Kingston Hospital
NHS Foundation Trust

Kingston Hospital NHS Foundation Trust

Annual Report & Accounts 2019-20

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Kingston Hospital NHS Foundation Trust

Annual Report & Accounts 2019-20

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Performance Report

Overview of Performance

There is no doubt that 2019-20 was an exceptional year and one that will long be remembered. When we put together our strategic plan for the year ahead at the beginning of 2019 we could not have predicted that by the final month of the year our plans, and indeed normal life, would be so affected by the Covid 19 pandemic. However, we were well prepared to cope with all that was asked of us and we finished the year in a strong position. Our values truly reflect who we are and how we care for each other and our patients. Our operational achievements consistently put us within a small group of top-performing trusts in London, and we delivered our financial plan at the year end. We would like to say thank you to our exceptional workforce; these results are an outstanding achievement and we do not take their commitment for granted.

Throughout the year our workforce performance indicators were strong, and we were delighted to receive feedback from our staff through the NHS staff survey which placed Kingston Hospital in the top ten trusts in the country. Three quarters of staff said that they would recommend the Trust as a place to work, putting the hospital significantly above the national average for NHS trusts. When asked if they would recommend the hospital as a place to receive care, 82% of the hospital's staff confirmed that they would, again putting the Trust in the top-performing group of hospitals and the second best score in London. There remains more work for us to do in the areas of bullying and harassment at work and in helping to reduce the pressure of work. In keeping with our focus on staff health, wellbeing and resilience, we have planned a package of psychological interventions to help staff during the slowing down of the pandemic and to support longer term emotional resilience.

Demand for the Hospital's services presented some challenges in 2019-20. Non-elective attendances grew at twice the national average, creating capacity issues on a daily basis and competing demands for diagnostics. Despite this unprecedented demand we maintained good performance against the key regulatory targets and progress was made towards our goal of making every hospital bed day count. The Trust's stranded and super-stranded metrics were among the best in London by the year end - a testament to the effectiveness of the whole system winter plan and response to surge. Importantly, the percentage of patients telling us they would recommend the Hospital to family and friends remained high in 2019-20 at 96%. The opening of phase one of our Mental Health Assessment Unit (MHAU) has resulted in an improvement in the 4-hour emergency care standard for those referred to psychiatry, and 80% of staff 'strongly agreed' or 'agreed' that the experience of people with psychiatric conditions has improved since opening the MHAU. We look forward to further benefits of the new unit on completion of phase two.

A wide range of capital projects were commenced in 2019-20 that will significantly improve the experience of patients and staff in future years, including the relocation of services in Roehampton Wing; the movement of staff from Regent Wing to redeveloped floors in Vera Brown House, and ongoing developments in the Emergency Department and Radiology. We made rapid changes to the designation of wards and critical care capacity during March 2020 in response to Covid-19, and the continued separation of Covid and non-Covid patients for the foreseeable future is a complexity that will be worked through in the coming year.

We look forward to continuing to work with our partners across South West London to achieve the best outcomes for our population.

Jo Farrar
Chief Executive
19th June 2020

Sian Bates
Chairman
19th June 2020

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.

History and Statutory Background

Kingston Hospital NHS Foundation Trust is a well-regarded, single-site hospital, located within Kingston upon Thames in South West London. The Trust provides services on behalf of its commissioners to approximately 300,000 people locally in Kingston, Richmond, Wandsworth, Merton and Sutton in South West London, and East Elmbridge in Surrey.

The Hospital is on the site of the former Kingston Union Workhouse, built in 1839. 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.

Business Model and Environment

The achievement of Care Quality Commission (CQC) 'Outstanding' in 2018 placed the Trust on a strong footing to move forward in 2019-20. Although relatively small in size, the Trust is recognised as providing excellent care, has a strong community identity, strong leadership (both clinical and managerial), good governance and delivery capabilities.

The Trust operates in a catchment area which covers three main boroughs, also served by a number of community providers, and its commissioners face into two different regions. Together with partners, the Trust has focused during the year on establishing and embedding foundations for a South West London integrated care system, which includes a place-based local system centred on Kingston, Richmond and East Elmbridge. The Trust is also a partner in the South West London Acute Provider Collaborative (the APC), and during 2019-20 the APC moved forward with plans for creating centralised corporate teams. This collaborative work proved beneficial when, at the very end of the financial year, the NHS came under pressure due to the Covid-19 pandemic. The relationships and collaborative arrangements in place were invaluable in meeting the demand for critical care as an integrated health and care system.

The Trust has some 450 acute beds and directly employs around 3,000 whole-time equivalent staff, with another 300 staff employed by contractors working on behalf of the Trust. The workforce is predominantly female at nearly 75%. In the last year the Trust had 135,150 attendances to A&E, undertook 444,167 outpatient appointments and cared for 71,799 admitted patients (this included daycase and maternity admissions). The Trust's Maternity Unit delivered 4,976 babies. Direct comparison with previous years cannot be made because all elective and outpatient work, except that which was urgent or cancer-related, was paused from mid-March 2020 during the Covid-19 pandemic.

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 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.

Organisational Structure

During 2019-20 the Trust consolidated an organisational structure introduced the previous year based on two clinical divisions and a corporate division, each clinical division being subdivided into 'clusters' of services. The purpose of moving to this structure from service line management was to retain the benefits gained from a service line approach, adapted to support the transition to integrated care system working. The clinical divisions and clusters are headed by trios of medical, nursing and managerial leads to ensure that the organisation is clinically led, managerially enabled and representative of all clinical professionals.

With effect from 1st April 2019 the Trust brought its private health operation in-house under the name Kingston Private Health (KPH). KPH operates as a service line within one of the clusters in the Planned Care Division, supported by external advisors TPW Consulting and Training Limited (TPW) who provided expert advice and guidance during the development phase and now deliver day to day operations on behalf of the Trust.

During winter pressures and the Covid-19 pandemic the Trust operated under a 'command and control' structure defined under EPRR guidelines. Emergency governance arrangements were approved by the Trust Board and the Executive Management Committee for use during the pandemic, including revised financial controls intended to maintain strong but flexible governance.

Objectives and Strategies

Objectives for 2019-20 were developed in the context of the Trust's improvement programme. A Lean improvement approach was adopted with the aim of aligning aims and objectives across the organisation. This involved taking the Trust's True North, values, vision and strategic themes, and identifying breakthrough objectives for 2019-20 for each of the strategic themes (Figure 1). These breakthrough objectives were the priorities expected to have the biggest impact on delivery of the 3-5 year goals in 2019-20 (Figure 2). The strong foundations needed to support delivery of the strategic goals and breakthrough objectives were also identified and for each foundation the key areas of focus for 2019-20 (Figure 3).

Figure 1: Patient First Improvement Programme: True North

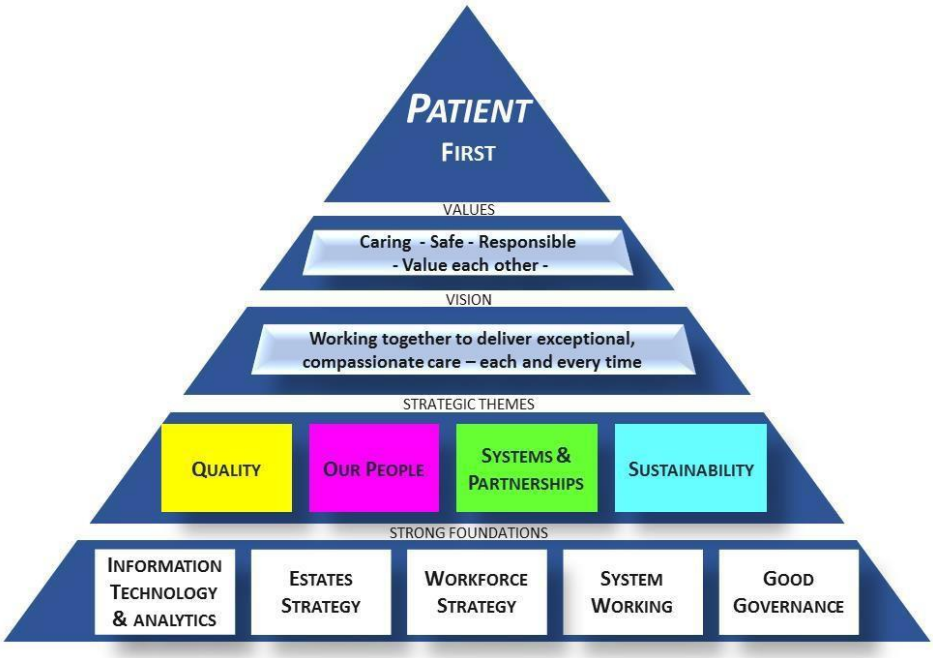


Figure 2: Breakthrough Objectives 2019-20

Strategic Theme	3-5 Year Goals	2019-20 Breakthrough Objectives
Quality	No avoidable delays in patient care	1. Making every hospital bed day count: 10% reduction in stranded patients and a 25% reduction in super-stranded patients 2. 90% of patients on a cancer pathway given a cancer diagnosis within 28 days
Our People	To employ a substantive and committed workforce	3. Workforce stability 90%+ and temporary workforce less than 5%
Systems & Partnerships	Care that connects	4. Ensure all outpatient contacts progress care
Sustainability	Achieve local system financial balance	5. Deliver the Trust control total

Figure 3: Strong Foundations and Areas of Focus for 2019-20

Strong Foundation	Areas of Focus
Information Technology & Analytics	• Implement the new data warehouse expanding availability of real time data. • Develop analytical expertise trust-wide, explore options to improve data visualisation e.g. single portal and exploit the value of inter-connected data sources through the application of statistical methodologies. • Strengthen infrastructure for connecting data across the system to support a population health focus.
Estates Strategy	• Refresh and sign off the Development Control Plan. • Progress agreed priorities, including the identification of funding sources. • Explore options for off-site accommodation to maximise use of NHS assets.
Workforce Strategy	• Tackle the low pay issue by negotiating the high cost area supplement, reviewing Band 2 pay and developing career 'escalators' and engaging with local stakeholders to improve access to affordable housing and improve transport links. • Develop agile working as a strong brand supported by training, pay and conditions, IT and cultural change. • Work with partners and Health Education England to actively develop integrated job roles and training routes.
System Working	• Active participation in and across the key boroughs, influencing the development of strategies and plans and ensuring Trust priorities and plans are aligned. • Development of a system dashboard for key metrics. • Strengthen clinical relationships with primary care. • Active participation within the Acute Provider Collaborative to support clinical pathway standardisation and right sizing.
Good Governance	• Develop leadership (new CEO and Director of Workforce). • Development of Cluster teams.

The Trust has a quality strategy and structures in place to support patient safety and quality governance. All staff adopt the strategic theme 'Quality' as a key personal objective so that patients receive safe and high quality care. The Quality Report shown in Appendix 1 defines quality goals within the three domains of quality; safety, experience and effectiveness which reflect national and local priorities. In 2019-20 there was good alignment between the 3-5 year goals and 2019-20 breakthrough objectives described above.

The Trust works 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'. During 2019-20, the existing values – 'Caring', 'Safe', 'Responsible' and 'Value Each Other' – were joined by a fifth value - 'Inspiring'. In adding this value we committed always to empower each other to develop and deliver improvements by:

- Inspiring people to be the best they can be
- Encouraging ideas and learning from what works and what doesn't work
- Embracing innovation to shape future services

Key Issues and Risks to the Delivery of Objectives

The Trust has mechanisms in place to manage risk, details of which can be found in the Annual Governance Statement, which also describes how specific risks are identified, assessed and mitigated. Throughout the year, the Board has maintained oversight of the key issues and risks to the delivery of objectives through the Board Assurance Framework report. This summarises the key issues and risks to the delivery of the breakthrough objectives and highlights the top risks for the organisation on a monthly basis.

The principal risks throughout 2019-20 are shown in the following table, together with the mitigating action taken.

Principal Risks in 2019-20	**Mitigating Action**
Risks of failing to maintain financial sustainability	The Trust entered into a block contract for 2019-20, for which the emphasis was on working collaboratively as a system to manage demand and facilitate change in pathways that might otherwise have been financially punitive. This was a change in approach which enabled the Trust and commissioners to manage resources in relation to system funding, working together to use the resource in the best way for the needs of the population. Internally, a monthly Transformation & Delivery Board met to oversee and accelerate transformation schemes and cost improvement plans.
Risk of not sustaining the current trend of achieving 62-day cancer performance	The Trust continued to work through the Cancer Board and RM (Royal Marsden) Partners Delivery Group to deliver performance that was consistently amongst the best in national benchmarks, and was selected as a site to work with NHSE on new cancer standards for 28 days. Significant increases in demand, combined with competing increased demand on diagnostics capacity from emergency inpatients, led to the Trust undertaking a demand and capacity review of diagnostics and undertaking risk stratification on use of diagnostics to support cancer pathways.

Risk to patient safety resulting from a potential increased vacancy level as a result of the possible departure of EU staff related to EU exit	The Trust established a Brexit Support Group for EU staff and established regular communications with EU staff to support them through Government processes required to remain. The Trust's internal recruitment strategy was revised to address potential shortfalls in the workforce due to EU exit. Whilst not solely for EU staff, the Trust invested in a suite of support for staff to support recruitment, retention, health and wellbeing. During the Covid-19 pandemic staff have reported feeling well supported by the Trust.
Fire Safety Programme	An extensive Executive-led Fire Safety Programme has been in progress since 2016/17, with oversight by the Trust Board. The programme is focused on fire detection and stopping, safe evacuation and staff training. The programme has largely been completed and throughout the Trust has maintained an effective relationship with the London Fire Brigade.
Covid-19 pandemic - risks principally covered critical care capacity and infrastructure, disruption to supplies and business continuity, diagnosis and treatment of cancers whilst critical care capacity was otherwise absorbed, and staff health and wellbeing.	The Trust responded to the emergency measures working in a coordinated way through the South West London health and care system. A suite of Covid-19 related risks was managed through the Executive Management Committee, overseen by the Trust Board in weekly briefings and fortnightly calls.

Financial Review of 2019-20

In the year to 31st March 2020, the Trust delivered a deficit of £8.72m. This deficit is £0.96m larger than the expected "control total" deficit of £7.76m. However, our reported deficit includes an exceptional cost of £0.98m relating to an additional annual leave accrual as a direct consequence of the Covid-19 pandemic.

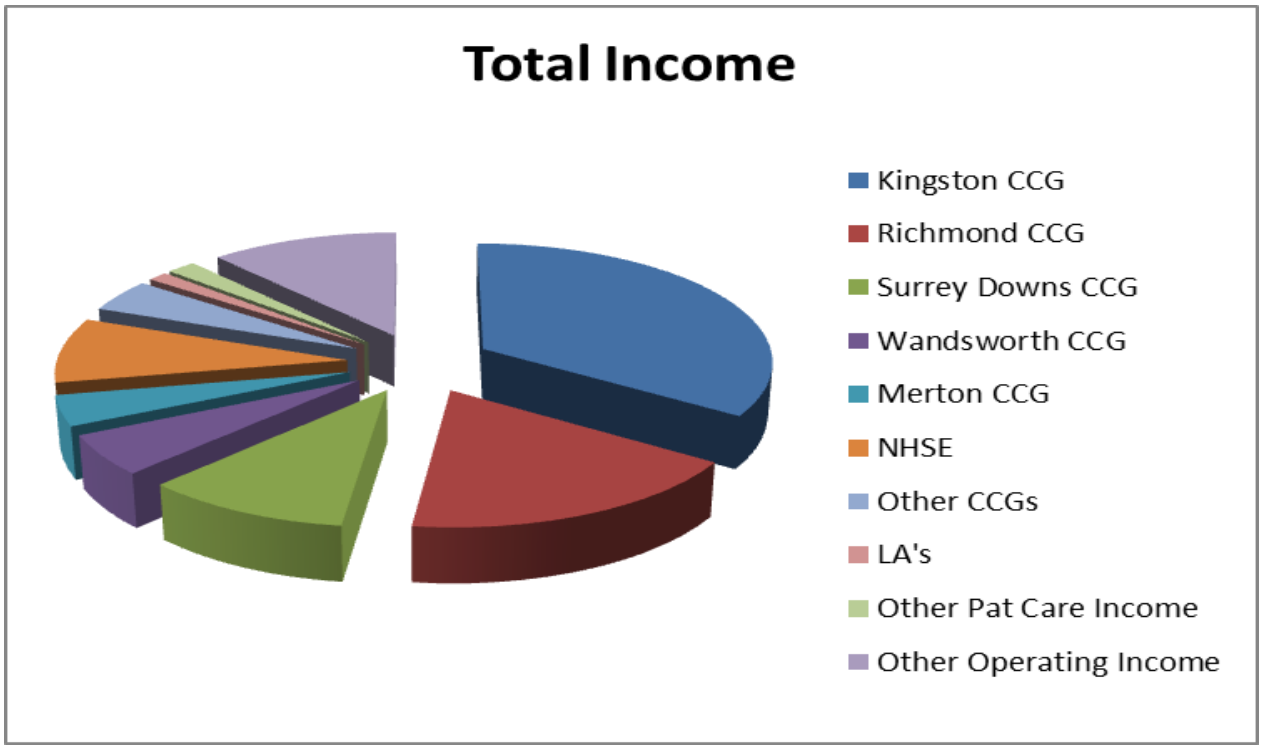
NHSE/I has confirmed that an allowance can be made against our original control total to take account of these exceptional costs. Once this allowance is taken into account, then our adjusted variance against the control total is slightly better than originally expected, showing a favourable variance of £0.02m.

The Trust's retained deficit for the year is £5.45m. This figure is arrived at taking the deficit financial position of £8.72m as shown above and adding back Provider Sustainability Funding (PSF) of £6.13m; a further allowance relating to our levels of emergency admissions Marginal Rate Emergency Tariff (MRET) of £3.1m and a third adjustment for the net value of donated assets of £0.73m and then deducting £6.68m relating to impairments.

Income

In the year to 31st March 2020, the Trust received income of £309.8m, excluding Donated Asset Income from Kingston Hospital Charity. This is 4.0% higher than the income received for the year to 31st March 2019, and is detailed overleaf:

	Year to 31st March 2020	Year to 31st March 2019
	£m	£m
Patient Care Income	**273.6**	247.7
Education, Training and Research	**11.0**	10.3
Other	**25.2**	39.7
Total Income	**309.8**	297.7



We received Patient Care Income of £273.6m. This is an increase of 10.5% compared to the year to 31st March 2019 and is driven largely by a £10.9m increase in non-elective and Accident and Emergency activity, and £6.9m central funding for additional pension contributions. Approximately 88% of total revenue came from patient care in 2019-20 compared to 83% in 2018-19. Of the Other Income of £25.2m shown above, £6.1m related to Provider Sustainability Funding (£23.6m in 2018-19).

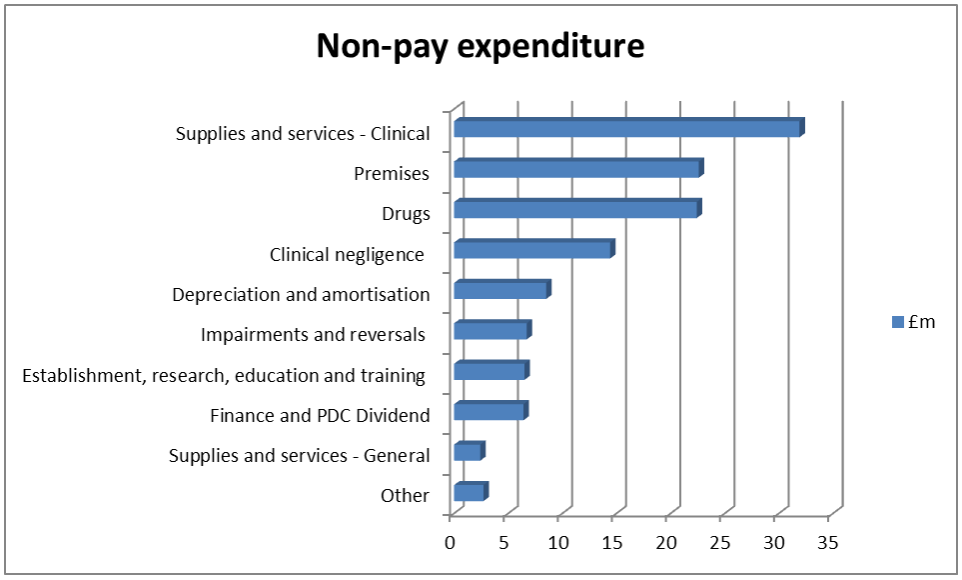
The recent revaluation of public sector pensions schemes resulted in a 6.3% increase (14.38% to 20.68%) in the employer contribution rate for the NHS Pensions Scheme. A transitional approach has been agreed nationally whereby an employer rate of 20.68% applies from 1st April 2019. The Trust's employer pension contributions are accounted at the higher rate and the Trust shows an equal amount of notional income. The change increases both expenditure and income by £6.9m over 2018-19 values.

Expenditure

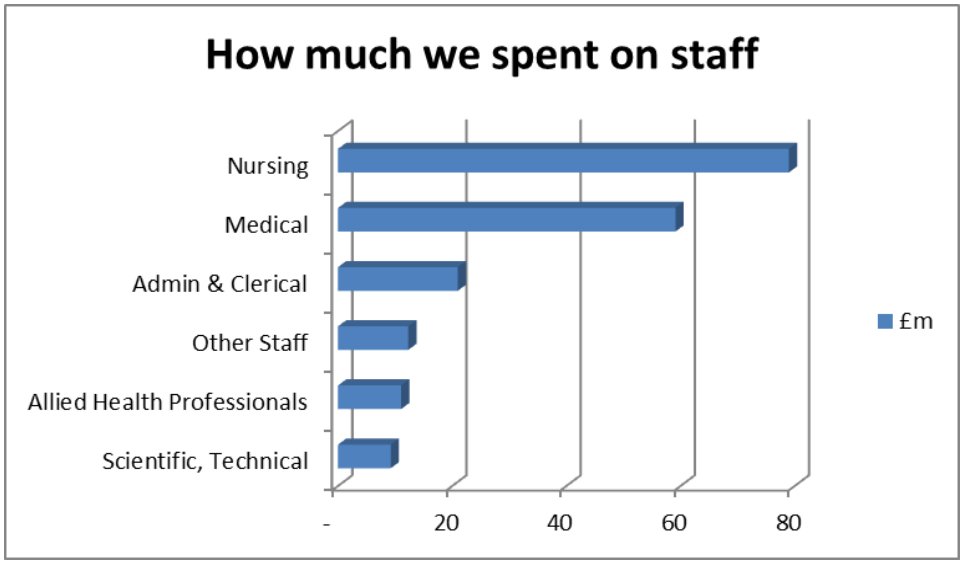
	Year to 31st March 2020	Year to 31st March 2019
	£m	£m
Staff Costs	191.6	171.5
Running Costs (Excluding Staff)	118.0	105.8
Finance Costs (Including PFI)	4.0	3.9
Public Dividend Capital dividend payable to HM Treasury	2.5	2.5
Total Expenditure	**316.1**	**283.7**

Total costs for the year ended 31st March 2020 were £316.1m, compared to £283.7m for the 12 months to 31st March 2019.

