . This benchmarking was presented to the Quality Assurance Committee, the Safeguarding Committee, The Drugs and Therapeutics Committee and The Nursing and Midwifery Board.

Nationally a shortage of doctors and clinical staff particularly in the acute specialities has led to increasing rota gaps and work pressures amongst trainees. At Kingston Hospital NHS Foundation Trust this is seen in Emergency Medicine, Paediatrics, Medicine and Surgery. The nationwide workforce shortage combined with implementation of the new junior doctor contract from August 2016 has led to undue work pressure on junior doctors and high levels of rota gaps leading to low morale, stress and burnout. The Trust is cushioned from some of these negative effects, as clinical teams and consultant supervisors are generally very supportive and help maintain a good learning environment.

Applying the findings of the GMC survey, The Trust needs to focus on improving the working and training environment for our trainees by:

- A robust approach to minimising rota gaps
- Intelligent rotas that reduce sleep deprivation, maintain a work life balance and facilitate access to training
- Support of the Educational Supervisor/Clinical Supervisor-trainee relationship and ensuring supervisors have time and a suitable environment to meet with their trainees.

This is an area the Trust are working on within our faculty groups and training programmes.

PART 3

LOOKING BACK AT 2018/19

An online survey was conducted to identify the preferred quality priorities of Kingston Hospital NHS Foundation Trust Members and staff and other stakeholders to take forward throughout 2019/20. These were combined with feedback from various committees and forums to determine the Trust's priorities. The following table outlines the chosen priorities for 2018/19 and summarises if the priority was achieved, partly achieved or not achieved. Although the Trust has identified 6 new Quality Priorities, the work streams for the quality priorities for 2017 – 2018 will continue to ensure these areas continue to improve or maintain achieved standards.

The two partially achieved Quality Priorities from 2017/2018 will continue. Patient Safety Quality Priority 1 is an on-going Quality Improvement project being supported by the QI team within the Trust and Patient Experience Quality Priority 5 will continue to be monitored and reported through the Transformation Project and the Quality Assurance Committee.

Last Year's Priorities:

Domain	Priority	Achieved
Patient Safety	1. Avoid delays in patient care on the wards.	Partially Achieved
	2. Develop and implement a corporate process to ensure that we spread learning from adverse incidents, complaints and all patient feedback through the Trust.	Achieved
Clinical Effectiveness	3. Increase the number of patients having day case surgery whenever it is safe and appropriate to do so.	Achieved
	4. Increase staff engagement in quality improvement activities in the Trust.	Achieved
Patient Experience	5. Improve our patient administration and communication processes in out-patients.	Partially Achieved
	6. Increase the response rate for the Friends and Family Test.	Achieved

DOMAIN : PATIENT SAFETY

PRIORITY 1 – Avoid delays in patient care on the wards.

Partially Achieved

Goal	Aim
Safety	We want to ensure that patients do not have to experience any unnecessary waits during their in-patient stay. This will ensure that they can go home in the shortest time and early in the day. We know that this is better for the patient experience and also reduces harm.

Measure:

The primary improvement metric is the number of stranded patients. This is the number of patients that have a length of stay over 6 days.

Why did we choose this?

Delays in patient care on inpatient wards contribute to poor flow through the healthcare system and have an adverse impact on staff and patients. The consequences of poor flow are well known[1]:

- overcrowding in the emergency department
- patients are admitted as 'outliers' to wards that are not best suited to manage their care
- inpatients are shuffled between wards to make room for newcomers
- staff are overstretched and routine activities slow down dramatically
- clinical outcomes are measurably worse, particularly for frail older people, who suffer more harm events and may decondition due to extended periods in hospital beds
- patients' and carers' time is wasted due to delays and slow care processes, and their experience is adversely affected

What we said we were going to do

We committed to implement nationally recognised best practice to address potential delays on our inpatient wards. These are approaches recommended by the national Emergency Care Improvement Programme and NHS Improvement, including elements of the SAFER patient flow bundle in conjunction with the Red2Green approach.

How did we do?

We introduced Red2Green across all our wards in 2018/19. Red2Green is a visual management system to assist in the identification of wasted time in a patient's journey. A red day is when a patient receives little or no value-adding acute care and a green day is when a patient receives value-adding acute care that advances their progress towards discharge. Every morning, each patient is reviewed and actions are agreed to address any delays in care.

In line with the SAFER bundle, we have also introduced systems across our wards to support regular review of patients and effective escalation of problems and delays. This includes daily morning reviews by a senior clinician, standard procedures for escalation and an electronic system to track delays in care both within and outside the hospital.

[1] NHSI (2017) Good practice guide: Focus on improving patient flow

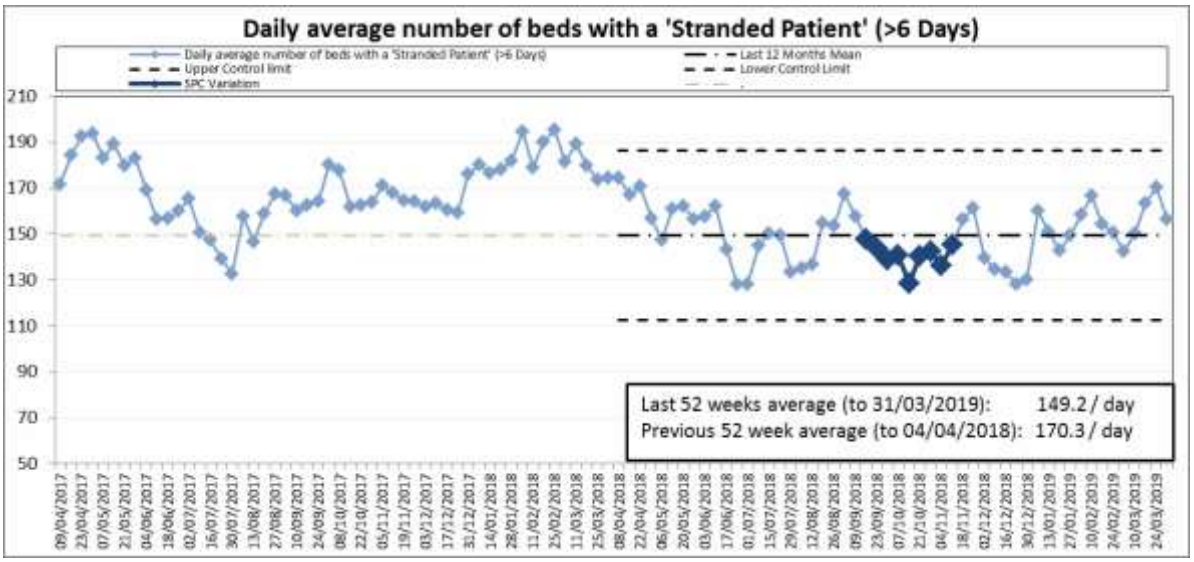
A number of specific improvements have been introduced in response to themes identified from our analysis of delays within the hospital. This includes the introduction of 7 day access to echocardiography as well as the development of electronic referrals for requesting a specialist review.

Alongside these developments, the implementation of our winter plan for 2018/19 has supported flow throughout the winter period:

- Our Silver Command structure has worked well in providing management of increased demand and in problem solving to support the discharge of our patients.
- Diagnostic and therapy support has increased and our plans to open a medical day unit and mental health assessment unit have been achieved.
- The response of staff in the hospital has been tremendous in escalating issues, managing flow, being flexible and responding promptly to requests for additional help and resource. As a result of the above, we have been able to keep outliers and escalated beds to a minimum, have maintained our elective programme and our emergency performance been maintained.
- Our partners have been supportive – both in responding to our requests for help and also in attending on site, particularly when our internal surge incidents have been called to help us resolve issues.

Despite a significant rise in ED attendances and emergency admissions in 2018/19, performance in terms of ED waits and stranded patients has remained stable and equivalent to or better than performance in previous years. Emergency readmissions within 30 days have also remained stable throughout this period and in line with performance in 2017/18. This suggests improvements have acted to limit the negative impact of increases in demand during this period. The Trust have had a sustained period in which there have been fewer stranded patients on our wards than in any of the preceding three years.

Figure 1: The daily average number of Stranded (>6 days) patients per month – from April 2017 to March 2019.



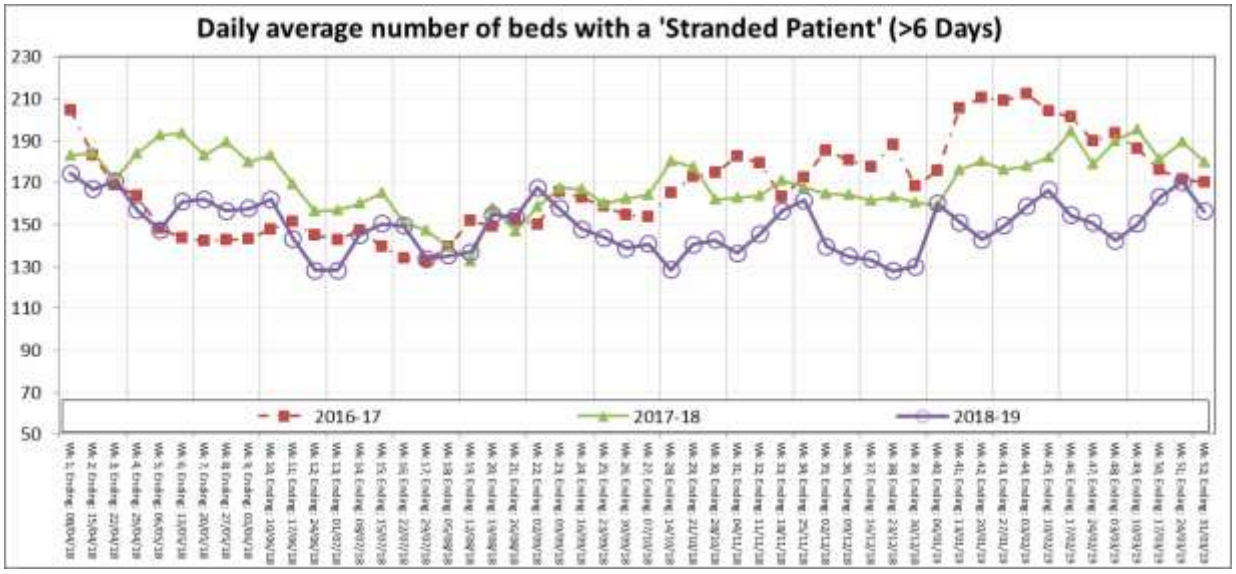


Figure 2: The daily average number of Stranded (>6 days) patients per month – year on year overlay.

PRIORITY 2 - Develop and implement a corporate process to ensure that we spread learning from adverse incidents, complaints and all patient feedback through the Trust.

Achieved

Goal	Aim
Safety	Building on last year's quality priority about learning from incidents we will develop our processes to ensure that this learning is shared trust wide, disseminated to front line staff, embedded in practice and that we can measure the resulting change.

Measure:

Measuring safety and learning from incidents in the NHS is complex and challenging. Measuring safety, harm, risk and dissemination of learning all require different approaches.

- Our primary measure is progress against our agreed milestones to develop and implement a process for sharing learning.
- Qualitative feedback from staff through local survey
- Qualitative feedback from the CQC in relation to safety and learning from incident

Why did we choose this?

Kingston Hospital NHS Foundation Trust has a strong culture of sharing learning from excellent care or when care is suboptimal. Learning is currently shared in a variety of formats at a variety of formal and informal forums. This learning will often have a powerful impact on staff development and lead to patient centred service improvements, however there is a risk that such leaning is isolated to the forums in which it is shared, and that opportunity to share learning between services is missed.

This Quality Priority was selected to support the Trust to ensure that there is a united approach for identifying learning opportunities and to build on this rich body of knowledge so that important and transferable learning is spread across multiple services, multidisciplinary professional teams and staff groups.

What we said we were going to do

Shared learning is the process of working collectively to achieve a common objective; to share knowledge and complement each other's skills, to enable empowered action to improve care. The plan for this Quality Priority as outlined at the beginning of the year was to develop and implement a corporate process to ensure that we share learning from patient safety investigations (including incidents, serious incidents, mortality and structured judgment reviews, complaints, inquests) and from patient feedback throughout the Trust

How did we do?

We have established a monthly Triangulation Group, attended by representatives from Patient Safety, Mortality, Complaints & PALS, Claims, and Safeguarding. This group identifies themes and trends from the available data to ensure a cohesive approach to investigations.

The CQC provided positive qualitative feedback in relation to safety in their 2018 report: "Staff understood their responsibilities to raise and record safety incidents, concerns and near misses and were able to give examples of learning from incidents"

The National NHS Staff Survey 2017 showed that 73% of staff agreed that the Trust "takes action to ensure that errors, near misses or incidents do not happen again" and 65% of staff agreed that they are "given feedback about changes made in response to reported errors, near misses and incidents". These results improved to 79% and 69% respectively in the 2018 National NHS Staff Survey.

An electronic and paper Trust-wide 'Shared Learning' newsletter has been introduced, summarising key learning from incident investigation and topical patient safety matters. A local survey was undertaken in January 2019 to assess the impact of the newsletter and other interventions:

- 38% of staff reported that they were aware of the newsletter
- 63% of these staff agreed/strongly agreed that it helped them to learn from incidents in the Trust.
- 81% staff reported that they have received feedback from incidents they have reported and of this number 77% of staff said that it helped them or a colleague to learn.
- Staff reported a variety of different ways that their teams communicate and share learning in their areas such as team meetings, Red-Amber-Green (RAG) board discussions, one to one supervision, Clinical Governance meetings, email and word of mouth.
- Overall 70% of staff were aware of incidents that had led to changes in practice.

This feedback provides evidence that the Trust takes action as a result of reported incidents and that staff are able to use this information as a tool for learning, whether this is managed at a team or service line level. Entering into 2019/20, the Trust-wide 'Shared Learning' newsletter will continue to be collated on a monthly basis alongside exploring different methods for its distribution and dissemination in order that it reaches a wider audience, so that staff can continue to be empowered with the information required to learn from incidents reported in the Trust.

DOMAIN : CLINICAL EFFECTIVENESS

PRIORITY 3 – Increase the number of patients having day case surgery whenever it is safe and appropriate to do so.

Achieved

Goal	Aim
Effectiveness	We are committed to ensuring patients receive care in the optimal setting. We have an opportunity to do this by shifting procedures into day case and outpatient settings where this is clinically appropriate. Day surgery represents high-quality patient care with excellent patient satisfaction. Shorter hospital stays and early mobilization reduce harm and use resources more efficiently.

Measure:

- Increase in session utilisation within the day surgery unit
- Increase in the outpatient hysteroscopy rates

Why we chose this indicator

There has been a great deal of progress in performing day surgery (rather than inpatient surgery) as the normal process for elective surgery. As equipment and techniques continue to develop, it is important to ensure that all procedures for which it is appropriate are carried out as day surgery. Switching appropriate procedures to day cases is better for patients and also helps to release inpatient beds.

What we said we were going to do

In December 2017, we established a Theatres Transformation Programme to take this work forward alongside a number of other work streams. Analysis of theatre productivity identified opportunities at Kingston Hospital NHS Foundation Trust to improve the utilisation of the day surgery capacity and to move procedures into outpatient settings.

How did we do?

Improving utilisation of theatres involved a variety of interventions in both main theatres and the day surgery unit:

- Improvements in data quality
- Improvements in scheduling of procedures and the introduction of a points system to improve efficiency of cases per list
- A revised text message reminder service for surgical patients
- Trust-wide best practice to establish consistent consenting process

Comparing Kingston Hospital NHS Foundation Trust to 'best in peer' organisations, we also identified an opportunity to move more procedures into an outpatient setting. Due to the constraints on physical capacity we decided to focus on gynaecology hysteroscopy and plastics day surgery unit (DSU) procedures in 2018/19.

Between April 2018 and December 2018 we achieved significant progress in both areas:

- 10% increase in day case activity

- Day surgery utilisation increased from 66% in Apr to 73% in Oct, but dropped slightly in the last months of the financial year
- The percentage of hysteroscopy activity undertaken in an outpatient setting has increased from 40-45% at the beginning of 18/19 to 63% in January 2019. Figure 3 shows the number of hysteroscopy procedures (blue line) and the proportion that were carried out in an outpatient setting (red line) between Jan 2017 and Jan 2019.
- Phase 2 of the outpatient surgery work stream will deliver further shifts, and opportunities to move some DSU plastics and pain lists offsite are also being explored. This will enable someday case lists currently being undertaken in main theatres for capacity reasons, to be moved into the appropriate DSU setting.

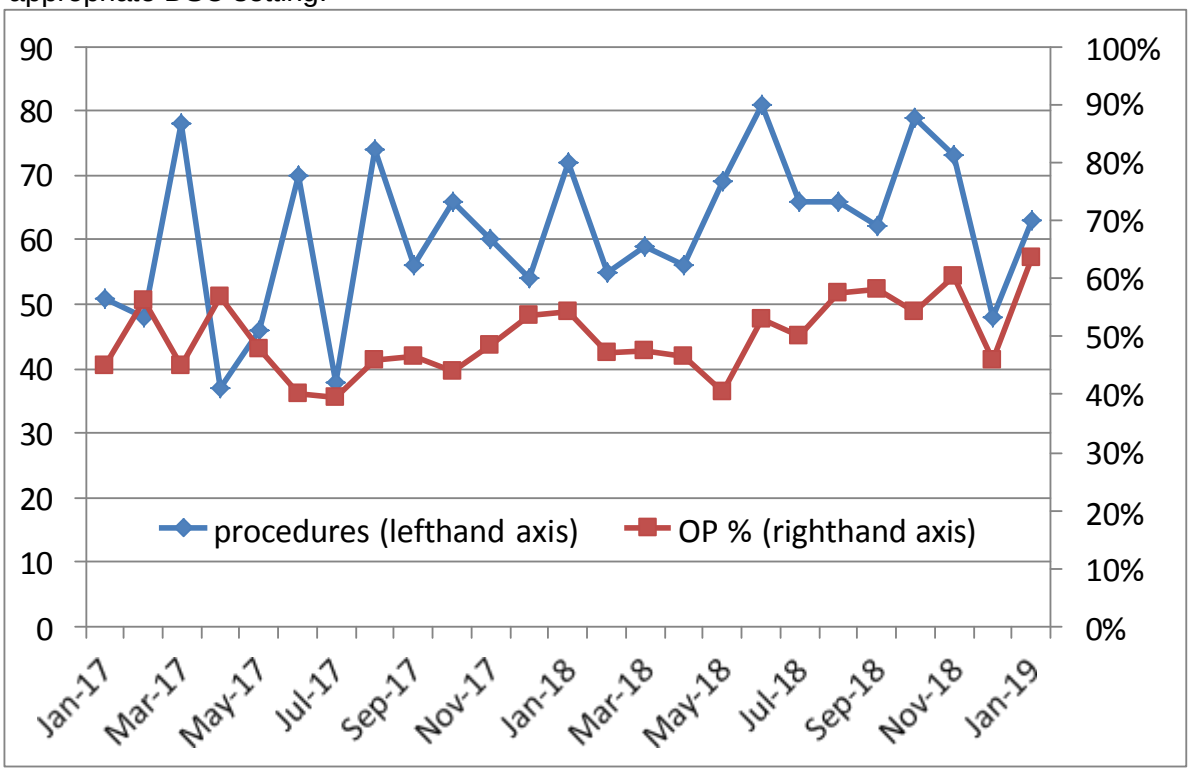


Figure 3: Outpatient Hysteroscopy rate 2017-2019

PRIORITY 4 - Increase staff engagement in quality improvement activities in the Trust.

Achieved

Goal	Aim
Effectiveness	There is evidence that outstanding NHS Trusts prioritise staff engagement and that this is linked to their involvement in quality improvement activity. We will create opportunities for staff to make improvements in their daily work and to develop their quality improvement skills.

Measure

- NHS Staff survey – Percentage of staff able to contribute towards improvements at work – 73% in 2017
- Number of staff trained in systematic quality improvement techniques – to meet our trajectory for a target of 1000 trained by 2020

Why we chose this indicator

There is evidence that Outstanding NHS Trusts prioritise staff engagement and this is linked to their involvement in quality improvement activity. The Trust wanted to create the opportunity for staff to make improvements within their clinical areas by developing their quality improvement skills.

What we said we were going to do

At the beginning of 2018/19 we committed to a programme of promoting front-line improvement activity and building capability in quality improvement through training and mentoring.

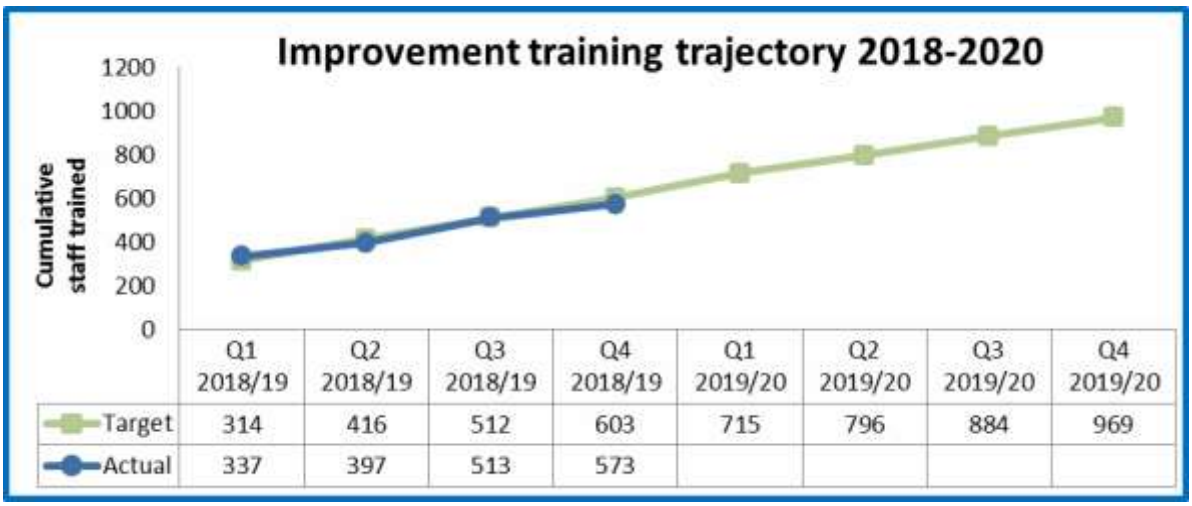
How did we do?

During 2018/19 the Trust have launched and sustained two core elements of our improvement capability development programme:

- White Belt Lean improvement training – a half day training course open to all staff to introduce lean improvement principles and encourage front line staff to engage in improvement
- Yellow Belt Lean training – a three month Lean improvement development programme to support staff who are leading priority improvements

Together with a refreshed suite of training materials and information on the Trust intranet, these interventions are intended to help spread a consistent and systematic approach to problem solving and improvement throughout the workforce.

The Trust is on trajectory towards our target of 1000 staff trained in improvement skills by 2020. We have trained over 530 staff in total with 62 staff participating in our Yellow belt programme (see charts below – data as of January 2019).



	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Target	314	416	512	603	715	796	884	969
Actual	337	397	513	573				

Figure 4: Number of staff trained in improvement 2018-2020

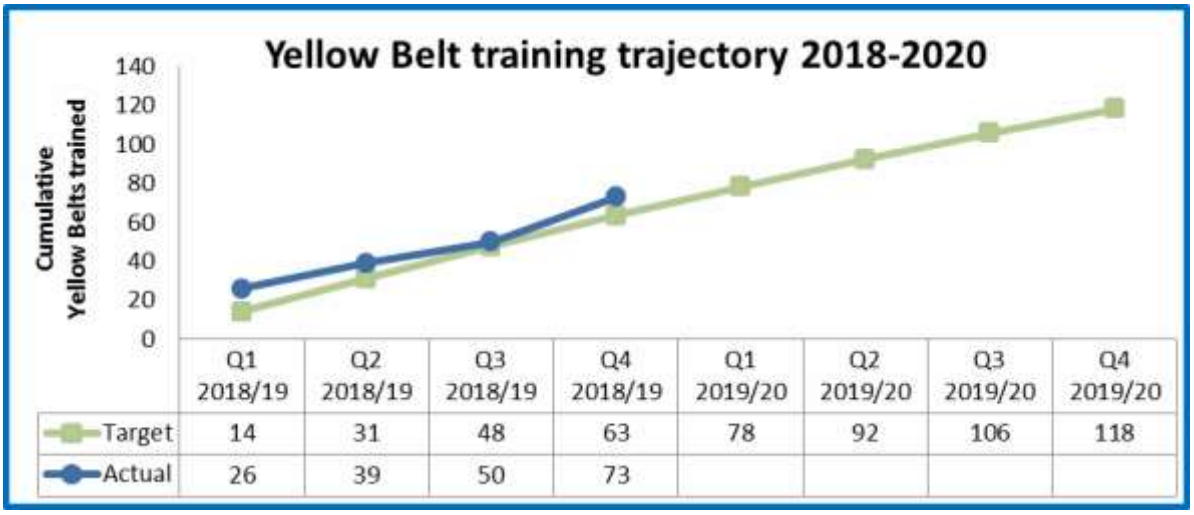


Figure 5 Number of staff trained in Yellow Belt Lean Improvement 2018-2020

The CQC provided feedback on quality improvement as part of their assessment of the Trust in 2018:

"Services gathered people's views and experiences, and acted on them to shape and improve the service and culture. Leaders and staff strived for continuous learning, improvement and innovation."

In addition to these core training programmes, a 1 hour interactive workshop on quality improvement is now included as part of the Trust's new staff induction programme, with a further 200 new staff having undertaken this training since 2018.

We have also taken a different approach to setting the Trust objectives and priorities to help support staff engagement in improvement. In developing our Patient First Improvement Programme, we have identified a small number of long term goals with annual breakthrough objectives in addition to our 6 quality priorities. This approach to strategy deployment is intended to help staff align and focus their improvement activities around these priorities.

Our 2018 NHS Staff Survey results demonstrate that we continue to benchmark significantly higher than peer organisations in relation to staff engagement in improvement (see figure 6). We have improved against our 2017 scores on two questions indicating increased staff engagement:

- Q4a – There are frequent opportunities for me to show initiative in my role
- Q4b – I am able to make suggestions to improve the work of my team/department

There was a slight reduction from 61.6% to 60.7% on Q4d – I am able to make improvements happen in my area of work. This correlates with feedback we have received from participants in our training programmes that increased operational pressures make it very challenging to find the time to make improvements happen. The methods and approaches we have included in our White Belt and Yellow Belt training programmes are specifically designed to address these challenges. We are also working closely with senior leaders to ensure staff working on priority improvement initiatives have time freed up from their daily work.

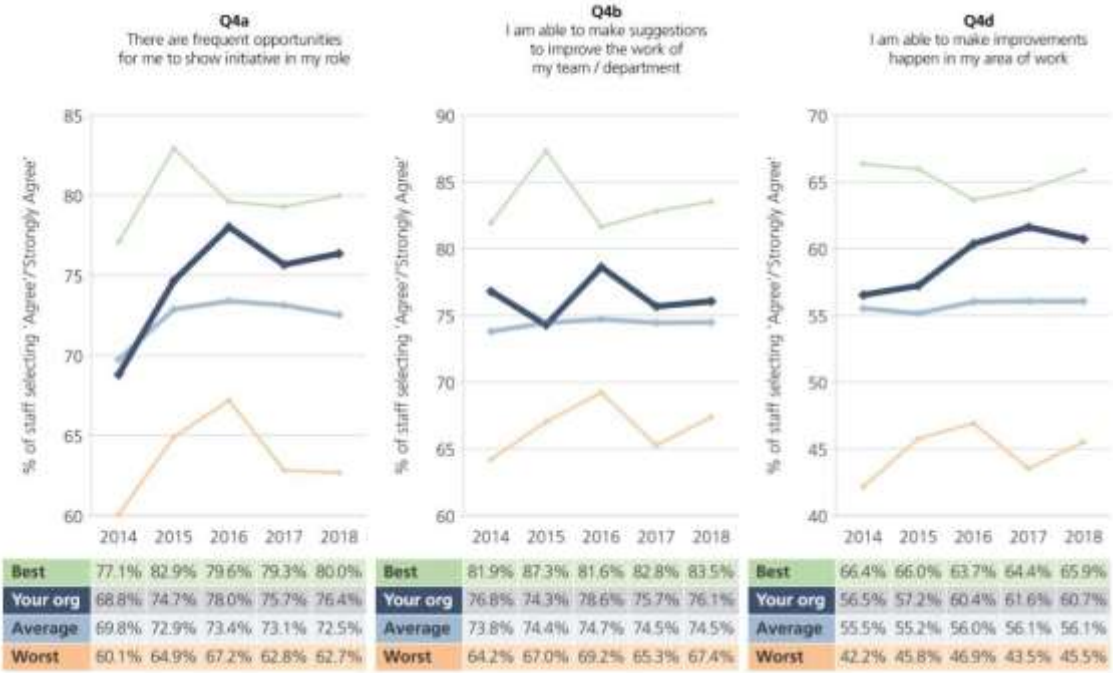


Figure 6 Staff Survey Results 2018/19 - Staff engagement in improvement

DOMAIN: PATIENT EXPERIENCE

PRIORITY 5 - Improve our patient administration and communication processes in outpatients.

Partly Achieved

Goal	Aim
Patient Experience	Poor administrative and communication processes cause distress and inconvenience to our patients and staff. Improving these processes would enhance patient experience also help us make care more efficient for patients and staff.

Measures

- Complaints and Patient Advocacy and Liaison (PALS) concerns relating to administration and communication
- Friends and Family Test (FFT) scores in outpatients
- DNA response rates in outpatient services and the proportion of outpatients who would recommend the Trust as a place of care.

Why we chose this indicator

Our FFT scores are the nationally recognised indicator of patient satisfaction.

Thematic data from complaints and PALS concerns provide an indicator of areas where we can improve patient experience.

DNA and cancellation rates for outpatient services can be regarded as a proxy indicator for poor administration or communication with regards to attendance at outpatient appointments.

What we said we were going to do

As part of the Trust's outpatient transformation programme, launched in October 2018, we intended to make significant improvements to that ways in which patients access outpatient services. As part of this, all specialties have worked to improve their administrative and communications processes in response to feedback from patients. This has included improvements to booking and scheduling as well as improving patient experience on the day of the appointment.

How did we do?

Our measures of improvement paint a mixed picture. We have made a range of enhancements to patient experience in outpatients and this is reflected in consistently high levels of positive patient feedback during 2018/19. Patients are raising fewer concerns about communication issues although concerns about appointment administration have increased. Did Not Attend (DNA) rates and hospital cancellations remain largely unchanged although we continue to benchmark below national and peer group averages for DNA rates.

Patient feedback

We have made significant improvements in the response rate for our FFT test in outpatient services since 2017/18, with over 32,000 patients giving us feedback since April 2018. The proportion of outpatients who would recommend the Trust as a place of care has been consistently above 90% and has continued to improve throughout 2018/19.