The chart below shows our expenditure excluding staff costs:



The chart below shows the total pay spend across all staff groups:

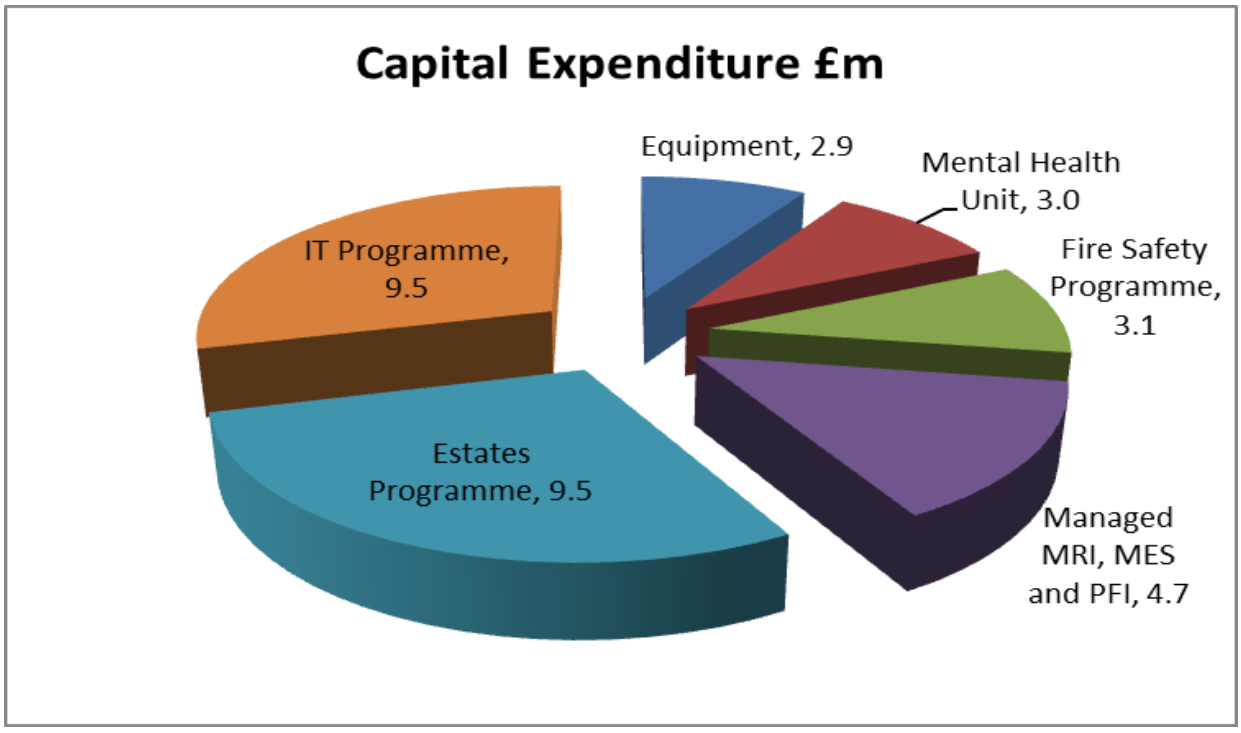


Total costs increased by £32.4m of which £20.1m related to staff costs. This included inflation, incremental drift and the £6.9m relating to notional employer contributions as outlined above. Temporary staffing costs of bank and agency decreased in comparison to the previous year ending 31st March 2019 from £26.0m to £24.2m.

Running costs (or non-pay costs) increased by £12.2m, including a £3.0m increase in Clinical Negligence Scheme for Trusts (CNST) premiums net of the earned rebate; the remaining increase was driven by increased costs of clinical supplies of £4.6m related to increased activity pressures and £2.8m increase in impairments.

Capital

The Trust delivered a capital expenditure against Capital Departmental Expenditure Limit (CDEL) of £32.7m, in line with the CDEL itself of £32.7m. The final spend was broken down as follows:



The above figures do not include £1.0m of Charity-funded capital and £0.5m of Covid-19 related capital.

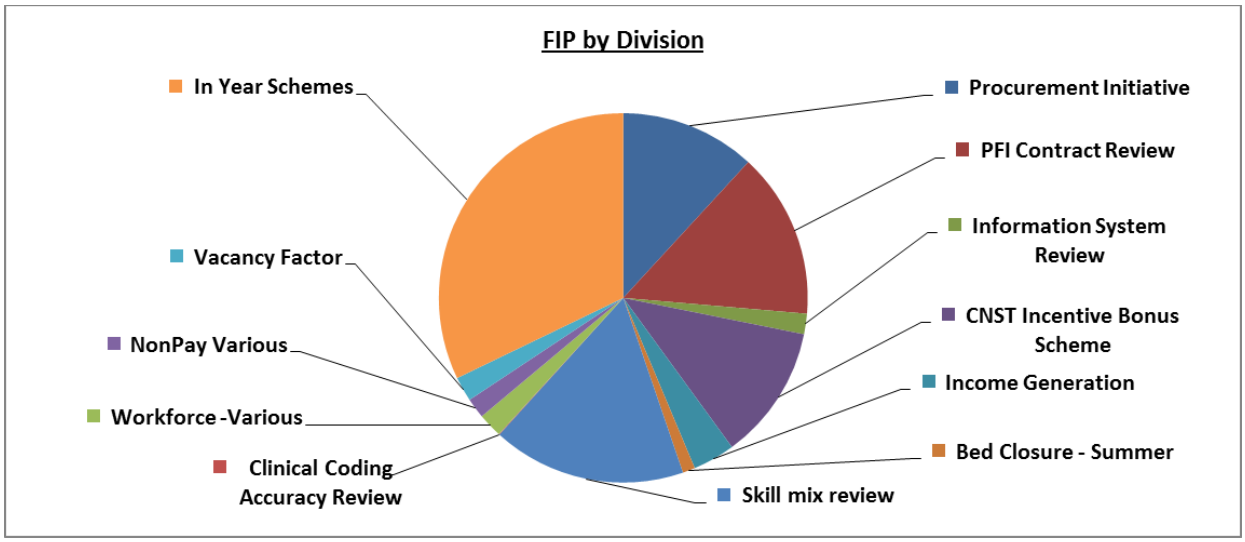
Revaluation and Impairment

The Trust's land, buildings and equipment were revalued as at 31st March 2020. This resulted in a total impairment of £11.1m. £6.7m of this was charged to operating expenses and £4.4m to the Revaluation Reserve. There were increases in land and building values of £6.8m. The total net increase in non-current asset values over the 12 months to 31st March 2020 was £16.1m.

Cash

The Trust's cash holding increased from £7.7m at 31st March 2019 to £14.7m at 31st March 2020. The Trust continues to utilise its working capital loan facilities with the Department of Health.

Financial Improvement Plans (FIPs)
The Trust delivered £9.2m of cost savings during 2019-20 against a target of £9.2m. This included £3.1m of new schemes in year to offset the previously unidentified target and a small amount of non-delivery of existing schemes including skill mix review.



2020-21 Future Plans
The Covid-19 pandemic has changed the financial framework under which the Trust will operate for the first four months of the 2020-21 financial year. It is recognised that the unprecedented changes arising from Covid-19 will impact the organisation's cost and revenue streams. As a result, the Trust will be funded for its cost base in the first four months of the financial year.

Prior to the new financial framework, the Trust as part of its business planning cycle, submitted a plan with a deficit of £3.3m before Provider Sustainability Funding (PSF) of £3.3m. On the assumption that the PSF is received in full, the Trust plans to report a break-even position.

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 England and Improvement, with the additional complexity of the impact of the Trusts response to the Covid-19 pandemic.

The Trust will start 2020-21 with a cash balance of £14.7m, and is forecasting a closing cash balance at 31st March 2021 of £4.6m.

Going Concern

The Trust is operating under a revised financial framework in response to the Covid-19 pandemic. As a result, the Trust will have its first four months of costs fully covered. The revised financial framework is constantly under review, with a view to possible extensions.

The Directors have reviewed the Trust's position in relation to Going Concern. For 2020-21 the Trust, under normal circumstances, is planning for a deficit of £3.3m excluding depreciation on donated assets of £0.2m and before Financial Recovery Funding (FRF) of £3.3m. On the assumption that the FRF is received in full, the Trust plans to return a surplus of £0.1m. Risk around the non-receipt of part of the total planned Financial Recovery Funding would be mitigated by measures to manage working capital as necessary.

To enable NHS providers to respond to Covid-19, a new interim funding arrangement has been adopted for NHS providers in England. Providers have agreed block contracts with commissioners and receive guaranteed block payments from commissioners. Central top-up payments from NHS England have been calculated utilising 2019-20 values for the period April to July 2020, and are intended to ensure a break-even position.

This top-up includes expenditure relating to Covid-19. The Trust has received confirmation of this funding up to and including 31st October 2020.

After making enquiries on budgeting, capital and cash requirements and the funding being made available to respond to the Covid-19 pandemic, 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.

On 2nd April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020-21 financial year. During 2020-21 existing DHSC interim revenue and capital loans as at 31st March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £37,474k are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

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 2019 to 31 March 2020. 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. 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 and September 2019, end of current term August 2021
Sian was first 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. Sian is passionate about outstanding patient care and dedicated to supporting the health and wellbeing of NHS staff. Sian provides mentoring support for aspirant NHS Foundation Trust Chairs through NHS Improvement's leadership training programme. With effect from 1st February 2020 Sian Bates was appointed as Chair-in-Common with Hounslow & Richmond Community Health Trust.

Dr Nav Chana MBE
Non-Executive Director
Appointed December 2016, reappointed December 2019, end of current term November 2021
Nav is a GP at the Cricket Green Medical Practice where he has been a GP for 28 years. He is the National Clinical Director for the National Association of Primary Care (NAPC) and has contributed to the development of primary care networks as described in NHS England's Long Term Plan. Previously, as Chairman of NAPC, he co-led the development of the 'primary care home' model which informed the national policy on primary care network. 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, reappointed April 2020, end of current term March 2023
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 NHS 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 & 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 a HR Director at the accountancy firm, EY, 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 customer service, managing large groups of people. Sylvia is also a Governor at a girls' school in Twickenham.

Dr Rita Harris
Non-Executive Director
Appointed August 2016,reappointed August 2019, end of current term July 2022
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 clinical 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, to September 2019
Joan joined the Trust Board on 13th 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.

Damien Régent
Non-Executive Director
Appointed October 2019, end of current term September 2023
Damien joined the Trust Board on 1st October 2019 and chairs the Audit Committee. He works at Board level with multiple organisations across sectors and his specific expertise is in finance and risk oversight. He is a Financial Analyst by background and spent a number of years as a Credit and Risk Analyst in the financial services industry.

Damien has Audit Committee responsibilities on the board of several organisations. At Médecins Sans Frontières (Doctors without Borders), he is vice-chair of the UK board and he chairs or is a member of UK and international audit/finance committees. He chairs the Finance, Audit and Risk committee at Crisis, the homelessness charity, and has a similar role at Pro Bono Economics, a charity consultancy. He was previously on the board of software businesses.

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 Year's Honours list.

Executive Directors

Jo Farrar
Chief Executive
Appointed to the Trust as Director of Finance in April 2015, Interim Chief Executive from April 2019, substantive Chief Executive from September 2019
Jo joined the Trust in 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.

Rachel Benton
Director of Strategic Development
Appointed March 2010 to April 2019
Rachel joined the Trust on 1 March 2010, having 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 Strategy & Transformation (non-voting)
Appointed October 2018
Alex joined the Trust in October 2018 as Director of Integration. 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.

Tracey Cotterill
Interim Director of Finance (non-voting)
Appointed April to December 2019
Tracey joined the Trust in February 2019, taking over as Interim Director of Finance on 1st April 2019. She has held Board level roles in the NHS for 7 years and, prior to that, many senior finance roles in Acute, Community and Mental Health providers. At Kingston Hospital, Tracey was executive lead for Finance, Procurement and the Estates functions, with a particular emphasis on ensuring the Trust provides good value for money while maintaining high quality services. She focused on ensuring that the Trust has a sustainable financial position working closely with all Trust services and system partners to achieve this.

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.

Yarlini Roberts
Interim Director of Finance
Appointed December 2019
Yarlini joined the Trust Board on 2nd December 2019 and brings 26 years' experience in the NHS after qualifying as a Chartered Certified Accountant and a number of years in accounting practice. She has held several senior roles in NHS provider and commissioning organisations in South London, including Director of Financial Strategy for SWL Alliance. Yarlini worked as Director of Finance for Kingston and Richmond CCGs and also supported the major Mental Health consultation in South West London in 2014 as Finance lead.

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, and supported the College Board through a successful merger in 2007 and achievement of Ofsted 'outstanding' for governance. 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, retired March 2020.
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. 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.

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 shows the Trust's performance against its financial sustainability, efficiency and controls during 2019-20.

Area	Metric	2019-20 Scores				2018-19 Scores			
		Q1	**Q2**	**Q3**	**Q4**	Q1	Q2	Q3	Q4
Financial sustainability	Capital service capacity	**4**	**4**	**4**	**4**	4	4	1	1
	Liquidity	**1**	**1**	**2**	**4**	3	3	1	1
Financial efficiency	I&E margin	**4**	**4**	**3**	**2**	4	4	1	1
Financial controls	Distance from financial plan	**1**	**1**	**1**	**2**	1	1	1	1
	Agency spend	**1**	**1**	**1**	**1**	1	1	1	1
Overall scoring		**3**	**3**	**3**	**3**	3	3	1	1

In the above table, a low score denotes better performance than a higher number. Capital service cover and liquidity ratings, each at 4, overrode better scores for I&E margin and agency rating, to generate an overall score of 3 at 31st March 2020.

The metrics above have not been adjusted to reflect the annual leave accrual of £975k which the Trust made at March 2020 in respect of Covid-19, and which was not funded centrally as part of Covid-19 costs. This caused the metrics shown above at March 2020 to be lower than would otherwise have been the case.

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. No material inconsistencies have been identified between the Annual Governance Statement, Corporate Governance Statement, 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, the Patient Safety & Risk Management 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 the performance of the Board. More detail is shown on page 60.

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', and the policy was reconfirmed by the Board in September 2019. 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.

During 2019-20 the Board took account of guidance issued by NHS England/Improvement and the National FTSU Guardian and concluded from the output from the accompanying self-review tool that there is evidence that staff know how to raise concerns, and do so, and that compassionate leadership is a strong component of a culture that supports raising concerns.

The Workforce Strategy and continued management development work link closely to maintaining this culture.

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 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 and the information is published on the National Guardian's website:
https://www.nationalguardian.org.uk/speaking-up-data/

Patient Advice and Liaison Service (PALS)

The PALS service logged 1,634 cases in 2019-20, which is a 4% decrease from 2018-19. The most prominent three themes of the concerns raised were: appointment related concerns (41% of total concerns raised), communication concerns (21%) and care and treatment concerns (10%). During 2018-19, appointment related concerns accounted for 36% of the concerns received, communication concerns 22%, and care and treatment concerns 15%.

Complaints

Every reasonable effort is made to resolve complaints at a local level and this involves correspondence and meetings with complainants. In 2019-20 the number of formal complaints received was 434, which is a 34% increase from 2018-19. The 2018 NHS Inpatient Survey findings indicated that more action was needed to improve people's awareness of how to complain and the Trust has responded to this by improving the visibility of information about all our feedback mechanisms. The increase in complaints is therefore seen as an indicator that action taken by the Trust to encourage more feedback has been successful.

The most prominent three themes of complaints in 2019-20 were: care and treatment (22%), appointment related issues (17%) and communication (15%). In 2018-19, the three most prominent themes were: care and treatment (21%), communication (20%) and appointment related issues (15%).

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, both of 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 Complaints and Governance Departments 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 2019-20 was 54% 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 to continually improve the complaints process, 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.

Emergency Preparedness, Resilience and Response (EPRR)

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

NHS England has an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England and NHS Improvement asks commissioners and providers of NHS funded care to complete an EPRR annual assurance process.

Main Assurance

Kingston Hospital is 100% compliant with the core standards and therefore has an assessed level of compliance of FULLY COMPLIANT.

Deep Dive Assurance

An additional set of questions on severe weather and climate adaptation was the 'deep dive' topic for this year. Kingston Hospital is 100% compliant and therefore has an assessed level of compliance of FULLY COMPLIANT.

Identified Areas of Good Practice

The following areas where identified as good practice by NHS England and NHS Improvement:

- EPRR Policy – V03.00 (demonstration of EPRR assurance rating).
- Major Incident and Mass Casualty Plan - V14.00
- Core Standard 26 – EPRR Training (comprehensive training suitably aligned to organisational risks).

Working with our Partners

During 2019-20 the Trust was actively involved in a range of strategic collaborations, working closely with our partners across South West (SW) London on system transformation. Members of the Trust's Executive Team hold key leadership roles in the governance groups leading development of the detailed plans.

More locally, the Trust has been working with our partners in the former Kingston and Richmond Clinical Commissioning Groups, Kingston and Richmond Boroughs, South West London and St. George's Mental Health NHS Trust, local Primary Care Networks, 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.

South West London Health and Care Partnership

The Trust is part of the SW London Health and Care Partnership which focuses on the health and wellbeing needs of the population in South West London. The partnership is made up of other acute trusts, mental health providers, out of hospital providers, London Ambulance Services and Local Authorities, working alongside Clinical Commissioning Groups.

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 streamline back-office functions such as procurement services.

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'.

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.

Veolia
Veolia provide the Trust's onsite 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.

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
The Trust has a managed service contract with Siemens to renew all radiology equipment. We are working with Siemens to ensure each area where the equipment is being installed has been redesigned and refurbished to improve compliance to standards and enhance the patient and staff experience. The final phase is the development of 3rd CT Scanner Suite which will increase the Trust's capacity to meet the projected diagnostic demand of the cancer pathways.

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 2019-20 the Trust paid 68% of non-NHS invoices within 30 days of receipt.

	Year to 31st March 2020		Year to 31st March 2019	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**46,870**	**114,838**	47,189	110,450
Total Non- NHS trade invoices paid within target	**31,787**	**68,869**	19,590	46,768
Percentage of Non-NHS trade invoices paid within target	**68%**	**60%**	42%	42%
Total NHS trade invoices paid in the year	**1,760**	**14,663**	1,448	12,592
Total NHS trade invoices paid within target	**1,299**	**13,764**	1,161	11,637
Percentage of NHS trade invoices paid within target	**74%**	**94%**	80%	92%

AUDITED

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 2019-20.

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 exercising 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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, 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 and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Jo Farrar
Chief Executive
19th June 2020

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 Board (the 'senior managers' who influence decisions of the Trust as a whole).

Annual Statement on Remuneration

Senior Managers who served during 2019-20

Name	Role	
Sian Bates	Chairman	In post throughout 2019-20
Dr Nav Chana MBE	Non-Executive Director	In post throughout 2019-20
Jonathan Guppy	Non-Executive Director	In post throughout 2019-20
Sylvia Hamilton	Non-Executive Director	In post throughout 2019-20
Dr Rita Harris	Non-Executive Director and Senior Independent Director	In post throughout 2019-20
Joan Mulcahy	Non-Executive Director	In post until 31st September 2019
Damien Régent	Non-Executive Director	In post from 1st October 2019
Dame Cathy Warwick	Non-Executive Director	In post throughout 2019-20
Jo Farrar	Chief Executive	Interim from 1st April-30th August 2019 Substantive from 1st September 2019
Rachel Benton	Director of Strategic Development	In post until 30th April 2019
Sally Brittain	Director of Nursing & Quality	In post throughout 2019-20
Kelvin Cheatle	Director of Workforce and Organisational Development	In post throughout 2019-20
Yarlini Roberts	Interim Director of Finance	In post from 2nd December 2019
Mairead McCormick	Chief Operating Officer	In post throughout 2019-20
Jane Wilson	Medical Director	In post throughout 2019-20

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 & 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 2019-20 the Committee met five times.

Name	Position	Attendance
Sian Bates	Chairman	5/5
Dr Nav Chana MBE	Non-Executive Director	4/5
Jonathan Guppy	Non-Executive Director	5/5
Sylvia Hamilton	Non-Executive Director	4/5
Dr Rita Harris	Non-Executive Director	4/5
Joan Mulcahy	Non-Executive Director	2/3
Damien Régent	Non-Executive Director	2/2
Dame Cathy Warwick	Non-Executive Director	5/5

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 June 2019, effective from 1st April 2019 for the full financial year.

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
- Three other Governors
- The Senior Independent Director is in attendance and chairs the Committee when matters associated with the Chairman are considered
- The Director of Workforce & 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 2019-20 the Committee met twice.

Name	Position	Attendance
Richard Allen	Lead Governor (Elected Public Governor)	2/2
Sian Bates	Chairman	2/2
Marilyn Frampton	Elected Public Governor	2/2
Dr Naz Jivani	Appointed Governor	0/2
Frances Kitson	Elected Public Governor	2/2
Jack Saltman	Deputy Lead Governor (Elected Public Governor)	2/2
Terry Silverstone*	Elected Public Governor	1/1
Professor Peter Tomkins	Elected Public Governor	1/2

*joined the Committee part way through the year.

The gross pay for Sian Bates as Chairman of the Trust for the period ending 31st March 2020 was £50,000. The gross pay for each of the Non-Executive Directors was £15,000.

The Committee concluded the process of seeking a new Non-Executive Director with ability to chair the Audit Committee during the year and recommended the reappointment of two of the Non-Executive Directors. 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 & 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

Five senior managers claimed expenses during 2019-20 totalling £1,135.01. No Governors claimed expenses during 2019-20.

Salary and Pension Entitlements of Senior Managers

a) Remuneration 2019/20

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)
Jo Farrar (Chief Executive Officer from 1st September 2019, prev Interim Chief Executive Officer from 1st April 2019)	170-175			0-5	95-97.5	270-275
Yarlini Roberts (Interim Director of Finance from 2nd December 2019)	40-45				82.5-85	125-130
Mairead McCormick (Chief Operating Officer)	135-140			0-5	25-27.5	165-170
Jane Wilson (Medical Director to 31st March 2020) *	190-195					190-195
Rachel Benton (Director of Strategic Development to 30th April 2019)	195-200					195-200
Sally Brittain (Director of Nursing and Quality)	125-130			0-5		125-130
Kelvin Cheatle (Director of Workforce)	100-105			0-5		105-110
Sian Bates (Chair & Non-Executive Director)	45-50					45-50
Sylvia Hamilton (Non-Executive Director)	10-15					10-15
Joan Mulcahy (Non-Executive Director to 30th September 2019)	5-10					5-10
Jonathan Guppy (Non-Executive Director)	10-15					10-15
Dr Rita Harris (Non-Executive Director)	10-15					10-15
Dr Navnit Chana MBE (Non-Executive Director)	10-15					10-15
Dame Cathy Warwick DBE (Non-Executive Director)	10-15					10-15
Damien Régent (Non-Executive Director from 1st October 2019)	5-10					5-10

* The Medical Director's total remuneration included £42k that was related to her non-managerial role

In addition to the names shown above, Tracey Cotterill was the Interim (non-voting) Director of Finance from 1st April 2019 to 1st December 2019. Her salary was in the band of 105-110, total remuneration within the band of 105-110.

AUDITED

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

AUDITED

b) Pension Benefits 2019/20

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 2020 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5000) £000	Cash equivalent transfer value at 1 April 2019 £000	Real increase in cash equivalent transfer value £000	Cash equivalent transfer value at 31 March 2020 £000	Employer's contribution to stakeholder pension £'000
Jo Farrar (Chief Executive Officer from 1st September 2019, prev Interim Chief Executive Officer from 1st April 2019)	5-7.5	5-7.5	35-40	60-65	475	96	583	25
Yarlini Roberts (Interim Director of Finance from 2nd December 2019)	0-2.5	0-2.5	35-40	80-85	588	90	693	6
Mairead McCormick (Chief Operating Officer)	0-2.5	-2.5-0	50-55	120-125	892	47	960	20
Rachel Benton (Director of Strategic Development to 30th April 2019)	-2.5-0	-2.5-0	40-45	90-95	751	7	776	1
Sally Brittain (Director of Nursing and Quality)	0-2.5	0-2.5	45-50	135-140	944	33	999	18

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

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement. During the year, the Government announced that public sector pension schemes will be required to provide indexation on the Guaranteed Minimum Pension element of the pension. NHS Pensions has updated the methodology used to calculate CETV values as at 31 March 2020. The impact of the change in methodology is included within the reported real increase in CETV for the year.

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 2019-20 was £197,500 (financial year 2018-19 was £197,500). This was 4.7 times (5.1 times in 2018-19) the median remuneration of the workforce, which was £41,969 (2018-19 median remuneration £38,958).

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

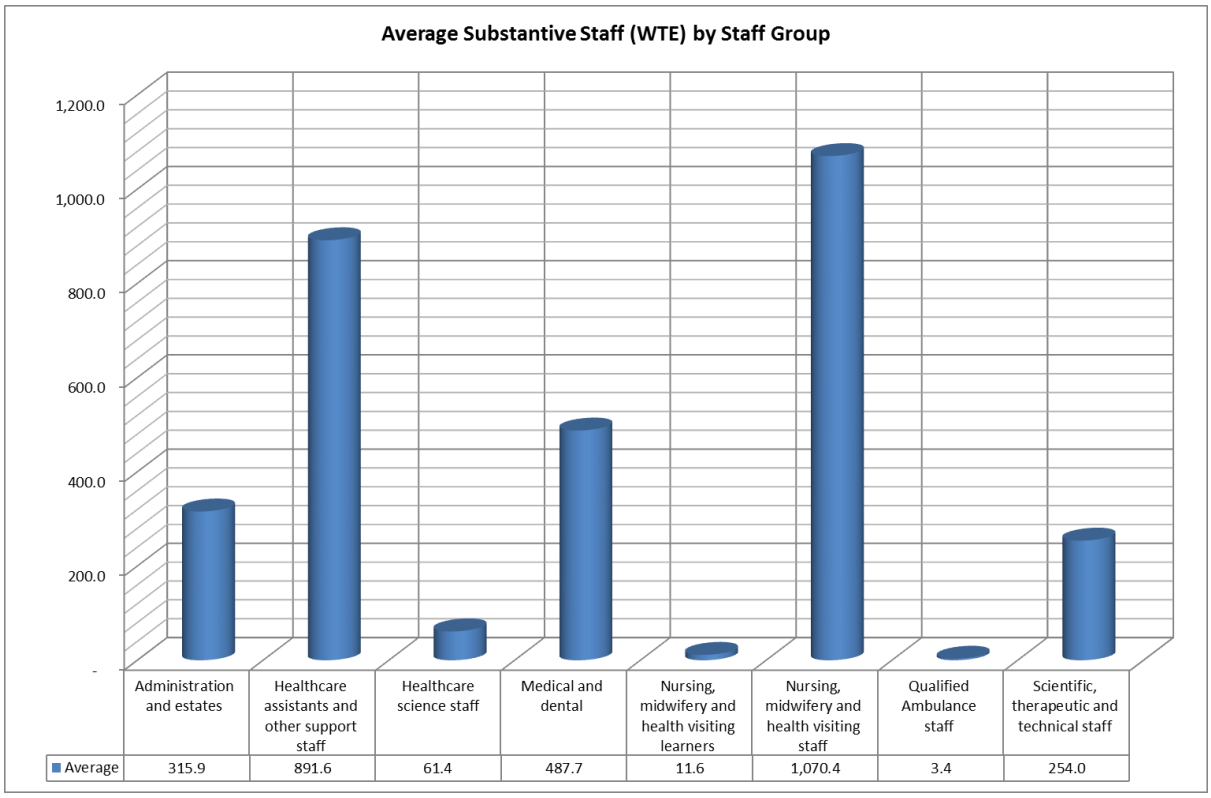
Sian Bates
Chairman
19th June 2020

Jo Farrar
Chief Executive
19th June 2020

Staff Report

Staff Numbers and Gender Profile

The average whole time equivalent employed by the Trust is 3073.8 in the following staff groups:



All Staff as at 31st March 2020

The Trust employs a predominately female workforce with 74.7% 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 25%. The table below breaks down the staff in post gender profile by pay band.

	Female WTE	Female %	Male WTE	Male %	Total Wte
App	9	81.8%	2	18.2%	11
Band 2	360	76.1%	113	23.9%	474
Band 3	206	80.9%	48	19.1%	254
Band 4	147	84.1%	28	15.9%	175
Band 5	497	75.5%	161	24.5%	658
Band 6	431	82.2%	93	17.8%	525
Band 7	248	81.4%	57	18.6%	305
Band 8a	135	78.3%	37	21.7%	172
Band 8b	31	77.9%	9	22.1%	40
Band 8c	17	70.3%	7	29.7%	24
Band 8d	8	66.1%	4	33.9%	12
Band 9	3	100.0%		0.0%	3
Doctors	273	53.4%	238	46.6%	511
VSM	8	67.8%	4	32.2%	12
Total	**2373**	**74.7%**	**801.68**	**25.3%**	**3175**

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 2020

	Number	%
Female	10	66.7%
Male	5	33.3%
Total	**15**	

*including non-voting members, Non-Executive Directors and Chairman

Senior Leaders in the Trust as at 31st March 2019

	Number	%
Female	59	74.7%
Male	20	25.3%
Total	**79**	

*Band 8b and above (excluding Board Members)

Gender Pay Gap Report

Under The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, the Trust is required to report annually information relating to gender pay gap within the organisation. Due to the Covid-19 pandemic the Government are not requiring organisations to report their data for 2019 to 2020. The Trust's report for the previous year 2018 to 2019 can be found here: https://www.kingstonhospital.nhs.uk/our-trust/equality-and-diversity.aspx

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 has 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.
- A story from a patient, carer, staff or volunteer is given at the beginning of each Trust Board meeting, providing an opportunity for the Board to connect with patients, relatives, frontline staff and volunteers and to view the meeting's agenda with their story in mind.
- The Annual General and Annual Members Meeting.
- Engagement events and forums to discuss specific initiatives and feedback with staff; for example, the 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 Trust's 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 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 individual messages of thanks to be given to staff members. Part of the remit is to recognise where and when the values have been lived.

NHS Staff Survey Report

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 from the 2019 Staff Survey are once again very positive. The Trust has made improvements in a number of key areas and produced a higher than average score in 59% of the questions.Nationally, the Trust is ranked 6th out of 85 Acute Trusts, a significant achievement and an improvement on last year's ranking of 8th, demonstrating an upward trend over the last few years.

Response Rate

The final response rate this year is 65.2%, an increase of almost 7% from last year's score of 58.5%. This is significantly higher than the average rate of 51% for all Acute Trusts surveyed by Picker. This provides confidence that the results represent the majority view of the workforce.

Staff Engagement and other Key Themes

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 7th, with the average score at 7.0.

In relation to this the Trust has very high advocacy scores with 74% of staff recommending the Trust as a place to work, 82% recommending the Trust as a place to receive treatment and 85% that care of patients is seen as a top priority.

Staff engagement is one of the key themes in the survey. There are 11 in total, which are provided below with the Trust's score compared to the national average. The Trust scores higher in 5 areas, the same in three areas with three lower scores.

		KHFT			Acute Trust	
	Theme	2018	2019	Trend	2019 Average	Variance
1	Equality, diversity & inclusion	8.8	8.7		9.0	- 0.3
2	Health and wellbeing	5.9	5.8		5.9	- 0.1
3	Immediate Managers	6.8	7.0		7.0	-
4	Morale	6.1	6.1		6.1	-
5	Quality of appraisals	5.9	6.1		5.6	0.5
6	Quality of care	7.8	7.6		7.5	0.1
7	Safe enviroment: bullying & harassment	7.9	7.7		7.9	- 0.2
8	Safe enviroment: violence	9.4	9.4		9.4	-
9	Safety Culture	7.1	7.0		6.7	0.3
10	Staff engagement	7.3	7.3		7.0	0.3
11	Team working	6.8	6.8		6.6	0.2

Areas of Improvement and High Performance

The Trust scores significantly better than the Picker Acute Trust average in 53 out of the 90 questions. Significant improvement on last year's scores has been made in 5 questions and for 57 questions scores have improved overall.

Top Ranked Scores

Top 5 scores (compared to average Picker)	
82%	If friend/relative needed treatment would be happy with standard of care provided by organisation
52%	Communication between senior management and staff is effective
70%	Feedback from patients/service users is used to make informed decisions within directorate/department
74%	Would recommend organisation as place to work
45%	Senior managers act on staff feedback

Most improved from the Last Survey	
31%	Appraisal/review definitely helped me improve how I do my job
70%	Immediate manager takes a positive interest in my health & well-being
42%	Appraisal/performance review: Clear work objectives definitely agreed
39%	Appraisal/performance review: definitely left feeling work is valued
45%	Appraisal/performance review: organisational values definitely discussed

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

Areas that Require Improvement

The Trust is significantly worse than the Picker Acute Trust average in only 12 out of the 90 questions. The Trust scored significantly worse compared to last year in 6 questions and in 31 questions scores have reduced. However, in only 3 of these questions the percentage has decreased by over 5%; all other questions have a minimal reduction.

Bottom Ranked Scores

Bottom 5 scores (compared to average Picker)	
87%	Not experienced discrimination from patients/service users, their relatives or other members of the public
40%	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours
67%	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
67%	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities
59%	Don't work any additional paid hours per week for this organisation, over and above contracted hours

Least improved from the last survey	
52%	I have a choice in deciding how to do my work
38%	Enough staff at the organisation to do my job properly
79%	In the last month have not seen errors/near misses/ incidents that could hurt staff
78%	Not experienced harassment, bullying or abuse from other colleagues
76%	Not felt pressure from colleagues to come to work when not feeling well enough

Areas that require improvement include staff experiencing bullying, harassment and abuse from patients, relatives and public, and pressure at work – working additional hours and insufficient staff.

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, focusing on seven "pillars": Workforce Planning, Resourcing, Pay and Reward, Engagement, Equality, Diversity & Inclusion, Learning and Education/OD, and Health and Wellbeing. An annual delivery plan of priorities is developed and implemented for each year.

An action plan is being developed in response to the results of the Staff Survey, to be 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.

Equality, Diversity & Inclusion

- Conduct deep dive analysis to understand better the data around diversity and inclusion, identifying the issues to be addressed and formulating an action plan.
- Continued compliance with yearly statutory and mandatory reporting against WRES, WDES and Gender pay gap and formulating robust action plans against these to be approved and overseen by the Trust's Equality & Diversity Committee.
- Support the growth of existing staff networks and development of new ones to provide an effective voice mechanism for staff across all protected characteristics.

Health & Wellbeing

- Continue with our comprehensive and award-winning health and wellbeing provision with a particular focus on musculoskeletal issues, encouraging rest breaks and support for mental wellbeing and building emotional resilience.

Bullying and Harassment

- Continue to raise awareness through improved publicity and reporting mechanisms using the Trust's Speak Up 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.

Retention

- Continue work on delivering cohort recruitment and a comprehensive development and support programme for patient pathway administration posts, and expand across all administrative and clerical and estates staff.

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

Recruitment & Retention

The workforce key performance indicators in respect of recruitment and retention are the turnover and vacancy rates. The Trust turnover rate for March 2020 was 14.37%, which is a 0.31% reduction from the previous year. The vacancy rate for March 2020 was 4.78% which is a 4.56% improvement from the previous year. These demonstrate that the Trust is performing well in this area and compares favourably with other London Trusts.

The Trust has identified the need to improve the recruitment and retention of administrative, clerical and estates staff. Having undertaken a deep dive to better understand the challenges with this staff group in July 2019, a programme of work was designed and approved by the Trust's Workforce Committee.

The project is being overseen by a small steering group. The main focus of the project has been organising and delivering cohort recruitment for patient pathway administration posts supported by a comprehensive induction, development and support programme.

There are four strands to the project which include recruitment, induction and further training, further analysis/data and workforce redesign.

Cohort recruitment commenced in October 2019 and has now become established as 'business as usual'. Early results show there has been some improvement in turnover for November and December 2019 compared with the same period in 2018.

Objectives for Pay & Reward

- Ongoing 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.

Health & Wellbeing

The Trust continues to recognise that staff are our greatest resource maintaining the view based on evidence that staff health and wellbeing can improve patient outcomes. As increasing pressures on staff and the NHS continues, it remains 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 way both to encourage staff retention and to attract external candidates seeking new employment.

The Occupational Health & 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 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. Examples of this support includes 1:1 'Time to Talk' appointments, Team Debriefing after distressing incidents and 1:1 or team Mind, Body Awareness sessions. 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 significant and continued improvement in key performance metrics such as turnover, stability and vacancy rates. Our proudest achievement is having being rated 'Outstanding' by the CQC in August 2018.

The Trust has also won the Health for Heroes Staff Retention and Wellbeing Employer of the Year award (2018) and the Healthcare People Management Association (HPMA) Vivup Award for Wellbeing (2019) and has also been recognised nationally with media interest and positive press.

Sickness Absence

The average sickness absence rate for 2019-20 is recorded as 3.26%, which is above the Trust target of 2.6%, but compares favourably with other London Trusts.

Average sickness data by staff group is shown below:

Staff Group	Average Sickness Rate
Maternity Support Workers	7.13%
Nursing Assistants	5.56%
Admin & Estates	3.99%
Clinical Support	3.92%
Qualified Midwives	3.74%
Qualified ST&Ts	3.03%
Qualified Nursing	2.99%
Qualified AHPs	2.27%
Medical & Dental	0.99%
Ambulance	0.59%
Trust Average	**3.26%**

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 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.

Learning, Development & OD

The Trust is continuing to develop the range of learning experiences provided to staff to ensure that we have a workforce which is able to progress and develop.

In 2019-20, building on the extensive range of accredited management qualifications already available through apprenticeships, we launched the MA in Clinical Leadership with London South Bank University. Our plan for 2020-21 is to build further on these development programmes for managers by offering a range of internal masterclasses on a wide range of subjects from the practical to the theoretical.

Since 2018 there have been over 200 apprenticeships undertaken at the Trust, ranging from cyber security to nursing associates. These range from Level 2 (equivalent to GCSEs) to Level 7 (equivalent to a Masters degree) and in 2020-21 we plan to become an Employer Apprenticeship provider so that we can support functional skills development within our staff as well as better utilising the apprenticeship levy.

The provision of statutory and mandatory training required for staff was reviewed this year to ensure that every member of staff now has a bespoke profile of what training they are required to undertake that is relevant to their role, and that they can access it easily through the NHS Electronic Staff Record (ESR) at work or remotely. Managers are also now able to identify what completion rates their staff have through a one screen display in manager self-service.

Simulation training on a wide range of scenarios continues to be provided and is developing all the time in complexity, supported by a new simulation mannequin provided by the Trust charity. We have also revised and updated the training provision for manual handling and resuscitation, incorporating contemporaneous incidents to ensure relevancy as well as adapting the training to suit prior subject knowledge. In addition, in 2019 the induction for junior doctors was revised to incorporate an Objective Structured Clinical Examination (OSCE) style process which has proven to be very effective and will continue for 2020.

In 2020-21 we will be rolling out human factors training in a variety of different of different scenarios as well as continuing to expand the current availability of apprenticeship based qualifications.

Diversity & Inclusion

The Trust remains committed to providing services and employment opportunities that are inclusive across all of the protected characteristics 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 chairs the Equality and Diversity Committee which oversees all work carried out in this area and reports directly to the Trust Board.
- Training – compliance with mandatory Equality & Diversity Training incorporating the Equality Act Legislation continues to be 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 is compliant with all statutory and mandatory reporting in this area and has consistently reported yearly on the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Gender Pay Gap report.
- Key indicators – there has been significant improvement in a number of WRES indicators as well as gender pay gap data and the Trust is engaged in initiatives to address areas with low scores and to further improve outcomes for staff
- Diverse Interview Panels – the Trust began a pilot for BAME representation at Interview panels to reduce any potential bias in the recruitment process affecting career development.
- Reverse Mentoring – this has been implemented to support positive action around the Trust's WRES data encouraging important conversations on issues faced by BAME staff. 10 members of the Board are partnered with 10 BAME staff within the Trust
- Speak Up Champions - the Trust has appointed a range of staff who are designated representatives offering support to other staff members on issues relating to bullying and harassment. Work is being carried out to recruit more Speak Up Champions to ensure diverse representation of staff and to develop sufficient training allowing them to feel more equipped to provide support.

- Staff support – the Trust's Diversity & Inclusion Lead continues to provide direct support to the Trust and staff on a range of issues across the protected characteristics and including bullying and harassment.
- Staff Networks – the Trust is committed to growing and supporting its staff networks which include PRIDE Kingston, BREXIT, MEGA (Minority Ethnic Group for All) and the Disability Staff Network.
- 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.
- Disability Confident Scheme – the Trust is signed up to the Disability Confident Scheme and is currently Disability Confident Committed (Level 1) working towards becoming a Disability Confident Employer (Level 2). The scheme supports organisations to recruit, retain and develop disabled people and those with other health conditions. An action plan has been developed to improve the experience of staff with disabilities.
- Rainbow Badges – the Trust has launched Rainbow badges which is an initiative that gives staff a way to show that the Trust offers open, non-judgemental and inclusive care for patients and their families who identify as LGBT.

Trade Union Facility Time

The Trust is required to report annually showing the time spent by Trust employees carrying out their duties and activities as a trade union representative. Annual submission is required by the Trust by 31st July each year. The Trust's submission for Trade Union facility time for the period of 1st April 2018 to 31 March 2019 is shown below.

Trade Union Representatives and Full-time Equivalents

	Period of 1 April 2018 to 31 March 2019
Number of employees within the Trust	1,501 to 5,000
Number of trade union representatives	18
FTE number of trade union representatives	18

Percentage of Working Hours spent on Facility Time

	Period of 1 April 2018 to 31 March 2019
Percentage of working hours spent on facility time by all representatives	1-50%

Total Pay Bill and Facility Time Costs

	Period of 1 April 2018 to 31 March 2019
Total pay bill	£171523000
Total cost of facility time	£25,211.25
Percentage of pay spent on facility time	0.01%

Paid Trade Union Activities

	Period of 1 April 2018 to 31 March 2019
Total number of hours representatives spend on paid facility time during period	971
Total number of hours representatives spend on paid trade union activities	180
Percentage of total paid facility time hours spent on paid trade union activities	15%

Expenditure on Consultancy

The Trust's expenditure on consultancy during 2019-20 was £1,022,000 (2018-19 was £975,000).

Off-payroll Engagements

Summary of off-payroll engagements as at 31 Mar 2020, for more than £245 per day and that last for longer than six months	2019/20
	Number of engagements
	Number
No. of existing engagements as of 31 Mar 2020	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 2019 and 31 Mar 2020, for more than £245 per day and that last for longer than six months	2019/20
	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 £
<£10,000	-	-	1	4,000	1	4,000
£10,000 - 25,000	-	-	5	71,000	5	71,000
£25,001 - 50,000	-	-	1	31,000	1	31,000
£50,001 - 100,000	-	-	-	-	-	-
£100,001 - 150,000	-	-	-	-	-	-
£150,001 - 200,000	1	190,000	-	-	1	190,000
>£200,000	-	-	-	-	-	-
Total	**1**	**190,000**	**7**	**106,000**	**8**	**296,000**

AUDITED

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. 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 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 duties and working practices of the Council of Governors are set out in the Trust's Constitution, supplemented by guidance published by NHS Improvement on the roles and responsibilities of the Council of Governors. 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 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. The Chairman was appointed for an exceptional third term of office following the Council of Governors' decision that her reappointment for a further two years was essential to enable her to embed the arrival of a new CEO, escalate the integration agenda and steer the development of the Trust beyond CQC Outstanding. NHS Improvement was consulted and endorsed the Council of Governors' decision prior to the reappointment being confirmed. With the support of the Council of Governors and the Trust Board, the Chairman was appointed Chair-in-Common with Hounslow & Richmond Community Health Trust with effect from 1st February 2020.

Deputy Chairman

The Board has not appointed a Deputy Chairman. When the Chairman is absent, one of the Non-Executive Directors is nominated to act as Deputy during that period.

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 2019-20.

The Board

The Board met at five scheduled meetings during the year under review plus four Board development sessions. Regular contact, including meetings of the Chairman and Non-Executive Directors without the Executives present, 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. Formal minutes of Board meetings are taken. 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. During 2019-20 there were no occasions on which Directors could not resolve concerns about the running of the Trust or a proposed action which would have required recording in the Board minutes.

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, 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 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 Council of Governors. A Non-Executive Director's term in office may, in exceptional cases, be extended beyond a second term on a case-by-case basis by the Council of Governors, 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 Council of Governors.

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 Council of Governors.

Directors and their Independence

At the end of the financial year, the Board comprised the Chairman, Chief Executive, five voting Executive Directors, six voting Non-Executive Directors 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. The Board, having endorsed the appointment of the Chairman as Chair-in-Common for the Trust and Hounslow and Richmond Community Health NHS Trust, discussed the potential that a conflict of interest may arise and considered how this should be addressed. The Board noted that the Trust's Constitution, and the provisions of the NHS Act 2006 on which it was based, permitted directors to have conflicts of interest where these were authorised by the Board.

The Board recognised that the Chairman's role as Chair-in-Common across the two Trusts did represent a potential conflict of interest, but agreed that this could exist on the basis that:

- The appointment would assist with facilitating closer collaboration between the Hospital and the Community Trust, with potentially significant benefit to the patients of both organisations;
- The appointment was made and supported by NHS England and NHS Improvement; and
- The Trust's Council of Governors, while acknowledging the challenges involved, were supportive of the Chairman fulfilling the role of Chair-in-Common.

In addition, the Board acknowledged that the Chairman would formally declare any explicit conflicts of interest in matters to be discussed and agreed by the Board or its Committees.

Register of Directors' Interests

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. 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

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. Grant Thornton were appointed as the Trust's external auditor following a competitive tender process for an initial period of three years from 1st April 2017 and the Council of Governors supported an extension of this appointment for a further year.

Board Committees

The following committees report to the Trust Board:

- Quality Assurance Committee
- Finance & 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 (2019-20)

The table overleaf sets out the number of Trust Board meetings and the number of Board committee meetings held during the year, together with the number of meetings attended by each Board member. Where an attendee was represented at a meeting by a formally designated deputy, the deputy's attendance is shown in the lower section of the table in italics with the initials of the director represented.

	Trust Board	Audit Committee	Equality & Diversity Committee	Finance & Investment Committee	Quality Assurance Committee	Workforce Committee
Total number of meetings held in 2019-20	**5**	**4**	**6**	**12**	**6**	**3**
Sian Bates (SB)	5/5		6/6		6/6	3/3
Sally Brittain (SBr)	5/5			7/12	2/6*	3/3
Dr Nav Chana	5/5				3/6	
Kelvin Cheatle (KC)	5/5		5/6			3/3
Jo Farrar	5/5			8/12		
Jonathan Guppy	5/5			12/12		
Sylvia Hamilton (SH)	4/5			8/12		3/3
Dr Rita Harris	4/5	4/4	5/6		3/6	
Mairead McCormick (MM)	5/5			6/12	3/6	1/3
Joan Mulcahy	2/3	2/2			4/6	
Damien Régent	2/2	2/2				
Yarlini Roberts	1/1			4/4		
Dame Cathy Warwick	5/5	4/4	5/6	12/12	6/6	
Jane Wilson	5/5			9/12	5/6*	3/3
Attendance by non-voting Directors						
Alex Berry	5/5					
Tracey Cotterill	4/4			8/8		
Susan Simpson	4/5					
Representation by Deputies						
Sian Bates				*2/12 for SH*		
Kelvin Cheatle				*4/12 for JF*		
Amira Girgis Deputy Medical Director					*1/6 for JW*	
Nikki Hill Assistant Director of Workforce (Development)			*1/6 for KC*			
Nichola Kane Deputy Director of Nursing					*2/6 for SBr*	
Tracey Moore Deputy Chief Operating Officer				*2/12 for MM*	*1/6 for MM*	*2/3 for MM*

* Quorum for QAC is shared between Director of Nursing & Quality and Medical Director.

Attendance at Council of Governors Meetings

The following table sets out the members of the Council of Governors during 2019-20 and the number of Council of Governors meetings attended by each member.