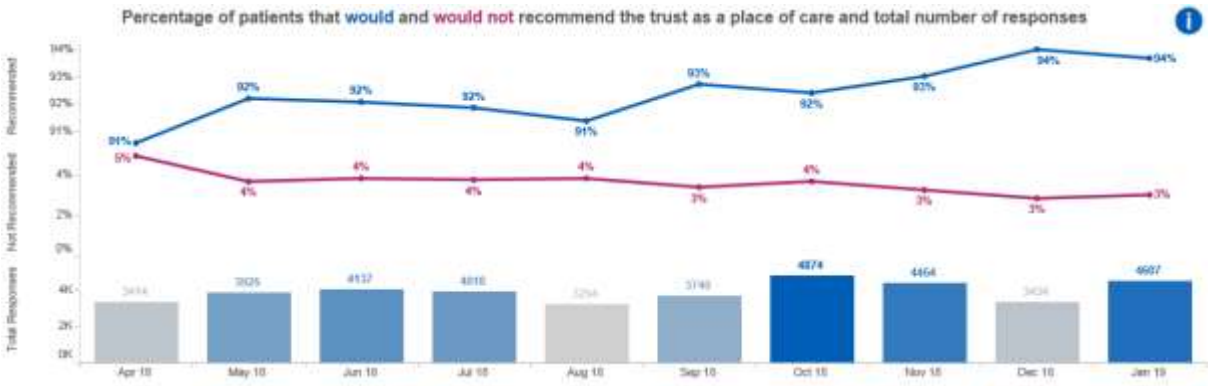


Figure 7 FFT result for outpatient services 2018/19

Service improvements

Throughout 2018-19 we have made a wide range of improvements to outpatient service including a range of enhancements to administration and communication:

- We have made the move to sending and receiving all first outpatient referrals through the NHS e-Referral Service (e-RS). This combines electronic booking with a choice of place, date and time for first hospital or clinic appointments. Patients can choose their initial hospital or clinic appointment; book it in the GP surgery at the point of referral, or later at home on the phone or online.
- More timely text message and telephone appointment reminders for patients
- A number of additional specialties have moved to contacting patients to agree appointments over the phone as standard procedure

- Improved processes to offer patients earlier appointments in the event of another patient cancelling
- Receptionists and administrative staff attending 'Sage and Thyme' training to improve communication and listening skills
- Rotation of administrative staff through different functions within teams to improve team working and standardisation
- Daily huddles for administrative teams with visual display of key performance indicators to improve planning, performance and problem solving
- A new Patient Calling system is in place in the Sir William Rous Unit and will be in use before the end of the year. This will improve the patient experience as they can leave the building to get refreshments and see when they have been called into clinic. Staff can track patients as they move through their outpatient journey and service lines can use the reported data to understand patient flow and respond to delays or other issues.

Complaints and Patient Advocacy and Liaison (PALS) concerns

There was no change in the number of formal complaints regarding appointment administration and communication within outpatient services between 2017/18 and 2018/19 – 64 complaints in both years. It should be noted that this represents a complaint rate of less than 0.0001% in relation to booked outpatient appointments during those periods.

The trust received 692 PALS Concerns regarding appointment administration and communication within Outpatient Services in 2018/19. This is a 3% increase on the 674 PALS Concerns received in 2017/18 and is proportional to the increase in outpatient activity during that period.

Figure 8 shows the breakdown of these across outpatient administrative office services (office) and outpatient department frontline services (OPD). While concerns relating to communication in both areas have decreased, there has been an increase in concerns relating to appointments. The top three reasons for these concerns include:

- Patient unhappy with appointment booking
- Hospital cancellations
- Delays in allocating appointment

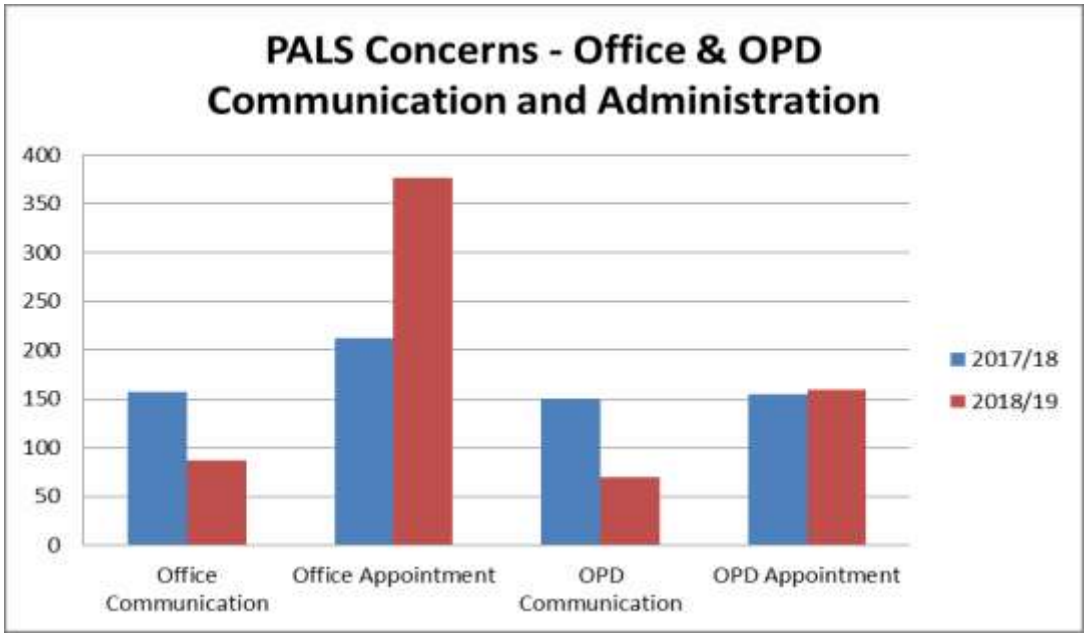


Figure 8 Number of PALS concerns for outpatient services about communication and appointments in 2018/19

As part of our planned care transformation programme, we have now launched a work stream that focuses on improvements in outpatient operations, including administrative systems and processes. The aim of this work is to cut out waste, improve patient and staff experience and support new models of outpatient care.

Did Not Attend (DNA) rates and hospital cancellations

DNA rates and hospital cancellation rates for 2018/19 remain largely unchanged since 2017/18

	2017/18	**2018/19**
Outpatient DNA rate (% of booked outpatient appointments)	7.9%	8.1%
Outpatient Hospital cancellations (% of booked outpatient appointments)	15%	14.3%

Hospital Episode Statistics (HES) data on the NHS Improvement Model Hospital identifies Kingston Hospital as having a lower DNA rate in 2018/19 than the national average and the peer group average.

PRIORITY 6 - Increase response rates for Friends and Family Test

Achieved

Goal	**Aim**
Patient Experience	Receiving feedback from our patients at every opportunity helps us to improve the way in which we provide care. Making it easier for patients to give us feedback will increase our chance of learning from every patient's experience.

Measure:

- Friends and Family Test (FFT) response rates and scores from people using our inpatient, outpatient, emergency department, day case and maternity services.

We report this measure to NHS England on a monthly basis and calculate the response rate in line with national standard definitions.

Outpatient FFT results are discussed in quality priority 5 and are therefore not commented on here.

Why we chose this indicator

The FFT is a quick and easy way for patients, families and carers to share their views on their experience of care at our hospital that has the potential to reach the range of people using our services.

Increasing the response rate and offering the opportunity to give feedback by text and voice message increases the likelihood that feedback includes the voices of people might otherwise not respond.

What we said we were going to do

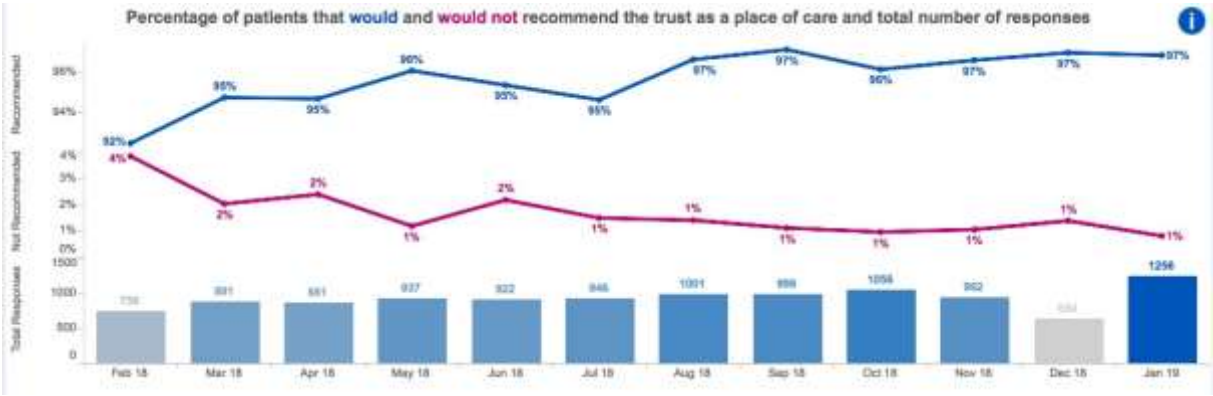
We want to increase the response rates and reliability of the Friends and Family Test data in order to improve confidence in survey findings and to encourage staff to use the results as a driver for quality improvement. We intended to deliver this through a staged roll out of an FFT system that enables people to answer the FFT by iPad, text or by leaving a voice message depending on the service they've accessed. Our plan was to enable more patients be routinely asked the FFT and for their responses to be aggregated and access by staff in a timely and more meaningful way.

How did we do?

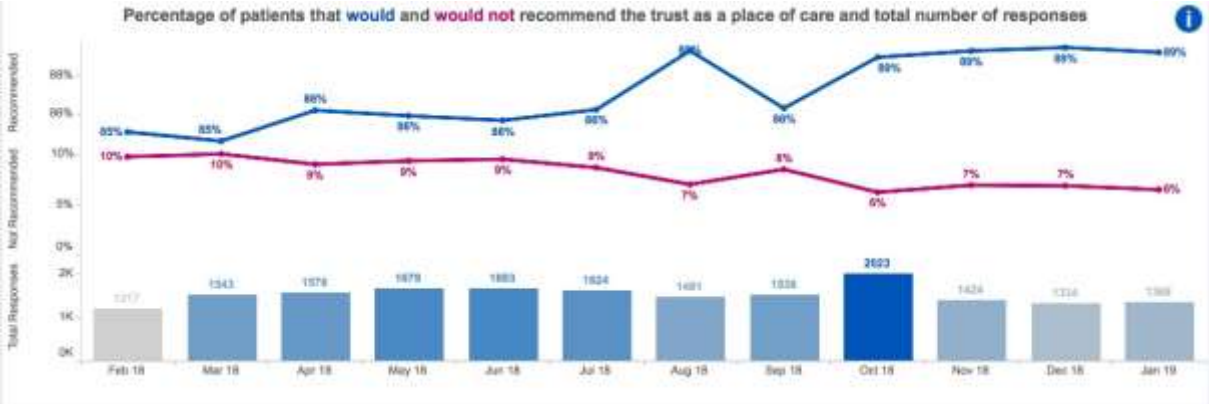
During the 12 month period (April 18 – March 19) over 80,000 thousand people gave us feedback with 92% of people recommending our service.

The two charts below drill down into inpatient and emergency department data and show the improving trends of both services.

Inpatients



Emergency department



The steps that we have taken that have contributed to this overall improvement in response rate include:

- Improving services ability to routinely ask the FFT question by providing iPads for cardiology, occupational therapy and pain outpatient clinics, and extending the text / interactive voicemail service to people having attended the day surgery unit and Royal Eye Unit as an outpatient.
- Set up of a low score alert facility that allows senior staff to receive an email detailing low % recommend comments providing an immediately opportunity to review and record action(s) taken.
  Increased visibility of the FFT, results and feedback around the hospital - including multi-language information posters on the FFT for people using hospital services, information for staff on how to provide the FFT in accessible formats such as Browse Aloud, and patient experience display boards showing FFT results and actions taken in response.

The Single Oversight Framework

NHS Improvement is responsible for overseeing NHS Foundation Trusts in England and offers the support Foundation Trusts need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. The Single Oversight Framework is the principal means by which NHSI holds Trusts to account and assesses whether or not to intervene to ensure services are sustainable.

There are five themes to the Single Oversight Framework:

- Quality of care (safe, effective, caring, responsive)
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

The Single Oversight Framework helps NHSI to identify potential support needs, by theme, as they emerge. It allows tailored support packages to be provided and is based on the principle of earned autonomy. NHSI has segmented the provider sector according to the scale of issues faced by individual providers. This segmentation is informed by data monitoring and judgements are made based on an understanding of providers' circumstances.

2018/19 Outcomes by Quarter of the Single Oversight Framework

NHS Improvement : Single Oversight Framework (Quarterly)

Ref	Metric	Q1	Q2	Q3	Q4	Target	Q1	Q2	Q3	Q4	YTD
k6.02	RTT 18 weeks - incomplete					92%	94.2%	93.5%	93.9%	92.9%	93.6%
k6.06	A&E 4 hour waiting time (all types)					95%	91.0%	89.7%	89.3%	87.2%	89.2%
k6.16	Cancer - Two month urgent referral to treatment wait (from urgent GP referral) - post local breach allocation					85%	96.6%	96.4%	96.9%	91.8%	95.9%
k6.17	Cancer - 62 day wait for first treatment following referral from an NHS Cancer Screening Service - post local breach re-allocation					90%	100.0%	93.8%	100.0%	100.0%	98.3%
k6.15	Cancer - 31 day second or subsequent treatment - surgery					94%	100.0%	97.3%	100.0%	100.0%	99.2%
k6.14	Cancer - 31 day second or subsequent treatment - drug					98%	100.0%	100.0%	100.0%	100.0%	98.3%
k6.13	Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis					96%	99.2%	99.7%	99.7%	98.3%	99.3%
k6.11	Cancer - Two week wait					93%	98.9%	99.2%	99.2%	98.8%	99.0%
k6.12	Cancer - Two week referral to 1st outpatient - breast symptoms					93%	98.7%	100.0%	99.6%	99.3%	99.4%
k1.08	C.Diff due to lapses in care (YTD)					<8	2	1	0	0	3
k1.07	Total C.Diff YTD (including cases deemed not to be due to lapse in care and cases under review)						10	6	3	2	21
	C.Diff cases under review						0	7	3	1	11

Segmentation is into 4 segments, as described below. The Trust has been placed in segment 1.

Segment 1: Providers with maximum autonomy − no potential support needs identified across the five themes – lowest level of oversight and an expectation that provider will support providers in other segments

Segment 2: Providers offered targeted support − potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS Trusts) and/or formal action is not needed

Segment 3: Providers receiving mandated support for significant concerns – the provider is in actual/suspected breach of the licence (or equivalent for NHS Trusts)

Segment 4: Special measures − the provider is in actual/suspected breach of its licence (or equivalent for NHS Trusts) with very serious/complex issues that mean that they are in special measures

NHSI Risk Assessment Framework

The list of indicators for the period of 1 April 2018 – 30 September 2018 that apply to Kingston Hospital NHS Foundation Trust are included within the Single Oversight Framework above.

Other Improvements to Quality of Care at Kingston Hospital

During 2018/19 the Trust has continued to develop its capability and capacity to undertake quality improvement across all areas of the organisation. This is described in more detail in the section above relating to our quality priority to increase staff engagement in quality improvement.

Kingston Hospital NHS Foundation Trust promotes a systematic approach to problem solving and quality improvement that is based on Lean improvement methods. This approach has been developed based on best practice within healthcare and learning from other industries. We encourage staff to ask a series of key questions that are captured in figure 9 below. The Trust's improvement team play a key role in

promoting the application of these methods and in developing the tools, resources and training to support s our staff to adopt this way of working.

Figure 9 - KHFT Lean Improvement - Value and Waste

Our Lean Improvement development programme now supports staff to develop improvement skills from their first day in the organisation, through to supporting them with day-to-day problem solving and more complex improvement projects. Our Yellow Belt training programme has supported staff to initiate over 70 improvement projects including:

- Rolling out the national Red2Green intervention on our inpatient wards to support flow through the hospital
- Development of enhancements to our informatics systems to improve data quality associated with the 18 week elective care pathway
- Supporting wards to get patients out of bed to prevent deconditioning and delays
- Improvements in the care and management of wheezy children in A&E
- Improving the segregation of offensive and infectious waste
- Improvements in response to patient surveys for cancer patients
- Improving frailty assessments in A&E
- Increasing the proportion of safe vaginal births

With increasing numbers of staff 'graduating' from our improvement skills development programmes, we are now establishing a community of improvers. Using social media and regular newsletters to share learning and opportunities, we are able to connect staff working in similar areas and link people with others who can help them**.**

In 2019/20 we will be further developing our offer of support for staff undertaking improvement. This will include higher levels of training as well as opportunities to be involved in coaching and mentoring others. We are also collaborating with our partner organisations across South West London to develop consistent approaches to quality improvement and transformation and identify opportunities for cross-sector work and shared learning.

Recruitment and Retention

The Trust has a Workforce Strategy in place that provides a framework for retaining staff and includes a staff health and wellbeing programme, flexible benefits, an enhanced learning and development offering and an Equality and Diversity work plan including staff support groups. In addition to this the Trust is

employing a range of retention interventions. The Trust turnover rate is 12.44%; this is the lowest it has been for the past 3 years and below our set target rate of 15.75%.

The vacancy rate at the time of writing the report is 6.69%, which is low when benchmarked against comparator Trusts in London, and is 0.69% away from our 6% target.

The Stability Index (which measures employees that have been with the staff for over a year) is 85.08%. Next year we have set the target as 90%, which we hope to achieve.

The Trust was pleased to welcome the first cohort of qualified nursing associates in January 2019. Three further cohorts of twenty two nursing associates are in training.

National Inpatient Survey Results and Actions:

The Trust's participation in National Patient Experience surveys provides valuable insight into people's experience of care delivered by our cancer, maternity and inpatient services, and the experience of children and young people as inpatients and day case patients.

In response to findings from the 2017 National Inpatients survey (released 2018) The Trust launched 'Sage & Thyme' a nationally recognised communications skills workshop designed to equip staff with the skills needed to respond compassionately and effectively to people in distress. 84 staff have attended so far, including healthcare assistants, managers, nurses and doctors, and plans are in place for a further seven workshops in 2019 that will train up to 210 staff.

National Children and Young People's Inpatient and Day Case Survey:

Findings from the 2017 National Children and Young People's Inpatient and Day Case Survey (released 2018) actions were undertaken to make wards and waiting areas more fun and inviting environments and a review and update of patient information was undertaken. The '15 Steps Challenge' was conducted on Sunshine and Dolphin Wards by a group of young people (sponsored by Momentum), providing valuable insight into how welcoming, safe, caring and organize the wards were on first impressions.

National Cancer Patient Experience Survey:

Results from the 2017 National Cancer Patient Experience Survey (released 2018) presented a positive picture of people's experience of cancer care at the Trust and highlighted significant improvement on the previous survey findings. There is yet more to be done to improve how staff communicate and involve patients in decisions about their care and this has led to quality improvement projects lead by clinical nurse specialists in breast, urology and haematology. The Trust is pleased to work in collaboration with the members of the Cancer Patient Partners Group and our Cancer Quality Improvement Projects.

The National Maternity Survey:

The National Maternity Survey results were completed in 2018 with a good response rate of 52%. Women's experience of the maternity service was found to be very positive overall. A Picker presentation and workshop is being arranged with service user involvement via the Maternity Voices Partnership for early 2019 to ensure improvements within maternity care are informed by women and their families. Women's feedback from the maternity survey is also incorporated within maternity quality improvement projects to ensure learning and improvements in care are triangulated with views from families.

The Trust participates in the two mandated National Maternity Audits and two confidential enquiries. The service also has a large local audit programme.

The Trust has worked with local Heathwatch partners on three projects designed to deliver insight and improvements to patient experience. Healthwatch Richmond's 'enter and view' of the Emergency Department in January and March 2018 resulted in a program of work led by frontline nurses to improve the overall environment, create dementia friendly spaces and offer staff training on mental health and customer care. A second project by Healthwatch Richmond surveyed recent users of Kingston's Maternity Service about their experience of antenatal care.

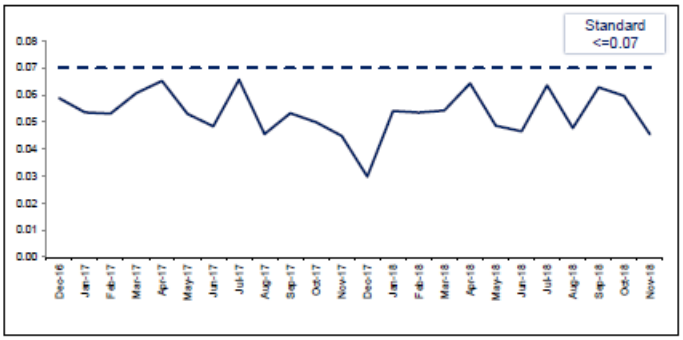
The Trust is also working in partnership with Healthwatch Kingston to gather people's experience of being discharged from hospital. A Random selection of patients discharged in November 2018 and March 2019 were offered the opportunity to complete a questionnaire. The project aims to report on the discharge experience of people who had planned an unplanned hospital stays in early summer 2019.

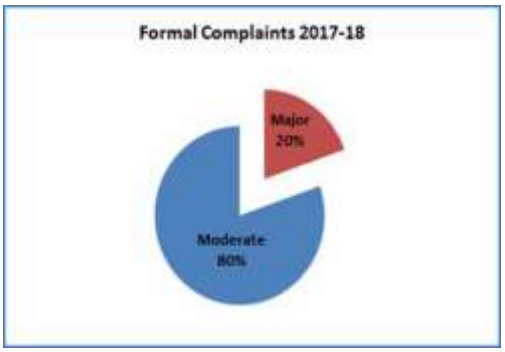
Complaints Performance

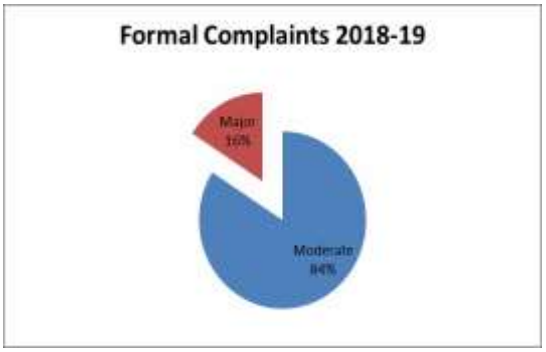
Every reasonable effort is made to resolve complaints at a local level and this involves correspondence and meetings with complainants. In 2018/2019 the number of formal complaints remained the same with 326 complaints received in 2018/19 and 436 received in 2017/18. With 390 received in 2016/2017.

Total complaints 2017-18 (1st April 2017 – 31st March 2018)	Total complaints 2018-19 1st April 2018 – 31st March 2019
326	**325**

The percentage of the complaints that are graded as major in 2018/19 was 4 percent less than in 2017/18







We recognise that swift action in responding to complaints is key to resolving them. As such, we endeavour to respond within 25 working days to all complaints, or by the timeframe agreed with the complainant. The response rate for 2018/19 was 61%. This figure is lower than we would expect, however this is multi-factorial and is being closely monitored.

The most prominent three themes of complaints in 2018/19 so far are communication (20%), care and treatment (21%) and appointment administration (1%). In 2017/18 the three most prominent themes were the same with communication (19%), care and treatment (17%) and appointment administration (13%).

Complaints can be made in writing or by email and information about how to do this is on the hospital website. A questionnaire is sent to complainants to understand their experience of the complaints process when their complaint has been responded to and any improvements to the process will be made as necessary.

Patient Advice and Liaison Service (PALS)

PALS Cases 2017-18	PALS Cases 2018 -19
1600	**1698**

The PALS service logged 1698 cases in 2018/19, which is a 6% increase from 2017/18 (as the data currently stands) .The most prominent three themes of concerns raised were appointment administration concerns (36% of total concerns raised), communication concerns (22%) and care and treatment concerns (15%). During 2017/18 communication concerns accounted for 35% of the concerns received, appointment administration concerns 24%, and care and treatment concerns 14%.

Patient and Public Involvement (PPI) Strategy

Patient and Public Involvement has continued to grow in breadth and depth during 2018/19. The Trust has over 375 volunteers and 10,354 staff and public signed up as Foundation Trust Members and continue to have an active community of Governors. Particular highlights of PPI in the past 12 months include:

- Cardiology staff delivering outreach into local schools, giving children the opportunity to learn about resuscitation skills and the work of cardiologists.
- The Trust's role in hosting a stakeholder consultation event on the new Nursing Associate programme offered by Kingston University involving over 30 patient partners including learning and physically disabled service users.
- The introduction of patient and service user involvement into the Outpatient Transformation Programme and the full involvement of eight patient partners in the day-long launch event
- Increasing the response rate and insight drawn from patient's responses to the Family and Friends Test. Between five and six thousand responses a month are now received by the hospital and there is growing access and use of the insights this generates by hospital staff.
- Collaboration with local Health watch organisations in Kingston and Richmond on Enter and View and maternity and discharge surveys that is providing patient feedback that staff have acted on
- Launch of 'Meet the Neighbours' initiative which will provide local residents the opportunity to meet with hospital representative to learn about the Trust's activities and achievements and discuss issues and concerns.
- Involvement from the Cancer Patient Partnership Group in the cancer Quality Improvement projects.

In August and September 2018 targeted consultation with ‘experts by experience,’ staff and stakeholders contributed to the latest refresh of the PPI Strategy (2019-2022). The new strategy places focus on how we live the values set out in our existing PPI Pledges and adds an eighth pledge committing the Trust to involve patients in decision about their care and treatment more consistently. A particular priority is ensuring the views and experience of patients and the public influence co-design of care and through their involvement forges equal partnerships between patients, the public and staff working at Kingston Hospital.

Staff Survey Results 2018

The results of the 2018 survey are very positive and amongst the best in London, with the Trust scoring an impressive response rate of 58%, much higher than the national average of 47%, placing us seventh in the list of top 10 best scores nationally for acute trusts surveyed by Picker and seventh out of the forty three Trusts surveyed by Picker.

Response Rate

The response rate for employees surveyed is 58.2%, and improvement on last year’s rate of 52.8%. This is significantly higher the average response rate of 44.4% for all Acute Trusts nationally.

Engagement Score

The engagement score has been calculated slightly differently this year but last year’s data has been recalculated in the same way. Our engagement score has remained the same at 7.3 out of a maximum score of 10. This is a more positive score than the National average of 7.0.

There are three key areas explored within the engagement score; Advocacy, Involvement and Motivation.

Improvement has been made in all three of the Advocacy questions:

- I would recommend my organisation as a place to work
- If friends or relatives needed treatment I would be happy with the standard of care given by the organisation
- Care of patients is my organisation’s top priority

There has been a slight decrease in two questions:

- Involvement: I am able to make improvements happens in my area of work
- Motivation: I look forward to going to work

However, this decrease is not significant.

National Staff Survey results

The Survey no longer publishes results by Key findings; data is now grouped into ten key themes.

The table below shows the Trust is higher than average in five of the ten themes and only below average in one; Equality, diversity and inclusion. The Trust scores the most significant higher than average scores in the quality of appraisals and safety culture.

	Theme	National Average	KHFT	Variance
1	Equality, diversity & inclusion	9.1	8.8	- 0.3
2	Health and wellbeing	5.9	5.9	-
3	Immediate Managers	6.7	6.8	0.1
4	Morale	6.1	6.1	-
5	Quality of appraisals	5.4	5.9	0.5
6	Quality of Care	7.4	7.7	0.3
7	Safe environment - Bullying and harassment	7.9	7.9	-
8	Safe environment - Violence	9.4	9.4	-
9	Safety culture	6.6	7.1	0.5
10	Staff engagement	7.0	7.3	0.3

Areas of Improvement and High Performance

- The Trust is significantly better than the Picker Acute Trust average in 42 out of the 88 questions and has significantly improved on last year's scores in 15 questions.

Top 5 scores (compared to average)		
54%	9b	Commutations between senior management and staff is effective
74%	21c	Would recommend organisation as a place to work
44%	9d	Senior managers act on staff feedback
45%	9c	Senior managers try to involve staff in important decisions
82%	21d	If friends/relative needed treatment would be happy with the standard of care provided by the organisation

Most improved from last survey		
69%	17a	Organisation treats staff involved in errors fairly
55%	19g	Supported by managers to received training, learning or development definitely identified in appraisal
79%	17c	Organisation takes action to ensure errors are not repeated
82%	21d	If friends/relative needed treatment would be happy with the standard of care provided by the organisation
67%	18c	Would feel confident that organisation would address concerns about unsafe clinical practice

- The Trust is worse than the Picker Acute Trust average in only 6 out of the 88 questions and is worse compared to last year in 7 questions. The five scores ranked bottom and the 5 least improved scores are listed below.

Bottom Ranked Scores

Bottom 5 scores (compared to average)		
88%	15a	not experienced discrimination from patients/service users, their relatives or other members of the public
32%	5g	Satisfied with level of pay
68%	13a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
39%	10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours
60%	10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours

Least improved from last survey		
66%	8f	Immediate manager takes a positive interest in my health and well-being
71%	8b	Immediate managers can be counted on to help with difficult tasks
70%	8e	Immediate manager supportive in a personal crisis
58%	8d	Immediate manager asks for my opinion before making decisions that affect my work
63%	8c	Immediate manager gives clear feedback on my work

The Trust is also required to report on the following question:

	2017	2018	Average
% of employees believing that the organisation provides equal opportunities for career progression or promotion	83%	84%	82%

	2017	2018	Average
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	26%		25%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months		13.9%	13.7%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months		18.1%	20%

Previously the staff survey results have been produced using ‘key findings’ this grouped the question results together. This has been replaced by themes for the 2018 staff survey and therefore it is not possible to compare like with like as demonstrated in the tables above and below.

The 2018 staff survey identified that 11.3% and 7.7% of staff working at the Trust reported experiencing discrimination at work from patients/service users, their family or members of the public or from a manager/team leader. This remains above the national average of 6.1% and 7.7% respectively.

	2018	Average
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	11.3%	6.1%
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?	9.7%	7.7%

Results of the Staff Survey will be taken to the Trust Board and an action plan developed focusing on celebrating as well as addressing areas that require improvement.

Independent Practitioner's Limited Assurance Report to the Board of Governors of Kingston Hospital NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Kingston Hospital NHS Foundation Trust to perform an independent limited assurance engagement in respect of Kingston Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance and the six dimensions of data quality set out in the ''Detailed requirements for external assurance for quality reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- board minutes for the period 1 April 2018 to 23 May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to 23 May 2019;
- feedback from commissioners dated 18th April 2019;
- feedback from local Healthwatch organisations dated 18th April 2019;
- feedback from the Overview and Scrutiny Committee dated 18/04/2019;
- feedback from Kingston Health Overview Panel dated 18th April 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 8th August 2018;

- the national patient survey dated June 2018;
- the national staff survey published February 2019;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 31st March 2019;
- the Care Quality Commission's inspection report dated August 2018; and
- any other information obtained during our limited assurance engagement.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Kingston Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting Kingston Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Kingston Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Kingston Hospital NHS Foundation Trust.

Our audit work on the financial statements of Kingston Hospital NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Kingston Hospital NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Kingston Hospital NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Kingston Hospital NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Kingston Hospital NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Kingston Hospital NHS Foundation Trust and Kingston Hospital NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
London

24th May 2019

Appendix A: National Confidential Enquiries

National confidential enquiries for inclusion in quality report 2018/19	Participation 2018/19	Number of cases submitted
Child health clinical outcomes review programme: Young people's mental health	Yes	**Data collection complete** Clinical Questionnaire: n=5/5 (100%) Case notes: n=5/5 (100%) Organisational Audit: n=2/2 (100%)
Child health clinical outcomes review programme: Long-term ventilation in children, young people and young adults	Yes	**Data collection in progress** Clinical Questionnaire: n=3/3 (100%) Case notes: n=2/2 (100%) Organisational Audit: Data collection 2019/20
Medical and surgical clinical outcomes review programme: Acute bowel obstruction	Yes	**Data collection in progress** Clinical Questionnaire: n=3/5 (60%) Case notes: n=2/2 (100%) Organisational Audit: n=0/1 (0%)
Medical and surgical clinical outcomes review programme: Acute heart failure	Yes	**Data collection complete** Clinical Questionnaire: n=6/6 (100%) Case notes: n=5/6 (83%) Organisational Audit: n=1/1 (100%)
Medical and surgical clinical outcomes review programme: Dysphagia in Parkinson's Disease	Yes	**Enquiry in development**. Data collection 2019/20
Medical and surgical clinical outcomes review programme: In-hospital management of out-of-hospital cardiac arrest	Yes	**Enquiry in development**. Data collection 2019/20
Medical and surgical clinical outcomes review programme: Pulmonary embolism	Yes	**Data collection complete** Clinical Questionnaire: n=6/6 (100%) Case notes: n=6/6 (100%) Organisational Audit: n=1/1 (100%)
Medical and surgical clinical outcomes review programme: Perioperative diabetes	Yes	**Data collection complete** Anaesthetist Questionnaire: n=4/4 (100%) Surgeon Questionnaire: n=4/4 (100%) Case notes: n=3/4 (75%) Organisational Audit: n=1/1 (100%)
Medical and surgical clinical outcomes review programme: Cancer in children, teens and young adults	Yes	**Data collection complete** Clinical Questionnaire: N/A Case notes: N/A Organisational Audit: n=1/1 (100%)
LeDer: Learning disability review programme	Yes	**Data collection in progress** Case ascertainment: n=8/8 (100%)
Maternal, newborn and infant: Maternal programme	Yes	n=0. There were no maternal deaths in 2018.
Maternal, newborn and infant: Perinatal programme	Yes	n=30 (100%)

Appendix B: Eligible National Clinical Audits 2018/19 – Participation rates

National clinical audits for inclusion in quality report 2018/19	Participation 2018/19	Number of cases submitted
British Thoracic Society (BTS) Adult Community Acquired Pneumonia (2018/19 cohort)	Yes	Data collection in progress - deadline May-19
BTS: Non-Invasive Ventilation – Adults (2018/19 cohort)	Yes	Data collection in progress - deadline Jun-19
British Association of Urological Surgeons (BAUS): Female stress urinary incontinence audit (2017 cohort)	Yes	n=35 (134.2%)
BAUS: Nephrectomy audit (2015-2017 cohort)	Yes	n=97 (78.35%)
Cancer: National bowel cancer audit (2017/18 cohort)	Yes	n=170
Cancer: National lung cancer audit – core audit (2017 cohort)	Yes	n=150
Cancer: National lung cancer audit - Mesothalioma Audit (2014-16 cohort)	Yes	n=21
Cancer: National oesophago-gastric cancer audit (2017/18 cohort)	Yes	n=48
Cancer: National prostate cancer audit (2016/17 cohort)	Yes	n=200
Chronic obstructive pulmonary disease (COPD) audit programme: Secondary care (2018/19, Q1-3 cohort)	Yes	n=179/200 (90%)
COPD audit programme: Asthma adult in secondary care (2018/19 cohort)	Yes	Data collection in progress - deadline May-19
COPD audit programme: Asthma paediatric in secondary care (2018/19 cohort)	Yes	Audit data not collected 2018/19. Data submission due to start Jun-19
Diabetes: National foot care in diabetes audit (2017/18 cohort)	Yes	n=11
Diabetes: National diabetes in-patient audit (NaDIA) – Harms audit (2018 cohort)	Yes	n=1 (100%)
Diabetes: NaDIA – Core audit (2018/19 cohort)	Yes	Audit data not collected 2018/19. Data submission due to start Sep-19
Diabetes: National pregnancy in diabetes (NPID) (2018 cohort)	Yes	n=17
Diabetes: National diabetes audit (NDA) (2017/18 cohort)	Yes	n=60
Diabetes: National diabetes transition audit	Yes	Audit extracts data from NDA and NPDA submission.
Diabetes: National paediatric diabetes audit (NPDA) – core audit (2017/18 cohort)	Yes	n=174
Diabetes: National paediatric diabetes audit (NPDA) – spotlight audit (2017/18 cohort)	Yes	n=1 (100%)
Elective surgery (National PROMs programme) – Groin hernia and varicose vein only	Yes	Pre-operative participation rate: 9.3% Post-operative issue rate: 44.4%
Falls and Fragility Fractures Audit Programme (FFFAP): National audit of inpatient falls (2018/19 cohort)	Yes	Organisational audit: n = 1 (100%) Clinical Audit: Data collection in progress - deadline Jun-19
FFFAP: National hip fracture database (2017 cohort)	Yes	n=338 (111.9%)

National clinical audits for inclusion in quality report 2018/19	Participation 2018/19	Number of cases submitted
Heart: Cardiac rhythm management (2016/17 cohort)	Yes	n=119
Heart: Myocardial infarction national audit project (MINAP) (2016/17 cohort)	Yes	n=226 (151.68%)
Heart: National audit of percutaneous coronary interventions – organisational audit only	Yes	n=1 (100%)
Heart: National heart failure audit (2016/17 cohort)	Yes	n=392 (111.9%)
Intensive Care National Audit and Research Centre (ICNARC): Case mix programme: Adult critical care (2017/18 cohort)	Yes	n=686 (100%)
ICNARC: National cardiac arrest audit (NCAA) (2017/18 cohort)	Yes	n=23
Inflammatory bowel disease (IBD) registry: Biological therapies audit – adults only (2018/19, Q1-3 cohort)	Yes	n=121 (in total) n=39 (Apr-18 to Jan-19 only)
National audit of breast cancer in older people (2014-2016)	Yes	n=360
National audit of dementia	Yes	Organisational audit: n=1 (100%) Clinical Audit: n=55 (100%)
National audit of seizures and epilepsies in children and young people (2018/19 cohort)	Yes	Organisational audit: n=1 (100%) Clinical audit: Data collection in progress - deadline Dec-19
National audit of care at the end of life (NACEL) (2018 cohort)	Yes	Organisational audit: n=1 (100%) Clinical Audit: Clinical Audit: n=45
National clinical audit for rheumatoid and early inflammatory arthritis (NCAREIA) (2018/19 cohort)	Yes	Data collection in progress - deadline May-19
National comparative audit of blood transfusion programme: Management of massive haemorrhage (cohort 2018)	Yes	n=6
National emergency laparotomy audit (NELA) (cohort 2017/18)	Yes	n=94 (77%)
National joint registry (NJR) (2017 cohort)	Yes	n=49 (86%)
National maternity and perinatal audit (NMPA) (2017/18)	Yes	n=5333 births (5426 babies) (100%)
National neonatal audit programme (NNAP) (2017 cohort)	Yes	n=403 (100%)
National ophthalmology audit: Adult cataract surgery (2017/18 cohort)	Yes	n=1,344
Royal College of Emergency Medicine (RCEM): Feverish children (2018/19 cohort)	Yes	n=139/120 (>100%)
RCEM: Vital Signs in Adults (2018/19 cohort)	Yes	n=116/120 (97%)
RCEM: VTE risk in lower limb immobilisation (2018/19 cohort)	Yes	n=150/120 (>100%)
Sentinel stroke national audit programme (SSNAP) (2018/19, Oct-Dec cohort)	Yes	90+% (Level A)
Seven Day Hospital Services Self-Assessment Survey (2018 cohort)	Yes	n=172 (100%)
Trauma audit research network (TARN) (cohort	Yes	>100%

National clinical audits for inclusion in quality report 2018/19	Participation 2018/19	Number of cases submitted
Jan-Jul 2018)		
Monitoring		
Mandatory Surveillance of bloodstream infections and clostridium difficile infection (PHE) (2018/18 cohort – hospital apportioned))	Yes	n=18 (11.9%)
Surgical Site Infection Surveillance Service (PHE) • **Large bowel surgery site surveillance**, cohort Jul-Sep 2018 • **Orthopaedic surgery site surveillance**, cohort Oct-Dec 2018	Yes	n=38 n=52
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) (PHE) • **Antibiotic Consumption** (cohort Q1-3 2018/19)	Yes	100%
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) (PHE) • **Antimicrobial Stewardship** (cohort Q1-3 2018/19	Yes	n=90 (100%)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme (NHSBT) (cohort 2018)	Yes	n=0 In 20128 there were no SHOT reportable transfusion related incidents at the Trust
National Mortality Case Record Review Programme (cohort 2018/19)	Yes	See section - Mortality and Learning from Deaths

Projects included on the NHSE Quality Accounts List. Kingston Hospital NHS Foundation Trust not eligible to participate, service not provided by the trust
Adult cardiac surgery
BAUS: Percutaneous nephrolithotomy (PCNL)
BAUS: Radical prostatectomy audit
BAUS: Cystectomy
BAUS: Urethroplasty audit
COPD audit programme: Primary care
COPD audit programme: Pulmonary rehabilitation
Endocrine and thyroid national audit
FFFAP: Fracture liaison service database
Head and neck cancer audit (DAHNO)
Mental health clinical outcome review programme • Suicide by children and young people in England (CYP) • The assessment of risk and safety in mental health services
National audit of anxiety and depression • Core audit • Psychological therapies spotlight audit
National audit of cardiac rehabilitation
National audit of intermediate care (NAIC)
National audit of pulmonary hypertension audit
National bariatric surgery registry (NBSR)
National clinical audit of psychosis • Core audit

Projects included on the NHSE Quality Accounts List. Kingston Hospital NHS Foundation Trust not eligible to participate, service not provided by the trust
• EIP spotlight audit
National clinical audit of specialist rehabilitation for patients with complex needs following major injury (NCASRI)
National comparative audit of blood transfusion programme - Use of fresh frozen plasma and cryoprecipitate in neonates and children
National congenital heart disease
National lung cancer audit: Consultant-level data
National neurosurgical audit programme - Consultant-level data
National oesophago-gastric cancer audit (NOGCA) - Consultant-level data
National vascular registry
Paediatric intensive care (PICANet)
Prescribing observatory for mental health • QIP 19a: Prescribing antidepressants for depression in adults • Assessment of side effects of depot and LAI antipsychotic medication • Monitoring of patients prescribed lithium • Rapid tranquilisation • Prescribing Clozapine
UK cystic fibrosis registry

Appendix C: Actions to be taken following completed national clinical audits and national confidential enquiries

National clinical audit	Actions to improve quality
British Association of Urological Surgeons (BAUS): Female stress urinary incontinence audit Updated: May-18	Patient reported outcomes achieved at the Trust show: • Improvements in the impact of symptoms of incontinence on quality of life and outcome of treatment are comparable to the national data. • That for the majority of patients pad usage improved, with the remaining patients reporting a similar usage. • No complications were recorded (tape extrusion or post-operative complications).
BAUS: Nephrectomy audit Updated: Oct-18	Outcomes achieved for patients are within expected range. The Trust is not identified as an outlier for risk-adjusted complication, transfusion or mortality rates. Notably the risk-adjusted complication rate is below the national average and has reduced from 3.57% (2014-16) to 2.3% (2015-17). Actions have been taken to improve the case ascertainment rate, and the service line is currently on track to submit all cases for 2018.
Cancer: National bowel cancer audit Published: Dec-18	The latest data from the National Bowel Cancer Audit shows the outcomes achieved by patients operated on at the Trust are within expected range for adjusted 90-day mortality (both Trust-level and individual surgeon) and for re-admission rate. In addition the Trust achieved the highest 'green' rating for all 4 RAG rated criteria relating to data completeness, performing above the network and national averages. To further improve the care provided to patients diagnosed with bowel cancer at the Trust the following actions will be undertaken: - • Faecal Immunochemical Test (FIT), to improve screening uptake rate and detection, to be rolled out across South West London. • To work with Clinical Commissioning Groups and others to improve discharge process. • To confirm and monitor lymph node yield through the Multidisciplinary Team management meeting. • To undertake audits on resection margin, and stoma reversal and influencing factors. • To work with the Trust's Business Intelligence Team to produce information on length of "wait" for stoma reversal that can be used to identify variation in practice and target improvement activities. • To review the patient pathways to ensure that patients who require 'end of life' care are being identified in a timely manner to facilitate early involvement of Palliative Care services, and to ensure that the wishes of patient and family regarding preferred place of death are clearly documented. • To ensure that advice given to patients to give up smoking and change diet at point of giving diagnosis and pre-assessment is documented. • To notify patients at the point of diagnosis, pre-assessment and post-surgery of the expectation that they will be discharged home after 3 days. • To re-launch the enhanced recovery programme. • To liaise with the Royal Marsden Hospital to establish the chemotherapy rates and the use of pre-operative treatment for rectal cancer across the region to establish if disparity exists. • To monitor data collection, to continue process of local data validation prior to submission, and to introduce end of treatment reviews. •

National clinical audit	Actions to improve quality
Cancer: National lung cancer audit Published: Jan-18	Kingston Hospital NHS Foundation Trust performance is within expected range for 5 out of 6 best practice metrics: 1 year survival rate, pathological confirmation of diagnosis, non-small cell lung cancer (NSCLC) receiving surgery, NSCLC receiving systemic anticancer treatment and small cell lung cancer (SCLC) receiving chemotherapy. Whilst the proportion of patients seen by the Clinical Nurse Specialist is similar to performance nationally, it is below the national target of 90%. During the audit period there was a reduced staff cover, and a business case is in development to address this. To improve data accuracy the following actions have also been implemented: • Each month all lung cancer diagnostic data is checked by the Lung Clinical Nurse Specialist / Multidisciplinary Team Co-ordinator, supported by Cancer Data Manager, to ensure all fields are complete and accurate prior to submission. • The national audit supplier provides quarterly data reports to the cancer data manager. This enables the team to correct any inaccuracies or submit any missing data items prior to publication. • A local audit has been undertaken by the Lung Clinical Nurse Specialist and Clinical Lead to sense check the submitted data for accuracy.
Pleural Mesothelioma (2014-16 cohort) Published: Jun-18	The 1-year survival rate for patients with pleural mesothelioma receiving lung cancer treatment at Kingston Hospital NHS Foundation Trust is within expected range, and similar to the network and national averages. To provide best practice care all mesothelioma cases are discussed by a Multidisciplinary Team with attendance by surgeons and oncologists from tertiary centres and patients are signposted to MesoUK resources including the mesothelioma Clinical Nurse Specialist helpline. Whilst the proportion of patients assessed by a Clinical Nurse Specialist is similar to the London Cancer Alliance Network average, it is below the national average. A business case is in development to increase the Clinical Nurse Specialist provision to enable support for all lung cancer and mesothelioma clinics. A local audit has been undertaken to assess data completeness for performance status, staging and pathological confirmation, and to assess chemotherapy rates. To improve data quality and completeness further a monthly review of mesothelioma data submitted is checked for accuracy by the lung Clinical Nurse Specialist and lead cancer data manager.
Cancer: National oesophago-gastric cancer audit (NOGCA) Published: Sep-18	The Trust achieved the highest 'green' rating for both case ascertainment and for patients with a new diagnosis of oesophago-gastric cancer having a staging CT scan to investigate the extent to which the disease has spread. The audit showed that in 2016/17 23.8% of patients were diagnosed after an emergency admission. Factors that may have contributed to this are delays in patients seeing their GP or getting a GP appointment, and the patient deteriorating in between the GP two-week referral being made and the hospital appointment. Since 2016/17 the Gastroenterology Service has implemented an esophago-gastric cancer best practice pathway whereby the patient is referred by their GP to both the Emergency Department and Outpatients to ensure they have their endoscopy (+/-biopsy) within two-weeks. An internal review of patients

National clinical audit	Actions to improve quality
	diagnosed in 2018/19 shows that the proportion of patients diagnosed after an emergency admission is much reduced. The Trust also expects to see further improvements following the opening of the new Endoscopy Unit, which is being built towards the end of 2019, which will increase the capacity.
Cancer: National prostate cancer audit Published: Feb-19	In line with the national picture, the latest report shows good to excellent patient experience across the Specialist Multidisciplinary Team for the quality of information given about their condition and treatment, their involvement in decisions about their treatment and care, provision of the name of their Clinical Nurse Specialist and the rating of their overall care as excellent. To improve patient treatment the Trust is purchasing its own transperineal prostate biopsy equipment, due to arrive April-19; currently this equipment is hired in. A training day to support the launch the new equipment has been set up for Apr-19. In addition steps continue to be taken to improve counselling provided to patients, and going forwards the Urology Service will engage with the National Prostate Cancer Audit Quality Improvement initiatives planned for 2019. The audit demonstrated excellent data quality compared to the national average and the other Hospitals within the Specialist MDT, despite this the Urology Service will continue to review and improve data completeness by closely monitoring the completeness of the data collection form at the Multidisciplinary Team Meeting.
Chronic obstructive pulmonary disease audit programme: Secondary care Published: Mar-19	A quality improvement project was set up in 2017/18 to improve best practice tariff achievement - 60% of patients admitted with an acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD) must have a respiratory specialist review within 24 hours of admission and be issued with a COPD discharge bundle. To improve the quality of care provided to patients with COPD a new joint hospital/community practitioner came into post in Oct-18. The post is a 12 month funded pilot with planned continued funding dependent on the achievement of key performance indicators on reducing length of stay and readmission rates. The respiratory practitioner undertakes daily reviews of all patients admitted with COPD exacerbations, and holds a new weekly hot clinic post discharge to help avoid readmissions via the Emergency Department.
Dementia case-note audit Published: Sep-18	A number of actions have been implemented at Kingston NHS Foundation Trust to improve the care given to patients with dementia and delirium. These include: • The implementation of a multi-disciplinary, multi-specialty Dementia Steering Delivery Group, which meets bi-monthly, and includes representatives from the Alzheimer's Society, Health Watch, and the community memory clinic. The purpose of the groups is to ensure that the Trust's Dementia Strategy is monitored, driven and implemented with the aim of improving service delivery and quality of care and experience for people with dementia and their carers. • Training in dementia and the care of the dementia patient continues to be provided to all new and existing staff. • The Blyth ward Dementia Friendly refurbishment has been completed and the carer's room opened. The refurbishment of Kennet ward will start in the summer of 2019, and plans are underway to develop a dementia friendly garden on site. • The work undertaken by the Trust to ensure that the hospital environment is dementia friendly has been recognised by the Health Service Journal, who have shortlisted the Trust for their Value Awards 2019, for the category Improving Value in the Care of Older Patients. • New volunteers will be recruited in Feb-19 to provide support in the activities

National clinical audit	Actions to improve quality
	room and on the care of the elderly wards. • The Trust uses a digital reminiscence software package. Staff can use the software at the patient's bedside and carers and relatives are able to log onto the system remotely and upload photographs. • Kingston Carer's Network and the Alzheimer's Society continue to support carers four days a week. This provision of support makes a real difference to patients and carers, and feedback has been very positive. • The Trust continues to work with Kingston Clinical Commissioning Group to improve diagnosis rates; a new referral process is currently being trialled that enables clinicians to directly refer patients to the memory clinic. The impact of the trial will be reviewed in spring 2019. • A business case is being developed for a new dementia and delirium nurse role, which will include promoting dementia and delirium screening and providing clinical support and staff training.
Diabetes: National diabetes inpatient audit (NaDIA) Published: Mar-18	In response to the results of the national audit in 2016, the multidisciplinary in-patient diabetes quality improvement project was established to bring future audit results in line with national benchmarking. Work streams relate to staff capacity, engagement and knowledge, availability and suitability of equipment and improved processes concerning referrals, discharge and insulin administration. As a result of the actions implemented, the Trust has seen a marked reduction in harms relating to medication errors, glucose management errors and insulin errors, as well as a reduction in severe hypoglycaemic episodes. Trust performance is now amongst the best performing 25% (Quartile 1) of hospitals nationally for these criteria. • Medication errors • Glucose management errors • Insulin errors • Severe hypoglycaemic episodes To continue to improve the management and experience of patients with diabetes the following actions have been taken: - all hypoglycaemia boxes on the wards have been replaced, regular hypo training is in place, diabetes training is provided to all junior doctors and the Diabetes Specialist Nurses can now see all referrals electronically. To improve further the second cohort of ward champion training is in progress. Once completed there will be a ward champion on every inpatient ward; specific training will be introduced for Acute Assessment Unit (AAU) doctors around the prescribing and understanding of insulin as many of the diabetes team referrals come from AAU; the Diabetes Multidisciplinary Review form has been amended and sent to Cerner for inclusion in the electronic patient record; the Diabetes Podiatrist referral form is with Cerner and testing of the form will begin shortly; wards will be identified for targeted foot check training; the Emergency Department pathway will be circulated to staff and staff will be encouraged to check and refer patients as appropriate; discussions will be held about making foot-check training mandatory; and a policy on the self-administration of drugs is required. A working group will be set up to oversee the process of implementation.
Diabetes: National diabetes audit - Adult outpatients (NDA) 2016/17	The latest data from the National Diabetes Audit shows that the percentage of Kingston Hospital NHS Foundation Trust patients receiving all 8 National Institute for National Institute for Health and Clinical Excellence (NICE) recommended care processes is 'as expected' for both patients with type 1 and

National clinical audit	Actions to improve quality
Published: Mar-18	type 2 diabetes, but has improved compared to previous. 100% of patients with type 1 and type 2 diabetes were offered structured education within 12 months of diagnosis, in line with NICE recommendations, and more patients with type 1 diabetes treated at the Trust are achieving all 3 NICE recommended targets compared to the national average. To improve further a Multidisciplinary Team clinic has been set up as a one stop shop to simplify the number of appointments that patients have to attend, a young person's clinic will be implemented, and young people are encouraged to take part in the Youth Empowerment Skills (YES) project. The project gives 14-19 year-olds in South London the support they need to live with Type 1 diabetes.
Diabetes: Paediatric national diabetes audit 2017/18 Report (data 16-17) NPDA Published: Jul-18	The latest performance by Kingston Hospital NHS Foundation Trust is similar to or better than the national average for the provision of 5 out of 7 best practice care processes. These are monitoring of blood glucose, blood pressure, thyroid function, body mass index (BMI) and albuminuria (protein in the blood). More patients at the Trust are also receiving structured education compared to the national average, as well as being screened for thyroid disease and coeliac disease within 90-days of diagnosis. Since the completion of the audit actions have been implemented to improve data quality including working with the Business Intelligence team to improve data completeness, particularly for eye screening, and to ensure that foot screening data is being recorded correctly in the patient record.

FFFAP: National hip fracture database, Published: Sep-18

Kingston Hospital NHS Foundation Trust continues to deliver excellent care to hip fracture patients as demonstrated by the latest performance reported by the National Hip Fracture Database

Hip fracture is the most common serious injury in older people. It is also the most common reason for older people to need emergency anaesthesia and surgery, and the commonest cause of death following an accident. Patients may remain in hospital for a number of weeks, leading to one and a half million hospital bed days being used each year. Only a minority of patients will completely regain their previous abilities, and increased dependency and difficulty walking mean that a quarter will need long-term care. As a result, hip fracture is associated with a total cost to health and social services of over £1 billion per year.

Latest performance:

- More patients treated at the Trust are receiving each of the 6 National Institute for Health and Clinical Excellence (NICE) recommended key aspects of care that all patients should expect after a hip fracture, compared to other trusts nationally.
- NHS England and NHS Improvement use Best Practice Tariffs to incentivise key elements of patient care, which have been identified as important in improving the quality and outcome of care after hip fracture. More patients treated for hip fracture at the Trust are receiving all of the best practice tariff recommended criteria (77.1%) compared to the national average (57.1%).
- The audit also shows that the Trust is in the best performing 25% of hospitals nationally for:
  - **Assessment:** Mental test score recorded on admission, mobilised out of bed by the day after surgery, delirium assessment, not delirious when tested post-operatively and met best practice criteria.
  - **Surgery:** Surgery on day of, or day after, admission, surgery supervised by consultant surgeon and anaesthetist, proportion of arthroplasties which are cemented and intertrochanteric fractures treated with sliding hip screw.
  - **Outcomes:** Patients not sustaining hip fractures as an inpatient and patients not developing pressure ulcers.

What makes this happen:

- The Orthopaedic Unit have a multidisciplinary team of Surgeons, Physicians, Nurses, Allied Health Professions and Administrative Staff that are all trained and focussed on delivering evidence based, quality care to patients with a hip fracture. The hip fracture care delivered to our patients is reviewed monthly by the Hip Fracture Risk Group. This is led by a Consultant Orthopaedic Surgeon and supported by a Physician, an Anaesthetist, Clinical Audit, Quality Administrator and Matron's from Trauma and Orthopaedics, the Emergency Department (ED) and Theatre. Together this team ensure that our pathways deliver the best practice standards and review all patients whose care has not met this standard. The team has implemented local anaesthetic blocks so that all patients are offered this for pain relief on diagnosis of a hip fracture in the ED. This has led to a reduction in the level of opiates that frail elderly patients receive and has helped reduce some of the associated delirium.

Plans for the future:

- The Matron has been invited by The Royal College of Physicians to join the National Hip Fracture Database (NHFD) Advisory Group. The Group is developing the best practice standards for 2020. In this role she will also be helping to support the administrative staff at NHFD so they can improve their support for hospitals across the country to continue delivering a high standard care for our hip fracture patients.

National clinical audit	Actions to improve quality
Heart: Myocardial infarction national audit project (MINAP) Published: Dec-18	In line with the national picture the audit demonstrates excellent performance at Kingston Hospital NHS Foundation Trust for non-ST segment elevation myocardial infarction (nSTEMI) patients seen by a cardiologist and patients who received all secondary medication for which they were eligible. Notably the Trust has improved compared to previous and is better than the

National clinical audit	Actions to improve quality
	national average for nSTEMI patients who had angiography before discharge. To improve patient care not only at Kingston Hospital NHS Foundation Trust, but also across the network, the Cardiology Service has been regularly meeting with the other key Trusts to develop and implement a collaborative process to improve patient flow from the Trust to its Tertiary Centres. The latest local data held by the Cardiology Team shows improved turnaround time for angioplasty, reduced length of stay, improved time to decision making and improved time to transfer. In addition the cardiology Team at the Trust have also implemented a daily in-reach service (Mon-Fri) to identify patients more quickly, enabling patients to go to the Cath Lab on the same day, nursing staff on the Acute Assessment Unit (AAU) have received training to enable patients to be cared for appropriately on the Unit, rather than requiring transfer to Bronte (Cardiology Ward), and the acute coronary syndrome (ACS) pathway has been updated in line with national guidance. To improve further the opening of the new Cath Lab (due to open summer 2019) will enable patients to be treated more effectively, a new Consultant with a specialist interest in interventional cardiology has been recruited who will link with St Georges Hospital, and a new ACS nurse post will be recruited to. The new role will lead on co-ordinating ACS patients in the Hospital.
Heart: National heart failure audit (2016/17 cohort) Published: Dec-18	The latest results show that of the 13 best practice standards measured by the audit, Kingston Hospital NHS Foundation Trust has maintained it's 100% performance across 4 standards relating to treatment and has improved compared to previous (2015/16 cohort) across a further 8 standards relating to assessment and diagnosis, treatment, discharge and follow up. Performance is also above the national average for 8 standards relating to treatment, discharge and follow up, and similar to the national average for all other standards. Actions taken to improve practice include the recruitment of additional full-time Heart Failure Nurse Specialists, a Consultant Cardiologist with a specialist interest in heart failure, and a full-time Community Heart Failure Nurse Specialist for South Richmond, who works out of Kingston Hospital; the development of Heart Failure Ward Rounds (Mon-Fri) with daily ward in-reach; and the implementation of regular Heart Failure Multidisciplinary Team meetings with attendance from Community Heart Failure Nurse Specialists from Kingston, Richmond and Surrey Downs Clinical Commissioning Groups. In addition to improve further in 2019/20 the Trust plans to recruit a further Heart Failure Nurse Specialist; develop the Advanced Care Planning processes for Heart Failure; and submit a proposal to Kingston Clinical Commissioning Group for Heart-Kidney Clinics at Kingston Hospital.

Intensive Care National Audit and Research Centre (ICNARC): Case mix programme: Adult critical care, published: Jun-18

National audit demonstrates good performance and outcomes for critical care unit at Kingston Hospital NHS Foundation Trust

The Intensive Care National Audit and Research Network (ICNARC) Case-mix Programme is a mandatory national audit that collects data on admissions and outcomes in all critical care units in the UK.

Latest performance:

- For 2017/18 the Trust achieved a 'green' rating (within expected range) for all 9 RAG rated quality indicators, with performance similar to or better than the national average for high-risk admissions from the ward, out-of-hours discharges to the ward (not delayed), discharges direct to home and non-clinical transfers to another unit.
- Performance is also better than the national average for delayed discharges (both 8 hours and 24 hours).
- The overall risk-adjusted mortality rate, as well as that for lower risk patients, has improved in comparison to both the 2015/16 and 2016/17 data, and is as expected.
- The predicted risk of acute hospital mortality at the Trust is lower than other similar units (ICNARC 2015 model).

Who makes this happen?

- The units performance in the audit and the improved outcomes is due to the hard work of the team, with Consultant Anaesthetist, Alison Curtis (Clinical Audit Lead for the ICNARC CMP audit) noting that 'We are a multidisciplinary team who work hard and happily together, always striving to do the best for our patients'.

Plans for the future:

- To improve further the Trust is investigating how to expand the critical care unit and the team plan to extend their skills to more patients outside of the immediate critical care environment, as well as continuing to develop their follow up services for their patients, as they recover from their critical illness.