Name	Appointing Organisation/ Constituency	Term of Office	Attendance / of three meetings held in 2019-20*
Richard Allen	Elected Governor Kingston	Elected November 2012. Re-elected November 2015 and November 2018-21	3/3
Robert Markless	Elected Governor Kingston	Elected November 2011. Re-Elected November 2014 and November 2017-20	3/3
Michelle Deans	Elected Governor Kingston	Elected November 2017-20	2/3
Dr Marita Brown (resigned September 2019)	Elected Governor Kingston	Elected November 2014. Re-elected November 2017-20	1/3
Frances Kitson	Elected Governor Kingston	Elected November 2012 (Richmond). Elected (Kingston) November 2015 and re-elected November 2018-21	3/3
James Giles	Elected Governor Kingston	Elected November 2018-21	2/3
Raju Pandya	Elected Governor Kingston	Elected November 2018-21	3/3
Bonnie Green	Elected Governor Richmond	Elected November 2015. Re-elected November 2018-21	3/3
Cathy Maker	Elected Governor Richmond	Elected November 2017-20	3/3
Terry Silverstone	Elected governor Richmond	Elected November 2017-20	3/3
Jane Keep	Elected Governor Richmond	Elected November 2018-21	3/3
CJ Kim	Elected Governor Elmbridge	Elected November 2014. Re-elected November 2017-20	2/3
Jack Saltman	Elected Governor Elmbridge	Elected November 2015. Re-elected November 2018-21	3/3
Felicity Merz	Elected governor Wandsworth	Elected November 2017-20	3/3
Marilyn Frampton	Elected Governor Merton	Elected November 2011. Re-elected November 2014 and November 2017-20	3/3
Paul Hide	Elected Governor Sutton	Elected November 2014. Re-elected November 2017-20.	3/3
Prof Peter Tomkins	Elected Governor - Rest of Surrey and Greater London	Elected November 2011 Re-Elected November 2014 and November 2017-20	2/3
Pravin Menezes	Staff Governor Medical & Dental Practitioners	Elected November 2018-21	1/3
Sarah Connor	Staff Governor Nursing and Midwifery	Ends November 2017. Re-elected November 2017-20	3/3
Carlin Conradie	Staff Governor AHP & Clinical Support	Elected November 2017-20	2/3
Ursula Kingsley	Staff Governor Management and Administrative Staff	Ends November 2017, Re- elected November 2017-20	2/3
Dr Naz Jivani	Appointed Governor Kingston CCG	Appointed November 2012; November 2015; November 2018-21	2/3
Dr Kate Moore	Appointed Governor Richmond CCG	Appointed November 2016-19	0/3
Vacancy	Appointed Governor Surrey Downs CCG		
Dr Doug Hing	Wandsworth, Merton and Sutton CCGs	Appointed October 2017-20	1/3
Councillor Rowena Bass	Appointed Governor Royal Borough of Kingston upon Thames	Appointed October 2018-21	2/3
Councillor Margaret Thompson	Appointed Governor Royal Borough of Kingston upon Thames	Appointed May 2013; May 2016; May 2019-22	2/3
Councillor Piers Allen	Appointed Governor London Borough of Richmond	Appointed November 2018-21	2/3
Councillor Christine Elmer	Appointed Governor Elmbridge Borough Council	Appointed November 2012; November 2015; November 2018-21	2/3
Councillor Drew Heffernan	Appointed Governor, London Borough of Sutton for Sutton and Merton Borough Councils (Joint Nomination)	Appointed July 2018-21	2/3
Vacancy	Appointed Governor Wandsworth Borough Council		
Dr Julia Gale	Appointed Governor Kingston University	Appointed November 2013; November 2016; November 2019-22	2/3

* the fourth scheduled meeting of the year (March 2020) was cancelled due to the COVID-19 pandemic.

Company Secretary

The Board and Council of Governors have 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, Council 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 and the Council, 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 Governors 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 2019-20.

Lead Governor

The Council of Governors selects one of the Public Governors to be the Lead Governor. During 2019-20 Richard Allen (Public Governor - Kingston) carried out this role. In March 2020 the Council of Governors revised the role description for the Lead Governor and began a process for election of a new Lead Governor to take office for two years from 22nd June 2020. Frances Kitson (Public Governor – Kingston) will assume the Lead Governor role from that date.

The Council of Governors has selected a Deputy Lead Governor to deputise for the Lead Governor as necessary. During 2019-20 Jack Saltman (Public Governor - Elmbridge) has carried out the Deputy Lead Governor role. Cathy Maker (Public Governor - Richmond) has been elected to succeed him and will take office for two years from 22nd June 2020.

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

During 2019-20 the constitution of the Council of Governors was:

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

Merger of the six Clinical Commissioning Groups in SW London took place with effect from 1st April 2020. For the year ending 31st March 2021 the new appointing body, the SW London CCG, will appoint two members to the Council of Governors, which will reduce the constitution to 10 Partner appointed Governors.

Meetings of the Council of Governors
The Council held full meetings on three occasions during 2019-20. A fourth scheduled meeting in March 2020 was cancelled due to the Covid-19 (coronavirus) pandemic and substituted with a conference call for Governors. In addition to the full meetings the Council also participated in joint meetings of the Non-Executive Directors and the CoG, and the AGM/Annual Members Meeting.

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 during the year on the NHS Long Term Plan and the response to this in SW London and the Trust. A bespoke development workshop was commissioned from NHS Providers on the role of the Council of Governors; this included self-assessment of governance arrangements and agreement of actions to improve the Council's effectiveness.

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 & 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 2019-20. This included:

- Accompanying Executive and Non-Executive Directors on Walkabouts to various departments across the Hospital, both clinical and non-clinical.
- Governor engagement activities in outpatient waiting areas where governors recruit members and gather feedback on patient experience.
- Designated email addresses for Governors by constituency for patients, members and the wider public to contact them.
- 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 14 years into the recruitment programme, it has a substantial membership base of 7,037 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 Membership Recruitment & Engagement Committee reviewed the effectiveness of the Trust's Membership Engagement Strategy and Governor Involvement Strategy, the aims of these strategies being to promote good relationships, communication and engagement with the wider community through foundation trust membership, fundraising and some aspects of volunteering.

Items of achievement identified from work in 2019-20 were:

- The introduction of a new Membership form and an Easy Read Membership form.
- Successful use of the Governor Engagement activities to enable the Council of Governors to fulfil its responsibilities.
- An improvement feedback mechanism which has fed back into service improvements, for example patient information screen upgrade.
- The appointment of a membership-focused Communications Manager.
- Improved E-Buzz magazine and creation of an Editorial Board.

Foundation Trust Membership

Membership Size and Movements - 2019-20		
	At 1st April 2019	**At 31st March 2020**
Public constituency	7,089	7,037
Staff constituency	3,265	3,467
Analysis of current membership by age, ethnic origin, socio-economic group and by gender		
Public constituency	**Number of members**	**Eligible membership**
Age (years):		
14-16	1	Number not available
17-21	245	561,313
22+	4,923	7,438,582
Not stated	1,866	N/A
Ethnicity:		
White	2,550	5,911,117
Mixed	60	428,833
Asian or Asian British	528	1,575,044
Black or Black British	155	1,101,070
Other	2	290,267
Not stated	3,739	N/A
Socio-economic groupings:		
AB	2,558	1,289,993
C1	2,155	1,384,668
C2	1,035	622,888
DE	1,237	884,098
Gender analysis		
Male	2,323	5,090,336
Female	4,378	5,119,970
Not stated	336	N/A

Analysis by Constituency	Members	Number of Eligible population	Number of Public Governors
Elmbridge	833	137,888	2
Kingston	2,983	179,255	7
Merton	432	109,722	1
Rest of Surrey and Greater London	800	9,390,291	1
Richmond	1,350	199,124	4
Sutton	137	46,528	1
Wandsworth	301	147,498	1
Out of area/ Not Categorised	191	N/A	N/A

Annual Governance Statement

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound 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 I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

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 2020 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. The understanding of risk involves the interplay of risk processes affecting staff, patients and the environment. The Risk Management Strategy provides a framework for taking this forward through internal controls and procedures which encompass quality, health and safety, strategic and financial 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 has overall responsibility for risk management and having in place effective systems of risk management and internal control covering both clinical and non-clinical risk.
- 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 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 robust 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 Executive Management Committee (EMC) is the core leadership team for the Trust and with regard to management of risk it is responsible for ensuring:

- The Risk Management Strategy is implemented, and in doing so fosters greater awareness of risk management throughout the Trust.
- Systems are in place to support delivery of compliance with legislation, mandatory NHS Standards, NHS England/Improvement, CQC, NHSLA and other relevant bodies.

The Patient Safety & Risk Management Committee (PS&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 PS&RMC is to provide assurance to the 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 Board's 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 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:

Acceptable risk within Kingston Hospital Foundation Trust is defined as the risk remaining after controls have been applied to associated hazards that have been identified, quantified to the maximum practicable, analysed, communicated to the appropriate level of management and after evaluation, accepted.

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:

	5x5 Risk Matrix	**Likelihood**				
		1	**2**	**3**	**4**	**5**
	Consequence	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Consequence	**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 frequently

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 2019-20.

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 Quality Improvement Committee (QIC) to identify the most valuable quality indicators for the Board and maintain oversight of the clinical quality aspects of QIC'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 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 following activities undertaken during 2019-20 also support the Board's assurance on the effectiveness of its corporate governance structures and internal controls:

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

The Trust has published on its website an up to date Register of Interests, including gifts and hospitality, for decision-making staff (as defined by the Trust's policy with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

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 2019-20 there were no Serious Untoward Incidents relating to Informaiton Governance. The Trust received 4 complaints by the Information Commissioner's Office (ICO). One was with regards to our Privacy Notice (available on our website) in response to which we updated the Privacy Notice. Two were with regards to Subject Access Requests which have also been resolved. The fourth is regarding a Freedom of Information request for which we are awaiting a Decision Notice from the ICO.

In 2019-20 the Trust received 702 Freedom of Information (FOI) requests. 83% (at the time of writing) of the 2019-20 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 (51.4%) (though this may also conceal other categories), commercial enquirers (32.5%) and press (7.7%). Patients and relatives accounted for only 1 request. All Information delivered accounted for 51.0% of requests, which rose to 86.0% when partially delivered is taken into account. The top categories of request included staff information, IT infrastructure/software, statistics (for instance length of stay, numbers of procedures), contract Information, clinical services, drug information and agency and bank spend, policies/procedures/guidelines. The Trust is fully committed to meeting its information access legislation commitments. However, during the Covid-19 pandemic enquirers were informed of potential delays due to staff sickness and redeployment.

The Trust has been audited by Templar Executives and KPMG around cyber security and the Data Security and Protection Toolkit. The Trust is reviewing and working with the recommendations received.

Data Security and Protection Toolkit Attainment Levels

In the 2018-19 Data Security and Protection Toolkit the Trust was ranked as "standards not fully met - plan agreed". The plan was around finalising four of the IM&T assertions and attaining a training standard of greater than 95% of staff completing Data Security and Protection Training each year.

Due to Covid-19, NHS Digital has extended the submission period for the 2019-20 Toolkit. This is now due to be submitted by 30 September 2020.

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 issued guidance on the form and content of annual Quality Reports and in response to the pressures on the NHS from the Covid-19 pandemic removed the requirement to include the Quality Report in the Annual Report for 2019-20. Assurance work on the Quality Report also ceased and there will be no limited assurance opinion or Governors' Report from the auditors for 2019-20.

As the Quality Report had largely been completed by the time the requirements had changed, the Directors have included the unaudited report at Appendix 1. The Trust followed the NHS Improvement's guidance in compiling its Quality Report, and this included wide stakeholder engagement to provide commentary on achievement of the Trust's quality priorities in 2019-20 and agreement of the quality priorities for 2020-21.

Data Quality and Governance

The Trust's five-year Information Strategy and Data Quality Strategy was refreshed in 2017 to incorporate recommendations from national reports in respect of data quality and the use of information across services and the wider health economy. The following actions are being taken to improve data quality:

- Monitor and correct data errors through exception reporting.
- Increase data quality benefit awareness.
- Setting of data quality priorities and assurance processes through the Data Quality Group.
- Development of data quality dashboards.
- Replacement of existing data warehouse to allow for near real time reporting.
- Reduction of manual processing of data, more timely data and consistency of reporting.
- Rationalisation 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.

Kingston Hospital NHS Foundation Trust submitted records to the Secondary Uses Service (SUS) throughout 2019-20. This data is included in nationally published Hospital Episode Statistics (HES) data which are included in the latest published data. The Trust's Data Quality Group ensures performance meets and/or exceeds national performance.

Further detail is provided in the Quality Report at Appendix 1.

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 undertook a gap analysis and developed an action plan to ensure the workforce safeguards were implemented. A detailed progress report is received by the Trust Board twice per year, providing assurance on safe staffing within nursing, midwifery, medicine and allied health professionals staff groups, and that future plans are in place to sustain the position.

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 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 2019-20, 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 2019-20 gave an overall opinion "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 2019-20 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).

Sufficient work on the Internal Audit Plan had been completed prior to the Covid-19 pandemic to allow the Head of Internal Audit opinion to be given. The table below shows the outcomes for the reviews which had been completed. Work on two planned reviews has been deferred for completion in 2020-21: Temporary Staffing and Timesheets and Learning from Deaths.

Review	Assurance Level
Medical Roster	Significant assurance with minor improvement opportunities
Data Quality: Emergency Care Data Set	Partial assurance with improvements required
Safeguarding children	Significant assurance
Estates Compliance	Partial assurance with improvements required
Data Security and Protection Toolkit	Partial assurance with improvements required
Core Financial Systems	Significant assurance with minor improvement opportunities

Two high priority recommendations were made in 2019-20, both relating to Estates compliance. The Executive Management Committee reviews progress with internal audit recommendations on a regular basis and progress is monitored on behalf of the Board by the Audit Committee.

- **Monitoring of compliance with estates-related national policy or regulatory changes** The Trust has introduced annual completion and submission of the Premises Assurance Model, an NHS Improvement template which provides assurance that the Trust's Estates & Facilities team is meeting required standards in all areas of delivery.

- **Completion of risk assessment actions for water and fire safety**
  Processes for recording completion of actions and escalation of any non-compliance to the Water and Fire Safety Groups have been strengthened.

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 Report and Financial Statements prior to submission to the Board.
- Reviews findings of significant assurance functions, both internal and external.

Audit Committee membership comprises three independent Non-Executive Directors. The Committee has provided reports to the Board 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 2019-20.

Signed:

Jo Farrar
Chief Executive
19th June 2020

APPENDIX 1

NHS
Kingston Hospital
NHS Foundation Trust

QUALITY REPORT 2019-2020

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

Living our values every day

NHS
Kingston Hospital
NHS Foundation Trust

October 2019 Launched the Nursing and Midwifery Road Map, this links to the Trusts vision of 'Patient First'.

2020 is the International Year of the Nurse and Midwife.

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PART 1

Kingston Hospital NHS Foundation Trust Chief Executive Mr. Jo Farrar

Statement on Quality and Introduction from the Chief Executive

At Kingston Hospital NHS Foundation Trust we are committed to continually improving the quality of care our patients receive through our Patient First Strategy and enabling every member of staff to be passionate about delivering excellent care every time.

This Report provides assurance to our partners on the quality of the services provided at the Trust and covers how we have performed against the Quality Priorities set for 2019 - 20 and sets out what our Quality Priorities will be during 2020 - 21.

The Trust has continued to focus on quality for our public, patients, volunteers 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. During 2019/20 Kingston Hospital NHS Foundation Trust contributed to a CQC review of health services for Children Looked After and Safeguarding in Richmond-upon-Thames and has continued to develop strong relationships with our local CQC partners.

2019/20 has been another extremely challenging year in terms of demands for our services. Many colleagues have done so much to ensure we continue to provide the highest quality service and care to our thousands of patients. Our Emergency Department (ED) attendances throughout the year continued to remain high. The demand is echoed to one extent or another across the region and places considerable strain on our colleagues and teams as well as our systems and partnerships.

We have had many successes throughout the year. My congratulations go to the Paediatric Audit Team that was shortlisted for the National Audit Award; to Joscelin Miles who was shortlisted for the Audit Professional of the year; and to Adam Loveridge and the COPD Team who came second in the national awards from a public vote.

I am thrilled that the Maternity service has successfully achieved all 10 Clinical Negligence Scheme for Trusts (CNST) Safety Standards set by NHS Resolution (NHSR) for Years 1 and 2 and had the privilege of welcoming The Duchess of Cambridge to undertake work experience with the Trust midwifery staff, spending time with women and their families across all areas of the maternity service.

The Royal Eye Unit welcomed HRH the Countess of Wessex. As a Patron of the Royal National Institute of Blind People, Her Royal Highness was keen to meet our Eye Clinic Liaison Officer and learn how people losing their sight receive vital support to help them cope.

Last year, we took the decision to directly manage and staff our private patient unit. The unit is now called Kingston Private Health, but many of you may know it under

its old name, the BMI Coombe Wing. This is an innovative move; profits generated by the private unit now come back into our hospital. Since the unit became part of our Trust, we have refurbished 10 bedrooms and their en-suite bathrooms. The reception and outpatient areas have also been redesigned and modernised.

During 2019 - 20 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 partners are core members and collaborators. Out of the 6 Quality Priorities, the Trust has achieved 4, deferred 1 and has insufficient evidence of improvement to state the other has been fully achieved. There is evidence that Outstanding NHS Trusts engage staff in Quality Improvement activities. Throughout 2019/2020 the Trust committed to promoting improvement activity and demonstrated how staff strive for continuous learning and improvement. The Trust has built 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 Trust's most recent **PLACE** (Patient-Led Assessments of the Care Environment) scores (2019) show improvement in all domains monitored in this assessment and how well the needs of both patients with disability and dementia are met. The Trust's score on how the needs of people with dementia are met has improved from 48% to 80.5% since this measure was introduced in 2015. The Trust is the most improved Trust in terms of meeting the needs of patients with dementia in London and is 4.6% above the national average.

During February 2020 the Trust launched the 'Rainbow Badge' initiative. The initiative gives staff a way to show that Kingston Hospital NHS Foundation Trust offers open, non-judgemental and inclusive care for patients and their families, who identify as LGBT+.

The Trust staff turnover rate of 14.37% remains low, this has reduced by 0.31% since the beginning of the year, the average for local comparators is 14.28%. The staff vacancy rate of 4.89% (February 2020) (below our ambitious target of 6%) is testament to how the Trust staff feel valued and enjoy their work, the average for local comparators is 11.39%. This results in increased stability, the Trust staff stability rate is 85.98% an improvement of 1.31% since the beginning of the year.

The Trust is pleased that 65.2% 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.

At the beginning of September 2019 I was welcomed as the Chief Executive and I am looking forward to working with the teams and our community partners in our aim of aspiring to excellence. I attended the Nursing and Midwifery conference in October where the Trusts Nursing and Midwifery Strategy was launched, linking in with and supporting the Trusts vision of 'Patient First' and ready for the international year of the Nurse and Midwife in 2020.

Working in conjunction with our staff, partners and stakeholders the Trust has set our Quality Priorities for 2020/2021. These are described below.

QUALITY PRIORITIES FOR 2020-2021

Patient Safety

1. Reduce the proportion of women who experience postpartum haemorrhage.

2. Increase the proportion of patients who are safely discharged without delay when they no longer require a hospital bed for their care.

Patient Experience

1. Improve how we work with patients and families to recognise, acknowledge and plan for the possibility of death.

2. Ensure patients get the right appointment, first time, without delay.

Clinical Effectiveness

1. Improve the proportion of patients who are assessed for their risk of developing delirium.

2. Reduce avoidable admissions and increase the proportion of emergency patients who go home the same day their care is provided.

At the beginning of 2020 the world saw the unprecedented start of the COVID-19 pandemic. Despite the challenges faced, many of which changed from day to day, I am extremely proud of how the staff at the Trust remained calm and focused on looking after our patients and each other. During this time the work we undertook demonstrated how many, can-do, innovative and outstanding colleagues we have in the hospital with excellent planning and decision making skills. When we first heard of the Coronavirus we organised ourselves quickly and swung into action, we have seen countless examples of people stepping out of their comfort zones and working in different ways.

I know I speak for all staff within the Trust when I say we have been truly astounded and touched by all the donations and support that Kingston Hospital and the NHS in general have received. This has been greatly appreciated.

I have had the privilege to work with so many extraordinary and caring colleagues at Kingston Hospital NHS Foundation Trust, committed to always improving the care and services we provide. I look forward to our continued focus on our quality improvement programmes during the year ahead.

I would like to take this opportunity to thank all our staff for their continued hard work and commitment to help us provide excellent care for an unprecedented number of patients over the last 12 months.

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
Chief Executive
19th June 2020

Executive Summary

The Kingston Hospital NHS Foundation Trust Quality Report details the work that the Trust had set out to achieve during 2019 - 2020 and what we plan to achieve during 2020-2021. It provides the Trust with the opportunity to describe its strengths, achievements and challenges throughout the last financial year. The use of the Kingston Hospital NHS Foundation Trust Quality Report is a fundamental way for us to demonstrate how proud we are of the work we have undertaken and share this with our partners throughout this report.

During 2019-2020:

- The Trust contributed to a CQC review of Health Services for Children looked after and Safeguarding Services in Richmond-on-Thames
- The Trust had many successes:
    - The Paediatric Team were shortlisted for a National Audit Award.
    - Joscelin Miles (Head of Audit) was shortlisted for Audit Professional of the Year.
    - The Trust participated in 100% of national clinical audits and national confidential enquiries that it was eligible to participate in.
    - Dr Adam Loveridge (Respiratory Consultant) and the COPD (Chronic Obstructive Pulmonary Disease) Team came second in a public vote for a National Award.
    - Dr Simon Pearse became the first ever Chief Investigator for research in the Trust.
    - The Trust was cited in the Lancet in December 2019 as a success story for integrating research into care.
    - Maternity Services achieved all 10 CNST (Clinical Negligence Scheme for Trusts) standards for a second year running.
    - The Trust launched the Rainbow Badge Scheme.
    - The Trust launched the Nursing and Midwifery Strategy to support the Trusts Vision of ‘Patient First’.
    - Had a response rate of 65.2% for the National Staff Survey, this is an increase of 7% on last year.
    - Commenced celebrations for the International Year of the Nurse and Midwife 2020.

- Tackled the challenges presented by COVID-19.

- The Trust had three Royal visits
    - The Korean Ambassador, Her Excellency Mrs HE Enna Park visited the Trust.
    - Her Royal Highness the Countess of Wessex visited the Royal Eye Unit.
    - The Duchess of Cambridge spent two days undertaking work experience in the Trust's Maternity Unit.

In 2019-2020 we have worked hard to make sure we continue to offer the best care in the best way possible. During 2019-2020 we achieved 4 of our Quality Priorities, deferred 1 and partially achieved 1 of our priorities. These priorities were agreed with our community partners.

Domain	Priority	Achieved
Patient Safety	Improve the process to identify patients with learning disabilities.	Deferred (further details p71)
	Improve identification and escalation of the deteriorating patient.	Achieved
Clinical Effectiveness	Improve staffing within the emergency department	Achieved
	Home before lunch discharges	Insufficient evidence of improvement
Patient Experience	Improve pain management for patients attending the emergency department	Achieved
	Engage more patients in Quality Improvement	Achieved

Other improvements we have made include:

- Participation in an award winning Flow Coaching Academy programme in partnership with St Georges University Hospital Foundation Trust
- Developed a more sophisticated process to identify Quality Improvement work that is undertaken in the Trust.
- Registered over 160 Quality Improvement Projects.

- Discharge project in collaboration with Healthwatch Kingston

The Trust continues to work with patients and the public to develop involvement and engagement with care. This has been achieved through participation in many national surveys all of which had an above the national average response rate. Alongside friends and family test results, Healthwatch surveys and 15 steps challenges, including:

- Cancer patients
- Maternity Service users
- Inpatients
- Users of the Emergency Department
- Children's and Young Persons service users
- Outpatients
- Antenatal Care surveys

The Trust continues to want to make sure your care is safe and that our service users are involved in improvements throughout the Trust. The Trust Quality Priorities for 2020-2021 are:

Quality Priorities for 2020 - 2021	
Patient Safety	Reduce the proportion of women who experience a post-partum haemorrhage
	Increase the proportion of patients who are safely discharged without delay when they no longer require a hospital bed for their care
Patient Experience	Improve how we work with patients and families to recognise, acknowledge and plan for the possibility of death
	Ensure patients get the right appointment, first time, without delay
Clinical Effectiveness	Improve the proportion of patients who are assessed for their risk of developing delirium
	Reduce avoidable admissions and increase the proportion of emergency patients who go home the same day their care is provided.

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 our 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 by emailing: Sally Brittain, Director of Nursing and Quality at sally.brittain@nhs.net

What we do

Kingston Hospital NHS Foundation Trust serves a population of around 350,000 people across a catchment area covering the Royal Borough of Kingston upon Thames, London Borough of Richmond upon Thames, London Borough of Wandsworth and Surrey and Heartlands.

In our hospital we provide a range of diagnostic and treatment services and have a national reputation for innovative developments in healthcare, particularly in patient-focused care across our services including, emergency, day surgery and maternity services.

Our services are delivered through clinically led and managerially enabled services. This enables the Trust to focus on putting people first. Our services are divided into two divisions, planned care and unplanned care, supported by our corporate services. The divisions are led by a Trio consisting of the Chief of Medicine/Surgery, a Head of Nursing and an Associate Director.

Part 2

Priorities for Improvement and statements of assurance from the board.

Quality Improvement Training in action

The 15 Steps Challenge with our Healthwatch Partners and young people with educational and learning difficulties from local schools.

KINGSTON HOSPITAL NHS FOUNDATION TRUST PRIORITIES FOR 2020/21

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. Each year Kingston Hospital NHS Foundation Trust selects quality improvement priorities, with these areas identified as the key focus of quality improvement work to tackle the most relevant issues faced by the Trust. Each priority is allocated to a designated lead member of staff and progress is monitored monthly through the Quality Assurance Committee, Trust Board and at Quality Improvement Committee (QIC) and then published in the Quality Report.

The number of priorities selected is in line with those stipulated in the NHS Improvement document *Detailed Requirements for Quality Reports for 2019/20.*

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 external auditors assurance statement at the rear of this report.

- Progress made since publication of the 2018/19 Quality Report; this should include performance in 2019/20 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:

- Governors Quality Scrutiny Committee — 4th December 2019
- Quality Improvement Committee — 11th December 2019
- Quality Assurance Committee — 18th December 2019
- Executive management Committee — 8th December 2019
- Council of Governors — 21st January 2020
- Trust Board Meeting (Public) — 29th January 2020

In the autumn of 2019 the proposed Quality Priorities were presented for voting to:

- All Trust members
- The Health Overview Panel for Kingston and Richmond

- The local CCGs
- The Trust Governors
- Health watch for Kingston and Richmond
- All non-executive Directors
- The Trust Board

The selection process for our 2020/21 quality priorities followed a structured timetable, with a wide variety of key stakeholders from across the Trust and the wider health landscape consulted. This was done to ensure that the process was as rigorous and transparent as possible, and the priorities selected were pertinent and important to our service users.

Date	Milestone
29th October 2019	Themes from long list discussed at Quality Assurance Committee. The long list was compiled from known gaps in quality identified through clinical risk and quality reporting, clinical audit, patient experience data and national quality priorities. This included a review of high risk clinical audits and a review of quality governance key performance indicators.
12th November 2019 – 26th November	Email survey of stakeholders to get feedback on the long list of quality priorities. The longlist consisted of a detailed description of six proposed priorities, with respondents instructed to rank these in order of importance. Additional feedback on each proposed priority was also welcomed; along with any suggestions for any further areas respondents felt may have been missed and should be considered as a priority area. Stakeholders included: Health Overview Panel Kingston and Richmond, Volunteers, Clinical Commissioning Group, Clinical Quality Review Group, Governors, Healthwatch Kingston and Richmond, KHFT Patient Experience Committee, Maternity Voices, Improving Cancer Experience Group, Non-Executive Directors, all KHFT members.
28th November 2019	Internal review of survey results and selection of draft shortlist of quality priorities
4th December 2019	Draft shortlist discussed at Governors Quality Scrutiny Committee
11th December 2019	Draft shortlist presented at Quality Improvement Committee for agreement
18th December 2019	Shortlist presented to Quality Assurance Committee for agreement
18th December 2019	Shortlist presented to Executive Management Committee for agreement

For 2020/21, three of our quality priorities will be embedded within our Patient First strategic framework and will be the 2020/21 objectives for our 'Quality' strategic theme. These have been selected to support our 3-5 year goal of 'no avoidable delays in patient care' and to align with major improvement programmes that we are undertaking with our partners across the health and social care system. This was done to provide clearer and more consistent communications about our priorities for our staff and help to ensure our improvement work is focused on those things that matter most.

CQC Quality Domain	Strategic Quality Priorities - 2020/21 objectives
Safety	1. Increase the proportion of patients who are safely discharged without delay when they no longer require an acute hospital bed for their care
Clinical Effectiveness	2. Reduce avoidable admissions and increase the proportion of emergency patients who go home the same day their care is provided
Patient Experience	3. Ensure patients get the right appointment, first time, without delays

Priorities identified from other known quality gaps:

The remaining three Quality Priorities for 2020/21 were selected from a longlist of known gaps in quality identified through clinical risk and quality reporting, clinical audit, patient experience data and national quality priorities. This long list was sent out in the form of a survey to key stakeholders including partners and members of the Trust.

The results from the survey were considered alongside other available data to select the three areas to be taken forward and complete the list of six Quality Priorities for 2020/21, these were:

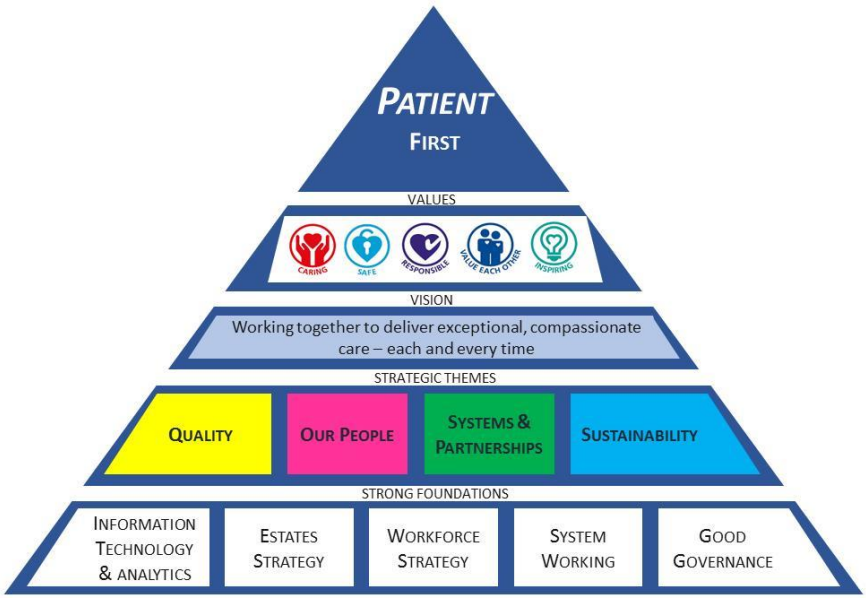
CQC quality domain	Quality Priority
Safety	4. Reduce the proportion of women who experience postpartum haemorrhage
Clinical Effectiveness	5. Improve the proportion of patients who are assessed for their risk of developing delirium
Patient Experience	6. Improve how we work with patients and families to recognise, acknowledge and plan for the possibility of death

These six collectively, were then proposed for agreement. The **six** Quality Priorities were the proposed to the Trust Board and approved.

At Kingston Hospital NHS Foundation Trust we recognise that the strength of our hospital lies in our staff and believe we have built an organisational culture that empowers teams and individuals to make lasting changes that benefit our patients and community. Developing our Patient First Strategy has enabled the Trust to develop a bespoke approach to sustaining a culture of continuous improvement.

The Patient First Strategy drives quality improvement throughout the Trust and includes our values, vision and four strategic themes: Quality; Our People; Systems and Partnerships; and Sustainability to enable excellent care for our patients with the involvement of our staff. Quality improvement is a core part of everyone's role at Kingston Hospital. Our Patient First strategy provides a framework to help align our improvement efforts to our strategic goals, our values and ultimately to what really matters for patients.

Our Quality Priorities for 2020/21 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, it is a fixed point that we should always use for reference when determining which improvements and projects to prioritize. These priorities establish a measure of our organizational health and provide a system-wide improvement focus.

QUALITY PRIORITIES FOR 2020/21

This section provides further definition of the 2020/21 quality priorities, describing the problems we are aiming to address and how we will measure improvement. *

**Work to assess our current position and agree the goals against which we will measure and judge progress for each priority is on hold at the time of writing due to the response to Coronavirus (COVID-19). We will be reviewing these and other priorities as part of our recovery plan as Kingston Hospital NHS Foundation Trust and the local health and social care system emerges from the immediate response to this situation.*

Domain	Item	Priority	Rationale
Patient Safety	1	Reduce the proportion of women who experience a postpartum haemorrhage	Postpartum haemorrhage (PPH) is a rare complication of heavy bleeding after birth. If a woman loses more blood than normal, she may feel tired, weak and find recovering from the birth more difficult. It is important that PPH is recognised and treated very quickly so that a minor haemorrhage does not become a major haemorrhage, which can be life-threatening. W*hile serious complications are rare, we do not currently meet our target for PPH rates at Kingston Hospital- in 2018/19,* ***218 women (4% of total births)*** *lost over 1500ml of blood after birth, with the target rates for PPH of 1500ml or more set at* ***<2.79%.*** *This indicates there is room for improvement in the prevention, early recognition and treatment of PPH.*
	2	Increase the proportion of patients who are safely discharged without delay when they no longer require an acute hospital bed for their care.	This is a core element of the Emergency Care Programme and the integrated discharge work with our health and social care system partners. It aims to contribute to reducing length of stay and maximising patients' independence and recovery.

Patient Experience	1	Improve how we work with patients and families to recognise, acknowledge and plan for the possibility of death.	Delivering end of life care that meets National Institute of Clinical Excellence (NICE) quality standards should contribute to improving the effectiveness, safety and experience of people approaching the end of life, and their families. Delay in recognition that a patient is dying leaves a limited amount of time to discuss and implement an individual plan of care. *A recent National Audit of Care at the End of Life indicated room for improvement, particularly in relation to recognising the possibility of imminent death. One of the biggest areas for improvement highlighted by the report was time between recognition of death and death; KHFT had the third shortest average time nationally of **23 hours**, compared to a national average of **74 hours**.*
	2	Ensure patients get the right appointment, first time, without delay.	A core element of the Kingston & Richmond Planned Care Transformation programme and one of the most frequently requested priorities in additional feedback received from our stakeholders. This aims to improve the administration and coordination of outpatient services. This will impact on patient experience and help to reduce delays and waste caused by cancellations, rebooking and non-attendance.
Clinical Effectiveness	1	Improve the proportion of patients who are assessed for their risk of developing delirium.	Everyone presenting to hospital or long-term care should be assessed for their risk of developing delirium. People who develop delirium can be at risk of other problems such as falls and pressure sores. People who are already in hospital may need to stay for longer and are more likely to go into long-term care.

			Annual National Audit of Dementia from July 2019 investigated the percentage of patients that had an initial screen for delirium and type of tool used: • *Combined: KHFT = **44%,** National average = **50%***
	2	Reduce avoidable admissions and increase the proportion of emergency patients who go home the same day their care is provided	Supports the implementation of the NHS Long Term Plan and is an essential component of our Emergency care programme. This quality priority aims to benefit both patients and the healthcare system by reducing waiting times and unnecessary stays in hospital.

PATIENT SAFETY

- **Quality Priority for Improvement 1**

Reduce the proportion of women who experience postpartum haemorrhage.

Why we chose this Indicator (Background):

Having a baby is generally very safe with some amount of bleeding expected following birth. Postpartum haemorrhage (PPH) is defined as heavier bleeding than expected after birth. The traditional definition of primary PPH is the loss of blood from the genital tract of 500 ml or more following vaginal birth or 800ml or more at caesarean section within 24 hours of the birth of a baby. In line with the National Maternity and Perinatal Audit criteria, a Major Obstetric Haemorrhage (MOH) is defined locally as blood loss of >1500mls. Whilst outcomes remain excellent and serious complications are rare, Kingston hospital maternity unit has seen an increase in the proportion of women who experience MOH over the last 3 years.

What is the problem we aim to address in 2020/21?

Over 2019/20, the monthly average MOH rate for all vaginal and non-elective deliveries was 4.76%, exceeding the local target of 3.1% and other local populations serving women of a similar demographic as Kingston.

What is the impact of the problem?

If a woman loses a higher than expected amount of blood, it can make her anaemic. Anaemia has been associated with maternal and perinatal morbidities during the postpartum period, including; postnatal depression, impaired mother-child interactions, maternal stress, and impaired cognitive functioning. She may require blood transfusion and a longer stay in hospital. MOH also significantly impacts future pregnancies and births for the woman. If heavy bleeding does occur, it is essential that it is treated quickly so that a minor haemorrhage doesn't become a major haemorrhage, which can be life-threatening. However, it is important to note that the occurrence of serious incidences related to MOH at Kingston Hospital Maternity Unit remains very low. Kingston Maternity Unit has not seen an increase in admissions to the intensive therapy unit (ITU) over the last 5 years nor has there been an increase in hysterectomy rates following childbirth in the same time period.

What is the extent of the problem we aim to address?

Our aim is to reduce the proportion of women who experience MOH after giving birth at Kingston Hospital. MOH can occur following any type of delivery.

How will we measure improvement in 2020/21?

We will identify a family of measures to help us understand if the changes we make result in improvements, including:

- Postpartum blood loss (% of women who lose more than 1500ml)
- Transfusion rates
- Admission to ITU following MOH
- Reduction in length of stay in hospital
- Hysterectomy
- Pre- and post-delivery haemoglobin levels
- Patient experience
- Estimated blood loss (from change in Hb levels) ‘vs’ recorded blood loss

- **Quality Priority for Improvement 2**

Increase the proportion of patients who are safely discharged without delay when they no longer require an acute hospital bed for their care.

Why we chose this Indicator (Background):

Once people no longer need acute hospital care, being at home or in a community setting is the best place for them to continue recovery. Delayed discharges for patients who, no longer need an acute hospital bed, is a significant concern to patients and staff in the health and care system. Addressing this problem is a core element of the existing Emergency Care Programme at Kingston Hospital along with the integrated discharge work we are undertaking with our health and social care system partners. Together these initiatives aim to contribute to reducing length of stay and maximising patients' independence and recovery.

What is the problem we aim to address in 2020/21?

It is recognised that some patients remain in an acute bed in Kingston hospital for longer than necessary. This is due to a variety of reasons including internal and external delays, patient and family choice and the availability of suitable capacity in the community. The aim of the quality priority is to focus on minimising delays; working in tandem with the Trust's partners and our patients to ensure as many as possible are safely discharged to their own home as soon as they are deemed not to require acute inpatient care.

What is the impact of the problem?

Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a patient's health after they've been discharged and increase their chances of readmission to hospital. For older people, we know that longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs. Delayed transfers of care also have a negative impact on the finances and performance of the health and care system. When the hospital is close to full capacity, delayed transfers can mean there are no beds available for new admissions, with consequences for waiting times in A&E and for planned surgery.

What is the extent of the problem we aim to address?

This quality priority will cover all adult patients who have been admitted to a Kingston Hospital bed and who no longer require acute care – whether in the Acute Assessment Unit or an inpatient ward.

How will we measure improvement in 2020/21?

We will identify a family of measures to help us understand if the changes we make result in improvements, including:

- Process measures that indicate compliance with clinical practice and standard processes that are known to help reduce delays in decision making and discharge from hospital
- Length of stay in hospital
- Delayed transfers of care
- Readmission rates
- Number of both stranded and super-stranded patients: A stranded patient is anybody who has been in hospital for more than 7 days, and they become super stranded once their stay in hospital exceeds 20 days.

PATIENT EXPERIENCE

- **Quality Priority for Improvement 1**

Improve how we work with patients and families to recognise, acknowledge and plan for the possibility of death.

Why we chose this Indicator (Background):

Delivering end of life care that meets NICE quality standards (Ambitions for Palliative care and End of Life Care) should contribute to improving the effectiveness, safety and experience of people approaching the end of life, and their families.

What is the problem we aim to address in 2020/21?

The first round of the National Audit of Care at the End of Life (NACEL 2018/19) indicated that although there were lots of areas of good practice in relation to end of life care at Kingston Hospital, improvements were required in three key domains: recognition of dying, communication with the dying person and involvement in decision making. A large amount of work has subsequently been focused on improving these areas, and with the results of second round of the NACEL due in early 2020, the Trust is anticipating that this will favourably reflect the efforts focussed on these areas. However, identification of patients in their last year of life, the process of Advance Care Planning (ACP) and recognition of the imminently dying patient are key areas of national and local attention, so further focus will be placed on improving this during 2020/21 through this quality priority.

What is the impact of the problem?

Delay in recognition that a patient is dying leaves a limited amount of time to discuss and implement an individual plan of care, which can subsequently mean that the patient has a lot less control and input into their own experience as they approach the end of life. This is important as lack of patient input into the decision making around their end of life care can mean important factors are neglected, such as their wishes relating to life- sustaining treatment and preferences for place of care and death.

What is the extent of the problem we aim to address?

This quality priority concerns the care of all patients who are likely to be in their last year of life or imminently dying. From April 2018 to March 2019, 845 patients were referred to the hospital palliative care team. Of these 845 patients, 146 had been identified by the medical teams as being imminently dying and had symptoms that required specialists palliative care input. A total of 345 patients died in the hospital**.** Patients whose deaths are classified as 'sudden deaths' rather than as approaching the end of life are excluded, with these exclusion criteria outlined by NACEL covering:

- All deaths in Accident & Emergency departments
- Deaths within 4 hours of admission to hospital
- Deaths due a life-threatening acute condition caused by a sudden catastrophic event, with a full escalation of treatment plan in place

Proposed Measures of improvement:

We will identify a family of measures to help us understand if the changes we make result in improvements, including:

- The recognition of the dying patient pro forma used by KHFT should be completed for all patients when it is recognised a patient is approaching the end of life. Only 63% of patients recognised as dying in 2018/19 had the pro forma for their care completed by medical staff. It is our objective that 100% of the patients that die at Kingston Hospital are recognised to be approaching the end of life in a timely manner, with this being clearly documented in the pro forma. Advanced care planning should be completed for all patients when it is recognised they are likely to be approaching the end of life, as this can accommodate patient preferences around areas such as preferred place of death. We will look to increase how many advanced care plans are created specifically within the hospital.
- The third round of NACEL is anticipated to be undertaken later in 2020/21. The results of this audit will provide further insight into improvements associated with this quality priority.

- **Quality Priority for Improvement 2**

Ensure patients get the right appointment, first time, without delays

Why we chose this Indicator (Background):

The NHS Long Term Plan set the aim of modernising outpatient services by reducing unnecessary appointments, making better use of technology and giving patients greater flexibility and control over how they receive care. This quality priority aims to set the foundations for this transformation by improving the administration and coordination of these services at Kingston Hospital. The priority aligns with the objectives of the Kingston & Richmond Planned Care Transformation programme for 2020/21. This will impact on patient experience and help to reduce delays and waste caused by cancellations, rebooking and non-attendance. There has been work undertaken into improving outpatient administration at Kingston Hospital since 2018, and this priority aims to build on this and accelerate progress in this area, with the delivery being coordinated through the planned care transformation programme.

What is the problem we aim to address in 2020/21?

It is recognised that the administrative processes linked to the Trust's outpatient services are not standardised and that the use of available technology is not optimised to support this across the Trust. There is variation across specialties in rates of hospital cancellations, rebooking and non-attendance rates (DNA rates).

What is the impact of the problem?

Poor administration and coordination of outpatient services can have a negative impact across several different areas, including:

- Poor patient experience as a result of miscommunication, delays or cancellations
- Staff dissatisfaction with avoidable errors, waste and rework.
- Patients leaving outpatient clinics and inpatient stays without a follow up appointment booked.
- Patients being booked into incorrect clinics, leading to an increase in DNAs as well as additional provision being required for the rebooking at a further cost.
- Errors in the recording of data, leading to data quality being compromised and potential negative impact on the quality of care.

What is the extent of the problem we aim to address?

Outpatient services are delivered across all areas of planned care at KHFT.

Proposed measurement of improvement 2020/21:

We will identify a family of measures to help us understand if the changes we make result in improvements, including:

- Number of new appointments changed (rebooked / cancelled) by the hospital.
- Number of follow-up appointments changed (rebooked / cancelled) by the hospital.
- First appointment DNA Rate percentage
- Percentage of patients whose next outpatient appointment was booked on the same day as previous attendance.
- Wait time for next available first appointment.
- Wait time for next available follow-up appointment.
- Number of Appointment Slot Issues (ASI) recorded.
- Number of complaints received associated with outpatient administrative processes

CLINICAL EFFECTIVENESS

- **Quality Priority for Improvement 1**

Improve the proportion of patients who are assessed for their risk of developing delirium.

Why we chose this Indicator (Background):

Delirium is a change in a person's mental state, which is often shown as confusion, difficulties with understanding and memory, or personality changes. There are different kinds of delirium – some people may be agitated and restless or have delusions and hallucinations, others may just become unusually sleepy. Delirium is a common and serious condition which can affect people in hospital, and can cause serious distress to patients and their families. However, it can be prevented and treated if dealt with urgently. Everyone presenting to hospital over the age of 65 should be assessed for their risk of developing delirium.

What is the problem we aim to address in 2020/21?

The Annual National Audit of Dementia 2018 highlighted delirium screening as a local and national priority for improvement, as well as being highlighted as an area for improvement during a recent 'Getting It Right First Time' GIRFT review in elderly care.

What is the impact of the problem?

People who develop delirium are at increased risk of other problems such as falls and pressure damage. People who are already in hospital may need to stay for longer and are more likely to go into long-term care. They are also at increased risk of dementia and more likely to die. By improving the screening process, this will lead to more targeted prevention and treatment strategies focused on delirium and therefore reduce the risk of the above complications.

Improving the care of patients with delirium is likely to impact positively on the care of patients with dementia. It will also highlight patients with undiagnosed cognitive impairment who require further assessment for possible dementia at their local memory clinic.

What is the extent of the problem we aim to address?

This quality priority concerns the care of all people over the age of 65 who present at Kingston Hospital. Older people and people with dementia, severe illness or a hip fracture are more at risk of delirium. The prevalence of delirium in patients of all ages on medical wards in hospital is about 20% to 30%, and 10% to 50% of people having surgery develop delirium. The prevalence tends to rise with age.

Proposed measure of improvement in 2020/21:

The primary process measure for improvement will be the delirium screening scores; with the NICE quality standards national target set at 100%. Patient outcome measures that can demonstrate the impact of the improved delirium screening on patient care include:

- Length of stay
- Inpatient falls
- Hospital acquired pressure damage
- Changes in discharge destination
- Incidences of violence and aggression

- **Quality Priority for Improvement 2**

Reduce avoidable admissions and increase the proportion of emergency patients who go home the same day their care is provided***.***

Why we chose this Indicator (Background):

The number of emergency admissions to hospital in England has grown by more than 40% over the past decade. Much of this growth is for patients who spend one to two days in hospital. Many of these patients could be safely and effectively treated on the same day – Same Day Emergency Care (SDEC).