National clinical audit	Actions to improve quality
ICNARC: National cardiac arrest audit (NCAA) Published: Jun-18	The risk-adjusted survival data produced by the audit shows that survival at Kingston Hospital NHS Foundation Trust is within control limits i.e. similar to expected. To improve the care provided to patients who have a cardiac arrest a resuscitation huddle meeting is now held with the resuscitation team bleep holders at the start of their on call morning and evening to ensure that roles are appropriately designated, cardiac arrest and peri arrest guidelines are being attached to all resuscitation trolleys to support the cardiac arrest team during the cardiac/peri arrest, all resuscitation trolleys are now sealed with a plastic tag so it is clear when a trolley has been used and requires immediate restock, and a new audit form has been introduced to ensure that the Trust is capturing the national audit information in a timely manner with a designated team member identified to complete the form.
Inflammatory bowel disease (IBD) registry: Biological therapies audit – adults only Published: Mar-19 (data submitted up to Sep-18)	The latest report produced by the Registry shows that Trust performance is above the national average for 4 out of 7 best practice key performance indicators measured by the audit. These are obtaining the patient's consent to add their details to the Registry, holding post-induction reviews, and ensuring that a formal assessment of disease activity is recorded both at the point the decision is made to commence the patient on a biological therapy, and at the post-induction review. The Trust has recently purchased the patient management system INFOFLEX, which has been designed to support IBD teams to provide high quality clinical care. The system should be fully implemented by end Sep-19, and will facilitate improved data completeness and data quality, especially around follow-up. This will ensure that the audit data accurately reflects the quality of the clinical care provided to the patients treated here at the Trust.
National Audit of Breast Cancer in Older Patients	The Trust meets 7 out of 8 recommendations made by the national audit regarding the quality of patient care in terms of patient assessment, diagnostics,

National clinical audit	Actions to improve quality
2014-16 Published: Jun-18	and involvement of the Clinical Nurse Specialist, time from diagnosis to treatment, surgery and radiotherapy. Actions are in progress to improve data quality including the implementation of monthly validation of staging and performance status data, following the appointment of the new Breast Multidisciplinary Team Co-ordinator in Jun-18. The clinical audit lead has also requested assistance from the Cancer Data team to help investigate gaps in the data submitted.
National comparative audit of blood transfusion programme: Re-audit of the 2016 audit of red cell and platelet transfusion in adult haematology patients Published: Jan-18	The latest national audit results show that Kingston Hospital NHS Foundation Trust performance exceeds the national average for all 4 applicable best practice standards relating to blood transfusion in haematology patients, and meets the two standards relating to the provision of written guidelines for the management of blood component transfusions, which are subject to regular audit. In addition the Trust meets all the recommendations made by the audit.
National emergency laparotomy audit (NELA) Published: Nov-18	The latest national audit report has once again shown Kingston Hospital to be performing well against the best practice standards defined by the audit. The highest "green" rating was achieved for 7 out of the 12 key measures despite Kingston Hospital being busy, ranking second in the region for the highest number of emergency laparotomies performed during the audit period. The adjusted mortality rate has slightly increased to 10.6% in 2017 from 8.7% in 2016, but is in line with the national average and not considered an outlier for this measure. To continue to improve the standard of care provided the Trust has developed an Emergency Laparotomy Pathway which has been agreed by all key stakeholders. This will ensure the standardization of time to diagnosis, the urgent investigation of patients with acute abdomen and the treatment of sepsis according to Trust protocol. It will ensure that high intraoperative and postoperative standards are maintained by ensuring consultant presence in theatres and admission of patients to the critical care, both of which we currently score at 98%. High-risk patients will be identified right through the patient pathway where an accurate risk prediction score will be carried through from the preoperative to the postoperative phases of care to focus all disciplines in the management of high-risk patients.
National joint registry (NJR) Published: Sep-18	The Trusts outcomes are 'as expected' for 90-day mortality rate and revision rates for both hips and knees. The quality of the data submitted is 'as expected' for compliance (the number of operations submitted), revision compliance (the number of revision operations submitted), valid NHS number and is better than expected for the time taken to input the data. Patients must consent to have their details added to the Registry. There is currently no facility to record where consent has been sought but declined. All patients operated on at the Trust are asked whether they wish to consent to having their details added to the Registry, and where patients are declining this, the reason is being recorded by the Orthopaedic team. This will enable to Trust to monitor these cases and to better understand the reasons for refusal and what action can be taken to improve the consent rate going forwards.
National maternity and perinatal audit (NMPA)	Kingston Hospital NHS Foundation Trust overall performance is in line with expected. The Maternity Service continues to review the data on a regular basis to ensure appropriate care of women and babies.

National clinical audit	Actions to improve quality
Published: Nov-18	
National neonatal audit programme (NNAP) Published: Sep-18	The performance of the neonatal team in the audit demonstrates good practice in the quality of care provided to babies who are born too early, with a low birth weight or who have a medical condition requiring specialist treatment. Of the 8 best practice standards assessed by the audit the neonatal team achieved a higher than national average performance for 3 standards; whilst performance against 4 standards was similar to performance nationally. To improve further the Trust is participating in the PreCept research study - PRevention of Cerebral Palsy in PreTerm Labour. The UK-wide quality improvement project aims to reduce the incidence of cerebral palsy by raising awareness of evidence and to improve the uptake of magnesium sulphate as a neuroprotection in preterm deliveries. In 2016 nationally 1 in 400 preterm babies were born with cerebral palsy, and research shows that magnesium sulphate can reduce this risk by 30%. Currently the Antenatal Lead Midwife is providing training on the identification of eligible women, when to give magnesium sulphate and why we give magnesium sulphate. The expectation is that the provision of magnesium sulphate will improve from 60% at the start of the study to 85% by summer 2019. In addition to this parents are also encouraged to attend the ward round in the neonatal unit, and the team are also focussing on improving data capture on badger net (the electronic patient record from which the audit data is extracted) to ensure that the audit data accurately reflects the quality of the clinical care provided.
National ophthalmology audit: Adult cataract surgery Published: Aug-18	The latest national audit results show that the Trust's outcomes data continues to exceed the national average for posterior capsular rupture (adjusted and unadjusted data). However, issues remain with data completeness due to dual entry requirements into the patient's clinical record as well as the audit web tool. Actions taken to improve performance include the development of a business case for an electronic patient record. The Royal Eye Unit also performs a 2 monthly and yearly review of surgical complication rates to ensure the results continue to be similar or better than published data, and reminders are provided at every Clinical Governance meeting about the use of the audit information in medical revalidation and appraisal, as well as the use of the audit tools for continuous monitoring of results.
Royal College of Emergency Medicine (RCEM): Fractured neck of femur Published: Oct-18	Trust performance is in line with the national picture. As a result of the audit a number of actions are being implemented locally to improve patient care these include: • The Emergency Department (ED) hip fracture lead has responsibility for improving and championing standards of care for this patient group. • A proforma for hip fracture management is available on the electronic patient record and the intranet. A multispecialty and multidisciplinary review of the proforma is planned. • Patient pathways will be revised to include a single ED and orthopaedic pathway. • 100% of adult nurses have been signed off to administer analgesia via PGD and there is a continued drive to ensure all patients presenting in pain are offered analgesia at triage. • A significant review of the triage process is in progress, which will improve early identification of patients with fractured neck of femur. • Nurses will be trained to start completing a joint nursing/medical proforma which will include prehospital information, a box will be added to adult triage

National clinical audit	Actions to improve quality
	assessment to prompt the recording for prehospital medications, and a joint meeting will be held with the London Ambulance Service, Orthopaedic Surgery and the ED to streamline the pathway. • Mar-19 saw the start of the ED's pain awareness month which includes the audit of practice along with feedback to staff to identify areas for improvement with a re-audit planned for Sep-19. • Pain score has been added to list of nursing tasks completed during mandatory hourly observations. • Training will be provided to all clinicians to perform nerve blocks, monitoring of patients who have received a block to be implemented and space to be added to the proforma to document observations.
RCEM: Pain in children Published: Oct-18	Trust performance is similar to or above the national average for 6 out of 8 best practice standards; and 2 out of the 4 recommendations made by the national audit are already met by the Trust. In line with best practice the administration of analgesia pre-hospital is documented on the ambulance handover and the triage assessment forms, and pain level is assessed and documented using a pain score. To improve further the pain scoring will be incorporated into the Emergency Department (ED) training programme; nurse led prescribers (PGDs) are available in the ED, and further courses will be made available for nurse development; and a formal system is being developed to ensure the re-evaluation of pain after analgesia.
RCEM: Procedural sedation in adults Published: Oct-18	Trust performance is similar to or above the national average for 12 out of 13 best practice standards. To improve further Emergency Department (ED) staff will be reminded that all sedations must be undertaken in Resus that all sedations must have appropriate monitoring, oxygen must be appropriately prescribed and the sedation proforma must be followed and completed in all cases via email, teaching sessions and at Governance meeting. In addition a discharge leaflet will be developed and implemented.
Sentinel stroke national audit programme (SSNAP) Quarterly reports published since Apr-18 (Cohort Dec-17-Dec-18)	Performance in the clinical audit demonstrates continued excellence in quality of care provided by the stroke team at Kingston Hospital NHS Foundation Trust, with the data showing that the service is providing a world class stroke service – achieving an 'A' rating for overall performance (SSNAP level) since Aug-17, placing them amongst the top performing teams nationally. The service is currently achieving the highest 'A' rating for case ascertainment, audit compliance and combined total key indicator level.

Sentinel stroke national audit programme (SSNAP) (Apr-Jun-18), published: Sep-18

Continued excellence in the quality of care provided to stroke patients at Kingston Hospital NHS Foundation Trust demonstrated via national audit

The Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care in the NHS. SSNAP collects information about the processes of care received by people with stroke, including acute interventions, the timings of key measures of care and the different types of therapy treatments received. Information is also collected on the length of time patients stay in hospital, and the amount of therapy received in a home setting after leaving hospital.

SSNAP reports hospital performance across 10 key aspects (domains) of stroke care, and an overall SSNAP score is also given. The audit rates performance on a scale of A to E, where A is the best.

Latest performance:

- For Apr-18 to Jun-18, the Trust achieved an 'A' rating for overall performance, placing them amongst the top 25% performing teams nationally. SSNAP defines a service whose performance is rated as an 'A' as one that is providing a world class stroke service.
- The stroke service is achieving the highest 'A' rating for 5 out of 8 key domains of best practice assessed by the audit, 1 domain achieved level B, which is indicative of good practice.
- The Trust has achieved an 'A' rating for overall performance (SSNAP level) continuously since Aug-17.

Who makes this happen?

- The excellent and improved performance demonstrated by the audit is the result of the co-ordinated effort and dedication from all staff involved in the delivery of the Stroke Service including the audit team helping in data collection.

Plans for the future:

- To improve further the Stroke Service is in the process of improving communications between different wards to help the transfer of patients to the Stroke Unit once diagnosis has been established. There are plans to recruit a Stroke nurse in the future to facilitate these services and to help the Trust achieve 'A' rated performance across all domains.

National clinical audit	Actions to improve quality
NHS England 7 Day Services Audit (Sep-17) Published: Mar-18	The overall percentage of patients reviewed within 14 hours of admission by a consultant at Kingston Hospital NHS Foundation Trust improved from 80% (Apr-17) to 92% (Sep-17), and exceeds the 90% target set by NHS England. This was achieved by changing consultant job plans to ensure weekend cover.

NHS England 7 Day Services Audit (Apr-18), published: Nov-18

Seven Day Services – Excellent performance demonstrated by Kingston Hospital NHS Foundation Trust

In 2013, 10 clinical standards were developed to define what seven day services should achieve, no matter when or where patients are admitted. In 2016, bi-annual national audits commenced to assess performance against 4 standards selected by NHS England on the basis of their potential to positively affect patient outcome.

Latest performance:

- **Time to first consultant review:** Performance exceeds the national and regional average for both weekday and weekend performance; and continues to exceed the NHS England target of 90%.
- **Access to diagnostics:** Patients have access to all 6 consultant directed diagnostics.
- **Ongoing review:** 100% of patients who required twice daily consultant reviews, and 90% of patients who required once daily consultant reviews, received them.
- **Patient involvement:** 75% of patients were made aware of their diagnosis, management plan and prognosis within 48 hours of admission. This is an improvement from 62% reported Sep-17.

What makes this happen?

- Consultant on call rotas and job plans amended to extend day cover in the Acute Assessment Unit (AAU), and provide additional consultant cover at the weekends to allow for ongoing daily review on the inpatient wards.
- An outsourced weekend inpatient ECHO service was trialled. The addition of this service has successfully reduced the overall waiting time for ECHO from 3 days to 1.5 days.

Trauma audit research network (TARN)

Improved data submission to the Trauma Audit and Research Network (TARN) by Kingston Hospital NHS Foundation Trust

Every year across England and Wales, 12,500 people die after injury. It is the leading cause of death among children and young adults of 44 years and under. In addition, there are many millions of non-fatal injuries each year. The Trauma Audit and Research Network aim to provide accurate and relevant information to help Doctors, Nurses and Managers improve their services for these patients.

Latest performance:

- Following their TARN peer review in early 2018 the Emergency Department (ED) was tasked with improving their case ascertainment rate by Aug-18.
- Thanks to the hard-work and dedication of the TARN coordinator and the ED team case ascertainment improved to 98.2% for Jan-18 to Mar-18, with further improvement to 100% demonstrated for Apr-18 to Jun-18.

What's next:

- TARN expect Trauma Units to achieve a minimum of 85% compliance for case ascertainment and 90% compliance for data accreditation for the period of 01/01/18 – 01/09/18.
- The Trust currently has a case ascertainment of 83.7% and an overall data accreditation score of 80.2% for this time period, and is taking the necessary local action to achieve these targets by the end of 2018.

What makes this happen?

- A new dedicated TARN co-ordinator was appointed in April 2018, who has dedicated workspace within ED.
- The TARN co-ordinator receives the list of TARN eligible patients from the Lead Planning Analyst, monthly. The TARN co-ordinator reviews and validates the list to ensure each patient meets the TARN inclusion criteria. This reduces the number of 'rejected' submissions into TARN.
- The Lead Planning Analyst reviewed the current IT algorithm due to inconsistencies in the coding. This IT algorithm is used to identify TARN eligible patients. The Lead Planning Analyst identified errors, which were then rectified and the updates were implemented to the IT algorithm. This ensured no future TARN eligible patients were missed.
- The TARN co-ordinator meets with the Trauma and Orthopaedics team monthly to collect the patient's rehabilitation prescription information. This patient information is inputted into TARN. This improves the quantity of data captured and quality of data inputted into TARN.
- The HES validation exercise was completed – this is undertaken to calculate the exact number of expected submissions per month. This enabled the Trust to accurately calculate its precise case ascertainment percentage, per month, for 2018.
- GCS (Glasgow Coma Score), pupil reactivity and ED doctor details were the Trust's lowest completed core data fields into TARN .This information has been reported back to the ED Trauma Consultant, to assist in ensuring these categories are being accurately recorded during patients' ED attendances.

National clinical audit	Actions to improve quality
UK Parkinson's Audit Published: Mar-18	The Trust performed above the national average for all 3 individual domains assessed by the audit 1. Non-motor assessment during the previous year, 2. Motor and activities of daily living (ADL) assessment during the previous year and 3. Education and multi-disciplinary involvement during the previous year; and for total domain score. In particular excellent performance was demonstrated for patients reviewed at 6-12 monthly intervals, patients provided with both oral and written communication and patients on dopamine agonists monitored for impulse control disorders including dopamine dysregulation syndrome. In line with best practice the Trust already has Multidisciplinary Team working in

National clinical audit	Actions to improve quality
	place, the Parkinson's Disease Nurse Clinic monitors weight, blood pressure and saliva, continuing professional development is undertaken by all relevant staff and the advice regarding potential impulse control disorders for all dopaminergic therapy is routinely documented. To improve further patients will be given information about the Parkinson's UK advisors who can provide practical advice to patients and actions around the management of bone health and anticipatory care planning are currently being discussed within the service line.

National clinical audit	Actions to improve quality
Monitoring projects	
Mandatory surveillance of bloodstream infections and clostridium difficile infection (PHE)	All cases of hospital apportioned clostridium difficile (C.Diff) are investigated by the Infection Control Team, and reported quarterly into the Infection Control Committee. Actions are taken as required. In addition monthly figures for the number of C.Diff (hospital apportioned) cases and the number of cases with a confirmed lapse of care are reported to the Trust Board and to our Commissioners via the Integrated Board Report.
Surgical site infection surveillance service (PHE)	The reports are sent to the surgical teams and reported to the Trust's Infection Control Committee through the quarterly and annual reports. Actions are agreed at the Committee meeting.
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) (PHE) • **Antibiotic Consumption**	The Trust's antibiotic consumption data is submitted to Public Health England every quarter, who then analyse the data and upload onto the Fingertips website. Since 2017/18 the Trust has audited the appropriateness of antimicrobial consumption against local guidelines, and to identify high usage areas. The results of both the 2017/2018 and 2018/19 audits demonstrate above 90% appropriateness for the usage of antimicrobials consistently throughout all four quarters. To further improve practice: • A full-time Antimicrobial Pharmacist post was approved in Dec-18, which allows more in-depth monitoring and review of antibiotic prescribing • Since Sep-18, daily Antimicrobial Stewardship ward rounds now take place with a Consultant Microbiologist and Antimicrobial Pharmacist. Areas of high antibiotic usage are targeted and reviewed on a regular basis. • The E-prescribing system used at Kingston Hospital NHS Foundation Trust makes indication and duration for antibiotic courses mandatory fields. Alerts also pop up to prompt the prescriber to review IV antibiotic therapy at 48-72 hours. • E-prescribing allows closer surveillance of antibiotic regimes. Data can be extracted to help monitor usage of antibiotics and obtain useful information on patterns of prescribing. It is also used to identify those patients on antimicrobial therapy who would benefit from a review on the Antimicrobial ward round. • Use of carbapenems is heavily regulated, they are reserved for patients that have not responded to other antimicrobial therapy and are only prescribed on Consultant Microbiologist advice. • Ward pharmacists do not supply a carbapenem unless its use has been recommended or approved by Consultant Microbiologist • Patients that have been prescribed carbapenems are reviewed on a daily basis on Antimicrobial Stewardship ward rounds; this helps to reduce course lengths, step down to narrower spectrum agents or step down to oral antibiotics when clinically appropriate, keeping overall consumption of carbapenems as low as possible. • Trust guidelines stipulate antibiotic course lengths of 5 days, which helps to keep consumption low. • The Trust's empirical antibiotic guidelines include 80% of the drugs on the Access list. The Access list is a group of first and second choice antibiotics recommended by the World Health Organisation for the empiric treatment of most common infections. Usage of

National clinical audit	Actions to improve quality
	antibiotics on the Access list will help to preserve use of other antimicrobial agents that are reserved for specific indications and will help to minimise antibiotic resistance.
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) (PHE) • **Antimicrobial Stewardship**	Data is submitted to NHS England quarterly. The data is presented at the CQUIN Board meeting and reported to the Trust's Deteriorating Patient Group. The Trust has implemented a number of actions to improve the recognition, identification and management of patients with sepsis, including: • Sepsis training is available for Emergency Department (ED) doctors, nurses and health care assistants, it is included on corporate and nursing induction, and has recently been expanded to include junior doctors. • Monthly simulation training for sepsis is available, as well as ward based sepsis scenario training with the practice development nurses and the simulation team. • A new Red Flag Sepsis alert has been added to the electronic patient record across the Trust to improve the identification of sepsis patients. To improve further a new electronic mandatory brief sepsis screening will be introduced in the ED (adult) at triage; changes to the triage form are currently being completed. In addition a pilot is planned of a new mobile system which will link the electronic patient record Red Flag alerts to a handheld device. This will reduce the time from alert to escalation to the appropriate clinician with the aim of speeding up assessment and treatment for patients with sepsis.
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme (NHSBT)	All adverse incidents and reactions are reported to SHOT and the data reviewed by the Hospital Transfusion Committee. Any incidents are logged via the Trust's incident reporting process and progressed via routine governance processes.
National Mortality Case Record Review Programme	See section on Mortality and Learning from Deaths

National Confidential Enquiry	Actions to improve quality
Learning Disability Mortality Review Programme (LEDER) Published: May-18 Latest update: Mar-19	• The Trust has an electronic flagging system to identify people who have a learning disability. The requirement for and provision of reasonable adjustments will be audited in 2019/20 and monitored by the newly established Acute Care Learning Disability Collaborative Forum. • All clinical staff receive learning disability awareness training at induction. In addition a review of current training provision will be undertaken, and resources available to support staff expanded. This will include the implementation of intranet accessible resources for staff.
NCEPOD Acute Pancreatitis: Treat the Cause Published: Jul-16	In line with best practice: • Regular joint mortality and morbidity meetings are held with general surgery, anaesthetics and intensive care • All patients presenting to the Emergency Department (ED) have their physiological parameters recorded as part of their initial

National Confidential Enquiry	Actions to improve quality
Latest update: Oct-18	assessment. A monthly Trust-wide audit of the National Early Warning Score (NEWS) is performed and has shown improved performance in 2018/19. • An audit against the NICE best practice recommendations for acute pancreatitis has been completed. The audit showed good practice for patients having imaging to rule out gallstones during admission, patients given appropriate antibiotics, patients kept nil by mouth for their pancreatitis and patients with complications discussed with tertiary centre. Areas for improvement included patients referred to the alcohol liaison service, patients having laparoscopic cholecystectomy within 2 weeks of diagnosis and patients having enteral nutrition within 72 hours. Actions are in place to improve performance. • There is a dedicated alcohol care team with an alcohol nurse and consultant 1 day a week. The data collected as part of the Risky Behaviours CQUIN in 2019/20 may support the expansion of this service. NCEPOD and NICE recommend a 7-day service.
NCEPOD Alcohol Related Liver Disease: Measuring the Units Published: Aug-13 Latest update: Feb-19	• The Paddington Alcohol test is completed in ED as a screening tool and is a mandatory part of the ED discharge summary. • The importance of accurate fluid balance is highlighted in nursing education sessions. Regular training is provided to nursing staff on the documentation of fluid balance chart. • The latest nutrition and hydration audit covering the period Sep-Oct 2018 shows that the Trust is exceeding the target of 85% for Malnutrition Universal Screening Tool (MUST) score recorded. The target has continuously been exceeded since 2016.
NCEPOD Cardiac Arrest Procedures: Time to Intervene Published: Jun-12 Latest update: Mar-19	• A monthly Trust-wide NEWS audit is performed and has shown improved performance in 2018/19. A root cause analysis is completed for any patients who have not been escalated appropriately, and actions planned accordingly. • In line with best practice recommendations patient location, time and staff grade are recorded on the electronic patient record. The most senior team member present during that patient contact is also recorded, and this is monitored by the bi-annual 7-day service audit. The audit also assesses Consultant review within 14 hours' of admission. The Trust is currently exceeding the NHS England target of 90% for this measure. • The Do Not Attempt Resuscitation (DNAR) order form is now available on the electronic patient record and its use is currently being audited. • The SBAR (situation, background, assessment, recommendation) communication tool is taught on Immediate Life Support training courses (adult and paediatric), and is included in the Trust's Vital Signs Policy. • The cardiac arrest audit form has been amended to include questions around DNAR status prior to cardiac arrest. • Further audits are currently in progress on ICU discharges to assess compliance with NICE best practice recommendations, the DNAR process, and antecedent factors. Actions will be planned to address any gaps in assurance identified. • A Treatment Escalation Plan Working Group has been set up.
NCEPOD Gastrointestinal (GI) Haemorrhage: Time to Get Control? Published: Jul-15	• The Trust has a Lead Clinician responsible for local integrated care pathways for both upper and lower GI bleeding and their clinical governance. • A formal networked approach to interventional radiology within South West London is being implemented. • Advice on GI bleed management is being updated in the Trust's

National Confidential Enquiry	Actions to improve quality
Latest update: Dec-18	'Blue Book'. This is a book of clinical pathways used by clinicians. • Incorporation of the 're-bleed plan' into new Infoflex endoscopy reporting system is being investigated.
NCEPOD Mental Health in General Hospitals: Treat as One Published: Jan-17 Latest update: Mar-19	• Patients presenting with known co-existing mental health conditions have them documented and assessed along with any other clinical conditions. • The liaison psychiatry review is documented in the patients' electronic record (CRS) at the time of assessment. • The psychiatric liaison service routinely has discussions with patients about alcohol/substance abuse/smoking and signpost to relevant services. In addition smoking and alcohol status is recorded in clerking notes on the electronic patient record. • Mental health patients who are admitted through the Emergency Department and the Acute Assessment Unit (AAU) have their medicines reconciled within 24 hours of admission. The rate for Dec-18 is 85%. The Trust has met it's aspiration to achieve 80% medicines reconciliation for this group of patients. • The use of mental health one-to-one observation support is included in the Trust's Self Harm Policy, with one-to-one observation provided by staff with additional training. • There is currently a 24-hour Psychiatric Liaison Service available at the Trust. • Caring for patients with mental health is part of induction, and bespoke training is delivered as part of a Higher Education England (HEE) project at the Trust – the funding for this training has been extended for 2nd year. • The abbreviation MFFD (medically fit for discharge) is regularly used in patient notes. Trust advice is being sought as to how to best tackle this via education and training. • The Trust's Mental Health Policy will be audited in 2019/20.
NCEPOD Non-Invasive Ventilation (NIV): Inspiring Change Published: Jul-17 Latest update: Aug-18	• A business case will be considered to increase the nursing establishment. • Weekend plans will be reviewed to ensure that patients started on NIV are referred to an NIV nurse in hours or the Critical Care Outreach Team out of hours. • To ensure patients on NIV receive a daily consultant review by a consultant competent in acute NIV management, doctors in the Emergency Department and the Acute Assessment Unit (AAU) will receive more support in NIV training. • The follow up review process will be formalised. • An annual audit of NIV services, including mortality and patient management, will be undertaken; and a patient satisfaction questionnaire implemented.
NCEPOD Sepsis: Just say sepsis! Published: Nov-15 Latest update: Mar-19	• The Trust participates in the bi-annual 7-day service audit. Since Sep-17 the Trust has exceeded the NHS England target of 90% for patients reviewed by a consultant within 14 hours of admission. • The need to record diagnosis of sepsis in discharge summaries and on death certificates is included in the induction training for junior doctors. In addition death certificates are reviewed for accuracy as part of routine mortality review process and monitored via Mortality Surveillance Group. • For further information on actions taken by the Trust to improve the identification and treatment of patients with sepsis – see actions implemented as a result of the national audit - Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) (PHE): Antimicrobial Stewardship.

National Confidential Enquiry	Actions to improve quality
NCEPOD Subarachnoid Haemorrhage (SAH): Managing the Flow Published: Nov-13 Latest update: Mar-19	• Subarachnoid haemorrhage guidelines to be added to the blue book. This is a book of clinical pathways used by clinicians. • The Trust is liaising with St George's Hospital (as the local tertiary centre) to investigate the possibility of a regional audit or multi-disciplinary team meetings.
NCEPOD Surgery in Children: Are We There Yet Published: Oct-11 Latest update: Mar-19	• A Paediatric Anaesthesia and Surgery Policy has been implemented. • The outcomes of serious incidents, internal reviews and audits are presented at the joint clinical governance meeting to share learning. • The pre-assessment care plan has been reviewed and updated. In addition an information booklet for parents and patients has been implemented which is sent out to pre-operatively. • A separate paediatric inpatient patient flow and escalation policy is available. • A paediatric early warning score (PEWS) is in place and policy available. • Mortality and morbidity guidelines have been implemented which include a template for recording discussions.
NCEPOD Tracheostomy Care: On the Right Trach? Published: Jun-14 Latest update: Mar-19	• A tracheostomy training programme is available for all Nurses, Allied Health Professionals and Doctors, as well as simulation training. • The Intensive Care Unit (ICU) has a difficult airway trolley and laryngoscope to be made available on the wards. • The existing core competency paperwork for nursing staff is in the process of being updated. • Unplanned tube changes to be reported as serious incidents (SIs) and learning shared via the ICU newsletter and to ward teams. Requirement to report as an SI to be included on the patient tracheostomy checklist. • Process for referring patients to Speech Language Therapy as soon as tracheostomy inserted to be reinforced.
NCEPOD Traumatic Head Injury in Children and Young People Published: Sep-15 Latest update: Mar-19	• A head injury proforma has been devised with the paediatric team to improve the quality of documentation. • A guideline on the features of abusive head injury vs. accidental head injury is in development. • The provision of support for post-concussion syndrome will be discussed at the South West Trauma meeting.
Maternal Confidential Enquiry: Saving Lives - Maternal Mortality Surveillance Published: Dec-16 Latest update: Jul-18	• The obstetric and cardiac services are co-located at the Trust. Letters are copied to women, held in their hand held notes and also available on the electronic patient record. Complex cardiac woman known antenatally are advised to book at a tertiary unit.
Maternal Confidential Enquiry: Saving Lives - Maternal Mortality Surveillance Published: Dec-17	• The Trust is fully compliant with all recommendations relating to improving overall care of women; improving the care of women with epilepsy, women with stroke, women with mental health problems and women with medical and general surgical disorders; improving prevention and care of sepsis; improving prevention and care of haemorrhage and amniotic fluid embolism; and improving

National Confidential Enquiry	Actions to improve quality
Latest update: Dec-18	anaesthetic care.
Perinatal Confidential Enquiry: Perinatal Mortality Surveillance Report Published: Jun-16 Latest update: Aug-18	• The Trust is fully compliant with all recommendations:- All perinatal deaths are thoroughly investigated, all relevant data for stillbirths and neonatal deaths are recorded and reported to MBRRACE-UK, the cause of all deaths is coded according to the Cause Of Death and Associated Conditions (CODAC) classification system and post mortem examinations are routinely offered for all cases of stillbirth and neonatal death.
Perinatal Confidential Enquiry: Perinatal Mortality Surveillance Report Published: Jun-17 Latest update: Aug-18	The Trust is fully compliant with all applicable recommendations:- • Each perinatal case is reviewed by the risk team and a consultant obstetrician. Where indicated a full root cause analysis is performed to identify and share learning. The perinatal mortality rate is monitored closely and sits on the Trust Risk Register; this is monitored at a minimum of quarterly. • Each neonatal death is reviewed by the risk team and a consultant obstetrician, with learning identified and shared. Relevant action plans are generated and implemented. Cases are discussed at the perinatal morbidity and mortality meetings and reported to relevant external parties. The Trust actively participates in the local Child Death Overview panel review meetings. • The family are informed of the process and invited to participate within the investigation to an extent with which they feel comfortable. Following the review or root cause analysis the family are invited to attend an appointment with their named consultant obstetrician to discuss the findings of the review, answer questions and where appropriate discuss planning for future pregnancies. • The Trust actively reports all relevant cases to MBRRACE-UK • All placentas are sent for detailed histology by a perinatal pathologist even in the event a post mortem is declined. • The Trust has raised the profile of small-for-gestational-age (SGA) as a risk through the education, fetal surveillance and risk team. Anonymous case presentations and teaching are shared via mandatory training, email, and perinatal morbidity and mortality and clinical governance meetings. Symphysis Fundal Height charts have been implemented with training in mandatory annual screening training. In addition uterine artery doppler screening at time of anomaly scan has been introduced to detect higher risk pregnancies. The Trust has also signed up to participate in the DeSIGN trial which strives to identify is customised growth charts (The GAP programme) is more effective at identifying the SGA babies at risk and reducing the still birth rate.
Perinatal Confidential Enquiry: Perinatal Mortality Surveillance Report Published: Jun-18 Latest update: Aug-18	In line with best practice recommendations:- • The Trust uses the national Perinatal Mortality Review Tool (PMRT) to review all perinatal cases. • The Trust's MBRRACE-UK reporters ensure that all data submitted is of the highest quality. • To help reduce the impact of known risk factors for stillbirth and neonatal death, for example smoking and obesity, body mass index (BMI) is calculated at booking and guidance on referral to appropriate services signposted e.g. dietician. Smoking cessation advice is also offered. • All families receive unbiased counselling regarding post mortem from either the bereavement midwife or the obstetric team. To improve further work is in progress with the maternity risk team to facilitate the robust implementation of cause of death coding.