Frail patients are especially vulnerable to harm from delays in diagnosis and to 'deconditioning' (loss of fitness or muscle tone) while in hospital. As such, frail patients should be seen by a senior clinical decision-maker as soon as possible to avoid their unnecessary admission, improve care decisions and outcomes, and minimise the time they spend in hospital. Wherever clinically appropriate, SDEC should be provided for frail older patients.

Establishing SDEC and an acute frailty service at Kingston Hospital has been a core element of the work of our Emergency Care Programme in 2019/20 as well as a national expectation for all emergency departments.

What is the problem we aim to address in 2020/21?

KHFT'S Emergency Department (ED) is a busy environment, which, if overcrowded, can impact on patient care and flow. The SDEC model allows for the improved management of patients who are stable and who do not require emergency services which therefore reduces the demand on ED.

The Trust performs well in relation to the proportion of patients who are discharged on the day of attendance in ED or within 24 hours of admission with 45% of all discharges in 2019 occurring on the same day as attendance. However, access to speciality opinion in ED can be slow and therefore the commencement of speciality treatment plans can be delayed. The direction of patients to SDEC ensures that they are seen promptly by a member of a speciality team and that their treatment plan commence promptly.

Access to community services in the evenings and at weekends can be challenging, which means that patients may be admitted and not discharged home with the support that they require. The development of the frailty team and their work with the community will ensure that the needs of patients are identified earlier and a higher percentage of patients are discharged with home based care that they need.

What is the impact of the problem?

- Avoid unnecessary hospital admissions, enabling patients to return home on the same day and avoiding potential harm through deconditioning.
- Provide specialist assessment for elderly and frail patients and improve our ability to provide same day emergency care for this patient cohort.
- Improve patient experience and satisfaction.
- Reduce overnight admissions and pressure on acute and community inpatient wards.
- Improve patient flow through whole system.
- Reduce activity in the Emergency Department (ED), reducing overcrowding and associated risks.

What is the extent of the problem we aim to address?

All adult patients who are deemed suitable for SDEC or fit the criteria for management by the frailty team.

How will we measure improvement in 2020/21?

We will identify a family of measures to help us understand if the changes we make result in improvements, including:

- The proportion of zero day admissions indicating same day emergency care
- The proportion of patients over the age of 65 who are assessed for frailty
- The number of admissions to AAU and therefore inpatient wards

Overview of Services

During 2019/20 Kingston Hospital NHS Foundation Trust provided and/or subcontracted 64 relevant NHS services, for adults and children in the following specialties:

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

The Trust has reviewed all the data available to it on the quality of care in 64 of these relevant health services.

The income generated by the relevant health services reviewed represents 91% of the total income generated from the provision of relevant health services by Kingston Hospital NHS Foundation Trust for 2019/20.

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.

National Bowel Cancer Audit: **More patients** treated for bowel cancer at the Trust **have laparoscopic surgery attempted** (80%) **compared to the national average** (69%). Laparoscopic surgery is minimally invasive and considered to be the gold standard.	**National Neonatal Audit Programme:** **More parents attend ward rounds on the neonatal unit** (85%) **compared to the national average** (79%). This consultation provides an opportunity for senior staff members to meet parents, listen to their concerns, explain how their baby is being cared for and respond to any questions.	**National Audit of Dementia:** Out of 195 hospitals, nationally, the Trust is **ranked 1st for** nutrition - **the provision of food and drink for people with dementia and the provision of hospital schemes such as supported mealtimes**. An improvement from 84th place in 2016.
National Chronic Obstructive Pulmonary Disease Audit: **More patients** with chronic obstructive pulmonary disease **are seen by a member of the Respiratory team within 24 hours of admission** (65.3%), **compared to the national average** (59.5%).	In 2019/20 staff endeavoured to improve patient care and outcome by participating in: **48 national clinical audit projects** **12 confidential enquiries**	**National Hip Fracture Database:** **More patients** admitted as an emergency with a hip fracture **receive all of the best practice recommended elements of patient care** (74.4%) **compared to the national average** (58.3%). The Trust is amongst the

The Trust is exceeding the national target of 60% for this measure.	**339 local audits**	best performing 25% of hospitals nationally for this measure.
National Paediatric Diabetes Audit: **More** paediatric diabetes **patients receive all 7 best practice care processes** (76%) **compared to the national average** (49.8%). The Trust is the 7th best performing Trust nationally for this measure.	**Trauma Audit and Research Network:** **More trauma patients** presenting to the Emergency Department **are surviving compared to those expected to survive based on the severity of their injury**.	**Sentinel Stroke National Audit Programme:** Patients receive a **world class Stroke Service**. The Trust has achieved an 'A' rating for overall performance, placing the service amongst the best performing teams nationally.

At Kingston Hospital NHS Foundation Trust, we aspire to deliver the best possible care to our patients, seeking to continually improve and learn from best practice i.e. clinical care that has been agreed by experts as being the safest and effective.

This is supported by the work carried out by the various National Confidential Enquiries, which involve the review of patient care, nationally, to develop best practice recommendations that enable NHS organisations to drive up standards and enhance patient care, safety and experience.

It is also supported by clinical audit, which is a multidisciplinary quality improvement activity used to identify whether NHS organisations are providing patient care in line with best practice recommendations. Where short falls in performance are identified these are investigated to identify the root cause to ensure appropriate actions are taken to improve. This process includes re-auditing to ensure that actions taken lead to the desired improvement.

During 2019/20, 48 national clinical audits and 12 national confidential enquiries covered relevant health services that the Kingston Hospital NHS Foundation Trust provides.

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 2019/20 are listed in Appendix A & B.

The national clinical audits and national confidential enquiries that the Kingston Hospital NHS Foundation Trust participated in, during 2019/20 are also listed in Appendix A & 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

2019/20, are listed in Appendix A & 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 and the current status with recommendations from 23 national confidential enquiries were reviewed by the provider in 2019/20. The actions that Kingston Hospital NHS Foundation Trust intends to take to improve the quality of healthcare provided, is listed in Appendix C.

The reports of 145 local clinical audits were reviewed by Kingston Hospital NHS Foundation Trust in 2019/20. 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 mitigate the risk and drive improvement.

Performance in all clinical audit activity is routinely fed back to the clinical teams as part of their quality governance process to ensure that any shortfalls in performance can feed into their improvement priorities and that progress with actions taken to improve is monitored. Areas of excellent performance are shared with staff via the intranet, the monthly Improvement Faculty Newsletter, the Wall of Pride and showcased at the Trust's Annual Improvement Seminar. Performance in all national clinical audits is also 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 NHS Foundation Trust to improve patient care where shortfalls in performance are identified. They can also be used to provide assurance that the hospital is following best practice guidance. Four examples of how clinical audit results have demonstrated improved patient care, experience and safety, or provided assurance, during 2019/20 are given in the table below.

Clinical audit driving improvement
Providing best practice care to patients with chronic obstructive pulmonary disease: Using national clinical audit data to drive local quality improvement, as demonstrated by latest performance in the National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Chronic Obstructive Pulmonary Disease (COPD) is a very common condition affecting approximately 2% of the population and is associated with a high burden of symptoms and healthcare needs. It costs the NHS £1.9 billion per year and exacerbations account for up to 10% of the acute medical take. A number of simple interventions in this patient population have a strong evidence base for improving clinical outcomes and preventing hospital readmissions. **Aim of the quality improvement work:** To exceed the national target (60%) for the achievement of both: • Patients reviewed by a Respiratory specialist within 24 hours of admission, AND • Patients issued with a COPD discharge bundle. **Latest performance:** • A period of sustained improvement has been achieved since October 2018. • The target of 60% has been achieved for the last 4 reported quarters (Q4, 2018/19, Q1, 2019/20, Q2, 2019/20 and Q3, 2019/20).

What makes this happen?

- Joint community respiratory practitioner appointed in October 2018 with funding for post initially granted until March 2020. This innovative role is jointly funded by the Trust and Your Healthcare with their time split between secondary care and the Community Respiratory team.
- Daily case finding is carried out for patients admitted with COPD or asthma exacerbations. Continuity of care is then provided by a post exacerbation clinic or home visits and during pulmonary rehabilitation.
- Management is optimised by a specialist at an earlier timepoint and it is ensured all interventions proven to improve outcomes are performed.

Plans for the future:

- To improve the discharge process further by introducing written management plans and implementing telephone follow-up within 48-72 hours of discharge.
- To implement metrics for smoking cessation and Pulmonary Rehabilitation referrals.
- To continue to meet the Key Performance Indicators for length of stay and readmission rates to secure Commissioner funding for the joint community respiratory practitioner. This role is vital to sustaining these results and improving patient care further. The funding for this role, initially granted to end March 2020, has now been extended to end October 2020.

Providing better quality care, improved patient safety and experience: How the Haematology team improved the consent process for Systemic Anti-Cancer Therapy (SACT)

Informed consent is an ongoing agreement by a person to receive treatment, undergo procedures or participate in research, after the risks, benefits and alternatives have been adequately explained. The principle of consent is an important part of medical ethics and international human rights law.

The following actions were implemented by the Haematology team as a result of an audit undertaken in 2017 that assessed their performance against the consent standards recommended by the National Chemotherapy Board for chemotherapy treatment:

1. Implemented a standardised consent form with pre-populated benefits and risks.
2. Set a target of 100% compliance for the following standards:
   - Patients must sign and date the form.
   - The job title of the person completing the form must be recorded.
   - Patients must be offered a copy of the consent form, if they decline this must be documented.
   - Information given to the patient must be documented.
   - Documentation that consent process has taken place must be evident.

Latest performance:

- The 2019/20 audit clearly shows improved patient safety, experience and quality of care following the introduction of the bespoke consent form, with improved performance demonstrated across all 8 best practice recommendations. In particular:
- All patients audited had:
  - A consent form filed in their medical notes.
  - The name and signature of the responsible healthcare professional documented on their consent form.
  - The details of the multidisciplinary team meeting recorded on their consent form.
- The most improved performance was demonstrated for:
  - The risks of the treatment documented on the consent form.
  - Documentation in the medical notes that a copy of the consent form was given to the patient.

What makes this happen?

- Following the original audit, the multidisciplinary team embraced the opportunity to review and improve the existing consent process and supporting documentation. To streamline the process and documentation, a simple chemotherapy specific consent form was devised with pre-populated treatment benefits and risks. The launch of the newly devised form was supported with education regarding consent taking that was delivered to all members of the clinical team.

Plans for the future:

Whilst this audit has shown significant improvement, the clinical team acknowledge that it is important to continue to strive for excellence within practice. A further re-audit will occur in 2020 with consideration given to any relevant updated best practice guidance.

Clinical audit providing assurance

Kingston Hospital NHS Foundation Trust continues to deliver excellent patient care and outcomes for children and young people treated for diabetes, as demonstrated by latest performance in the National Paediatric Diabetes Audit

Good diabetes management in childhood tracks into adulthood with a lower risk of developing vascular complications, including eye disease and chronic kidney disease, and early mortality in the future.

How are we doing:

- The Trust has performed better than the London and South East Network, and national average, for:
  - The provision of all essential care processes - blood glucose, thyroid function, body mass index, retinopathy, albuminuria, blood pressure and foot examination. The Trust is a positive outlier for this measure.
  - The provision of screening for thyroid disease.
  - The provision of carbohydrate-counting education.
  - The provision of structured education and access to psychological support.
  - Diabetes control.
  - Eye disease – no cases recorded.

What makes this happen?

- Providing comprehensive education and training to empower parents and patients to manage their diabetes. This is provided both at the time of diagnosis and then regularly until patients are transferred to Adult Services.
- Providing excellent multidisciplinary team care - Paediatric Diabetes Nurses, Dietician, Psychologist and Doctor.
- Using insulin pumps and flash glucose monitoring devices in line with best practice.
- Providing support and advice on managing diabetes in relation to school, sports activities, camps and travel in collaboration with teachers and parents.

Plans for the future:

- Use newer technologies and devices to improve diabetes control for patients e.g. closed loop insulin pump

Assessing services to ensure they continue to meet the needs of the patients, parents and carers, as demonstrated by local service line satisfaction surveys

Survey of Patients on Biologic Medication in Dermatology

The aim of the survey is to assess patient satisfaction with the service provided by the nurse-led specialist to patients on biologic medication for the skin condition psoriasis.

The survey demonstrated excellence from a patient perspective with between 94% and 100% of respondents reporting that:

- They had enough time to discuss everything they wanted in their consultation with the Nurse Specialist.
- The Nurse Specialist explained things in a way that they could understand.
- They received the right amount of information.
- They were involved as much as they wanted to be in making decisions about their treatment.
- They were very satisfied or satisfied with the biologic medication they were currently taking.
- They would be extremely likely or likely to recommend this service to friends and family.
- They would rate the service provided by the Specialist Dermatology Nurses as excellent or very good.

Audiology Service User Satisfaction Survey

The aim of the survey is to assess patient and parent experience and satisfaction with the audiology service.

The survey clearly demonstrated excellence from a patient and parent perspective with between 97% and 100% of respondents reporting that:

- They were given enough information prior to the appointment about where to go and how to prepare, were aware of who was performing their examination or procedure.
- They were given enough privacy when discussing their condition or treatment.
- That the main reason for attending the clinic was dealt with to their satisfaction.
- They were treated with respect and dignity and would rate the care they received as 'excellent', 'very good', or 'good'.

Since 2013 this survey has continually demonstrated the high regard with which patients and parents hold the Audiology Service at Kingston Hospital NHS Foundation Trust.

Participation in Clinical Research

2019 has been another successful year for the Research and Innovation Department. We have opened 31 studies, of which 9 are academic and 3 are commercially sponsored by pharmaceutical companies. This brings us to a total of 10 commercial research studies within the Trust.

Nearly 30 specialities are research active across the Trust and almost 1,500 patients have been recruited since Q1.

The number of staff involved in research has increased from 110 in Q1, to roughly 130 at the end of Q3, with 52 staff undertaking Good Clinical Practice training to support studies within their departments.

Nurse/Midwife led studies have increased, with 6 out of our 28 Principal Investigators (PIs) being nurses or midwives and 5 new PIs utilising the 'Greenshoots' funding programme to support their development.

Kingston Hospital NHS Foundation Trust was cited in the Lancet in December 2019, one of the world's oldest and most renowned medical journals, as a success story for integrating research and we have also had our first ever Chief Investigator on site, Dr Simon Pearse, bringing Kingston Hospital NHS Foundation Trust in line with larger Trusts as an instigator of multi-site research.

Research has also been introduced into areas including Intensive Care Unit and Lipids and continues to grow across the Trust as the financial year comes to a close.

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1,750 an increase from 1486 in 2018/19.

This has been achieved by us having nearly 30 research active specialities across the Trust.

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

A proportion of income for Kingston Hospital NHS Foundation Trust in 2019/20 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. The data is shared quarterly with the appropriate CSU's, CCGs and NHSE to monitor progress against the targets.

Further details of the agreed goals for 2019/20 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 2019/20 the Trust had a contract value of £2,868,157 for CQUIN activity (in the previous year, the value of this activity was £4,931,478). 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 2019/20.

THEME	AIM	ACHIEVEMENT AGAINST CQUIN TARGET
CCG1a: Antimicrobial Resistance – Lower Urinary Tract Infections in Older People	Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI and PHE diagnosis of UTI in terms of diagnosis and treatment.	Partially achieved
CCG1b: Antimicrobial Resistance – Antibiotic Prophylaxis in colorectal surgery	Achieving 90% of antibiotic surgical prophylaxis prescriptions for elective colorectal surgery being a single dose and prescribed in accordance to local antibiotic guidelines.	Fully achieved
CCG2: Staff Flu Vaccinations	Achieving an 80% uptake of flu vaccinations by frontline clinical staff	Partially achieved
CCG3a: Alcohol and Tobacco - Screening	Achieving 80% of inpatients admitted to an inpatient ward for at least one night that are screened for both smoking and alcohol use.	Partially achieved
CCG3b: Alcohol and Tobacco – Tobacco Brief Advice	Achieving 90% of identified smokers given brief advice	Fully achieved
CCG3c: Alcohol and Tobacco – Alcohol Brief Advice	Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	Fully achieved
CCG7: Three high impact actions to prevent Hospital Falls	Achieving 80% of older inpatients receiving key falls prevention actions	Partially achieved
CCG11a: SDEC – Pulmonary Embolus	Achieving 75% of patients with confirmed pulmonary embolus being managed in a same day setting where clinically appropriate.	Fully achieved
CCG11b: SDEC – Tachycardia with Atrial	Achieving 75% of patients with confirmed Tachycardia with Atrial Fibrillation are being managed in a same day setting where clinically appropriate.	Fully achieved

Fibrillation		
CCG11c: SDEC – Community Acquired Pneumonia	Patients with or confirmed Community Acquired Pneumonia should be managed in a same day setting where clinically appropriate.	Fully achieved
Medicines Optimisation	MO Trigger 1 - Improving efficiency in the IV chemotherapy pathway from pharmacy to patient.	Fully achieved
	MO Trigger 3 - Supporting national treatment criteria through accurate completion of prior approval proformas.	Fully achieved
	MO Trigger 4 - Faster adoption of prioritised best value medicines and treatment.	Fully achieved
	MO Trigger 5 - Anti-fungal stewardship	Fully achieved
Dental	Dental - Ensure that data is collected and submitted in a standard and comparable format	Fully achieved
	Dental - Participate in the Acute Dental Systems Resilience Group (SRG), including supporting data requests to contribute to a Pan London approach to demand and capacity modelling.	Fully achieved
	Referral Management and Triage	Fully achieved
	Report performance against national RTT targets	Fully achieved
	Dental - Participation in Dental Managed Clinical Networks (MCNs)	Fully achieved

**** Note that performance for most of the above CQUINs is measured quarterly - Qtr. 3 & 4 performance is yet to be collated and verified by commissioners. The above data is therefore based on the Trust's actual performance for Qtr. 1 & 2 and its latest projections for Qtr. 3 & 4 (except for CCG2: Staff Flu Vaccinations which is officially a Qtr. 4 target only so the Trust's overall forecast achievement is stated above). Trigger 2 for NHSE-Medicines Optimisation is not applicable to KHFT**

Local CQUINs are not applicable for the 2019/20 & 2020/21 contract.
Guidance has been published for the 2020/21 contract - the CCG commissioned CQUINs are as follows:

Guidance has been published for the 2020/21 contract - the CCG commissioned CQUINs are as follows:

CCG1	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.
CCG2	Achieving 35% of all unique inpatients (with at least one night stay) with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.
CCG5	90% of front line Staff to have a flu vaccination
CCG9	Achieving 60% of all unplanned critical care unit admissions from non- critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1).
CCG10	Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE Guideline NG24.
CCG13	Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.
CCG14	Achieving 60% of Emergency Department (ED) admissions with suspected acute myocardial infarction for whom two high sensitivity troponin tests have been carried out in line with NICE recommendations.
CCG15	Achieving 80% of Phase 1, Category 2 procedures from the evidence based interventions (EBI) statutory guidance of November 2018 meeting the required criteria for delivery.

NHSE CQUINs are yet to be confirmed but are expected to very similar to those in 2019/20

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 registered. The Trust's current registration status is Outstanding. This means that we are trying to do everything we should to keep patients safe and to provide good care whilst continuing to undertake improvements. 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 received a rating of ‘Outstanding’ in August 2018. To help maintain this ‘Outstanding’ rating, the Trust conducts regular self-assessments against the CQC Fundamental Standards using the CQC Key Lines of Enquiry (KLOE) as a framework, triangulated with the information and intelligence data reported via the CQC Insight Tool, recognised learning from Serious Incidents and corporate action plans.

Throughout 2019/2020 The Trust has completed the action plan that was developed following the 2018 inspection this was completed and signed off at the Trust Patient Safety and Risk Management Committee in December 2019. The Trust have developed relationship meetings with their local CQC inspection teams alongside proactively providing the CQC with relevant reports once they have been signed off by the Trust Board e.g. Safe Staffing Reports, Patient Experience Committee Annual report, Safeguarding Annual report. The Patient Safety and Risk Management Committee undertake a monthly review of the CQC Insight Report relating to the Trust performance and arrangements are in place for the CQC to undertake staff engagement meetings throughout 2020.

The CQC has not taken enforcement action against Kingston Hospital NHS Foundation Trust during 2019/20.

The Trust participated in a review of health services for Children Looked After and Safeguarding in Richmond upon Thames in September 2019.

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 is monitored by the Safeguarding 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 recommendations include:

- Effective liaison and sharing of information with other health professionals, ensuring that adult ED records prompt the recording of the adult attendee’s parental or caring responsibilities.
- Expectant women are offered a private discussion as recommended in NICE guidance during their episode of care to assist exploring the risk of domestic abuse and answers to routine enquiry are recorded and subject to managerial oversight.
- Children at risk of Child sexual exploitation are effectively identified by frontline staff and there is assurance through management oversight and monitoring of this important practice.

- Midwifery documentation supports the practitioner to gather sufficient information to assist risk assessment for the pregnant women and unborn child.
- The safeguarding children quality assurance processes and audits evidence the improvement and impact on the service on children and families.
- A copy of referrals made to the Single Point of Access is available within children and young people's electronic care record.
- A model of safeguarding children supervision is introduced for ED and for paediatric practitioners and adherence is monitored through assurance through governance arrangements.
- A model of safeguarding children supervision is introduced for all midwifery staff and adherence is monitored through assurance through governance arrangements.

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

The 'Pets As Therapy' (PAT) Dogs

Data Quality - NHS Number and General Medical Practice Code Validity

Kingston Hospital NHS Foundation Trust submitted records to the Secondary Uses Service (SUS) throughout 2019/20. This data is included in nationally published Hospital Episode Statistics (HES) data which are included in the latest published 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 2019/2020.

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

Data source provided by: HSCIC SUS Dashboards – as published online November 2019.

Apr - Sept 2019	Inpatients	Delivery	Births	AE	Outpatients
Valid NHS no	51834	2447	2511	66320	350901
Invalid NHS no	351	2	0	1710	998
TOTAL	52185	2449	2511	68030	351899
% Valid NHS no	**99.33%**	**99.92%**	**100.00%**	**97.49%**	**99.72%**

Apr - Sept 2019	Inpatients	Delivery	Births	AE	Outpatients
Valid GP Practice	52185	2449	2511	68030	351899
Invalid GP Practice	0	0	0	0	0
TOTAL	52185	2449	2511	68030	351899
% Present NHS no	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Data source provided by: HSCIC SUS Dashboards – as published online November 2019.

Information Governance Toolkit Attainment Levels

Kingston Hospital NHS Foundation Trust demonstrates our compliance with Department of Health and Social Care data security and information governance requirements through the Data Security and Protection (DSP) Toolkit. The 2019/20 DSP Toolkit, Version 2, has been updated and now includes 116 mandatory Assertions, evidence items, for NHS Trusts. Additional requirements cover areas

such as Cyber Essentials, Minimum Cyber Security Standards (MCSS) and key Network Information Systems (NIS)/Cyber Assessment Framework (CAF) requirements.

Due to the COVID-19 virus situation, NHS Digital has taken the decision to postpone the deadline for submission of the Data Security and Protection Toolkit to 30th September 2020. The Trust continues to work on the Toolkit and to ensure that Cyber Security is maintained. Training remains problematic and it is not envisaged that this will improve significantly in the near future due to other staff commitments with the evolving virus situation. This means that the submission of our toolkit dashboard is not available for the publication of this Quality Report.

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 Data Security and Information Toolkit, an audit was undertaken by an NHS Digital Accredited Clinical Coding Auditor during 2019/20. The audit was carried out on 200 Finished Consultant Episodes of General Medicine, Cardiology, Respiratory Medicine and Geriatric Medicine.

The error rates reported for that period for clinical coding diagnoses and procedures were:

	Kingston Hospital NHS Foundation Trust 2019/20
Total number of episodes examined: 200	**General Medicine, Respiratory, Cardiology, Geriatric Medicine**
Primary Diagnoses Incorrect	5.5%
Secondary Diagnoses Incorrect	6.10%
Primary Procedures Incorrect	1.22%
Secondary Procedures Incorrect	1.61%

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

An independent body, Audit Commission Audit was established in 2010 to roll out Payment by Results (PbR) Data Assurance Framework. The aim was to support improvement of data quality standards that underpins the accuracy of coding and costing under PbR. The program ran for 5 years, from 2010 – 2015.