National Confidential Enquiry	Actions to improve quality
NCISH: People with Mental Illness Published: Oct-16 Latest update: Jan-19	• There are ligature points, and no concerns were noted by the recent Care Quality Commission (CQC) inspection in relation to this. • A Mental Health Assessment Unit for medium to low risk patients with mental health needs opened in Dec-18. • Additional training to be implemented for Healthcare Assistants to look after more complex mental health patients.
NCISH: People with Mental Illness Published: Oct-17 Latest update: Jan-19	• Awareness of potential suicide risk is raised through education and training and integral to the assessment process. Specialist services are available during routine working hours, and out of hours a specialty Registrar and on call Consultant are available to provide support via the Psychiatric Liaison Service.
NCISH: Safer Care for Patients with a Personality Disorder Published: Feb-18 Latest update: Jan-19	• At the point of accessing Trust services some psychological support is provided. Patients are then referred onto the appropriate service provision. • Consultation with local mental health trusts is ongoing to ensure community support of patients for personality disorder. • To ensure safe prescribing patients are assessed for their suitability and prescriptions are limited as appropriate. • Patients are referred onto local drug and alcohol services as required. • Service users are involved in shaping services through the Patient Experience Committee.
National Review of Asthma Deaths (NRAD) Published: May-14 Latest update: Feb-19	The Trust is fully compliant with all applicable recommendations.

APPENDIX D

Language and Terminology

It is very easy for people who work in the NHS to assume that everyone else understands the language that we use in the course of our day to day work. We use technical words to describe things and also use abbreviations, but we don't always consider that people who don't regularly use our services might need some help. In this section we have provided explanations for some of the common words or phrases we use in this report.

Admission: There are three types of admission:

- **Elective admission:** A patient admitted for a planned procedure or operation
- **Non-Elective (or emergency) admission:** A patient admitted as an emergency
- **Re-admission:** A patient readmitted into hospital within 28 days of discharge from a previous hospital stay

Benchmarking: Benchmarking is the process of comparing our processes and performance measures to the best performing hospitals, or best practices, from other hospitals. The things which are typically measured are quality, time and cost. In the process of best practice benchmarking, we identify the other Trusts both nationally and/ or locally and compare the results of those studied to our own results and processes. In this way, we learn how well we perform in comparison to other hospitals.

Care Quality Commission (CQC): The CQC is the independent regulator of health, mental health and adult social care services across England. Its responsibilities include the registration, review and inspection of services and its primary aim is to ensure that quality and safety standards are met on behalf of patients.

Care Records Service (CRS): The NHS has introduced the NHS Care Records Service (NHS CRS) throughout England and Wales. This is to improve the safety and quality of your care. The purpose of the NHS Care Record Service is to allow information about you to be safely and securely accessed more quickly. Gradually, this will phase out difficult to access paper and film records. There are two elements to your patient records:

Summary Care Records (SCR) - held nationally
Detailed Care Records (DCR) - held locally

CHKS: Data provider used by the hospital for benchmarking and performance information. Shows local and national data for a range of performance, safety and quality indicators.

Clostridium Difficile (C diff): Clostridium Difficile is a bacterium that is present naturally in the gut of around 3% of adults and 66% of children. It does not cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of 'good' bacteria in the gut. When this happens, C diff bacteria can multiply and cause symptoms such as diarrhoea and fever.

CNS: An advanced practice nurse who can provide expert advice related to specific conditions or treatment pathways.

CQUIN: A CQUIN (Commissioning for Quality and Innovation) is payment framework that enables commissioners to reward excellence, by linking a proportion of the hospital's income to the achievement of local quality improvement goals.

Day case: A patient admitted electively (i.e. from a waiting list) during the course of a day with the intention of receiving care without requiring the use of a hospital bed overnight.

Delayed Transfer of Care (DTOC): Delay that occurs once the Multi-Disciplinary Team has decided the patient is medically fit for discharge and it is safe to do so.

Duty of Candour (DoC): The duty of candour is a formal requirement that requires healthcare staff to be open and honest with a patient if they have suffered harm. This means that if you suffer any unexpected or unintended harm during your care, we will tell you about it, apologise, investigate what happened and give an open explanation of the findings.

End of Life Care: Support for people who are approaching death.

Foundation Trust: NHS foundation Trusts in England have been created to devolve decision-making to local organisations and communities so that they are more responsive to the needs and wishes of local people.

Friends and Family Test (FFT): This is a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. This information is measured as a percentage score however the survey also asks patient's for the reason for their response and this qualitative information is then used to extract topics and key phrases which is used to support and drive quality improvement.

Gram Negative Bacteria: Gram negative bacteria causes infections including UTI's, biliary/gut sepsis, pneumonia, bloodstream infections, and wound or surgical site infections. They are increasingly resistant to a number of antibiotics

Haematological Cancers: These are cancers in blood-forming tissue, such as the bone marrow or the cells of the immune system; for example leukaemia, lymphoma, and multiple myeloma.

Healthcare Associated Infections (HCAI): Healthcare associated infections are infections that are acquired in Hospitals or as a result of healthcare interventions. There are a number of factors that can increase the risk of acquiring an infection, but high standards of infection control practice minimise the risk of occurrence.

Human Factors Training: "Human factors" is a discipline which studies the relationship between human behaviour, system design and safety.

Information Governance (IG) Toolkit: The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit assessments.

Inpatient: A patient admitted with the expectation that they will remain in hospital for at least one night. If the patient does not stay overnight after all they are still classed as an inpatient.

Methicillin Resistant Staphylococcus Aureus (MRSA): It is a bacterium from the Staphylococcus aureus family. MRSA bacteria are resistant to some of the antibiotics that are commonly used to treat infection, including methicillin (a type of penicillin originally created to treat Staphylococcus aureus (SA) infections).

Metric: A Standard of measurement

Mortality: Mortality rate is a measure of the number of deaths in a given population.

National Reporting and Learning System (NRLS): The National Reporting and Learning System is a central database of patient safety incident reports which was set up in 2003. All of the incident information that is submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.
It also benchmarks Trusts on patient safety incident occurrences, as the data is split by incident categories, levels of harm and location of occurrence etc.

National Early Warning System: NEWS score – a score made up of a set of observations which are an indicator of acute illness, used against a criterion to indicate and support timely patient review

Outpatient: An attendance at which a patient is seen and the patient does not use a hospital bed for recovery purposes.

Patient Falls: Patients of all ages fall. Falls are most likely to occur in older patients, and they are much more likely to experience serious injury. The causes of falls are complex and older hospital patients are particularly likely to be vulnerable to falling through medical conditions *including delirium (acute confusion), side effects from medication, or problems with their balance, strength or mobility. Problems like poor eyesight or poor memory can create a greater risk of falls when someone is out of their normal environment on a hospital ward, as they are less able to spot and avoid any hazards.*

Patient Safety Incident: A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

Pressure Ulcers: Pressure ulcers are a type of injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are also sometimes known as 'bedsores' or 'pressure sores'. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose bone or muscle.

Risk Adjusted Mortality Index: Hospital mortality rates refer to the percentage of patients who die while in the hospital. Mortality rates are calculated by dividing the number of deaths among hospital patients with a specific medical condition or procedure by the total number of patients admitted for that same medical condition or procedure. This risk adjustment method is used to account for the impact of individual risk factors such as age, severity of illness and other medical problems that can put some patients at greater risk of death than others. To calculate the risk-adjusted expected mortality rate (the mortality rate we would expect given the risk factors of the admitted patients), statisticians use data from a large pool of patients with similar diagnoses and risk factors to calculate what the expected mortality would be for that group of patients. These data are obtained from national patient records.

Root Cause Analysis (RCA): When incidents happen it is important that lessons are learned to prevent the same incident occurring elsewhere. Root Cause Analysis (RCA) is a term used in investigations where a comparison is made between what happened and what should have occurred. This comparison is undertaken to identify any contributory factors and lessons that can be learnt.

RCA Investigations identify how and why patient safety incidents happen. Analysis is used to identify areas for change and to develop recommendations which deliver safer care for our patients.

Sepsis Six (6): The **Sepsis Six** is the name given to a bundle of medical therapies designed to reduce the mortality of patients with sepsis. A training program became the official educational package of both the Surviving Sepsis Campaign and the UK Sepsis Trust.

The Sepsis Six consists of three diagnostic and three therapeutic steps – all to be delivered within one hour of the initial diagnosis of sepsis. Many centres throughout the world have since adopted the Sepsis Six, which has been associated with decreased mortality, decreased length of stay in hospital, and fewer intensive care bed days.

Serious Incident Group (SIG): The SIG membership includes Divisional Clinical Directors and Corporate Directors, as well as, Risk Managers, a representative from the Kingston Clinical Commissioning Group (CCG) and is chaired by the Medical Director. The group ensures that comprehensive serious incident investigations take place within the Trust, and that appropriate recommendations and robust actions are identified and delivered. Thus ensuring learning from incidents to improve both the quality of patient care.

Sign up to Safety: Sign up to Safety is a national patient safety campaign that launched in June 2014 with the mission to strengthen patient safety in the NHS and make it the safest healthcare system in the world.

As part of signing up to the Sign up to Safety campaign organisations commit to setting out actions they will undertake in response to the following 5 pledges:

1. Put safety first. Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally.

2. Continually learn. Make their organisations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are.

3. Honesty. Be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.

4. Collaborate. Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.

5. Support. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

Structured Judgement Review (SJR): A validated methodology to review care.

The Standardised Hospital Mortality Index (SHMI): SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital is 'higher than expected', 'lower than expected' or 'as expected' when compared to the national baseline. A 'higher than expected' SHMI value should not immediately be interpreted as indicating good or bad performance and instead should be viewed as a 'smoke alarm' which requires further investigation by the Trust. The SHMI can be used by Trusts to compare their mortality related outcomes to the national baseline. However, it should not be used to directly compare mortality related outcomes between Trusts and it is not appropriate to rank Trusts according to their SHMI value.

Triangulation Group: A meeting of the patient safety, legal, mortality and maternity leads to discuss themes from incidents and claims.

True North: "True North" is a key concept in Lean improvement. True North provides a guide to take an organization from its current state to a desired future state. It can be viewed as a mission statement, a reflection of the purpose of the organization, and the foundation of a strategic plan.

Venous Thrombus Embolism (VTE): Venous thromboembolism (VTE) is a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT). An embolism occurs if all or a part of the clot breaks off from the site where it forms and travels through the venous system. If the clot lodges in the lung a potentially serious and sometimes fatal condition, pulmonary embolism (PE) occurs. Venous thrombosis can occur in any part of the venous system. However, DVT and PE are the commonest manifestations of venous thrombosis.

Vital Signs: The assessment, measurement and monitoring of vital signs are important basic skills for all clinical staff. The vital signs we look for include temperature, heart/pulse rate, respiratory rate and effort, blood pressure, pain assessment and level of consciousness. Important information gained by assessing and measuring these vital signs can be indicators of health and ill health.

62 day cancer target: Patients beginning their first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer. The target compliance for this is 85%

Annex 1:

Statements from Commissioners, Local Health watch Organisations and Overview and Scruntiny Committees.

The Trust is grateful for the feedback received from our commissioners and other stakeholders, and looks forward to working closely with them in the coming year to improve the services we provide to the people of Kingston.

Where we have received direct comments back from patient representatives (outside of the formal response from stakeholders) we have endeavoured to include these in the final version of the Quality Report. Some feedback has been annotated as the comments made have been resolved.

18th April 2019 Feedback from Kingston CCG (acting as Lead Commissioner)

Kingston Hospital NHS Foundation Trust: Quality Report 2018/19: Commissioner Statement from Kingston and Richmond CCG's (and on behalf of our associate commissioners in Wandsworth, Merton, Sutton/ and NHS Surrey Heartlands CCGs, on behalf of Surrey Downs Clinical Commissioning Group).

Thank you for sharing the Trust's most recent draft Quality Account with the Clinical Quality Review Group. Members have had time to comment and these have been combined as one response from Kingston and Richmond CCG's (and on behalf of our associate commissioners in Wandsworth, Merton, Sutton/ and NHS Surrey Heartlands CCGs, on behalf of Surrey Downs Clinical Commissioning Group). We are satisfied that the Quality Account has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services the Trust provides.

We are proud to work effectively with you and the Trust Executive in the most important area of Quality and would firstly wish to congratulate the Trust on the Care Quality Commission inspection outcome that the Trust received. During 2018 Kingston Hospital NHS Foundation Trust underwent a full inspection and received an overall rating of Outstanding, including Outstanding for being 'Well-led' and 'Caring' categories. Only 6% of Trusts in the UK are rated Outstanding. Kingston Hospital NHS Foundation Trust was the first London Trust to receive this accolade. The Trust and its staff should rightly be proud of the work undertaken to achieve this progress from previous inspections.

We recognise the significant programmes of work undertaken to improve quality and safety for patients and also the considerable effort put into bringing the evidence together into this quality report.

The Trust has clearly summarised the 2018/19 Quality Priorities within the Quality Report and has been transparent regarding partial achievement of the 2018/19 priorities relating to avoiding delays in patient care on the wards, noting that there had been sustained improvement in Q3; and partial achievement of Priority 6, to improve administration and communication processes in out-patient service, which is disappointing as the patient experience priority has been an area of focus for the Trust over a number of years. Therefore, we welcome the focus in 2019/20 on engaging patients more in quality improvements to ensure that changes meet their needs. We would wish to congratulate the Trust (and in particular the senior leadership which is clearly

engrained through each of these priorities) and look forward to the sustained focus on these priorities in the coming year as you embed some of the excellent work into “business as usual”. We note the continued thread of last year’s priorities into the coming years programme of work and support this approach that the Trust has proposed.

Regarding 2019/20 priorities, we are satisfied the Trust has demonstrated robust engagement with stakeholders, including its local population, resulting in goals that are pertinent and relevant to service users. We welcome the specific priorities for 2019/20 which the Trust has highlighted in this report and all are appropriate areas to target for continued improvement and link with the clinical commissioning priorities. We particularly welcome the quality priority on improving care for people with learning disabilities to ensure they have better outcomes, care plans appropriate for their needs, and to support their families and carers.

We note the complaints response rate of 61%. The Trust recognises that this figure is lower than expected and is taking action to address this. It is also noted that the Trusts staff survey results are generally positive and we acknowledge the success they have had in retaining staff.

The coming year is an important one for the Trust and the public it serves, not least with the Trust plans for sustained improvements in emergency care, and the wide range of opportunities arising from the NHS long-term plan and we reassert our commitment to improving acute hospital services, both for adults and for children and young people in partnership with the Trust going forwards.

Dr Naz Jivani, Chair, Kingston CCG

Fergus Keegan, Director of Quality Kingston and Richmond CCG’s

Fergus Keegan

Director of Quality

Kingston and Richmond CCG’s

Trust Response

Thank you for reviewing the Kingston Hospital NHS Foundation Trust Quality Report and your congratulations on our Care Quality Commission rating achieved during 2018. We note your comments, and look forward to a continuing collaboration to support and improve the quality, services and care for our patients and local population.

Kingston Hospital NHS Foundation Trust – Governor Feedback

19th April 2019 2018/19 Quality Report: GQSC/CoG response

The Chair and members of the Governors’ Quality Scrutiny Committee have reviewed the draft Quality Report for 2018/19 on behalf of the Council of Governors.

Quality of care and good patient experience is always at the forefront of our minds and this report provides reassurance that this is also always a priority for our hospital. The achievement in May 2018 of an overall CQC rating of ‘Outstanding’ was well deserved and a moment of great pride for all Governors.

We are pleased to note that four of the six quality priorities have been achieved. Learning from adverse incidents is a vital contributor to improving outcomes and patient experience, and we are pleased to see the developments in shared learning that have taken place to achieve this priority. Increasing staff engagement in quality improvement (QI) is very important and it's good to see that the Trust is on course for achieving its trajectories for QI training. We do note, however, that freeing up staff time to work on QI projects is challenging and that it is being addressed.
We are, of course, disappointed that two quality priorities were only partially achieved: 'avoiding delays in patient care on the wards' and 'improving patient administration and communication processes in out-patients'. Where quality priorities have not been achieved, we would ask that an action plan is included to identify what further action is needed to achieve the stated goals. When Governors engage with patients and families, both in the hospital and in the community, outpatient patient administration and communication concerns are often raised and this issue continues to be a major contributor to PALS concerns. Whilst we accept that the volume of these reports is small as a percentage of the number of total outpatient appointments, we feel continuing work is needed in this area. The ongoing Outpatient Transformation project will hopefully contribute to further improvements and the Governors Quality Scrutiny Committee will continue to seek reassurance in this area.

Overall, we found the narrative of the 2018/19 Quality Report an accessible read but it is very long document which is heavy with data. Although we do acknowledge that it has to conform to a strict format, we would ask that an executive summary is produced to promote a wider readership and understanding.

The Governors were consulted regarding the choice of quality priorities for 2019/20 across the three domains of patient safety, clinical effectiveness and patient experience and are pleased to support them. They are all goals that are important to improving quality for our patients. We will look forward to receiving updates on progress towards achieving these priorities, and to receiving reassurance that there are robust measures in place to assess this progress and thereby help us to fulfil our quality assurance responsibilities.

Chair: Governor's Quality Scrutiny Committee on behalf of the Council of Governors April 2019

Trust response

Thank you for providing scrutiny to the Trust Quality Report 2018/19, the comments of which we fully take on board. The points raised regarding achieving the priorities have been addressed in the final version with additional commentary and evidence. Where priorities have not been fully achieved, work will continue via Quality Improvement Projects and the Transformation Project. This progress will be monitored by the Quality Assurance Committee.

The Royal Borough of Kingston Health Overview and Scrutiny Panel 18th April 2019

The Royal Borough of Kingston Health Overview and Scrutiny Panel notes the progress the Trust has made in the past year with regard to quality. The Trust climbed two ratings in the Care Quality Commission inspection, from "requires improvement" to "outstanding". We are pleased to note that it is the first acute trust in London to be rated as outstanding for overall quality and for leadership. The Health Overview Panel reviewed the inspection findings during the year and congratulated the Trust on their achievements.

It is good to see the progress made in relation to the six targets set for 2018/19. The focus on patient safety appears to have contributed to sustained performance in "stranded patient" days despite a rise in A&E attendances and emergency admissions during the year. The Trust

continues to have a focus on shared learning, something that was particularly praised in the CQC's inspection report. Priorities relating to clinical effectiveness have contributed to a 10% rise in day case activity and a steady rise in the number of staff trained in quality improvement skills.

The focus on patient experience has resulted in changes to administration and communication around the outpatient service and an increase in the FFT response rate. We note that performance has been relatively consistent over this time period and communication and administration issues remain prominent themes in complaints. We hope that initiatives to improve the outpatient experience continue as part of the Trust's ongoing work to improve quality.

We welcome the Trust's six quality priorities for 2019/20 and note the recent publication of the NHS Long Term Plan which includes priorities on delivering the wider prevention and early intervention agenda of the NHS. We are looking forward to seeing how Kingston Hospital implements this and look forward to reading how these areas progress in next year's report.

Andrew Cross
Corporate Head of Healthy & Resilient Neighbourhoods / Consultant in Public Health
Royal Borough of Kingston

Trust response

Many thanks for your review of the Kingston Hospital NHS Foundation Trust Quality Report. We have noted your comments and provide assurance that work will continue with our partially achieved Quality Priorities for 2018/2019 via the Transformation Project and Quality Improvement Projects within the Trust. This will be monitored via the Trusts Quality Assurance Committee. We look forward to continuing to work in collaboration with you over the coming year.

18th April 2019 Healthwatch Kingston upon Thames (HWK) is pleased to be invited to review and provide feedback on this Kingston Hospital NHS Foundation Trust Quality Report 2018-19. It was helpful of the Trust to arrange access to an early draft of the document so that our comments could be considered by the Trust in advance of this final report.

HWK feedback has been informed by our existing local evidence and where the report identifies areas of interest that synchronise with current HWK priority engagement and other work themes.

HWK would like to acknowledge the work done by staff and volunteers at the Trust to maintain quality while delivering identified improvements during 2018-19 and notes the focus of the Quality Priorities for 2019-20. A good example of where efforts have delivered a positive impact is the 'proportion of outpatients who would recommend the Trust as a place of care has been consistently above 90%'. The Trust is to be commended for this high level of patient satisfaction.

HWK looks forward to working with the Trust to support the achievement of the Quality Priorities for 2019-20. HWK has a particular interest in the following mutually prioritised areas:

- Improving the process to identify patients with learning disabilities
- Engaging more patients in quality improvements
- Improving communication and experience of discharge from hospital (e.g. 'home before lunch discharge').

Finally, HWK welcomes the continued focus to make the Quality Report more readable in line with the Accessible Information Standard. In addition, the HWK review panel felt it would be helpful if the Trust created a jargon-free (minimised) Executive Overview of this and future Quality Reports, in Plain English, so that the information is accessible to people living with a learning disability, without people having to request it.

Stephen Bitti

Chief Officer

healthwatch Kingston upon Thames

18th April 2019 Healthwatch Richmond welcomes this year's Quality Report from Kingston Hospital Foundation Trust.

There is much to celebrate in Kingston Hospital's quality report. The CQC report of the Trust included outstanding ratings for being well-led and caring. Staff recruitment and retention is good and improving, and the Trust is actively involving patients and the public in their work.

The report for this year is a creditable improvement on last year's report. It is pleasing to see this, with most priorities giving good evidence of noteworthy progress. Where this data is present it is really good to be able to recognise the Hospital's achievement and progress. We know that Kingston Hospital is an organisation that works hard to improve and learn. Some areas of the Quality Report lack the meaningful measures and comparisons necessary to understand whether the Trust has met the priorities.

In the previous Quality Report the Hospital recognised rising numbers of staff experiencing

discrimination at work (12% in 2015 to 17% in 2017) and committed to actions to improve this. It is regrettable that the actions taken were not mentioned in this report. Furthermore, the National Staff Survey results for 2018 suggest the proportion of staff experiencing discrimination sits above the national average. We would like to see actions being taken by the Trust to address these findings.

Trusts produce Quality Reports to very tight deadlines and as a result any inconsistencies between our commentary and the final report may be due to newer data being available in a final version, and to improvements made to the Quality Report.

PRIORITY 1 – Avoid delays in patient care on the wards.

The measures taken have delivered a reduction by over 10% in the number of 'stranded' patients (length of stay above 6 days). This demonstrates a decrease in patients experiencing unnecessary delays during their hospital stay. This will make a valued difference to the hospital experience of patients and we commend Kingston Hospital for this important improvement.

PRIORITY 2 - Develop and implement a corporate process to ensure that we spread learning from adverse incidents, complaints and all patient feedback through the Trust.

While the performance of the Hospital learning from incidents and near misses is detailed in the report, it is uncertain if the new processes implemented in 2018/19 have made a significant improvement. We recognise the steps undertaken to set up a Triangulation Group to ensure a cohesive response, and therefore it would be beneficial to know if this is making a difference. It is encouraging to see the growing awareness of these processes among staff through the 'Shared Learning' newsletter, however only 38% of staff reported that they were aware of the newsletter.

Insufficient evidence has been presented for us to agree that this priority has entirely been met. This is disappointing as there is positive feedback from the CQC and some appropriate actions have been taken.

PRIORITY 3 – Increase the number of patients having day case surgery whenever it is safe and appropriate to do so

The positive shift of more surgeries to day cases does suggest that the aim is achieved. The data relating to the outpatient hysteroscopy rate is a little more uncertain, and in the presented figure the reader has more difficulty in understanding the degree of improvement. Achieving this priority is praiseworthy as it ensures people get home and back to their lives as soon as possible, as well as freeing capacity for those who need it.

PRIORITY 4 - Increase staff engagement in quality improvement activities in the Trust

In addition to the evidence of good performance in this area, we have directly experienced staff engaging with service improvement through our work with Kingston Hospital.

Our report on urgent and emergency care at Kingston Hospital identified many positive aspects of care and also improvements that could be made. Staff reflected on the report's findings and were supported to devise actions to improve care and the environment. The engagement of staff in this and the support they received was excellent, and we hope the Hospital takes pride in this.

Whilst it will be disappointing to the Hospital that staff report feeling slightly less able to make improvements than they did last year, our experience firmly supports Kingston Hospital's claim that this priority is achieved.

PRIORITY 5 - Improve our patient administration and communication processes in

outpatients.

The actions being taken by the Trust are encouraging and appropriate however they have not led to meaningful improvements in experiences, and it is not clear why the Hospital feels this priority is partially met.

The proportion of PALS concerns relating to appointment administration and communication appear to be unchanged in 2018/19 (compared to 2017/18). The Hospital has maintained their performance against an increased workload and credit most go to the Hospital for this. It is unfortunate that appointment administration still makes up over a third of all concerns raised with PALS, as reported in the 'Complaints Performance' section of the report. The 'Did Not Attend' rates are also similar between 2017/18 and 2018/19. The included data is largely unchanged and has not demonstrated the hoped-for improvement it is, therefore, commendable that Kingston Hospital has shown transparency in including this data in the report.

Aside from this the Friends and Family Test results are very positive, and as we have had sight of this we can report that many carry positive messages about experiences of care at the Hospital.

Quality Priorities for 2019/20

We support the priorities that have been set and welcome the Trust's engagement of stakeholders, including ourselves, and the public in setting these. As in the 2018/19 report, appointing effective measures will be key to demonstrating progress.

We fully support the priority *"Improve the process to identify patients with learning disabilities"* and welcome the invitation to be involved in setting appropriate measures for this priority.

Improving pain management in the Emergency Department was one of the suggested improvements from our work with the Hospital, so it is excellent this is included in the priorities. The number of trained individuals is an appropriate indicative measure. We value the offer for Healthwatch Richmond to be involved in the discussion of the best way to achieve this priority. Direct measures would be welcome such as number of medications supplied/administered.

We congratulate Kingston Hospital on this report and the improvements that it has made.

healthwatch Richmond upon Thames

Trust Response:

Thank you reviewing the Trusts Quality Report, the comments of which have been noted. The Trust is pleased with the suggested areas for collaborative working and look forward to working with you further over the following year to assist and facilitate improved care and experience for the patients we provide services for.

LONDON BOROUGH OF RICHMOND UPON THAMES

Richmond upon Thames Adult Social Services and Health Overview and Scrutiny Committee response to Kingston Hospital Foundation NHS Trust Quality Account

18 April 2018

Following on from the meeting held on Thursday 11 April 2019, to discuss Kingston Hospital Foundation NHS Trust Quality Account (hereinafter 'QA'), we welcome the opportunity to provide additional input, as the London Borough of Richmond upon Thames (hereinafter 'LBRuT') is determined to champion the interests of its residents by playing a full and positive role in ensuring that the people living and working in the LBRuT have access to the best possible healthcare and enjoy the best possible health.

Whilst we appreciate that the version provided is a draft and the final version is yet to be approved we have some points we wish to raise and a number of suggestions we wish to proffer. We would like to take this opportunity to proffer the following comments on the report:

- We would like to see more information on the implementation of the Dementia Strategy;
- Information on the clinical audit of the Maternity Unit should be more prominent;
- Whilst comparisons with national targets provides are useful we welcome the progress shown would like to see more ambition in the Trust's target setting. The aim should be to have 100% success and the only target that to have this level of success was to be smoke three.
- We noted that the Trust turnover rate was below the set target rate of 15.75%. Some turnover within an organisation was welcome as it brings in new energy and ideas, but it is important that this figure is not too high. We would welcome a view in the Quality Account as to what the Trust feels is the ideal staff turnover rate. Again, this should look to exceed national targets.

Conclusion

Our aim is to ensure that your Quality Account reflects the local priorities and concerns voiced by our constituents as our overall concern is for the best outcomes for our residents. Overall, we are happy with the QA and feel that it meets the objectives of a QA – to review performance over the previous year, identify areas for improvement, and publish that information, along with a commitment about how those improvements will be made and monitored over the next year.

We hope that our views and the suggestions offered are taken on board and acted upon. We wish to be kept informed of your progress throughout and thereafter.

London Borough of Richmond upon Thames Adult Social Services and Health Overview and Scrutiny Committee

Trust response:

Thank you for reviewing the Trust Quality Report, and inviting us to your meeting which was a pleasure to attend. We fully note all comments and look forward to updating you on our progress.

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 Account) Regulations to prepare Quality Accounts for each financial year.

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

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance detailed requirements for quality reports 2018/19.

- The content of the quality report is not inconsistent with internal and external sources of information including:

    - Board minutes and papers for the period April 2018 to 23rd May 2019

    - Papers relating to quality reported to the board over the period April 2018 to 23rd May 2019

    - Feedback from commissioners dated 18th April 2019

    - Feedback from governors dated 19th April 2019

    - Feedback from local Healthwatch organisations dated 18th April 2019

    - Feedback from overview and scrutiny committee dated 18th April 2019

    - The trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated August 2018

    - The (2017) national patient survey published 2018

    - The (2018) national staff survey published February 2019

    - The Head of Internal Audit's annual opinion of the trust's control environment dated 31st March 2019

    - CQC inspection report dated 30th August 2018

- The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered

- The performance information reported in the quality report is reliable and accurate

- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality account 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

Jo Farrar
Interim Chief Executive

23rd May 2019

Sian Bates
Chairman

23rd May 2019

Sustainability Report

Produced using provisional data for 2018-19 using the new prescribed format of the Sustainable Development Unit's Digital Reporting Tool.

Introduction

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

In order to fulfil our responsibilities for the role we play, The Trust has created a sustainable development management plan (SDMP) which was approved by our Board within the last 12 months.

Our sustainability mission statement is: The Trust acknowledges its responsibility to patients, local communities and the environment by working hard to minimise its carbon footprint.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to support this target by reducing our carbon emissions.

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

One of the ways in which an organisation can embed sustainability is through the use of an SDMP. Our SDMP was approved by the Board in July 2018. An update will be presented to our board to mark the anniversary in July 2019.

Climate change brings new challenges to our business both in direct impacts on healthcare estates, but also on patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc.

Our Board approved plans address the potential need to adapt the delivery of the organisation's activities and infrastructure due to climate change and adverse weather events.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Partnerships

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

For commissioned services here is the sustainability comparator for our CCGs; please note this is published a year in arrears and refers to 2017/18:

Organisation Name	SDMP	SDAT	SD Reporting score
NHS Kingston CCG	No	n/a	Minimum
NHS Sutton CCG	No	n/a	Minimum
NHS Merton CCG	No	n/a	Minimum
NHS Richmond CCG	No	n/a	Good
NHS Wandsworth CCG	No	n/a	Minimum

More information on these measures is available here:
http://www.sduhealth.org.uk/policy- strategy/reporting/sdmp-annual-reporting.aspx

Performance

Organisation
Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. Therefore, in order to provide some organisational context, the following table may help explain how both the organisation and its performance on sustainability has changed over time.

	2015-16	2016-17	2017-18	2018-19
Total gross internal floor space	69,356	71,400	65,240	65,240
Total no. of staff employed	2,850	2,976	2,833	2,926

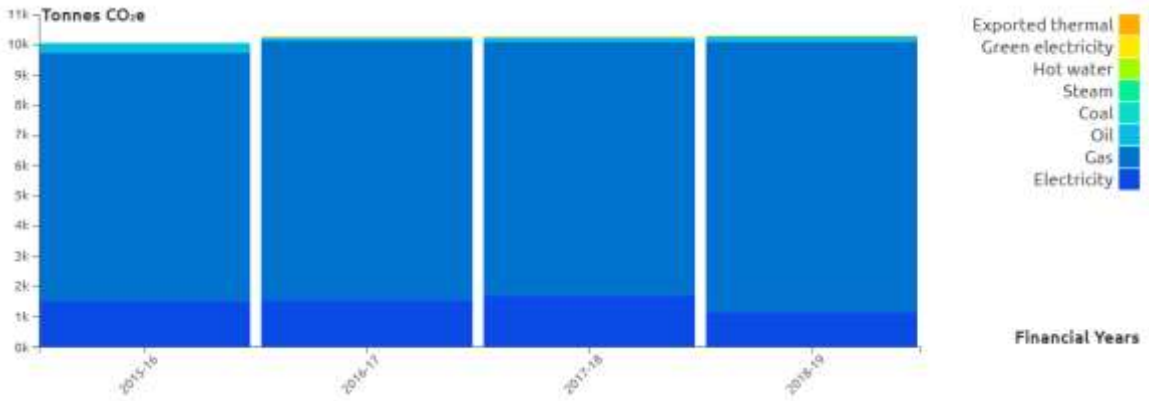
The NHS 2014-2020 Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:

Energy
The Trust has spent £2,572,895 on energy in 2018-19, which is a 15.6% increase on energy spend from last year. During this year, a significant increase in the use of Green electricity has been achieved and carbon emissions have remained stable despite the Trust consuming more energy overall.

Energy Used
Energy consumption in kWh

	2015-16	2016-17	2017-18	2018-19
Electricity Consumed from National Grid	2,683,004	3,008,396	3,872,494	3,272,633
Natural Gas Consumed	39,017,859	41,013,484	39,499,442	42,117,729
Oil Consumed	1,119,844	388,321	376,718	509,255
Coal Consumed	0	0	0	0
Steam Consumed From External Sources	0	0	0	0
Hot Water Consumed From External Sources	0	0	0	0
Green electricity from Off-site Renewable Sources	0	48,424	78,899	111,632
Total	**42,820,707**	**44,458,625**	**43,827,553**	**46,011,249**

Carbon Emissions Resulting



CO_2 Emissions (tCO_2e)

	2015-16	2016-17	2017-18	2018-19
Electricity from National Grid	1,543	1,555	1,726	1,154
Natural Gas	8,166	8,571	8,374	8,946
Fuel Oil	358	123	123	163
Coal	0	0	0	0
Off-site Steam	0	0	0	0
Off-site Hot water	0	0	0	0
Green electricity from Off-site Renewable Sources	0	25	35.2	39.4
Exported thermal	0	0	0	0
Total	**10,067**	**10,274**	**10,258**	**10,302**

Energy Mix

	2017-18	2018-19	% Change
Electricity from National Grid	8.84%	7.11%	-1.73%
Natural Gas	90.12%	91.54%	1.42%
Fuel Oil	0.86%	1.11%	0.25%
Green Electricity from Off-site Renewable Sources	0.18%	0.24%	0.06%
Total	**100%**	**100%**	

Energy is essential to the operation of Trust services and is used to provide space heating and hot water to keep our service environments comfortable as well as powering equipment, lighting and cooling systems.

The Trust imports some electricity from national grid and from off-site renewable sources (through green energy contracts) but mostly it is generated on-site.

The Energy Centre includes a 1.4-megawatt combined heat and power (CHP) system which is fuelled from natural gas. The CHP also produces heat which is combined with large centralised natural gas boilers and supplemented by several small local boilers. Fuel oil is stored and used as a contingency fuel to run standby heating and power generation equipment.

Total energy consumption in 2018/19 was 5% higher than in 2017/18. The reasons for this are complex and include a 3% increase in total electricity demand from Trust activities. The Trust also exported 28% more electricity to the national grid than in 2017/18. However, due to the increased use of green electricity and CHP generated electricity (which is more efficient than national grid), the Trust's carbon emissions from energy rose by only 0.4%.

The cost of energy rose disproportionately to the consumption of energy. This is mostly due to the EU Emissions Trading Scheme (EU ETS) which was disrupted by Brexit. The effect of this was that the Trust had to purchase emissions allowances for both calendar years 2017 & 2018 within the 2018/19 financial year. While the total verified emissions for each reporting year remained stable, the market price for allowances rose significantly (183% increase in 2017 compared with 2016 and a further 65% increase in 2018 compared with 2017). Because of this, EU ETS represents 9% of the total cost for 2018/19, rather than the usual 1%. In addition to this, the unit price of gas and imported electricity rose, mostly due to increases in non-commodity costs (taxes and levies).

In 2018/19, the Trust implemented smart metering onto all external gas and electricity supplies as well as the on-site energy centre. The Trust has also appointed Ameresco as an energy services partner under the Mayor of London's RE:FIT Framework to design a plan to deliver £1.5m of energy efficiency investment in order to achieve a 10-15% reduction in energy consumption on the Kingston Hospital site. The RE:FIT programme is to be fully funded by low/zero interest public sector carbon reduction funds including SALIX.

In 2019/20, the RE:FIT business case will be presented to the Board and, pending approval, the works programme will be completed. The electricity contracts for all of the Trust's independently powered buildings are due for renewal by April 2020, these will all be re-procured and moved to green electricity contracts. The Trust is also scoping the future of the CHP equipment beyond summer 2022 when the existing contract expires.

Paper

The movement to a Paperless NHS can be supported by staff reducing the use of paper at all levels, this reduces the environmental impact of paper, reducing cost of paper to the NHS and can help improve information security.

The Trust is progressing digital patient records, virtual meeting papers and agile working equipment to reduce our dependence on paper consumption.

Travel

We recognise that a Healthy Transport Plan is a fundamental part of our Travel Policy and we have completed that and keep it under review.

We can improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public that use our services.

Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO_2e) reductions. We support a culture for active travel to improve staff wellbeing and reduce sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff and visitors.

The Trust is reviewing the information available regarding travel and how its impact can be assessed going forwards.

The Trust works with our local partners (including the Royal Borough of Kingston, Transport for London and Network Rail) to promote the use of public transport.

Re-use

The re-use of goods and community equipment in the NHS has several key co-benefits, including reducing cost to the NHS. It also reduces emissions from procuring and delivery of new goods and can provide social value when items are re-used in the community.

Total Waste Avoided, Cost Saved and CO_2e avoided during 2018/19 from re-use of furniture.

	Waste Avoided (kg)	Cost Saved (£)	Carbon Emissions Avoided (kgCO2e)
2018/19	5,465	£6,515	3,360

In 2018, the Trust partnered with Warp-It and in September 2018, launched their furniture sharing platform across the Trust. The system allows unwanted Trust furniture to be offered for other departments to claim. The Estates department allocated £10k to allow more than 100 office and patient chairs to be refurbished. The refurbished items were then distributed to departments via the Warp-It system. By the end of March 2019, the system had more than 70 registered users.

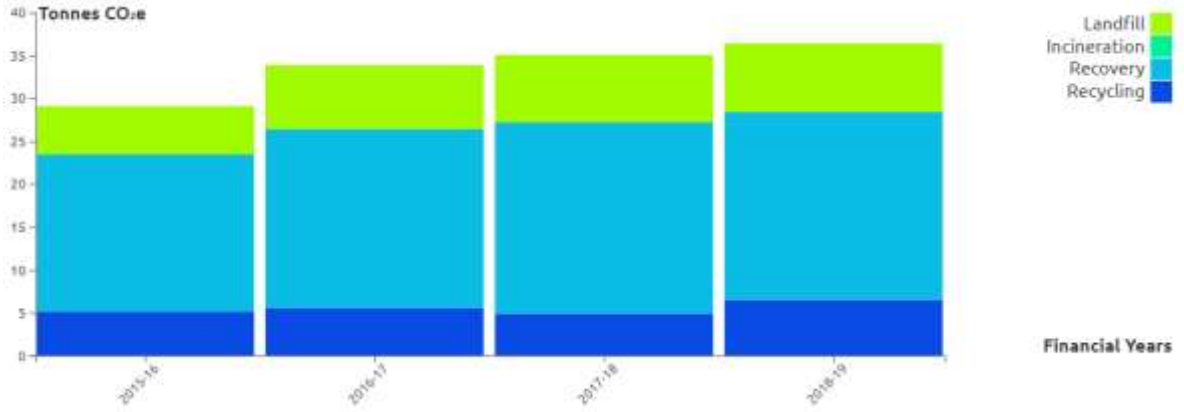
In 2019/20, the Trust will continue to encourage staff to offer unwanted items for the use of other departments using Warp-it. A business case is in development for a second round of refurbishments

Waste

Waste Produced. Waste in tonnes

Waste Disposal Method	2015-16	2016-17	2017-18	2018-19
Waste recycling weight	256	262	227	303
Other recovery including waste to energy weight	919	997	1,024	1,027
Incineration disposal without energy recovery weight	0	0	0	0
Landfill disposal weight	23	24	23	23
Total	**1,198**	**1,283**	**1,274**	**1,353**

Carbon Emissions Resulting



CO_2 Emissions (tCO_2e)

	2015-16	2016-17	2017-18	2018-19
Recycling	5.12	5.5	4.94	6.48
Recovery including waste to energy	18.4	20.9	22.3	22
Incineration without energy recovery	0	0	0	0
Landfill	5.62	7.44	7.92	7.92
Total	**29.1**	**33.8**	**35.2**	**36.4**

Waste Mix

	2017-18	2018-19	Change
Recycling	17.81%	22.39%	4.58%
Recovery including waste to energy	80.38%	75.91%	-4.47%
Incineration without energy recovery	0.00%	0.00%	0.00%
Landfill	1.81%	1.70%	-0.11%
Total	**100%**	**100%**	

The Trust minimises landfill waste by sending approximately 95% of domestic waste for incineration with energy recovery. All clinical waste is disposed of by high temperature incineration with energy recovery.

The increase in waste disposal from Trust activities this year has come from increases in recycled materials. This includes a 20% increase in mixed garden waste and bulky item waste, an almost
20% increase in confidential paper waste and 14% increase in mixed recycling.

In 2018/19, as well as implementing the furniture re-use scheme highlighted in the previous section of this report, the Trust commenced a programme of work to increase recycling in administration areas.

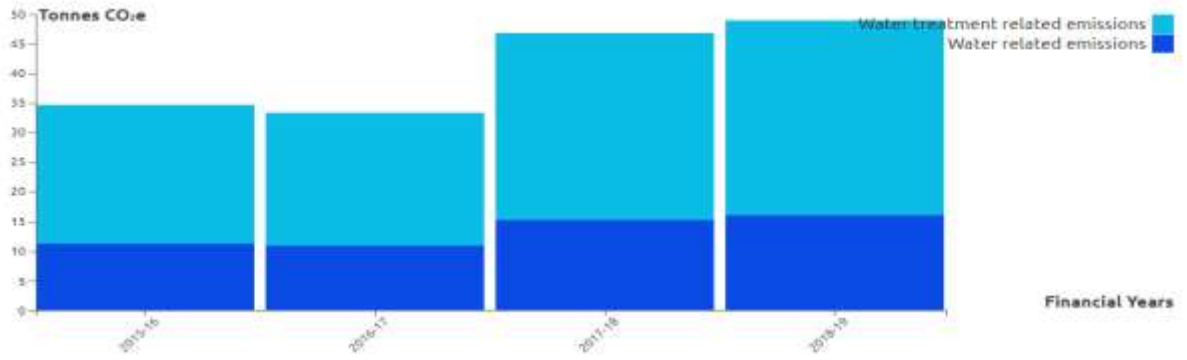
In 2019/20, the Trust is planning a radical re-design of waste services to bring all disposal contracts under our Soft FM Services provider which will deliver economies of scale as well as an increase in the management capacity on site to deliver innovative sustainable waste solutions going forward.

Finite Resource Use – Water

Water Consumption and Cost

	2015-16	2016-17	2017-18	2018-19
Water volume (m^3)	32,940	31,756	44,464	46,954
Waste water volume (m^3)	32,940	31,756	44,464	46,318
Water and sewage cost (£)	81,540	79,298	78,995	82,945

Carbon Emissions Resulting



CO_2 Emissions (tCO_2e)

	2015-16	2016-17	2017-18	2018-19
Water related emissions	11.3	10.9	15.3	16.2
Water treatment related emissions	23.3	22.5	31.5	32.8
Total	**34.6**	**33.4**	**46.8**	**49.0**

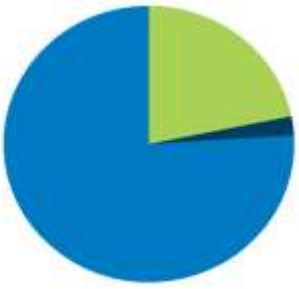
The Trust's water consumption was underreported prior to 2017/18. The 2018/19 increase in consumption is likely due to leaks detected in the distribution pipework. The Trust is in the process of resolving these issues.

In 2018/19, the Trust commenced a water supply procurement exercise with the London Energy Project. The Trust is in the process of on-boarding with the new supplier.

In 2019/20, the Trust intends to work with the new supplier to implement smart metering, improve leak detection and design a plan to manage water consumption going forward.

Modelled Carbon Footprint

The information provided in the previous sections of this sustainability report uses the Estates Return Information Collection (ERIC) returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information estimates the impact of our supply chain from our spend. More information is available here: http://www.sduhealth.org.uk/policy-strategy/reporting/nhs-carbon-footprint.aspx



The values in the table below are percentages.

		2018-19
Core emissions		21.8
Commissioning		2.2
Procurement		76
Community		0
Total		100

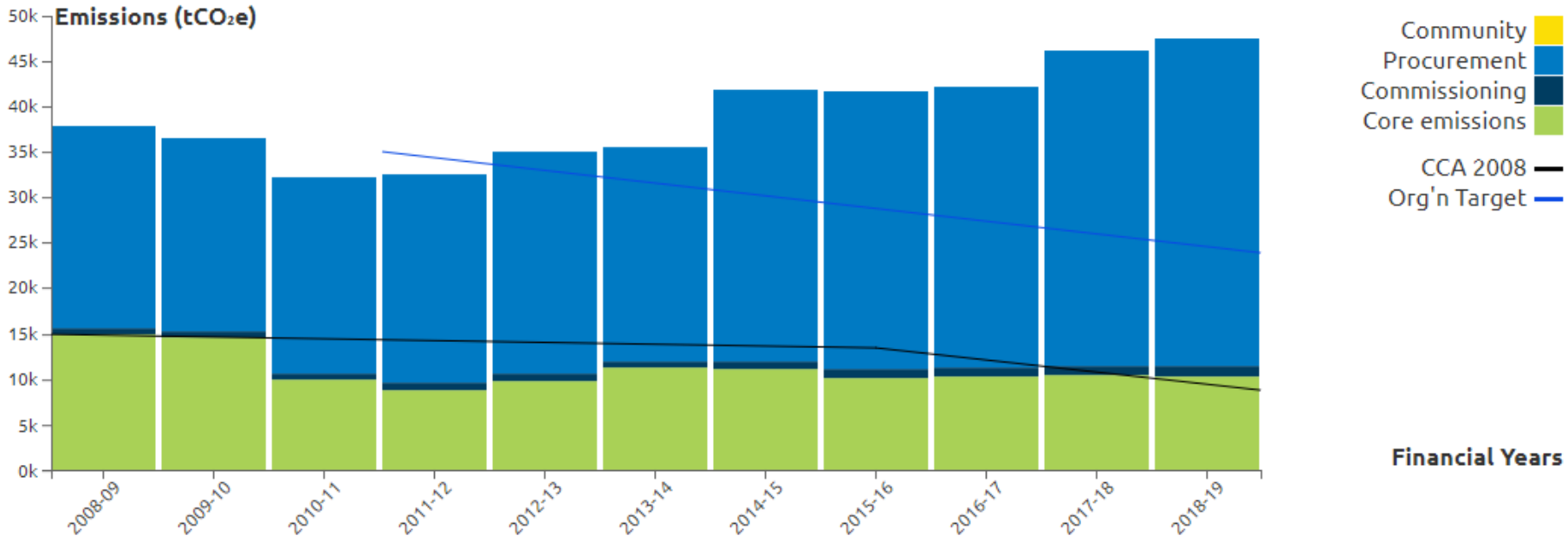
SDU whole organisation carbon profile

Calculated from total operating expenditure based on typical values for an Acute Trust organisation. CO_2 Emissions (tCO_2e)

	2015-16	2016-17	2017-18	2018-19
Patient and visitor travel				No data
Staff commute				No data
Business services	4,127	4,169	4,444	4,623
Capital spending	3,119	3,244	5,287	5,346
Construction	1,441	1,455	1,551	1,613
Food and catering	3,021	3,051	81.9	3,383
Freight transport	1,595	1,611	1,717	1,786
Information and communication technologies	634	641	683	711
Manufactured fuels, chemicals and gases	1,700	1,717	1,830	1,904
Medical instruments / equipment	8,819	8,908	1,046	9,878
Other manufactured goods	1,459	1,473	1,571	1,634
Paper products	1,199	1,211	24.8	1,343
Pharmaceuticals	3,487	3,522	3,450	3,906
Coal	0	0	0	0
Electricity (net of any exports)	1,543	1,555	1,726	1,154
Gas	8,166	8,571	8,374	8,946
Oil	358	123	123	163
Thermal energy (net of any exports)	0	0	0	0
Leased Assets Energy Use (Upstream - Gas, Coal & Electricity)	0	0	0	0
Business travel and fleet	0	0	53.7	0
Anaesthetic Gases	0	0	0	0
Waste and Water	64	67	82	85
Commissioning	936	946	1,008	1,049
Total	**41,668**	**42,264**	**33,053**	**47,524**

Carbon Emissions Progress

The Trust's emissions profile for commissioning and procurement related emissions is modelled on total non-pay spend and follows the trajectory for that metric. The Core emissions have reduced by 30% since 2008/09.



	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Core emissions	14,851	14,665	9,926	8,835	9,822	11,215	11,095	10,130	10,316	10,359	10,348
Commissioning	702	652	662	690	755	730	889	936	946	1,008	1,049
Procurement	22,380	21,154	21,669	22,946	24,533	23,604	29,896	30,600	31,003	21,685	36,127
Community	0	0	0	0	0	0	0	0	0	0	0
Total	**37,933**	**36,471**	**32,257**	**32,471**	**35,110**	**35,549**	**41,880**	**41,666**	**42,265**	**33,052**	**47,524**

Kingston Hospital NHS Foundation Trust

Financial Statements 31st March 2019

FINAL

24/05/2019

Contents

Foreword	Page 1
Statement of Accounting Officer's Responsibilities	Page 2
Statement of Comprehensive Income	Page 3
Statement of Financial Position	Page 4
Statement of Changes in Taxpayers' Equity	Page 5
Statements of Cash Flows	Page 6
Notes to the Accounts	Page 7 to Page 39

Foreword to the Accounts

Kingston Hospital NHS Foundation Trust

These accounts for the year ended 31 March 2019 have been prepared by Kingston Hospital NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 to the NHS Act 2006, and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Signed.....

Jo Farrar
Interim Chief Executive Officer

Date 23.5.19

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Kingston Hospital NHS Foundation Trust.

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Kingston Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Kingston Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;

- state whether applicable Accounting Standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy; and

- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed .....

Jo Farrar

Interim Chief Executive Officer

Date 23.5.19

GROUP STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31st MARCH 2019

31 March 2019

	Note	**Charitable Funds 31 March 2019**	**Foundation Trust 31 March 2019**	**Group 31 March 2019**	Charitable Funds 31 March 2018	Foundation Trust 31 March 2018	Group 31 March 2018
		£000	**£000**	**£000**	£000	£000	£000
Income							
Income from Patient Care Activities	4	**-**	**247,703**	**247,703**	**-**	229,339	229,339
Other Operating Income	5	**1,619**	**49,995**	**51,614**	2,568	31,289	33,857
Total Operating Revenue		**1,619**	**297,698**	**299,317**	2,568	260,628	263,196
Employee Benefits	7	**(160)**	**(171,523)**	**(171,683)**	(120)	(160,099)	(160,219)
Other Costs	7	**(2,119)**	**(105,783)**	**(107,902)**	(361)	(101,076)	(101,437)
Total Operating Costs		**(2,279)**	**(277,306)**	**(279,585)**	(481)	(261,175)	(261,656)
Operating Surplus/ (Deficit)		**(660)**	**20,392**	**19,732**	2,087	(547)	1,540
Finance Costs							
Finance Income	10	**28**	**49**	**77**	6	18	24
Finance Expenses	11	**-**	**(3,901)**	**(3,901)**	**-**	(3,719)	(3,719)
Net Finance Costs		**28**	**(3,852)**	**(3,824)**			
Other Gains/ (Losses)	12	**-**	**6,407**	**6,407**	**-**	-	-
Surplus / (Deficit) for the Financial Period		**(632)**	**22,947**	**22,315**	2,093	(4,248)	(2,155)
Public Dividend Capital Dividends Payable		**-**	**(2,493)**	**(2,493)**	**-**	(2,406)	(2,406)
Retained Surplus / (Deficit) for the Year		**(632)**	**20,454**	**19,822**	2,093	(6,654)	(4,561)
Other Comprehensive Income							
Impairments and reversals	13	**-**	**(2,559)**	**(2,559)**	**-**	(15,126)	(15,126)
Net gain on revaluation of property, plant and equipment	13	**-**	**5,359**	**5,359**	**-**	5,869	5,869
Other recognised (losses) / gains	37	**64**	**-**	**64**	**(19)**	-	(19)
Total Other Comprehensive Income		**64**	**2,800**	**2,864**	**(19)**	**(9,257)**	**(9,276)**
Total Comprehensive Income (Expense) for the Period		**(568)**	**23,254**	**22,686**	2,074	(15,911)	(13,837)

The notes on pages 7 to 39 form part of these accounts.

		Charitable Funds 31 March 2019	**Foundation Trust 31 March 2019**	**Group 31 March 2019**	Charitable Funds 31 March 2018	Foundation Trust 31 March 2018	Group 31 March 2018
		£000	**£000**	**£000**	£000	£000	£000
Reported Trust financial performance position (adjusted for impairments)							
Retained Surplus / (Deficit) for the Year		**(568)**	**20,454**	**19,822**	2,074	(6,654)	(4,561)
Add back: Impairments (excluding IFRIC 12 impairments included above)	15	**-**	**3,909**	**3,909**	**-**	6,366	6,366
Reported NHS financial performance position: adjusted retained surplus / (deficit)		**(568)**	**24,363**	**23,731**	2,074	(288)	1,805
Add back: Inter-company Income / Expenditure eliminated on consolidation (Donation from Charity to Trust capital expenditure)		**(1,725)**	**1,725**	**0**	(91)	91	0
Total Reported Surplus/ (Deficit)		**(2,293)**	**26,088**	**23,731**	1,983	(197)	1,805

The Trust's reported NHS financial performance position is derived from its retained surplus, adjusted for impairments to non-current assets. An impairment charge is not considered part of the Trust's operating position.

GROUP STATEMENT OF FINANCIAL POSITION AS AT 31st MARCH 2019

		Charitable Funds 31 March 2019	**Foundation Trust 31 March 2019**	**Group 31 March 2019**	Charitable Funds 31 March 2018	Foundation Trust 31 March 2018	Group 31 March 2018
		£000	**£000**	**£000**	£000	£000	£000
Non-current Assets							
Property, Plant and Equipment	13	**-**	**132,087**	**132,087**	-	117,569	117,569
Intangible Assets	14	**-**	**10,618**	**10,618**	-	11,103	11,103
Trade and Other Receivables	18	**-**	**7,378**	**7,378**	-	663	663
Other assets	37	**2,172**	**-**	**2,172**	736	-	736
Total Non-current Assets		**2,172**	**150,083**	**152,255**	736	129,335	130,071
Current Assets							
Inventories	17	**-**	**1,903**	**1,903**	-	1,744	1,744
Trade and Other Receivables	18	**13**	**40,349**	**40,362**	76	21,602	21,678
Cash and Cash Equivalents	19	**2,247**	**7,667**	**9,914**	4,156	4,032	8,188
Total Current Assets		**2,260**	**49,919**	**52,179**	4,232	27,378	31,610
Total Assets		**4,432**	**200,002**	**204,434**	4,968	156,713	161,681
Current Liabilities							
Trade and Other Payables: Current	20	**(89)**	**(31,103)**	**(31,192)**	(57)	(28,640)	(28,697)
Borrowings	21	**-**	**(3,167)**	**(3,167)**	-	(1,678)	(1,678)
Other Liabilities	27	**-**	**(2,352)**	**(2,352)**	-	(2,079)	(2,079)
Provisions for Liabilities	28	**-**	**(850)**	**(850)**	-	(224)	(224)
Total Current Liabilities		**(89)**	**(37,472)**	**(37,561)**	(57)	(32,621)	(32,678)
Total Assets less Current Liabilities		**4,343**	**162,530**	**166,873**	4,911	124,092	129,003
Non-Current Liabilities							
Borrowings	21	**-**	**(65,969)**	**(65,969)**	-	(54,099)	(54,099)
Provisions for Liabilities	28	**-**	**(789)**	**(789)**	-	(914)	(914)
Total Non-Current Liabilities		-	**(66,758)**	**(66,758)**	-	(55,013)	(55,013)
Total Assets Employed		**4,343**	**95,772**	**100,115**	4,911	69,079	73,990
Financed by Taxpayers' Equity							
Public Dividend Capital		**-**	**63,902**	**63,902**	-	60,464	60,464
Retained Earnings		**-**	**13,067**	**13,067**	-	(9,083)	(9,083)
Revaluation Reserve		**-**	**18,803**	**18,803**	-	17,698	17,698
Charitable Funds Reserve	36	**4,343**	-	**4,343**	4,911	-	4,911
Total Taxpayers' Equity		**4,343**	**95,772**	**100,115**	4,911	69,079	73,990

Signed on behalf of the Board by:

Jo Farrar

Interim Chief Executive Officer

Date 23.5.19

Note : Group accounts are net of inter-company transactions.

GROUP STATEMENT OF CHANGES IN TAXPAYERS' EQUITY AS AT 31st MARCH 2019

	Public Dividend Capital	**Retained Earnings**	**Revaluation Reserve**	**Charitable funds reserve**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**
Total balance at 1 April 2018	**60,464**	**(9,083)**	**17,698**	**4,911**	**73,990**
Public Dividend Capital received	3,438	-	-	-	**3,438**
Retained surplus for the year	-	18,729	-	-	**18,729**
Transfers between reserves	-	1,696	(1,696)	-	**-**
Charity surplus for the year	-	-	-	1,093	**1,093**
Impairments and reversals	-	-	(2,558)	-	**(2,558)**
Net gain on revaluation of property, plant and equipment	-	-	5,359	-	**5,359**
Other recognised gains and losses	-	-	-	64	**64**
Other reserve movements: charitable funds consolidation adjustment	-	1,725	-	(1,725)	**-**
New public dividend capital received	**-**				**-**
Net recognised revenue/(expense) for the year	**3,438**	**22,150**	**1,105**	**(568)**	**26,125**
Balance at 31 March 2019	**63,902**	**13,067**	**18,803**	**4,343**	**100,115**

	Public Dividend Capital	Retained Earnings	Revaluation Reserve	Charitable funds reserve	Total
	£000	£000	£000	£000	£000
Total balance at 1 April 2017	59,034	(2,429)	26,956	2,837	86,398
Public Dividend Capital received	-	-	-	-	0
Retained deficit for the year	-	(6,745)	-	-	(6,745)
Transfers between reserves	-	-	-	-	-
Charity surplus for the year	-	-	-	2,184	2,184
Impairments and reversals	-	-	(15,127)	-	(15,127)
Net gain on revaluation of property, plant and equipment	-	-	5,869	-	5,869
Other recognised gains and losses			-	19	(19)
Other reserve movements: charitable funds consolidation adjustment	-	91	-	- 91	-
New public dividend capital received	1,430			-	1,430
Net recognised (expense) for the year	1,430	(6,654)	(9,258)	2,074	(12,408)
Balance at 31 March 2018	60,464	(9,083)	17,698	4,911	73,990

GROUP STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31st MARCH 2019

		Charitable Funds 31 March 2019 £000	**Foundation Trust 31 March 2019 £000**	**Group 31 March 2019 £000**	Charitable Funds 31 March 2018 £000	Foundation Trust 31 March 2018 £000	Group 31 March 2018 £000
Cash flows from operating activities							
Operating surplus / (deficit)		**(660)**	**20,392**	**19,732**	2,087	(2,681)	(594)
Depreciation and amortisation		**-**	**7,888**	**7,888**	-	7,295	7,295
Impairments and reversals		**-**	**3,909**	**3,909**	-	6,366	6,366
Interest paid		**-**	**(594)**	**(594)**	-	(387)	(387)
(Increase) in inventories		**-**	**(159)**	**(159)**	-	(26)	(26)
(Increase) / decrease in trade and other receivables		**63**	**(25,626)**	**(25,563)**	(67)	1,399	1,332
(Decrease) / Increase in trade and other payables		**32**	**(1,641)**	**(1,609)**	(9)	(1,335)	(1,344)
Income received from capital donations		**-**	**(120)**	**(120)**	-	(91)	(91)
Other : investments received		**(1,372)**	**-**	**(1,372)**	(756)	-	(756)
(Decrease) in other current liabilities		**-**	**342**	**342**	-	(173)	(173)
Increase / (Decrease) in Provisions		**-**	**497**	**497**	-	(119)	(119)
Net cash inflow / from operating activities		**(1,937)**	**4,888**	**2,951**	1,255	10,248	11,503
Cash flows from investing activities							
Interest received		**28**	**49**	**77**	6	18	24
Payments for property, plant and equipment		**-**	**(16,203)**	**(16,203)**	-	(14,597)	(14,597)
Receipt of cash donations to purchase non-current assets		**-**	**76**	**76**			
Payments for intangible assets		**-**	**(1,919)**	**(1,919)**			
Proceeds from sale of Property, Plant and Equipment		**-**	**7,724**	**7,724**	-	(1,911)	(1,911)
Net cash inflow / (outflow) from investing activities		**28**	**(10,273)**	**(10,245)**	6	(16,490)	(16,484)
Net cash inflow / (outflow) before financing		**(1,909)**	**(5,385)**	**(7,294)**	1,261	(6,242)	(4,981)
Cash flows from financing activities							
Public dividend capital received		**-**	**3,439**	**3,439**	-	1,430	1,430
Interim revenue support loans received		**-**	**2,551**	**2,551**	-	10,825	10,825
Interim revenue support loans repaid		**-**	**(1,304)**	**(1,304)**	-	(2,079)	(2,079)
Other loans repaid		**-**	**-**	**-**	-	(6,000)	(6,000)
Loans received from the Independent Trust Financing Facility		**-**	**11,600**	**11,600**	-	11,800	11,800
Loans repaid to the Independent Trust Financing Facility			**(709)**	**(709)**		(540)	(540)
PDC dividend paid		**-**	**(2,122)**	**(2,122)**	-	(2,590)	(2,590)
Interest on finance leases		**-**	**(122)**	**(122)**	-	(20)	(20)
Interest element of PFI		**-**	**(3,185)**	**(3,185)**	-	(3,313)	(3,313)
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI		**-**	**(1,128)**	**(1,128)**	-	(1,184)	(1,184)
Cash flows from other financing activities		**-**	**-**	**-**	-	305	305
Net cash outflow from financing		**-**	**9,020**	**9,020**	-	8,634	8,634
Net increase / (decrease) in cash and cash equivalents		**(1,909)**	**3,635**	**1,726**	1,261	2,392	3,653
Cash and cash equivalents at the beginning of the financial year		**4,156**	**4,032**	**8,188**	2,895	1,640	4,535
Cash and cash equivalents at the end of the financial year	19	**2,247**	**7,667**	**9,914**	4,156	4,032	8,188

NOTES TO THE ACCOUNTS

1 Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DH GAM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DH Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the Accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Accounting Standards issued but not yet adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2018/19. These standards are still subject to HM Treasury FReM adoption.