There is now a national program which replaced PbR.

Kingston Hospital NHS Foundation Trust has an Internal Audit Programme, which requires each of 4 NHS Digital Approved Auditors to carry out an audit of 200FCEs each, as a part of their annual accreditation.

Kingston Hospital NHS Foundation Trust was not subject to the Payments by Results clinical coding audit during 2019-2020 by the Audit Commission.

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. Kingston Hospital NHS Foundation Trust has taken the following actions to improve data quality and is 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).

Progress against these actions and additional requirements are monitored through the Data Quality Group.

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 the financial year 2019/20 826 of Kingston Hospital NHS Foundation Trust patients died, of these patients, 53 post-mortems were undertaken. This comprised the following number of deaths which occurred in each quarter of that reporting period.

27.1 During 01/04/2019 – 31/03/2020 826 of Kingston Hospital Foundation Trusts patients died.	
Total Number of Deaths (01/04/2019 – 31/03/2020)	**826**
Total Number of Deaths in Quarter 1 (01/04/2019 - 30/06/2019)	**192**
Total Number of Deaths in Quarter 2 (01/07/2019 - 30/09/2019)	**174**
Total Number of Deaths in Quarter 3 (01/10/2019 - 31/12/2019)	**208**
Total Number of Deaths in Quarter 4 (01/01/2020 – 31/03/2020)	**252**

Kingston Hospital NHS Foundation Trust has established a well embedded mortality review and learning from death, in line with recommended national guidance. As a Trust we have a mortality surveillance group which meets monthly and oversees the Trust policy and practice of ensuring that lessons are learnt from the care of patients who have died at the Trust. This meeting is chaired by the Learning from Death Lead who is a Senior Consultant.

Kingston Hospital NHS Foundation Trust has service line morbidity and mortality (M&M) meetings which allow local scrutiny and shared learning from the review of

the care of patients who have died and could allow further referral for a second stage structured judgement review. This local M&M reviews the care of patients at service level with the clinicians involved. The breakdown of figures relating to cases that were reviewed in quarters 1, 2, and 3 are set out further down in this document.

The Trust has decided to move towards the nationally recommended system of medical examiners (MEs). These are 6 senior clinicians, supported by a full-time medical examiner officer (MEO), who provide independent scrutiny of care of patients who have died at the Trust. A pilot to assess the feasibility and allow progress towards a full ME system started in November 2019 and is being assessed in real time to allow progress towards a fully implemented ME system by April 2020. The benefits of this system include independent scrutiny of care of patients who have died in the Trust, close liaison with next of kin or bereaved to provide feedback on the cause of death and allows requests for comments and to raise any concerns. The outcome of the ME review feeds into the Trust governance systems if concerns are raised, through a second stage review of care using the established structured judgement review (SJR) tool or need for an in-depth investigation.

The SJR tool is a well-established nationally agreed format for independent review of care of deceased patients to allow learning and to objectively score the quality of care to enable reporting and to ensure lessons learnt from care can be used for quality improvement.

33 clinicians, ranging from consultants to advanced nurses (such as matrons and palliative care nurse specialists), have been trained at our Trust and they support the delivery of the SJR program. We are continuing to offer training in order to increase the number of reviewers.

The Trust supports the Learning Disabilities Mortality Review (LeDeR) program in carrying out SJRs for patients with learning disability who have died, to ensure that care was of the quality expected, and we feed these into the national LeDeR team, which is led by the Deputy Director of Nursing.

Going forward, our focus for the next year is on:

- establishing a robust ME system to ensure early and independent scrutiny of the care of patients who have died
- Timely referral for a second stage review or investigation, if deemed appropriate, to allow learning to improve patient care.
- Delegating the SJR process and implementation of learning to service lines with supervision from the learning from death team at the Trust.

In the first three quarters of this financial year we carried out 20 SJRs. The reviewers noted adequate to excellent care in 80% in of cases, however 10% cases were found to have poor care. In the latter cases, a second stage SJR would have been allocated for review.

The themes from SJRs carried out include the following:
Where problems were identified in review:

- Delayed investigation or clinical treatment – e.g. delay in imaging, delay in sepsis treatment, delay in platelets arriving for a blood transfusion.
- Poor documentation, e.g. with regards to palliative care or assessment of comfort.
- Delayed diagnosis – e.g. 4-day delay in the diagnosis of a fracture in a patient admitted following a fall.
- Concerns regarding the care raised by family, e.g. feeling uninformed due to the number of clinical staff involved in their loved one's care.
- Communication between teams or relatives, e.g. delay in discussing palliative care input.

Where good practice was identified in review:

- Patients seen in a timely manner.
- Good multi-disciplinary team approach.
- Appropriate care plans.
- Good balance between need for active management and avoidance of excessively invasive tests.
- Good communication with families throughout their relatives care.

We undertake a comprehensive and robust multidisciplinary review of all perinatal deaths from 22+0 weeks gestation until 28 days after birth (excluding terminations of pregnancy), using the national Perinatal Mortality Review Tool. Parental input is sought and the review also has an external panel member and leads to a written report which can be shared with the families and lead to organisational learning and service improvements. In 2019/20 we have undertaken 10 PMRT reviews to date and our current perinatal mortality rate is 2.14, compared to the national average of 5.61 per 1000 total births.

By 1st April 2020, 325 case record reviews and 12 investigations have been carried out in relation to 826 of the deaths included in 27.1 43 detailed case record reviews using the SJR methodology have been carried out in relation to 826 of the deaths included in the table below. In some 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 By 31/03/2020 325 case record reviews and 12 investigations have been carried out in relation to 826 of the deaths included in 27.1	SI Reviews	M&M Reviews	SJR Reviews	Total Number of Reviews in %
Total Number of Deaths Reviewed (01/04/2019 –31/03/2020)	**12**	**282**	**43**	**40.79%**
Total Number of Deaths in Quarter 1 (01/04/2019 - 30/06/2019)	**3**	**131**	**4**	**71.88%**
Total Number of Deaths in Quarter 2 (01/07/2019 - 30/09/2019)	**4**	**91**	**14**	**62.64%**
Total Number of Deaths in Quarter 3 (01/10/2019 - 31/12/2019)	**1**	**44**	**14**	**28.37%**
Total Number of Deaths in Quarter 4 (01/01/2020 – 31/03/2020)	**4**	**16**	**11**	**12.3%**

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) (01/04/2019 – 31/03/2020)	**(12) 1.45%**
Total Number of Deaths in Quarter 1 (01/04/2019 - 30/06/2019)	**(3) 1.56%**
Total Number of Deaths in Quarter 2 (01/07/2019 - 30/09/2019)	**(4) 2.3%**
Total Number of Deaths in Quarter 3 (01/10/2019 - 31/12/2019)	**(1) 0.48%**
Total Number of Deaths in Quarter 4 (01/01/2020 – 31/03/2020)	**(4) 1.59%**

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
➢ Anatomic and haemorrhagic response could be altered in a patient with a significant level of sepsis. ➢ Acknowledgement and action on relatives concerns provides an additional tool in the detection of the deteriorating patient. ➢ Clinical staff should take a holistic view when caring for patients whose recovery is not following the expected path to ensure that unexpected complications are not missed. ➢ Adhering to the privacy and dignity guidelines should be weighed against the high risk of falls in patients being left unattended while toileting. ➢ It is important to keep patients updated about changes in their mobility and risks associated with being left unsupervised. This will help them to make a more informed choice when confronted with balancing the need for privacy and the need for safety.

- A full neck examination should be carried out in patients presenting with arm pain or numbness in the absence of any direct trauma.
- A TIA referral should be sent for patients presenting with a history of transient numbness unilaterally.
- Hospital medical teams should contact GPs prior to the patient's discharge to confirm they are able to support the monitoring and management of patients on long term antibiotic therapy.

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)

- Electronic Mental Capacity Act (MCA) assessment form to be developed to assess capacity to accept assistance in the toilet or not when a patient has been recognised to have a cognitive impairment and a falls risk.
- Develop Trust document on nursing care of Central venous catheters (CVC) to include competency assessment
- All staff to receive learning in practice prompt cards with NEWS2.
- Additional Training for nursing and medical staff on expected levels of patient alertness following sedation.
- Develop a standardize 'Shared Care Prescribing / Transfer of Prescribing and Monitoring Guideline' in line with the South West London interface prescribing policy for the administration of long term intravenous antibiotics across primary and secondary care.
- To develop a standardized process of booking follow up outpatient appointments to ensure patients are seen within the correct timescale.

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/ standard operating procedures.
- All Service lines tracking actions as a result of Serious Incidents (SIs).
- Introduction of the medical Examiners and medical Examiners Officer to support with the Learning from Deaths and The Structured Judgement review (SJR) Process.

27.7	SI Reviews
Total Number of Investigations into patient deaths completed after 1st April 2019 which relate to deaths which took place before the start of the reporting period (01/04/2019 – 31/03/2020)	**(3)**
Quarter 1 (01/04/2019 - 30/06/2019)	**(2)**
Quarter 2 (01/07/2019 - 30/09/2019)	**(1)**
Quarter 3 (01/10/2019 - 31/12/2019)	**(0)**
Quarter 4 (01/01/2020 - 31/03/2020)	**(0)**

27.8	
Total Number of Deaths that were Avoidable (more likely than not have been due to problems in the care provided) (01/04/2019 - 31/03/2020)	**(3)**
Quarter 1 (01/04/2019 - 30/06/2019)	**(2)**
Quarter 2 (01/07/2019 - 30/09/2019)	**(1)**
Quarter 3 (01/10/2019 - 31/12/2019)	**(0)**
Quarter 4 (01/01/2020 - 31/03/2020)	**(0)**

27.9	
Total Number of Deaths that were Avoidable (more likely than not have been due to problems in the care provided) (01/04/2018 – 31/03/2020 completed during this reporting period)	**11**
Quarter 1 (01/04/2018 - 30/06/2018) + (01/04/2019 – 30/06/2019)	**5**
Quarter 2 (01/07/2018 - 30/09/2018) + (01/07/2019 – 30/09/2019)	**5**
Quarter 3 (01/10/2018 - 31/12/2018) + (01/10/2019 – 31/12/2019)	**1**
Quarter 4 (01/01/2019 - 25/03/2019) + (01/01/2020 – 31/03/2020)	**0**

In the 2019/20 year, 98.8% of the patient safety incidents reported at Kingston Hospital NHS Foundation Trust were rated as 'no harm', 'low harm' and 'near miss'. National comparative data is not available yet for this time period, however the national average proportion of No Harm and Low Harm incidents for acute / general hospitals between October 2018 and September 2019 was 97%.

As well as undertaking investigations into incidents within the Trust, Kingston Hospital NHS Foundation Trust works collaboratively with external organisations including the Health Safety Investigation Branch. HSIB is an organisation that undertakes independent investigations across the NHS in England with the aim of driving improvements at a national level. They investigate maternity cases which meet the Each Baby Counts criteria; women who have been in labour over 37 weeks of pregnancy and have had intrapartum stillbirths; early neonatal deaths or severe brain injury diagnosed in the first 7 days of life; when the baby was diagnosed with grade 3 hypoxic ischaemic encephalopathy (HIE) or was therapeutically cooled or had decreased central tone and was comatose and had seizures of any kind. They also investigate direct or indirect maternal deaths during labour or within 42 days of the end of the pregnancy. In the current financial year, we have had 3 neonatal investigations and one maternal investigation.

2019-20	Number of Patients Safety Incidents
Total number of patient safety incidents recorded for the period 01/04/2019 to 31/03/2020	6858 (on 6576 the actual harm has been confirmed by the incident investigator to date 31/03/2020)
Number and Severity of incidents by the degree of harm at 31/03/2020	200 (2.8%) - Near Miss 3973 (58%) - No Harm 2580 (38%) - Low Harm 89 (1%) - Moderate Harm 8 (0.1%) - Severe Harm 8 (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 2017 – Sep 2018	0.8193 (Band 3)	1	0.6917	1.2681	Lower is better We are below the national average
Summary Hospital-Level Mortality Indicator (SHMI) Oct 2018 – Sep 2019	0.7650 (Band 3)	1	0.6871	1.189	Lower is better We are below the national average
Latest Data Published	16th January 2020				

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 2017-Sep 2018	45.5%	33.6%	14.2%	59.5%	We are above the national average
Percentage of deaths with palliative care coded Oct 2018 - Sep 2019	1.3%	1.8%	0.7%	3.4%	We are below the national average
Latest Data Published	16th January 2020 There has been a change in the way this data is collected and reported nationally hence the difference in results over the 2 years.				

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. This is a focus for the 2020/2021 Quality Priorities.

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 2017 – Mar 2018	64.7	68.6	54.4	86.2	We are below national average Higher number is better
Trust's responsiveness to personal needs of patients Apr 2018 – Mar 2019	67.5	67.3	58.9	85	We are above national average Higher number is better
Latest Data Published	August 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 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 2018	81.7%	71.2%	39.7%	87.3%	
Staff who would recommend Trust as a provider to friends and family Staff Survey 2019	82.1%	70.5%	40%	87.4%	
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 Jan 2018 - Mar 2018	97.7%	95.2%	67%	100%	KFHT above national average Higher number is better
% of patients admitted that were risk assessed for VTE Jan 2019 - Mar 2019	98%	95.7%	74%	100%	KFHT above national average Higher number is better
Latest Data Published	4 June 2019				

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 2017 - Mar 2018	11.9	13.7	0	91	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 2018 - Mar 2019	15.4	11.7	0	79.7	KFHT is above national average Lower number is better
Latest Data Published	11 July 2019				

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.

- In February 2019 it was announced by Public Health England (PHE) that from April 2019 there would be changes in reporting, particularly regarding the Clostridium difficile non-Trust apportionment rule:
- Cases will be deemed Trust apportioned if the sample is taken on or after the 3rd day of admission (rather than the 4th day of admission) and will be referred to as 'hospital onset healthcare associated' (HOHA).
- Those normally considered to be non-Trust apportioned will be counted in the Trust numbers if they have been an in-patient the hospital within the four weeks preceding the positive result date and will be referred to as 'community onset healthcare associated' (COHA).
- The Trust will have an allowance of 45 cases in total for 2019-2020. However it is likely that Trust numbers will increase due to the new rules outlined above regarding Trust apportionment. The process for Lapse in Care review will remain the same and will inform local contractual decisions about penalties.

Indicator		**Trust**	**National** (Acute Trusts)	**Min**	**Max**	**Comment**
Number and % of patient safety incidents Oct 2017 – Mar 2018	Number	Total 2,522	Total 730,151	Total 1,311	Total 19,897	KFHT is lower than the National Rate for Acute Hospitals.
	Rate per 1,000 bed days	29.4%	42.1%	2.42%	24%	
Number and % of patient safety incidents Oct 2018 – Mar 2019	Number	Total 2481	Total 765,221	Total 1,278	Total 22,048	KFHT is lower than the National Rate for Acute Hospitals.
	Rate per 1,000 bed days	35.7%	45.2%	1.7%	28.8%	
Latest Data Published		November 2019				

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 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%	
Number and % of patient safety incidents that result in severe harm or death Oct 2018 – Mar 2019	Number	6	18.7	1	72	KFHT is lower than the National Average % for Acute Hospitals. Lower number is better
	%	0.09%	0.15%	0.01%	0.16%	
Latest Data Published		November 2019				

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 reviewed and undertaken, with results reported to the Patient Safety and Risk Management Committee.

- 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 18/19 to 19/20.

Clinical Area	Response Rate		% of patients who would recommend to Friends and Family	
	2018-19	2019-20	2018-19	2019-20
Inpatients	49.3%	65.7%	95.5% (8192)	96%
Outpatients			92.4%	93.7%
Day cases	13.2%	31.3%	97.1%	96.1%
ED	23.5%	21.6%	87.6%	89%
Maternity			94.2%	97.4%

National Data from NHS Digital

Indicator		Trust	National	Min	Max
Patient Reported Outcome Measures (PROMS) **Hip Replacement** (Apr 2018-Mar 2019)	**Hip Replacement Primary** **Health Gain (EQ-5D)**	No Data	69%	43.6%	100%
	Hip Replacement Primary **Health Gain (EQ-VAS)**	No Data	99.3%	51.8%	100%
	Hip Replacement Primary **Oxford Hip Score**	No Data	90.9%	43.8%	100%
	Hip Replacement Revision **Health Gain (EQ-5D)**	No Data	56.4%	53.1%	100%
	Hip Replacement Revision **Health Gain (EQ-VAS)**	No Data	* 80%	49.1%	97.6%
	Hip Replacement Revision **Oxford Hip Score**	No Data	74.0%	74.5%	97.6%
Latest Data Published February 2020 *** Based upon *All* responses as no % available at the *30+* Responses calculation (used for all other categories – as per guidance)**					

Indicator		Trust	National	Min	Max
Patient Reported Outcome Measures (PROMS) **Knee Replacement** (Apr 2018–Mar 2019)	**Knee Replacement Primary** **Health Gain (EQ-5D)**	No Data	59.9%	39.7%	100%
	Knee Replacement Primary **Health Gain (EQ-VAS)**	No Data	98.1%	40.9%	100%
	Knee Replacement Primary **Oxford Knee Score**	No Data	75.3%	51.3%	100%
	Knee Replacement Revision **Health Gain (EQ-5D)**	No Data	59.9%	44.1%	100%
	Knee Replacement Revision **Health Gain (EQ-VAS)**	No Data	96.6%	49.1%	100%
	Knee Replacement Revision **Oxford Knee Score**	No Data	90%	48%	100%
Latest Data Published February 2020					

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 continues to meet clinical standards 5 and 6 for the seven day hospital standards in full. This means emergency admissions have access to diagnostics and consultant directed interventions on a 7 day basis. The Trust is now meeting clinical standard 8, with 98% of patients receiving a daily review by a consultant, or other delegated doctor (NHS England target 90%). This reflects ongoing work to improve same day discharges. The Frailty team work and reduction in delayed discharges have both helped to improve this, by freeing up weekend on call consultants to review un-well inpatients and ensure they progress according to plan. In addition since the completion of the previous audit 7 day consultant cover has been successfully implemented in Cardiology.

Clinical standard 2, consultant review within 14 hours of admission, is the subject of improvement work within the surgical service lines. Overall 88% of patients were seen by a Consultant within 14 hours of admission, 87% admitted on a weekday and 89% admitted on a weekend.

2019 – 2020 Annual Organisational Audit for Medical Appraisals:

The quality of Medical Appraisals and Revalidation is assured through regular reports to both internal and external groups. The Trust Board receives an annual report based on the Annual Organisation Audit (AOA) data this confirms the numbers of medical appraisals completed across the Trust.

Kingston Hospital NHS Foundation Trust data for medical appraisals for 2019/2020 is shown below:

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
Consultants	223	204 (91%)	19 (9%)	0
SAS Doctors	30	23 (77%)	7 (23%)	0
Doctors on Performers Lists	0	0	0	0
Doctors with practising privileges	1	1 (100%)	0	0
Temporary or short-term contract holders	78	53 (68%)	25 (32%)	0
Other doctors with a prescribed connection	22	19 (86%)	3 (14%)	0
TOTAL	**354**	**300 (85%)**	**54 (15%)**	**0 (0%)**

The prescribed connection is the formal link between a doctor and their designated body. All non-training doctors, who undertake the majority of their practice at the Trust, hold a prescribed connection with Kingston Hospital NHS Foundation Trust.

The Trust is assured that the 54 appraisals stated as “Approved Missed” 2019-20 include:

- 25 Covid-19 Pandemic – The dates for these appraisals have been deferred and set for 1 year
- 19 for doctors still within their first 12 months of employment in an NHS Trust.
- 6 Maternity Leave,
- 4 Short-term deferrals where the deferral deadline is not yet reached.

Response to the Gosport Report:

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Foundation Trusts in England to provide a summary report on the mechanisms in place to support and protect staff who speak up. 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.

PART 3

LOOKING BACK AT 2019/20

Korean Ambassador Her Excellency Mrs HE Enna Park, visits Kingston Hospital NHS Foundation Trust

The Duchess of Cambridge spent two days undertaking work experience in the Trust's Maternity Unit

Her Royal Highness the Countess of Wessex visits the Royal Eye Unit

The Quality Report focuses on three areas that help to deliver high quality services: patient safety, patient experience and clinical effectiveness. Two quality priorities were set in each of these three areas for the financial year 2019-2020. Each priority had a designated lead(s), responsible for its progress with each priority also being accountable to KHFT's Quality Improvement Committee (QIC). This meant that monthly update reports on each priority had to be presented to QIC to allow progress to be monitored and any issues where additional support may be required to be identified. The Quality Improvement Lead for the Trust provides assurance and twice yearly updates regarding the Quality Priorities to the Governors Quality Scrutiny Committee.

Although the Trust identified six new Quality Priorities, the work streams for the quality priorities for 2018/19 have continued to ensure these areas continue to improve or maintain achieved standard

The two partially achieved Quality Priorities from 2018/19 continued:

Patient Safety Quality Priority 1:

Avoid delays in patient care on the wards.

Over the last year the inpatient clinical areas have continued to work to improve the delays experienced by patients in the wards. The Trust has trialled the implementation of the SAFER bundle

S = Senior Review

A = All patients having an estimated date of discharge and clinical criteria for discharge

F = Flow of patients to ensure the first patient is transferred to the ward from the acute assessment unit by 10:00 hours

E = Early discharge

R = Review, a systematic multi-disciplinary team review of patients with an extended stay

This implementation involved the organisation of care and discharge, daily review of all patients by senior doctors, setting clinical criteria for discharge, action planning care and attributing actions to individual members of the extended multi-disciplinary team. This process includes early identification and actively trying to unblock clinical and social delays.

The main emphasis is a culture change by working with the clinical staff at ward level to organise the patient care and challenge decisions made within the multi-disciplinary team to ensure that the patient journey is as free from delays as possible.

Patient Experience Quality Priority 5:

Improve our patient administration and communication processes in out-patients.

It is recognised that this continues to be an area for improvement throughout the Trust and therefore we are addressing this again throughout 2020/2021 with our Quality Priority to 'Ensure patients get the right appointment, first time without delays'.

The following table outlines the chosen priorities for 2019/20 and summarises if the priority was achieved, partly achieved or not achieved.

Last Year's (2019/20) Priorities:

Domain	Priority	Achieved
Patient Safety	1. Improve the process to identify patients with learning disabilities.	**Deferred**
	2. Improve identification and escalation of the deteriorating patient.	**Achieved**
Clinical Effectiveness	3. Improve staffing in the Emergency Department.	**Achieved**
	4. Home before lunch discharges.	**Insufficient evidence of improvement**
Patient Experience	5. Improve pain management for patients attending the Emergency Department.	**Achieved**
	6. Engage more patients in Quality Improvement.	**Achieved**

DOMAIN : PATIENT SAFETY

PRIORITY 1 – Improve the process to identify patients with learning disabilities.

Status: Deferred

Goal	Aim
Safety	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. Our aim is to refresh and refine current process of generating a digital alert for staff that a person has a learning disability (LD) or autistic spectrum disorder (ASD).

Background

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. The Learning Disability Improvement Standards Action Plan requires NHS Trusts to ensure that mechanisms are in place 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.

In April 2019 Kingston Hospital's electronic patient record system had no automated alerting system to identify patients with a learning disability or autism. A snap-shot audit showed that only 1 in 10 patients with a learning disability had an electronic flag on their record.

What did we plan to do?

By March 2020 we aimed to have a robust alerting system in place, with a goal set of at least 50% of patients presenting with a known diagnosis learning disability or autism to be flagged on the system.

What steps were taken to achieve the aim?