● IFRS 16 *Leases* – Application required for accounting periods beginning on or after 1 April 2020, but not yet adopted by the FReM: early adoption is not therefore permitted.

● IFRS 17 *Insurance Contracts* – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

● IFRIC 23 *Uncertainty over Income Tax Treatments* – Application required for accounting periods beginning on or after 1 January 2019.

1.3 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.4 Going concern

The Directors have reviewed the Trust's position in relation to Going Concern. For 2019/20, the Trust is planning for a deficit of £7.8m excluding depreciation on donated assets of £0.1m and before Provider Sustainability Funding (PSF) of £5.8m and MRET funding of £3.1m. On the assumption that the PSF is received in full, the Trust plans to return a surplus of £1.1m. Risk around the non-receipt of part of the total planned Provider Sustainability Funding would be mitigated by measures to manage working capital as necessary.

After making enquiries on budgeting, capital and cash requirements, the Directors have a reasonable expectation that Kingston Hospital NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust continues to adopt the going concern basis in preparing its Annual Accounts.

Accounting Policies (continued)

1.5 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5.1 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below), that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

a) The Trust has undertaken a review of all its leases and agreements. Any which have been identified by this review as being finance leases are accounted for on-balance sheet as required under International Financial Reporting Standards.

b) The Trust has two Private Finance Initiative schemes both of which have been accounted for under IFRIC 12 and are on balance sheet under International Financial Reporting Standards.

c) The Trust has defined its buildings as specialised properties. This is due to the lack of a market for the Trust's buildings for use in a form outside the scope of a hospital. The buildings are therefore valued on a depreciated replacement cost basis, which is normally on the basis of a modern equivalent asset.

1.5.2 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

a) NHS Litigation Authority member provisions: These provisions are subject to future outcome of litigation in progress. The probabilities provided by the NHS Litigation Authority have been used to calculate the provision.

b) Pension provisions for staff and directors: The provision is based on life expectancies of each individual. Life expectancy tables are used and these are obtained from the Government Actuary's Department website (up to 2006) and more recently from the Office of National Statistics.

c) Land and Buildings Valuations: All land and buildings are restated at fair value by way of annual professional valuations carried out by an independent external valuer.

d) Asset Lives: The reported amounts for depreciation of property, plant and equipment and amortisation of non-current intangible assets can be materially affected by the judgements exercised in determining their estimated useful lives. Useful lives are determined in a number of different ways such as valuations (external professional opinion) and physical asset verification exercises. The minimum and maximum estimated useful lives of each class of asset are disclosed in Note 13.5 and 14.1 and the carrying values of property plant, and equipment and intangible assets in Note 13 and 14.

e) Accruals & Deferred Income: Accruals are measured at the Directors' best estimate of the expenditure required to settle the obligation for goods and services acquired at the Statement of Financial Position (SoFP) date. Deferred income is measured at the Directors' best estimate of the income to be recognised after the SoFP date for payments received for goods and services provided before the SoFP date.

f) Impairment of financial instruments: This provision is made as follows:
All debt categories excluding overseas visitor debt: Debts less than 180 days – No provision. Debts over 180 days – All debts above a threshold value are reviewed individually to assess risk and value of known disputes. Provision is made to cover disputed and amounts considered at significant risk of non-payment. Overseas visitor debt: provision is made based upon historic recovery rate, after adjusting for write offs. Provision of 100% is made for all debts greater than 2 years.

Accounting Policies (continued)

1.6 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables the Trust receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordan with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).
Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goo or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplet

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form a confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensati claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to t Statement of Comprehensive Income to match that expenditure.
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are p directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Provider Sustainability Fund (PSF)

The PSF enables NHS providers to earn income linked to the achievement of financial controls and performance targets. Access to both the general and targeted amounts of PSF are unlocked as N providers meet their financial control totals. At each quarter, a minimum of 70% of allocated funding will be released upon achievement of the financial control total, with up to a further 30% releas where a provider also meets its agreed trajectories for delivery of operational standards.
In line with IFRS 15, PSF should be accounted for as variable consideration. Paragraph 51 of the Standard identifies that consideration would be variable if a fixed amount is promised as a performan bonus.

1.7 Operating segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within Trust.

The nature of the Trust's services is the provision of healthcare. Similar methods are used to provide services Trust-wide, and policies, procedures and governance arrangements apply trust-wide. As an N Foundation Trust, all services are subject to the same regulatory environment and standards. Accordingly, the Trust operates a single segment: healthcare.

1.8 Employee Benefits

1.8.1 Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

The cost of leave earned but not taken by employees at the end of the period is not recognised in the financial statements on the basis that the Trust's policy allows the carry-forward of annual leave only exceptional circumstances.

1.8.2 Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodi allowed under the direction of the Secretary of State in England and Wales. The Scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying sche assets and liabilities. Therefore, the Scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the Scheme is taken as equal to the contributio payable to the scheme for the accounting period.

Employer pension cost contributions are charged to operating expenses as and when they become due.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the Scheme. The full amount of the liability for the additional costs is charged to expenditure the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.9 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operat expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.10 Property, plant and equipment

1.10.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably;
- The item has cost of at least £5,000;
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purch dates, are anticipated to have simultaneous disposal dates and are under single managerial control; and/ or

- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Accounting Policies (continued)

1.10.2 Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for service potential and are in use are measured subsequently at their fair value in existing use. Assets that were most recently held for their service pote but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and w they do not meet the definitions of investment properties or assets held for sale.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amo being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.
Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determine the end of the reporting period. Current values are determined as follows:
● Land and non-specialised buildings – market value for existing use; and
● Specialised buildings - depreciated replacement cost, modern equivalent asset basis.

Land and buildings are restated to fair value in accordance with IAS 16 and Monitor guidance, using professional valuations every five years and an int valuation on an annual basis to ensure that fair values are not materially different from the carrying amounts. Valuations are carried out by professio qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual based on MEA. A full valuatio land, buildings and dwellings was
carried out by Gerald Eve (Independent Chartered Surveyors). Buildings are valued on a MEA basis utilising Alternative Site basis. As a PFI asset, VAT excluded from the valuation of the Kingston Surgical Centre.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional but not borrowing costs, which are recognised as expenses immediately, as allowed by International Accounting Standard 23 (IAS 23) for assets held a value. Assets are revalued and depreciation commences when they are brought into use.

Impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expense compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impair charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.
An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumsta that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amou would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time o original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subseq expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written and charged to operating expenses.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in exi use.

1.11 Intangible assets

1.11.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or w arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potenti provided to, the Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at net book value. Software that is int to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software th not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capital it is recognised as an operating expense in the period in which it is incurred.

Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Accounting Policies (continued)

1.11.2 Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.12 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible noncurrent assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Impairments are analysed between Departmental Expenditure Limits (DEL) and Annually Managed Expenditure (AME) from 2011 12. This is necessary to comply with HM Treasury's budgeting guidance. DEL limits are set in the Spending Review and Departments may not exceed the limits that they have been set.

AME budgets are set by HM Treasury and may be reviewed with departments in the run-up to the Budget. Departments need to monitor AME closely and inform HM Treasury if they expect AME spending to rise above forecast. Whilst HM Treasury accepts that in some areas of AME inherent volatility may mean departments do not have the ability to manage the spending within budgets in that financial year, any expected increases in AME require HM Treasury approval.

1.13 Donated assets

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.14 Government grants

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

Accounting Policies (continued)

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.15.1 The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.15.2 The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.16 Private Finance Initiative (PFI) transactions

PFI transactions that meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received;
b) Repayment of the finance lease liability including finance costs; and
c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'

Accounting Policies (continued)

1.16.1 Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'Operating Expenses'.

1.16.2 PFI assets, liabilities and finance costs

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of International Accounting Standards 17. Subsequently, the assets are measured at current value in existing use.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with International Accounting Standard 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

1.16.3 Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.16.4 Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

1.16.5 Other assets contributed by the Trust to the operator

Other assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.17 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1. Accounting Policies (continued)

1.18 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.19 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate.
Early retirement provisions are discounted using HM Treasury's pension discount rate of [positive 0.29]% (2017-18: positive 0.10%) in real terms. All other provisions are subject to three separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A short term rate of positive 0.76% (2017-18: negative 2.42%) for expected cash flows up to and including 5 years
- A medium term rate of positive 1.14% (2017-18: negative 1.85%) for expected cash flows over 5 years up to and including 10 years
- A long term rate of positive 1.99% (2017-18: negative 1.56%) for expected cash flows over 10 years.

All percentages are in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the Trust.

1.20 Clinical negligence costs

The NHS Litigation Authority operates a risk pooling scheme under which the Trust pays an annual contribution to the NHS Litigation Authority which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHS Litigation Authority is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHS Litigation Authority on behalf of the Trust is disclosed at Note 26.

1.21 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.22 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.23 Financial assets and financial liabilities

Note 1.23.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Note 1.13.2 Classification and measurement

except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the measured in accordance with the accounting policy for leases.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.23.3 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Accounting Policies (continued)

1.24 Value Added Tax (VAT)

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitali purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.25 Foreign currencies

The Trust's functional currency and presentational currency is sterling, and figures are presented in thousands of pounds unl expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange r ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign curren are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recogni in the Trust's surplus/deficit in the period in which they arise.

1.26 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Tr has no beneficial interest in them. Details of third party assets are disclosed at Note 34.

1.27 Public Dividend Capital (PDC) and PDC Dividend

Public dividend capital (PDC) is a type of public sector equity finance which represents the Department of Health's investmen the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is no financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as a public divid capital dividend. The charge is calculated at the rate set by the Secretary of State with the consent of HM Treasury (curre 3.5%) on the average net relevant net assets of the Trust during the financial year. Relevant net assets are calculated as value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average d cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding c balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the yea calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The divid thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Accounting Policies (continued)

1.28 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the Health Service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.29 Research and development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Operating Cost Statement on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.30 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.31 Consolidation

The Trust is the corporate trustee to Kingston Hospital Charitable Fund. The Trust has assessed its relationship to the Charitable Fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31st March in accordance with the UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

recognise and measure them in accordance with the Trust's accounting policies; and
eliminate intra-group transactions, balances, gains and losses.

The charitable fund's key accounting policies in relation to its funds are as follows:

Funds structure

Incoming resources and resources expended are allocated to particular funds according to their purpose. Transfers between funds may arise where there is an authorised release of restricted or endowment funds, or when charges are made from unrestricted to other funds.

Permanent endowment funds

Funds where the capital is held to generate income for charitable purposes and cannot itself be spent, are accounted for as permanent endowment funds.

Restricted funds

Restricted funds include those receipts which are subject to specific restrictions imposed by the donor or Trust charitable funds procedures, usually in writing.

Unrestricted funds

Unrestricted funds include income received without restriction. Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity. The trustee may earmark unrestricted funds for a particular purpose without restricting or committing the funds legally. Such amounts are known as designated funds.

1.32 Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

The Trust has a contractual joint arrangement between Kingston Hospital NHS Foundation Trust, St Georges Healthcare NHS Foundation Trust, and Croydon Health Services NHS Trust to provide pathology services to primary and secondary acute and non-acute and private sector healthcare providers in London and the South East.

1.33 Revaluation Reserve

The Trust reviews it's assets on a regular basis to ensure that the carrying amount of an asset does not differ materiality from that which would be determined with a fair value at the end of the period. This comprises the revaluation reserve.

1.34 Retained Earnings

Retained earnings denote the balance of the surplus (deficit) of the Trust since its inception. Retained Earnings is stated prior to taking into account any gains or losses on impairments and reversals / revaluations.

2 Operating Segments for the year ended 31 March 2019

The nature of the Trust's services is the provision of healthcare. Similar methods are used to provide services trust-wide, and policies, procedures and governance arrangements apply trust-wide. As an NHS Foundation Trust, all services are subject to the same regulatory environment and standards. Accordingly, the Trust operates a single segment: healthcare.

3 Income Generation Activities

The Trust does not undertake any non healthcare income generating activities that have full costs in excess of £1m.

4 Income from Patient Care Activities

	Group 31 March 2019	Group 31 March 2018
	£000	£000
Foundation Trusts	**-**	-
NHS Trusts	**-**	-
CCGs and NHS England	**241,175**	223,342
Local Authorities	**3,714**	3,307
NHS other	**-**	-
Non-NHS:		
- Private patients	**515**	528
- Overseas patients (non-reciprocal)	**640**	607
- Injury costs recovery	**506**	481
- Other	**1,153**	1,074
Total	**247,703**	229,339

Injury cost recovery income is subject to a provision for impairment of receivables of 21.89% to reflect expected rates of collection.
Total income from Commissioner Requested Services of £242.7m is included above (2017/18 £223.9m)

5 Other Operating Income

	Group 31 March 2019	Group 31 March 2018
Other Operating Income from contracts with customers	**£000**	£000
Education & Training	**10,031**	9,473
Research and Development	**284**	327
Non-patient care services to other bodies	**6,939**	8,594
Provider Sustainability Fund/ Sustainability and Transformation Fund	**23,614**	4,814
Other non-contract operating income		
Car parking income	**1,296**	1,196
Creche	**772**	653
Other income generation	**3,522**	2,954
Rental revenue	**593**	959
Staff recharge income	**2,824**	2,319
Charitable and other contributions to expenditure	**1,739**	2,568
Total	**51,614**	33,857

5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	Year ended £000
Revenue recognised in the reporting	**2,079**

5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts	**Year ended £000**
within one year	**2,352**
after one year, not later than five years	
after five years	
Total revenue allocated to remaining performance obligations	**2,352**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure.
Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

6 Overseas visitors (relating to patients charged directly by the foundation trust)

	Group 31 March 2019 Total £000	Group 31 March 2018 Total £000
Income recognised this year	**640**	607
Cash payments received in-year (relating to invoices raised in current and previous years)	**646**	517
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	**268**	115
Amounts written off in-year (relating to invoices raised in current and previous years)	**245**	**-**

		Group 31 March 2019 £000	Group 31 March 2018 £000
7	**Operating Expenses**		
	Employee benefits excluding Non Executive Board members (included within Note 9.1)	**171,523**	160,179
	Charitable Funds Pay costs (included within Note 9.1)	**160**	120
	Non Executive Board members	**138**	148
	Supplies and services - clinical	**17,965**	18,012
	SWL Pathology Supplies and Services - Clinical	**9,329**	8,967
	Drug inventories consumed	**22,067**	21,038
	Supplies and services - general	**2,481**	2,504
	Consultancy services	**975**	714
	Internal audit costs	**75**	60
	Establishment	**2,380**	2,223
	Transport	**1,464**	1,420
	Premises	**22,334**	20,753
	Movement in credit loss allowance: receivables	**1,269**	(123)
	Change in provisions discount rate(s)	**5**	(2)
	Depreciation	**5,873**	5,556
	Amortisation	**2,015**	1,739
	Impairments and reversals of property, plant and equipment	**3,909**	6,366
	Audit services - statutory audit	**60**	60
	Audit Related Service	**7**	7
	Other auditor's remuneration	**78**	84
	Clinical negligence (excess payments associated with NHSLA)	**11,346**	9,105
	Research and development (included within Note 9.1)	**216**	312
	Education and Training (included within Note 9.1)	**399**	228
	Training, courses and conferences	**685**	520
	Rentals under operating leases - minimum lease payments	**1,026**	840
	Charitable Funds non pay costs	**388**	270
	Other	**1,418**	556
	Total	**279,585**	261,656

Grant Thornton are the external auditors of Kingston Hospital NHS Foundation Trust. Their liability is limited to a maximum aggregated amount of £500,000. Grant Thornton are the external auditors of Kingston Hospital Charity, of which the Trust is the corporate trustee. The fees in respect of this engagement are £6,000 (2017/18 £6,000).

7.1 Net impairments charged to operating surplus / deficit resulting from:

	Group 31 March 2019 £000	Group 31 March 2018 £000
Changes in market price	**3,909**	6,366
	3,909	6,366

8 Operating Leases

8.1 As lessee

8.1.1 Payments recognised as an expense	Group 31 March 2019 £000	Group 31 March 2018 £000
Total Minimum lease payments	**1,026**	840

8 Operating Leases (continued)

8.1.2 Total future minimum lease payments

	Group 31 March 2019			Group 31 March 2018
	Buildings £000	**Other £000**	**Total £000**	Total £000
Payable:				
Not later than one year	343	278	**621**	473
Between one and five years	1,370	1,078	**2,448**	1,396
After five years	4,758	6	**4,764**	5,040
Total	**6,471**	**1,362**	**7,833**	6,909

9 Employee Benefits and Staff Numbers

9.1 Employee benefits

9.1.1 Employee benefits

	Group 31 March 2019			Group 31 March 2018 £000
	Permanently employed £000	**Other £000**	**Total £000**	Total £000
Salaries and wages	**135,737**	**-**	**135,737**	125,492
Social security costs	**14,478**	**-**	**14,478**	13,458
Apprenticeship levy		**669**	**669**	620
Employer contributions to NHS Pension scheme	**14,413**	**-**	**14,413**	13,873
Bank and Agency	**-**	**9,575**	**9,575**	8,847
Charitable Funds	**160**		**160**	120
Gross employee benefits	**164,788**	**10,244**	**175,032**	162,410
Less: Employee costs capitalised	(2,044)	(690)	(2,734)	(1,571)
Net employee benefits excluding capitalised costs	**162,744**	**9,554**	**172,298**	160,839

9 Employee Benefits and Staff Numbers

9.2 Average number of people employed

	Group 31 March 2019			Group 31 March 2018
	Permanently employed	**Other**	**Total**	
	Number	**Number**	**Number**	Number
Medical and dental	**455**		**455**	440
Administration and estates	**211**		**211**	356
Healthcare assistants and other support staff	**938**		**938**	717
Nursing, midwifery and health visiting staff	**954**		**954**	888
Scientific, therapeutic and technical staff	**294**		**294**	355
Other - Agency and Bank	**-**	**318**	**318**	298
Total	**2,852**	**318**	**3,170**	**3,054**
Of the above:				
Number of whole time equivalent staff engaged on capital projects			35	22

9.3 Staff sickness absence

	Group 31 March 2019 Number	Group 31 March 2018 Number
Total days lost	**17,985**	17,905
Total staff years	**2,900**	2,795
Average working days lost	**6**	6

9.3.1 Number and cost of persons retiring on ill health grounds

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pension Scheme. Where the Trust has agreed early retirements the additional costs are met by the Trust and not by the NHS Pension Scheme. Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the Trust's financial position. During the financial year 2018-19, there was one ill-health retirement at a cost of £75k (in 2017-18 there were 2 ill health retirements at a cost of £25k).

9.4 Exit packages agreed

	Group 31 March 2019			Group 31 March 2018
	Compulsory redundancies	**Other agreed departures**	**Total**	
	Number	**Number**	**Number**	Number
Less than £10,000	**-**	**1**	**1**	1
£10,001 to £25,000	**-**	**2**	**2**	2
£25,001 to £50,000	**-**	**1**	**1**	1
£50,001 to £100,000	**-**	**-**	**-**	-
£100,001 to £150,000	**-**	**-**	**-**	-
£150,001 to £200,000	**-**	**-**	**-**	-
> £200,001	**-**	**-**	**-**	-
Total	**-**	**4**	**4**	4
	£000	**£000**	**£000**	£000
Total resource cost	**-**	**63**	**63**	58

The table above includes the number and total value of exit packages taken by staff leaving in the period. The expense associated with these departures may have been recognised in part or in full in a previous year.

9 Employee Benefits and Staff Numbers (continued)

9.5 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

9.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017 is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

9.5.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

9.5.3 Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

9 Employee Benefits and Staff Numbers (continued)

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used to replace the Retail Price Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase Additional Voluntary Contributions (AVSs) run by the Scheme’s approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

10 Finance Income

	Group 31 March 2019 £000	Group 31 March 2018 £000
Interest income:		
- Bank interest - Trust	**49**	18
- Bank interest - Charity	**28**	6
Total	**77**	24

11 Finance Expenses

	Group 31 March 2019 £000	Group 31 March 2018 £000
Interest on obligations under finance leases	**118**	20
Provisions - unwinding of discount	**4**	(1)
Interest on:		
Commercial loans	**-**	16
Working capital loans	**-**	113
Capital loan from Department of Health and Social Care	**626**	258
Obligations under PFI contracts:		
- main finance cost	**3,153**	3,313
Total Finance Expenditure	**3,901**	3,719

12 Other Gains

	Group 31 March 2019 £000	Group 31 March 2018 £000
Sale revenue	**8,500**	-
Costs of sale	**(786)**	-
Disposal of land and buildings at NBV	**(1,307)**	-
Total Gain	**6,407**	-

The Trust disposed of land and buildings with a net book value of £1,307k for a total of £8,500k. The sale price is scheduled to be received in instalments. £2,000k was paid in March 2019 and the remaining payments are due to be received during 2020/21 and 2021/22 financial years. The outstanding balance is included within Non-current Debtors.

13 Property, Plant and Equipment

13.1 At 31 March 2019

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	17,890	95,503	2,797	27,947	9,236	1,925	**155,299**
Additions purchased	-	11,167	5,666	872	969	31	**18,705**
Additions - leased	-	473	-	1,807	-	-	**2,280**
Additions donated	-	1,631	-	87	83	-	**1,801**
Impairments charged to operating expenses	-	(3,909)	-	-	-	-	**(3,909)**
Upward revaluation gains	3,580	1,779	-	-	-	-	**5,359**
Impairments charged to reserves	-	(2,559)	-	-	-	-	**(2,559)**
Disposals	(1,050)	(1,522)	-	-	-	-	**(2,572)**
Cost or valuation at 31 March 2019	**20,420**	**102,563**	**8,463**	**30,713**	**10,288**	**1,956**	**174,404**
Accumulated depreciation at 1 April 2018	-	-	-	16,696	5,982	1,661	**24,339**
Accumulated depreciation adjustment following revaluation		13,391					**13,391**
Charged during the year	-	2,563	-	1,860	1,408	42	**5,873**
Disposals	-	(1,286)	-	-	-	-	**(1,286)**
Depreciation at 31 March 2019	**-**	**14,668**	**-**	**18,556**	**7,390**	**1,703**	**42,317**
Net book value at 31 March 2019	**20,420**	**87,895**	**8,463**	**12,157**	**2,899**	**253**	**132,087**
Asset financing							
Owned	20,420	69,062	8,463	8,463	2,899	253	**109,560**
Donated	-	3,573	-	-	-	-	**3,573**
Held on finance lease	-	434	-	3,694	-	-	**4,128**
Private finance initiative	-	14,826	-	-	-	-	**14,826**
Net book value at 31 March 2019	**20,420**	**87,895**	**8,463**	**12,157**	**2,899**	**253**	**132,087**

13 Property, Plant and Equipment

13.2 at 31 March 2018

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	18,670	96,069	3,788	24,419	8,321	1,899	**153,166**
Additions purchased	-	71	13,180	3,473	915	26	17,665
Additions donated	-	36	-	55	-	-	91
Reclassifications	-	14,171	(14,171)	-	-	-	-
Impairments charged to operating expenses	(780)	(5,586)	-	-	-	-	(6,366)
Upward revaluation gains	-	5,869	-	-	-	-	5,869
Impairments charged to reserves	-	(15,126)	-	-	-	-	(15,126)
Cost or valuation at 31 March 2018	**17,890**	**95,504**	**2,797**	**27,947**	**9,236**	**1,925**	**155,299**
Accumulated depreciation at 1 April 2017	-	-	-	14,914	4,789	1,607	**21,310**
Accumulated depreciation adjustment following revaluation	-	10,864	-	0	0	0	**10,864**
Charged during the year	-	2,527	-	1,782	1,193	54	**5,556**
Depreciation at 31 March 2018	**-**	**13,391**	**-**	**16,696**	**5,982**	**1,661**	**37,730**
Net book value at 31 March 2018	**17,890**	**82,113**	**2,797**	**11,251**	**3,254**	**264**	**117,569**
Asset financing							
Owned	17,890	62,976	2,797	6,774	3,255	264	**93,956**
Donated	-	3,571	-	102	-	-	**3,673**
Held on finance lease	-	739	-	4,375	-	-	**5,114**
Private finance initiative	-	14,826	-	-	-	-	**14,826**
Net book value at 31 March 2018	**17,890**	**82,112**	**2,797**	**11,251**	**3,255**	**264**	**117,569**

13 Property, Plant and Equipment (continued)

13.3 Donated assets

Kingston Hospital NHS Foundation Trust General Charitable Fund contributed a total £1,725k during the year ended 31 March 2019 in respect of six capital projects.

13.4 Property revaluation

An interim valuation was undertaken for the Trust's freehold properties as at 31 March 2019 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards (July 2017 edition), the International Valuation Standards and IFRS. The valuation of these properties was on the basis of Fair Value primarily derived using the Depreciated Replacement Cost (DRC) method and the valuation is subject to the prospect and viability of the continued occupation and use.

13.5 Economic lives

	Minimum Life Years	Maximum Life Years
Buildings excluding dwellings	7	80
Plant and machinery	5	30
Information technology	5	10
Furniture and fittings	7	25

14 Intangible Assets

	Total
	£000
Cost or valuation at 1 April 2018	**20,553**
Additions purchased	**1,530**
Cost or valuation at 31 March 2019	**22,083**
Amortisation at 1 April 2018	**9,450**
Charged during the year	**2,015**
Amortisation at 31 March 2019	**11,465**
Net book value at 31 March 2019	**10,618**
Net book value at 1 April 2018	11,103
Net book value at 31 March 2019	**10,618**

	£000
Cost or valuation at 1 April 2017	18,443
Additions purchased	2,110
Cost or valuation at 31 March 2018	20,553
Amortisation at 1 April 2017	7,711
Charged during the year	1,739
Amortisation at 31 March 2018	9,450
Net Book Value at 1 April 2017	10,732
Net book value at 31 March 2018	11,103

14.1 Economic lives

	Minimum Life Years	Maximum Life Years
Computer software - purchased	5	15

15 Analysis of Impairments and Reversals

	Group 31 March 2019	Group 31 March 2018
	£000	£000
Total impairments and reversals charged to the statement of comprehensive income	3,909	6,366
Total impairments and reversals charged to the revaluation reserve	2,559	15,126
Total Impairments	**6,468**	21,492

16 Commitments

16.1 Capital commitments

Capital commitments as at 31 March 2019 were £4.7m, principally comprising fire safety works and Mental Health Unit projects (2017/18 £2.4m).

16.2 Other financial commitments

The Trust had no non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements) as at 31 March 2019.

17 Inventories

	Group 31 March 2019				Group 31 March 2018
	Drugs	**Consumables**	**Fuel**	**Total**	Total
	£000	**£000**	**£000**	**£000**	£000
Balance at 1st April	583	877	284	**1,744**	1,718
Additions	22,095	4,388	9	**26,492**	25,285
Inventories recognised as an expense in the period	(21,998)	(4,253)	(82)	**(26,333)**	(25,259)
Balance at 31 March	680	1,012	211	**1,903**	1,744

18 Trade and Other Receivables

	Current Group 31 March 2019	Current Group 31 March 2018	**Non-current Group 31 March 2019**	Non-current Group 31 March 2018
	£000	£000	**£000**	£000
NHS Contract receivables: invoiced	**12,121**	8,000	**-**	-
NHS Contract receivables: not yet invoiced	**22,891**	7,118	**-**	-
Non-NHS Contract receivables: invoiced	**3,782**	3,909	**6,500**	252
Non- NHS Contract receivables: not yet invoiced	**2,776**	2,160	**680**	469
Allowance for impaired of receivables	**(2,779)**	(1,507)	**(55)**	(58)
VAT	**263**	822	**-**	-
Other receivables	**1,308**	1,176	**253**	-
Total	**40,362**	21,678	**7,378**	663

	Group 31 March 2019	Group 31 March 2018
	£000	£000
Total Current and Non-current Receivables	**47,740**	22,341

Following the application of IFRS15 from 1 April 2018, the Trust's entitlement to consideration for work performed under contracts with customers are shown as contract receivables invoiced and not yet invoiced. This replaces the previous analysis into receivables - revenue and prepayments and accrued income. IFRS15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS15.

18.1 Allowances for credit losses 2018/19

	Group Contract receivables and contract assets £000	Group All other receivables £000
Allowances as at 1 April 2018 brought forward (before IFRS9 and IFRS15)		**1,565**
Impact of implementing IFRS 9 and IFRS 15 on 1st April 2018	**1,565**	**(1,565)**
New allowances arising	**1,577**	
Reversals of allowances	**(308)**	
Allowances as at 31st March 2019	**2,834**	**0**

18.2 Allowances for credit losses 2017/18

IFRS 9 and IFRS 15 are adopted without restatement, therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	Group 31 March 2018 £000
Allowances as at 1 April 2017	**1,688**
Increase in provision	-
Amounts utilised	**(123)**
Allowances as at 31 March 2018	**1,565**

19 Cash and Cash Equivalents

	Group 31 March 2019	Group 31 March 2018
	£000	£000
Balance at 1 April 2018	**8,188**	4,535
Balance at 31 March 2019	**9,914**	8,188
Made up of		
Cash with Government Banking Services	**7,593**	3,913
Commercial banks	**74**	119
Charity cash held in commercial banks	**2,247**	4,156
Cash and cash equivalents as in the Statement of Financial Position and in the Statement of Cash Flows	**9,914**	8,188

20 Trade and Other Payables: Current

	Group 31st March 2019 £000	Group 31st March 2018 £000
NHS payables - revenue	**98**	415
NHS accruals	**3,619**	2,807
Non-NHS trade payables - revenue	**3,148**	5,433
Non-NHS trade payables - capital	**6,077**	1,964
Non-NHS accruals	**12,214**	11,890
Social security costs	**2,446**	2,360
Tax	**1,690**	1,689
PDC dividend payable	**71**	-
NHS charitable funds: Trade and other payables	**12**	6
Other	**1,816**	2,133
Total Current Trade and Other Payables	**31,192**	28,697

21 Borrowings

	Current		Non-current	
	Group 31 March 2019	Group 31 March 2018	**Group 31 March 2019**	Group 31 March 2018
	£000	£000	**£000**	£000
PFI liabilities				
- Main liability	**822**	779	**22,115**	22,940
Capital loan from the Department of Health and Social Care	**2,103**	679	**29,581**	20,041
Finance lease liabilities	**197**	220	**4,280**	2,372
Other: working capital loan	**45**	-	**9,993**	8,746
Total	**3,167**	1,678	**65,969**	54,099

The working capital loan reported as Other borrowing previously was provided by a commercial bank and was repaid during 2017/18. Working capital loans commencing in 2017/18 are held with the Department of Health.

Total current and non-current	**69,136**	55,777

	Capital loan DoH £000	Other £000	**Total £000**
Repayment of principal falling due:			
Within one year	2,148	1,019	**3,167**
Between one and two years	9,472	1,683	**11,155**
Between two and five years	8,641	6,035	**14,676**
After five years	21,461	18,677	**40,138**
Total	41,722	27,414	**69,136**

Date loan agreed	Int rate	Amount of total loan agreed	Total repaid @ 31 March 2019	Amounts left to draw down @ 31 March 2019	Amounts outstanding @31 March 2019	Accrued Interest @31 March 2019	**Total Borrowings and interest @31 March 2019**
		£000	£000	£000	£000	£000	**£000**
01 December 2017	1.69%	8,300	169		8,131	50	**8,181**
01 March 2018	1.23%	7,600	-		7,600	11	**7,611**
01 August 2018	1.63%	10,586	-	3,086	7,500	5	**7,505**
01 October 2014	2.27%	10,000	1,620		8,380	7	**8,387**
01 June 2017	1.50%	8,910	3,383		5,527	24	**5,551**
01 November 2017	1.50%	1,915	-		1,915	10	**1,925**
01 June 2018	1.50%	2,551	-		2,551	11	**2,562**
		49,862	**5,172**	**3,086**	**41,604**	**118**	**41,722**

Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within Note 21. IFRS 9 is applied without restatement, therefore comparatives have not been restated.

21.1 Reconciliation of liabilities arising from financing activities

Group	**Loans from DHSC £000**
Carrying value at 1 April 2018	**29,466**
Impact of implementing IFRS 9 on 1 April 2018	**86**
Cash movements:	
Financing cash flows - payments and receipts of principal	**12,138**
Financing cash flows - payments of interest	**(594)**
Non-cash movements:	
Interest charge arising in year	**626**
Carrying value at 31 March 2019	**41,722**

22 Finance Lease Obligations

During the year the Trust had three arrangements that are accounted for as finance leases under International Financial Reporting Standards:

- A Managed Equipment Service (MES) with Siemens Healthcare Limited for imaging equipment. The agreement commenced in September 2017 for a ten year period. Mimimum lease payments are £19,130k over 10 years.

- A Managed Imaging Service with In Health. The contract commenced during August 2017 for a 15-year period. The minimum lease payments are £2,105k over 15 years.

- An agreement with Netcall Telecom Limited for Telephony services. The agreement is for 5 years, commencing 31st March 2015 and expiring in March 2020. The minimum payments under the lease total £99,900 payable over 5 years.

Future minimum lease payments are calculated by adding the present value of minimum lease payments to the remaining finance lease interest.

22.1 Amounts payable under finance leases - Other:

	Minimum lease payments Group 31 March 2019	Minimum lease payments Group 31 March 2018
	£000	£000
Within one year	**197**	220
Between one and five years	**777**	1,010
After five years	**3,503**	1,362
Less future finance charges	**-**	-
Present value of minimum lease payments	**4,477**	2,592

22.2 Finance Lease Obligations (continued)

The Trust had no contingent rents recognised as an expense in the year.

23 Finance Lease Receivables

The Trust had no finance lease receivables as at 31 March 2019.

24 Private Finance Initiative Contracts

24.1 Private Finance Initiative schemes off-Statement of Financial Position

The Trust did not have any Private Finance Initiative schemes that were excluded from the Statement of Financial Position as at 31 March 2019.

24.2 Private Finance Initiative schemes on-Statement of Financial Position

The Trust has entered into 2 Private Finance Initiative (PFI) agreements:

- A 29 year agreement for the Development of Phase 5 at Kingston Hospital and Provision of Services with Prime Care Solutions (Kingston) Ltd ("Prime"), expiring in 2036; and,
- A 15 year agreement for the re-provision of Energy and Energy Management Services at Kingston Hospital with Veolia (formerly Dalkia) Utilities Services PLC ("Dalkia"), expiring in 2023.

Under IFRIC 12 the assets of both schemes are treated as assets of the Trust. The substance of both agreements is that the Trust has a finance lease and payments comprise of two elements, imputed finance lease charges and service charges.

24.2.1 Development of Phase 5 at Kingston Hospital and Provision of Services

Under the PFI agreement Prime's obligation was to build the Kingston Surgical Centre building and car parking facilities at the Trust. Under IFRIC 12 the Kingston Surgical Centre building is treated as an asset of the Trust. The Trust has the right to use the building for the purposes specified in the project agreement and to receive the building at the end of the contract period.

The provision of services at the Trust by Prime include a catering service and all other soft facilities management services across the Trust. Prime also provide a hard facilities management service to the Kingston Surgical Centre building.

Significant terms of the agreement include:

- Under clause 44.6 (replacement of non-performing sub-contractor) Prime will put forward proposals for the interim management of the service.

- If Prime fail to provide relevant services to the Trust the Trust may perform such services itself or instruct a third party to do so. If Prime then fail to terminate the relevant service the Trust shall be entitled to its option to exercise its rights in accordance with the provisions of Clause 44.5 (remedy provisions).

- If in the circumstances referred to in Clause 43 (Force Majeure) the parties have failed to reach agreement on any modification to the project agreement within 6 months of the date on which the party affected serves notice on the other party, either party may at any time afterwards terminate the agreement by written notice.

- The Trust shall be entitled to terminate the agreement at any time on 6 months written notice to Prime.

There is a 2.5% RPI increase built into the providers financing model with a base date of 1 April 2002. Actual RPI is calculated on an annual basis.

24.2.2 Energy and Energy Management Services

Veolia provide and maintain a combined heat and power plant to deliver heat and power to the Trust. Under IFRIC 12 the plant is treated as an asset of the Trust. The Trust has the right to use the combined heat and power plant for the purposes specified in the project agreement.

24 Private Finance Initiative Contracts (continued)

Veolia are obligated to provide the plant and machinery for the boiler house. On the expiry date of this contract the funded new equipment shall vest in the Trust provided the Trust has paid Veolia any payment due to it under the project agreement.

Significant terms of the agreement include:

- The party claiming relief under Force Majeure shall be relived of its liability under the project agreement to the extent that by reason of the force majeure it is not able to perform its obligations under this Agreement provided that the Trust shall continue to pay the Operating Element to Veolia notwithstanding the occurrence of an event of Force Majeure.

- On the occurrence of a Veolia Event of Default referred to in clauses 35.1.2, 35.1.3 (a), 35.1.4, 35.1.5, 35.1.6, 35.1.8 the Trust may terminate the agreement in its entirety by notice in writing having immediate effect.

- On the occurrence of a Veolia Event of Default referred to in clauses 35.1.3(b), 35.1.3 (c), 35.1.3 (d) and 35.1.7, the Trust may serve notice giving Veolia the option to remedy the default within 20 business days, or put forward a reasonable plan within 20 business days to remedy the default.

- In the case of any Event of Default referred to in clause 35.1.7, if Veolia is awarded one or more warning notices in the following contract month, the Trust can issue notice in writing which terminates the agreement with immediate effect.

- The Trust is entitled to terminate the project agreement any time on 6 months written notice to Veolia.

There is a 2.5% RPI built into the scheme with a base date of 1 September 2005. Actual RPI is calculated on an annual basis.

24.3 On-SoFP PFI, LIFT or other service concession arrangement obligations (finance lease element)	**Group 31 March 2019 £000**	Group 31 March 2018 £000
Within one year	**3,933**	3,933
Between one and five years	**16,110**	16,686
After five years	**61,146**	63,101
Sub total	**81,189**	83,720
Less: interest element	**(58,252)**	(60,001)
Total	**22,937**	23,719

25 Charges to expenditure

The total charged in the year to expenditure in respect of off-statement of financial position PFI contracts was £NIL.

The total charged in the year to expenditure in respect of the service element of on-statement of financial position PFI contracts was £11.4m. Services include: catering, all other soft facilities management services across the Trust and, provision of heat and power to the Trust.

26 The Trust is committed to the following charges for services:	**Group 31 March 2019 £000**	Group 31 March 2018 £000
Within one year	**12,833**	12,483
Between one and five years	**44,562**	52,460
After five years	**221,180**	227,221
Total	**278,575**	292,164

27 Deferred Income

	Group 31 March 2019 £000	Group 31 March 2018 £000
Balance at 31 March all: current	**2,352**	**2,079**

28 Provisions for Liabilities

Group 31st March 2019	Pensions-Early departure costs £000	Pensions-Injury Benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2018	**899**	**156**	**83**	**-**	**1,138**
Arising during the year	63	-	29	633	**725**
Used during the year	(117)	(21)	(41)	-	**(179)**
Reversed unused	(54)	-	-	-	**(54)**
Unwinding of discount	3	-	1	-	**4**
Change in discount rate	2	-	3	-	**5**
At 31 March 2019	**796**	**135**	**75**	**633**	**1,639**
Expected timing of cash flows:					
Within one year	121	21	75	633	**850**
Between one and five years	675	114	-	-	**789**
After five years	-	-	-	-	**-**
	796	**135**	**75**	**633**	**1,639**
Group 31 March 2018					
At 1 April 2017	989	166	103	-	1,258
Arising during the year	30	10	13	-	53
Used during the year	(120)	(20)	- 30	-	(170)
Reversed unused	-	-	-	-	-
Unwinding of discount	2	-	- 3	-	(1)
Change in discount rate	(2)	-	-	-	(2)
At 31 March 2018	899	156	83	-	1,138
Expected timing of cash flows:					
Within one year	105	36	83	-	224
Between one and five years	794	120	-	-	914
After five years	-	-	-	-	-
	899	156	83	-	1,138

The Other provision is in respect of VAT £633k, pending the outcome of an outstanding issue. Pension Payments are made quarterly and amounts are known. The pension provision is based on life expectancy. Legal claims are calculated from the number of claims currently lodged with the NHS Litigation Authority and the probabilities provided by the NHSLA.

£245m is included in the provision of NHS Resolution under legal claims in respect of clinical negligence liabilities of the Trust (£235m in at 31st March 2018).

29 Contingencies

29.1 Contingent liabilities

	Group 31 March 2019 £000	Group 31 March 2018 £000
Liability to Third Parties Schemes (LTPS)	**25**	29
Total	**25**	29

29.2 Contingent assets

The Trust had no contingent assets at 31 March 2019.

30 Financial Assets and Liabilities

30.1 Carrying value and fair value of financial assets

	Group 31 March 2019 Loans and receivables £000	Group 31 March 2018 Loans and receivables £000
Trade and other receivables	**44,456**	18,802
Cash and cash equivalents	**7,667**	4,032
Kingston Hospital Charity financial assets	**4,432**	4,968
Total at 31 March	**56,555**	27,802

30.2 Carrying value and fair value of financial liabilities

	At amortised cost £000	Other £000	Total £000
Department of Health and Social Care Loans	41,722	-	**41,722**
Trade and other payables	-	26,973	**26,973**
PFI and finance lease obligations	27,414	-	**27,414**
Total at 31 March 2019	**69,136**	**26,973**	**96,109**

	At fair value through profit and loss £000	Other £000	Total £000
Department of Health and Social Care Loans	29,466	-	29,466
Trade and other payables	-	24,642	24,642
PFI and finance lease obligations	26,311	-	26,311
Total at 31 March 2018	55,777	24,642	80,419

30.3 Maturity of Financial Liabilities

	Group 31 March 2019	Group 31 March 2018
In one year or less	**30,140**	26,547
In more than one year but not more than two years	**3,167**	1,905
In more than two years but not more than five years	**9,501**	5,715
In more than five years	**53,301**	46,252
Total financial liabilities	**96,109**	80,419

30 Financial Assets and Liabilities (continued)

30.4 Financial risk management

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

The carrying value and fair value of the financial assets and financial liabilities are not materially different.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

30.4.1 Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

30.4.2 Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

30.4.3 Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

30.4.4 Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust also has access to a £6m working capital facility to help mitigate potential liquidity risks that may be associated with the current level of financial challenge facing the NHS.

31 Events after the Reporting Period

The Trust has no events after the reporting period to report.

32 Losses and Special Payments

There were 374 cases (2017-18 23 cases) of losses and special payments totalling £423,000 (2017-18 £37,000) incurred during 2018-19 but excluding provisions for future losses.

33 Related Party Transactions

During the year none of the Department of Health and Social Care Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

All interests are properly registered in the Trust's Register of Interests.

33 Related Party Transactions (continued)

The Department of Health and Social Care, as the parent of Kingston Hospital NHS Foundation Trust, is regarded as a related party. During the year the Foundation Trust has had a significant number of material transactions with the other entities listed below for which the Department of Health and Social Care is regarded as the parent. Also included are local government bodies where material transactions have taken place.

Group 31 March 2019
Guy's and St Thomas' NHS Foundation Trust
Epsom and St Helier University Hospitals NHS Trust
Health Education England
King's College Hospital NHS Foundation Trust
NHS Ealing CCG
NHS Blood and Transplant
NHS Croydon CCG
NHS England
NHS Hammersmith and Fulham CCG
NHS Hounslow CCG
NHS Kingston CCG
NHS Lambeth CCG
NHS Merton CCG
NHS North West Surrey CCG
NHS Resolution
NHS Richmond CCG
NHS Surrey Downs CCG
NHS Sutton CCG
NHS Wandsworth CCG
St George's University Hospitals NHS Foundation Trust
The Royal Marsden NHS Foundation Trust

In addition, the Trust has a number of balances at year end with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue & Customs in respect of PAYE, NI contributions and VAT refunds.

2018/19	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000
Merton Borough Council		345		141
Richmond upon Thames Borough Council	1	355		285
Royal Borough of Kingston upon Thames	180	2,590	175	24
Surrey County Council		951		171

2017/18	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000
Merton Borough Council	(58)	288		130
Royal Borough of Kingston upon Thames	1,542	2,440	115	291
Surrey County Council		698		81

The Trust received capital contributions from Kingston Hospital Charity (Registered Charity Number: 1056510), the corporate trustee for which is the Trust Board. The audited accounts of the Fund are available on the Charity Commission website.

34 Third Party Assets

The Trust held no cash and cash equivalents at 31 March 2019 which relates to monies held by the Trust on behalf of patients.

35 IFRIC 12 Adjustment

		Group 31 March 2019 £000	Group 31 March 2018 £000
35.1	**Revenue consequences of IFRS: Arrangements reported on the statement of financial position under IFRIC 12 (e.g. private finance initiative)**		
	Depreciation charges	**380**	371
	Interest expense	**3,153**	3,313
	Other expenditure	**11,917**	11,570
	Impact on Public Dividend Capital dividend payable	**597**	597
	Total IFRS expenditure	**16,047**	15,851
	Revenue consequences of PFI schemes under UK GAAP (net of any sub-leasing income)	**(15,436)**	(15,035)
	Net IFRS change	**611**	816

36 Charitable Funds

FRS102 Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2018	**57**	**1,583**	**2,118**	**3,758**
Surplus/ (Deficit) for the year	-	551	(412)	139
Closing balance 31 March 2019	**57**	**2,134**	**1,706**	**3,897**

Adjustment: FRS102 to IFRS Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2018	**-**	**11**	**1,142**	**1,153**
Surplus/ (Deficit) for the year	-	141	(848)	(707)
Closing balance 31 March 2019	**-**	**152**	**294**	**446**

IFRS Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2018	**57**	**1,594**	**3,260**	**4,911**
Surplus/ (Deficit) for the year	-	692	(1,260)	(568)
Closing balance 31 March 2019	**57**	**2,286**	**2,000**	**4,343**

The Charity prepares its Accounts on the basis of FRS102, under which commitments are reflected in expenditure. The adjustment shown above is necessary to adjust to reflect the accruals basis utilised under IFRS, prior to consolidation with the Trust's Accounts.

36.1

Name of fund	Description of the nature and purpose of each fund
Permanent endowment funds	
V A W Holton – Research	Capital to be held in perpetuity. Income to be used for any research activity undertaken by the Hospital
Restricted funds	
Born Too Soon	To be used for any charitable purpose or purposes to provide facilities for treatment of premature babies
Dementia Appeal	To be used to deliver consistently excellent dementia care
General Surgery	To be used to enhance surgical services
Hospital Equipment	To be used to purchase medical equipment
Kingston Can	To relieve sickness and advance the health of patients of Kingston Hospital NHS Foundation Trust who are (a) suffering from chronic or critical illness (with a particular emphasis on those suffering from cancer or (b) suffering from a disability or illness attributable to old age including, but not limited to, by provision of facilities equipment and services and the provision of support and information to their family and carers
Cancer Research	To be used for research into cancer
Cancer Unit Appeal Legacies	To be used for the relief of sickness by the provision of a new cancer unit at Kingston Hospital NHS Trust and the upkeep and
Cancer Unit Maintenance	To be used to fund ongoing maintenance of the Sir William Rous Cancer Unit
I C Lewis – Nursing Research	To provide bursaries for awards to encourage research and training by nurses
Ophthalmology Services	To be used to support ophthalmology services provided by the Royal Eye Unit
Orthopaedic Equipment	To be used to purchase orthopaedic equipment
Urology Equipment	To be used to purchase urology equipment
V A W Holton – Research	Income derived from the permanent endowment to be used for any research activity undertaken by the Hospital
Unrestricted funds	

The unrestricted funds are available to be spent for any of the purposes of the Charity

37 Other Assets

The figure shown relates to (a) the funds that the Charity has invested with its appointed fund managers CCLA and (b) the residue of an investment portfolio, currently held

38 Initial application of International Financial Reporting Standards 9 and 15

Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £86k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model did not impact the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £481k.

Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Independent auditor's report to the Council of Governors of Kingston Hospital NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of Kingston Hospital NHS Foundation Trust (the 'Trust') and its subsidiary (the 'group') for the year ended 31 March 2019 which comprise the Group Statement of Comprehensive Income, the Group Statement of Financial Position, the Group Statement of Changes in Taxpayers' Equity, the Group Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2018/19 and the Department of Health and Social Care group accounting manual 2018/19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2019 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care group accounting manual 2018-19; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Grant Thornton

Overview of our audit approach

Financial statements audit

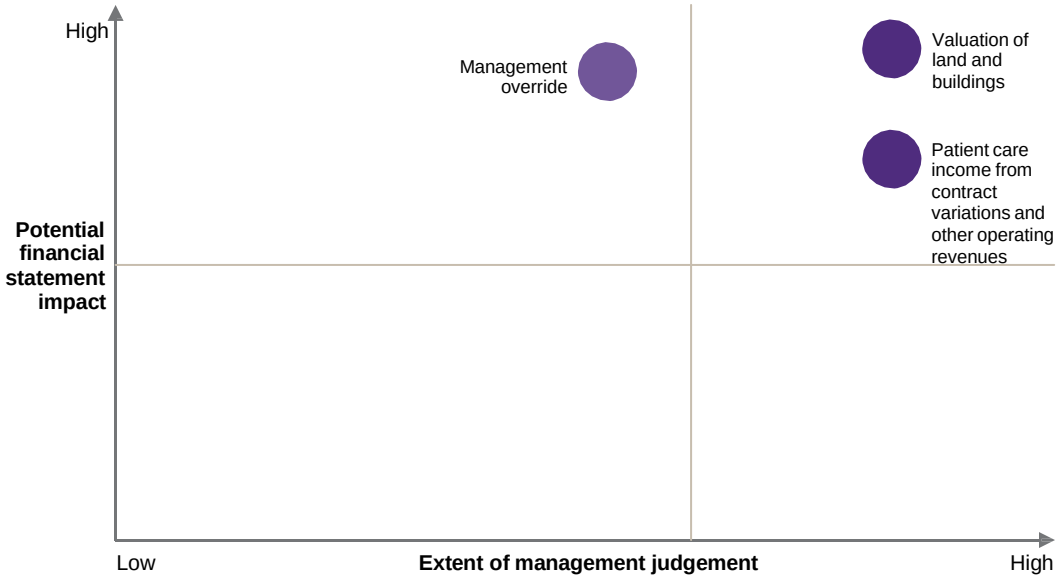
- Overall materiality: £5,224,000, which represents approximately 1.8% of the group's gross operating costs (consisting of total operating costs and net finance costs);
- Key audit matters were identified as:
  - The occurrence and accuracy of patient care income from contract variations and other operating revenues (excluding Provider Sustainability Funding and Education & Training income), and the existence of associated receivable balances; and
  - Valuation of land and buildings.
- The group consists of two components – the Trust and its wholly-owned subsidiary Kingston Hospital charity. We performed full-scope audit procedures of Kingston Hospital NHS Foundation Trust and analytical procedures of the Kingston Hospital Charity.
- 99% of group income, 100% of group expenditure and 98% of group assets and liabilities were subject to testing during the audit.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified one significant risk as part of our planning in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources as regards financial sustainability (see 'Report on other legal and regulatory requirements' section).

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of

material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter – Trust	How the matter was addressed in the audit
Risk 1 - Patient care income from contract variations and other operating revenues, and the associated receivable balances The Trust's significant income streams are operating income from patient care activities and other operating income. 83% of the Trust's income from patient care activities is derived from contracts with NHS commissioners (block contract income 69%, contract variations 7%, non-contract activity 7%). These contracts include the rates for, and level of, patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. This includes the block contract, which is agreed in advance at a fixed price, and patient care income from contract variations. Any patient care activities that are additional to those incorporated in these block contracts with NHS commissioners (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners. Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts. 6% of the Trust's income is recorded as other operating revenues (excluding Education & Training 3% and Provider Sustainability Funding income 8%). The risk around other operating revenues is related to the improper recognition of revenue. Education & Training income, Research and Development income and Provider Sustainability Funding income are income streams that are principally derived from contracts that are agreed in advance at a fixed price, or in the case of Provider and Sustainability Funding agreed by NHS Improvement (NHSI), we have not identified a significant risk of material misstatement in relation to these elements of other operating revenue. We therefore identified the occurrence and accuracy of patient care income from contract variations and other operating revenue, and the existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • Evaluating the group's accounting policy for recognition of income from patient care activities and other operating revenues for appropriateness and compliance with the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM) 2018/19; • Updating our understanding of the Trust's system for recognising income from patient care activities and other operating revenues and evaluating the design of the associated controls; In respect of patient care income: • Agreeing, on a sample basis, the income from patient care contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners which confirms their agreement to pay for the additional activity; • Agreeing, on a sample basis, the income from patient care contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners which confirms their agreement to pay for the additional activity; • Identifying differences of revenue and receivable balances with other NHS bodies in excess of £300,000 using the DHSC mismatch report, and corroborating the amounts recorded by the Trust to supporting evidence, such as correspondence with other NHS bodies; and In respect of other operating revenues: • Agreeing, on a sample basis, in-year transactions and year-end receivables from other operating revenues to invoices and cash payment or other supporting evidence. The group's accounting policies on recognising income from NHS contracts, contracts with customers, and other income are shown in note 1.6 to the financial statements and related disclosures are included in notes 4 to 6. **Key observations** We obtained sufficient audit evidence to conclude that: • The group's accounting policies for recognition of income from NHS contracts, contracts with customers and other income comply with the DHSC GAM 2018/19 and has been properly applied; and • Income from patient care contract variations and other operating revenues (excluding Education & Training and PSF income), and the associated receivable balances, is not materially misstated.

Key Audit Matter – Trust	How the matter was addressed in the audit
Risk 2 - Valuation of land and buildings The Trust revalues its land and buildings annually to ensure that carrying value is not materially different from the current value in existing use at the financial statements date. This valuation represents a significant estimate by management in the financial statements due to the level of estimation uncertainty involved. The last full valuation of the Trust's land and buildings took place in 2017/18. In 2018/19 the valuer was instructed to carry out a desktop revaluation of the Trust's land and buildings. We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to management's valuation expert and the scope of their work; • Evaluating the competence, capabilities and objectivity of management's valuation expert; • Writing to the valuer to confirm the basis on which the valuations were carried out; • Challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding; • Evaluating the group's accounting policy on valuation of land and buildings for appropriateness and compliance with the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM) 2018/19; • Testing, on a sample basis, revaluations made during the year to ensure they have been input correctly into the Trust's asset register and recorded accurately in the financial statements; • Testing impairment to ensure that it and the remaining revaluation is reasonable and that the impairment has been appropriately and accurately reflected in the financial statements; and • Evaluating the assumptions made by management for any assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value. The group's accounting policy on valuation of land and buildings is shown in note 1.10.2 to the financial statements and related disclosures are included in note 13. **Key observations** We obtained sufficient audit assurance to conclude that: • The basis of the valuation of land and buildings was appropriate and the assumptions and processes used by management in determining the estimate were reasonable; and • The valuation of land and buildings disclosed in the financial statements is reasonable.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

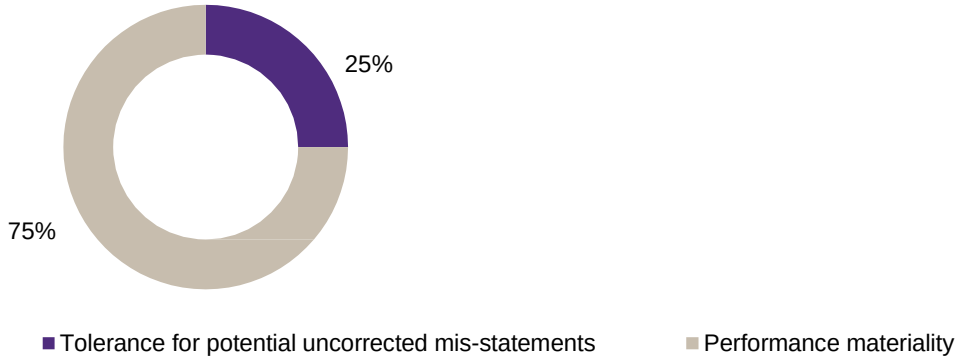
Materiality was determined as follows:

Materiality Measure	Group	Trust
Financial statements as a whole	£5,224,000 which is approximately 1.8% of the group's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the group has expended its revenue and other funding. ateriality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2018 as we did not identify any significant changes in the group or the environment in which it	£5,223,500 which is approximately 1.8% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. ateriality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2018 as we did not identify any significant changes in the Trust or the environment in which it

Materiality Measure	Group	Trust
	operates.	operates.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality	75% of financial statement materiality
Communication of misstatements to the Audit Committee	£261,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£261,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Group and Trust



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the group's business, its environment and risk profile and in particular included:

- Updating our understanding of and evaluating the group's internal control environment, including its IT systems and controls over key financial systems;
- Evaluation of identified components to assess the significance of that component and to determine the planned audit response based on a measure of materiality and significance of the component as a percentage of the group's total assets and income;
- Full scope audit procedures on the Kingston Hospital NHS Foundation Trust, which represents over 99% of the total income and expenditure of the group and 96% of its total net assets;
- Performing analytical procedures on the non-significant component, Kingston Hospital Charity, which represents less than 1% of the group's income and expenditure and 4% of its total net assets;
- Substantive testing, on a sample basis, all of the Trust's material income streams, covering 99% of the Trust's revenues;
- Substantive testing, on a sample basis, for 100% of the Trust's gross operating costs (consisting of total operating costs and net finance costs); and
- Substantive testing, on a sample basis, property plant and equipment and 98% of the group's other assets and liabilities.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report**,** other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial

statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable set out on pages 48 to 49 of the Annual Report in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the group and Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit Committee reporting set out on pages 60 and 68 of the Annual Report in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance the sections describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2018/19 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2018/19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the Accounting Officer set out on page 33, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2018/19, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019**.**

We have nothing to report in respect of the above matter.

Potential Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Potential significant risk	How the matter was addressed in the audit
Financial sustainability The Trust originally agreed a control total deficit budget of £6 million excluding Provider Sustainability Funding	Our audit work included, but was not restricted to: • Assessing the Trust's overall arrangements for achievement of its control total, including the

(PSF) with NHSI. At month 7, this was revised to £1 million excluding PSF following a budget revision agreed with NHSI to reflect the proposed land sale.

At month 8 the Trust was broadly on plan to deliver the revised control total despite being £0.8 million adrift on year to date Financial Improvement Plans (FIPs). However, in their month 8 NHSI return, they were forecasting to recover this slippage to deliver the planned £12m of FIPs for the year.

The plans to complete a significant land sale before the end of the financial year would result in an additional PSF for the Trust in 2018/19, in line with the NHSI PSF incentive scheme.

Failure to deliver the 2018/19 control total based on the Trust's plans would indicate a potential weakness in the Trust's arrangements for financial management.

realisation of profits from its planned land sale, delivery of FIPs for 2018/19, and the establishment of robust and cleared identified FIPs for 2019/20;

- Monitoring the Trust's performance against its operational plan and achievement of its control total for the financial year 2018/19; and
- Evaluating the forecast position throughout the year and the Trust's final outturn against budget.

Key findings

The Trust achieved a retained surplus of £20.4 million in 2018/19 against its planned control total of £2 million. The better than planned performance was due to a £6.4 million profit from the sale of the Regent Wing site, additional funding of £15.5 million from the PSF, and delivering £12.1 million of £12.0 million of planned FIPs.

As at the end of March 2019, the Trust had identified savings plans for £5.9 million of its £9.2 million savings target for 2019/20.

Overall, the Trust had adequate arrangements in place to deliver its agreed control total in 2018/19.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of Kingston Hospital NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an

auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Darren Wells

Darren Wells, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

London
24th May 2019