- An Acute Care Learning Disability (LD) Collaborative Forum was established and meets on a bi-monthly basis. A non-executive director is a member of the collaborative. The collaborative brings together stakeholders from across the local health and social care system as well as peer advocates with learning

disabilities and voluntary organisations. It provides a forum to share learning and to collaborate on a range of initiatives, for example:

  - Development of a closer relationship with Kingston All Age Learning Disability Partnership Board
  - Funding secured to train Kingston Hospital staff in Makaton
  - Funding secured to deliver an extended LD and Autistic Spectrum Disorder (ASD) training to 30 staff. This will include a service improvement initiative for participants.
  - Funding secured for a dedicated Learning Disability Practitioner at Kingston Hospital.
  - Two conferences hosted on-site around the learning from mortality reviews and a community partnership event

- Process for manually adding an electronic alert to patient records has been explored in collaboration with Trust IT team.
- During 2019 NHS Digital successfully piloted a 'reasonable adjustment alert' in the NHS Spine, the central digital point that links health and social care IT infrastructure. This will ensure that an automated alert will appear in patients' records and be visible to all NHS and social care providers. A wider utilisation is planned for autumn 2020, with the project team at NHS Digital keen to engage in the meantime with providers on how they might look to use the flag in the future. Considering these plans, the Acute Care Learning Disability Collaborative took the decision to halt the development of any local workarounds, with the NHS Digital work being deemed to supersede any local investment and system changes.

How did we actually do? Measures of Improvement

- As the work to add the digital alert has been postponed until the commencement of the NHS Digital national roll out, the primary aim of having a robust alerting system by March 2020 will not be met. However, the development of the Acute Care Learning Disability Collaborative Forum and the new Learning Disability Practitioner post provides an excellent platform for ongoing work to meet the Learning Disability Improvement Standards Action Plan.

Challenges Faced

- There are an extremely large number of clinical diagnostic codes associated with learning disability and autism. It was recognised that it would prove challenging to create a local digital flag that is associated with all these codes

due to the complex nature of the diagnosis and the workload this would produce. The national flag from NHS Digital should resolve this issue.

Next Steps

- Recruit to the new Learning Disability Practitioner post
- Engage with the NHS Digital project team around how the use of the flag and plans for the national rollout of the reasonable adjustment flag and work to integrate this into KHFT's electronic patient management system.
- The Acute Care Learning Disability Collaborative will continue to meet bi-monthly to coordinate this work.

PRIORITY 2 - Improve identification and escalation of the deteriorating patient.
Status: Achieved

Goal	Aim
Safety	Early recognition and treatment of deteriorating patients, facilitating the escalation of care in an appropriate and timely manner, improves outcomes. Our aim is to improve the identification and escalation of the deteriorating patient.

Background:

We know that early recognition and treatment of deteriorating patients improves outcomes, by facilitating the escalation of care in an appropriate and timely manner. 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. Kingston Hospital has convened a multi-professional Deteriorating Patient Group to coordinate our efforts to continuously improve practice and outcomes in this area.

What did we plan to do?

This quality priority aimed to improve early recognition and response for deteriorating adult patients who have been admitted to Kingston Hospital. This is a challenging aspect of care to measure. The Trust already performs consistently well in terms of completed patient observations for adult inpatients (National Early Warning Score). Following review of similar initiatives at other NHS organisations, we chose to focus on reducing the number of peri-arrest calls made to the resuscitation team. A peri-arrest call is made when a patient's condition is very unstable, and action must be taken to prevent progression or regression into a full cardiac arrest. Numbers of cardiac arrest calls are already low at Kingston Hospital, so these were also tracked as a balancing measure to ensure there was no increase.

What steps were taken to achieve the aim?

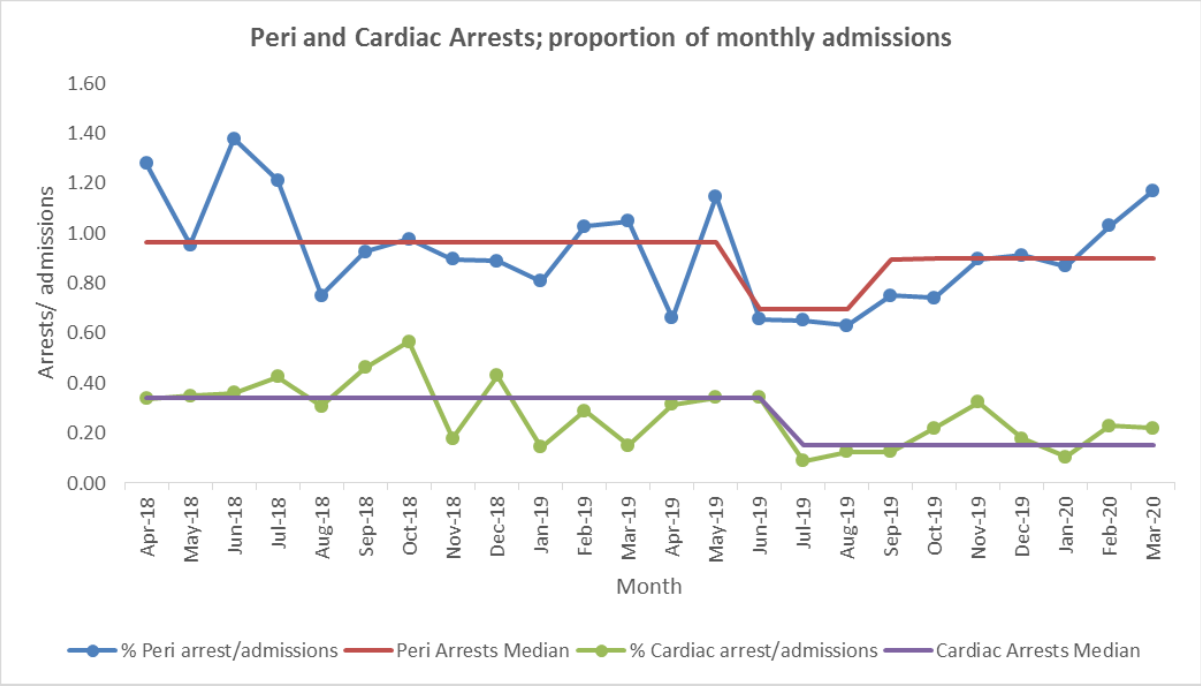
- We introduced a rolling 'Ward of the Month' programme, whereby individual wards have been given additional focused support and training on identifying and escalating deteriorating patients.
- Support from nursing leadership was given to improve adherence to Trust policy on handover and vital signs documentation.
- Our IT team undertook an improvement project as part of the Yellow Belt development programme to identify and resolve problems with the technology used to support vital signs monitoring on the wards. This included repairing

and reconfiguring devices as well as developing standard operating procedures and retraining staff.

How did we actually do? Measures of Improvement

- The run chart below shows the frequency of peri-arrest and cardiac arrests calls to the resus team as a proportion of monthly admissions. This metric was used to adjust for variation in activity as a result of rising numbers of admissions throughout the period.

- Our data suggests that we have successfully reduced both peri-arrests and cardiac arrests during the period of this quality priority. Between June 2019 and November 2019, peri-arrests shifted significantly below the initial baseline, signalling an improvement that was unlikely to be attributable to normal variation. This number increased over winter, causing the median to be recalculated, however it is still below the initial median of the baseline data. The rate of peri arrests as a proportion of monthly admissions for March are particularly high, but this is likely to be affected by the Covid-19 outbreak, whereby admissions into the hospital dropped but the number of seriously ill patients within the hospital increased.



Run Chart Rules:

The above chart has been visualised in the form of a run chart, whereby the data points for each month are plotted along with the median of the data points. When six consecutive points on the chart fall either above or below the median, this causes a rule to be triggered whereby the median is recalculated from the start of this run. This is exhibited above, with the peri arrest median being recalculated in June and

again September 2019, and the cardiac arrest median being recalculated in July 2019.

Challenges Faced

- Timely recording of observations is an important part of identifying and responding to deterioration. Timely access to computers has been a challenge across all inpatient wards and the Trust IT team have responded with a programme of reconfiguration and replacement to address this risk.

- Welch Allyn monitors (vital signs device) were not always being used on the wards, which meant observations were sometimes completed manually. This led to delays recording these observations into the Trust's Electronic Patient Record. This was resolved by the Yellow Belt project mentioned above.

- The ward of the month programme identified and addressed gaps in staff knowledge and practice, particularly in relation to fluid balance and charting.

Next Steps

- We will continue to monitor both peri-arrest and cardiac arrest calls on a monthly basis through the Deteriorating Patient Group. Further data points will be required to demonstrate that any improvement has been sustained.
- To maintain continuity the plan is for each ward to be allocated to a Critical Care Outreach Team (CCOT) staff member to provide specific guidance and ongoing support on deteriorating patients.

DOMAIN: CLINICAL EFFECTIVENESS

PRIORITY 3 – Improve staffing in the Emergency Department.
Status: Achieved

Goal	Aim
Effectiveness	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. Our aim is To support the development of a more sustainable workforce model in the Emergency Department.

Background

Improving A&E services and performance is a core priority in the NHS and ensuring we have properly staffed emergency departments is central to this. Following the 2018 Care Quality Commission (CQC) inspection of KHFT, it was recognised in the CQC 'Should Do' Action Plan in September 2018 that the workforce and permanent staffing resource was not able to meet the demands of the Emergency Department to the required standards.

What did we plan to do?

In response to the CQC feedback, the team developed and implemented a workforce plan focused on several key elements:

- Utilising new roles and responsibilities creatively
- Flexibility to adapt to expected changes in the next 5-10 years.
- Makes best possible use of the specific skills and expertise of staff.
- Less reliance on bank and agency staff (numbers and spend), to achieve budgeted spend or lower.
- Meets demand 24/7, reflected by achieving key A&E Key Performance Indicators (time to triage, assessment and 4 hr standard).
- Supports improved staff experience of working in the ED, resulting in better staff retention and lower vacancy rates.

What steps were taken to achieve the aim?

- Work was undertaken with finance colleagues to see how many posts could be created by converting some of the locum spend into substantive posts.

- There was a drive to fill substantive posts and to develop strategies for sustainable future recruitment.

- The ED team collaborated with the Trust's post graduate team to understand and exploit opportunities for building relationships with overseas universities to provide a regular supply of doctors.

- Work was undertaken with an external recruitment company, setting up a working group and developing a project plan to rethink how roles are advertised and staff are recruited.

How did we actually do? Measures of Improvement

The emergency department are on track to achieve their key targets in relation to workforce:

- **Vacancies down**:

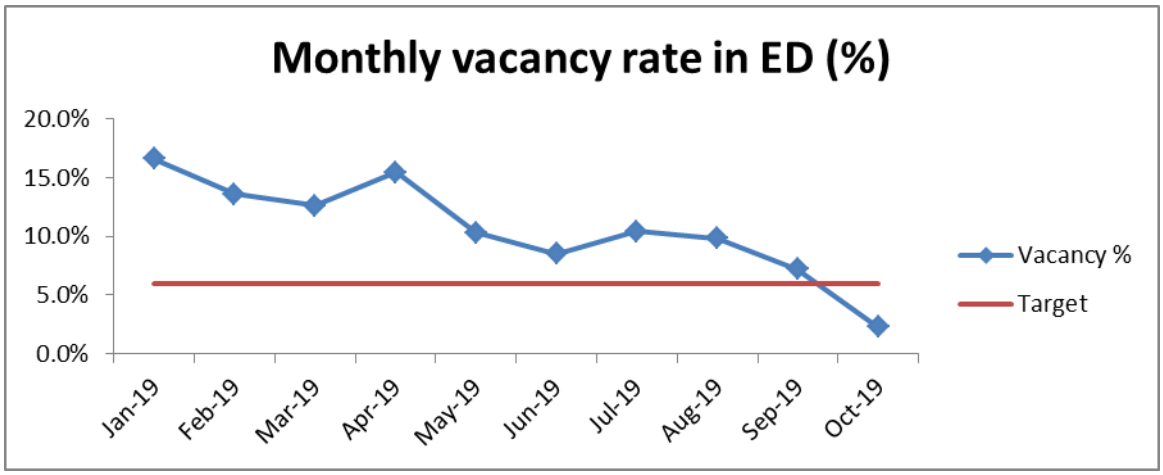
  April 2019- **15.4%** October 2019- **2.6%** (target is 6%)

- **Weekly Medical spend on bank and agency staff down:**

  October 2018 to March 2019- **£55,000 per week**

  April to December 2019- **Just under £34,000 per week**

- **Turnover rate down:**
  2018/19 Average- **22%** September and October 2019- **14.31%** **(target is 13.5%)**



Challenges Faced

- It has become clear that a two-day induction period is insufficient for new staff from overseas, given the need to accommodate differences in language, training and working systems. Learning from the work done in nursing recruitment is informing our plans for medical recruitment.

- Attracting and recruiting medical staff to work in the emergency department of a medium sized district general hospital can sometimes prove challenging.
- Staff sickness, especially in winter, is another contributory factor, and can have a negative impact on flow.

Next Steps

- Continue work with post graduate team to explore feasibility of building more formal relationships with overseas universities
- Develop and implement plan for Drake recruitment project during 2020
- Review the band 7 nursing role in the ED to support this staffing group to improve recruitment and retention

- **PRIORITY 4 – Home before lunch discharges.**

Status: **Insufficient evidence of improvement**

Goal	Aim
Effectiveness	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. To ensure that at least 33% of discharges from adult inpatient wards take place between 7:00 and 12:00

Background

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, as well as supporting flow through the hospital.

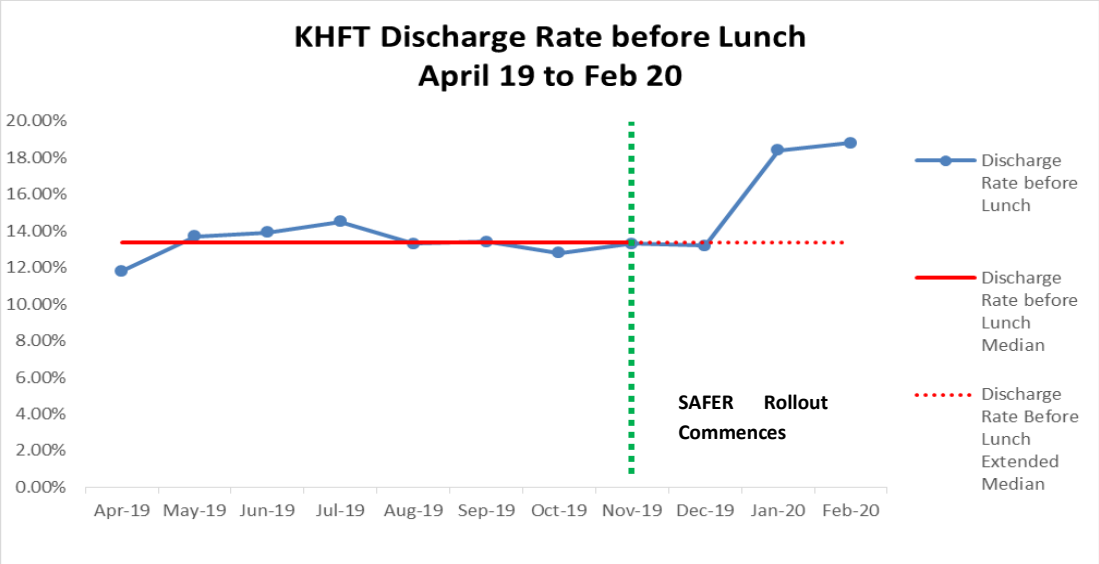
What did we plan to do?

- Increase the number of discharges before lunch (between 7a.m. and 12p.m.) through initiatives coordinated and monitored by the Emergency Care Programme Board (ECPB)
- The core intervention to support this aim is the local implementation of the national SAFER bundle across our medical inpatient wards. The SAFER patient flow bundle blends five elements of best practice:
    - S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.
    - A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.
    - F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.
    - E – Early discharge: 33% of patients will be discharged from base inpatient wards before midday.
    - R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay with a clear 'home first' mind-set.

What steps were taken to achieve the aim?

- We identified a SAFER lead from our team of matrons who worked with staff from our medical wards to agree standard ways of working. These included elements of daily work to that support consistent application of the elements of SAFER.
- We agreed ward and project level performance measures and have developed dashboards to measure impact and further support wards in embedding 'home for lunch'.
- Our SAFER lead has worked with individual ward teams to support them to embed SAFER into their daily work.

How did we actually do? Measures of Improvement

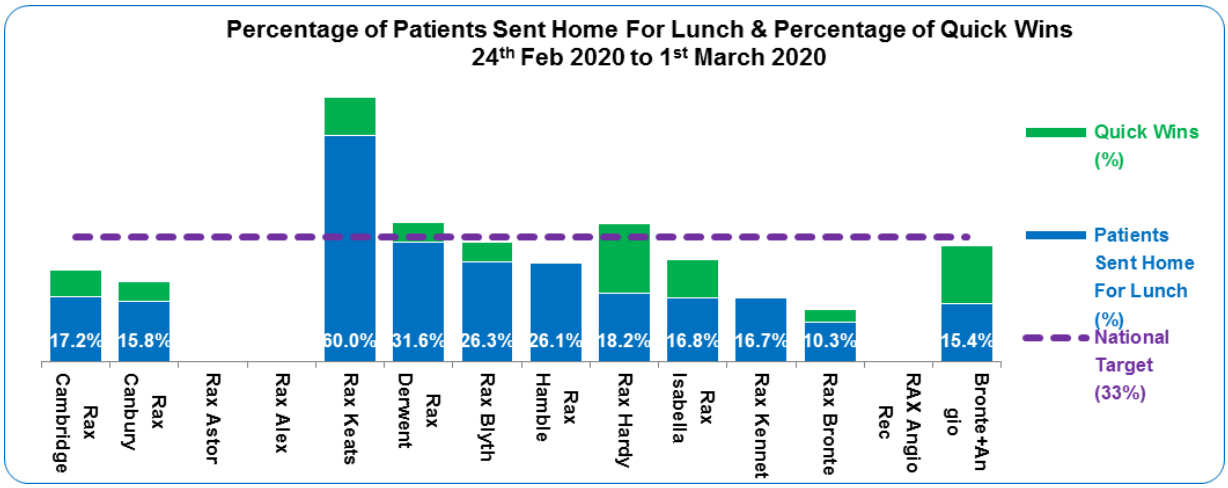


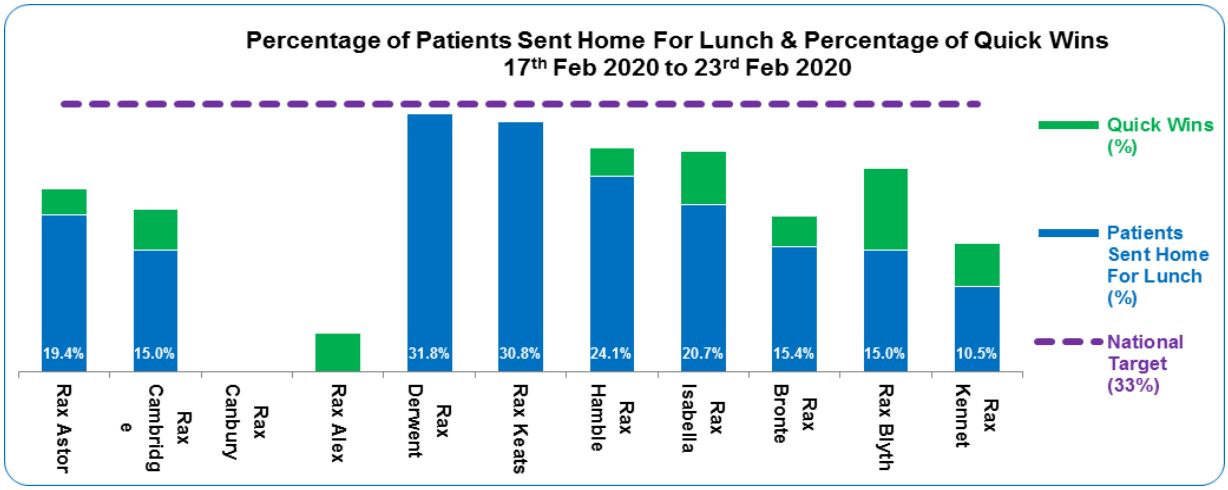
- Our primary measure of improvement is the proportion of patients that are discharged between 0700 and 1200 hours. Aggregated data from all our wards shows this remains stable for most of 2019/20 with a median just over 14%. However, since the beginning of the SAFER rollout in November 2019 there has been an increase in the discharge rate across all wards, particularly in the first two months in 2020, although it is important to note that there are insufficient data points to confidently attribute this change to an improvement.

- The two charts below show data from our medical wards for the last two weeks of February 2020. They show the percentage of discharges between 7:00 and 12:00 and the percentage of discharges between 12:00 and 13:00 (the "quick wins"). This suggests that further small improvements in processes could yield significant results.

- Looking at home before lunch discharge data on a ward by ward basis also helps to provide a more granular perspective, with some individual wards reaching the target of 33% discharges before lunch (this target is

recommended by NHS England). It is important to note that the medical wards performing well have been the focus of rolling out the SAFER bundle since November 2019. Other wards such as Bronte and Hamble, have not yet had SAFER implemented and will be supported in the next wave.





Quick Wins= Discharges between 12:01 and 13:00

Challenges Faced

- The high levels of demand that we are experiencing throughout our emergency care pathway puts continued pressure of inpatient wards and the whole health and social care system. It is very challenging to create the space and time for staff to engage in the essential activities required to make and sustain improvements in their daily work.
- The accurate recording of a patient's discharge time relies on staff recording departure time in real time electronically soon after the patient has departed. However, this tends only to be accurate in the hours when the ward clerk is on duty, out of hours this task falls to other clinical staff that are less likely to record this in real time due to being occupied delivering patient care.
- There is a heavy reliance on external partners to provide a package of care to allow a patient to be discharged; with the package of care essentially

providing continuing health and social care to patients that have significant ongoing needs. Delays in this package of care being provided subsequently leads to a delay in the patient's discharge.

Next Steps

- While we have not reached our stated target of all wards achieving 33% of patients home for lunch, the signs from the final quarter of 2019/20 are encouraging and will hopefully continue.
- Roll out the SAFER bundle across all medical and surgical wards will continue into 2020 and will be incorporated into the 2020/21 strategic quality priorities linked to inpatient and emergency flow.
- Our SAFER lead and project manager joined our Yellow Belt improvement programme in January 2020 and will be applying lean improvement methods to support this work.

DOMAIN: PATIENT EXPERIENCE

PRIORITY 5 - Improve pain management for patients attending the Emergency Department.

Status: **Achieved**

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

Background:

The 2018 National Urgent & Emergency Care patient survey indicated that 82% of patients who attended Kingston's Emergency Department felt that staff helped control their pain. This was close to the national average (84%) but lower than the result from the 2016 survey (91%).

What did we plan to do?

We aimed to improve pain management in the Emergency Department to ensure that all patients have appropriate treatment. We planned to Increase the number of Patient Group Direction (PGD) trained nurses – these are health professionals that are trained to supply and administer specific pain relief medication without the patient having to see a prescriber. This tackles one of the key root causes of delays in administering pain relief. Alongside this, there was an aim to make improvements in the assessment and management of pain in the Emergency Department (ED), in line with the Royal College of Emergency Medicine best practice guidelines.

What steps were taken to achieve the aim?

- Two ED nurses participated in the Trust's Yellow Belt improvement training and were supported with mentoring to take a systematic improvement approach to delivering this quality priority
- The number of ED staff trained in administering paracetamol and ibuprofen as a PGD was increased, with 100% of appropriate staff now able to administer paracetamol and ibuprofen as a PGD.
- Dihydrocodiene was approved in March 2019 as a PGD for patients who have already had simple analgesics prior to attending ED.
- A wider range of analgesic options were offered to patients, as well as being made easier to access by staff in streaming rooms to reduce delays in analgesic administration.

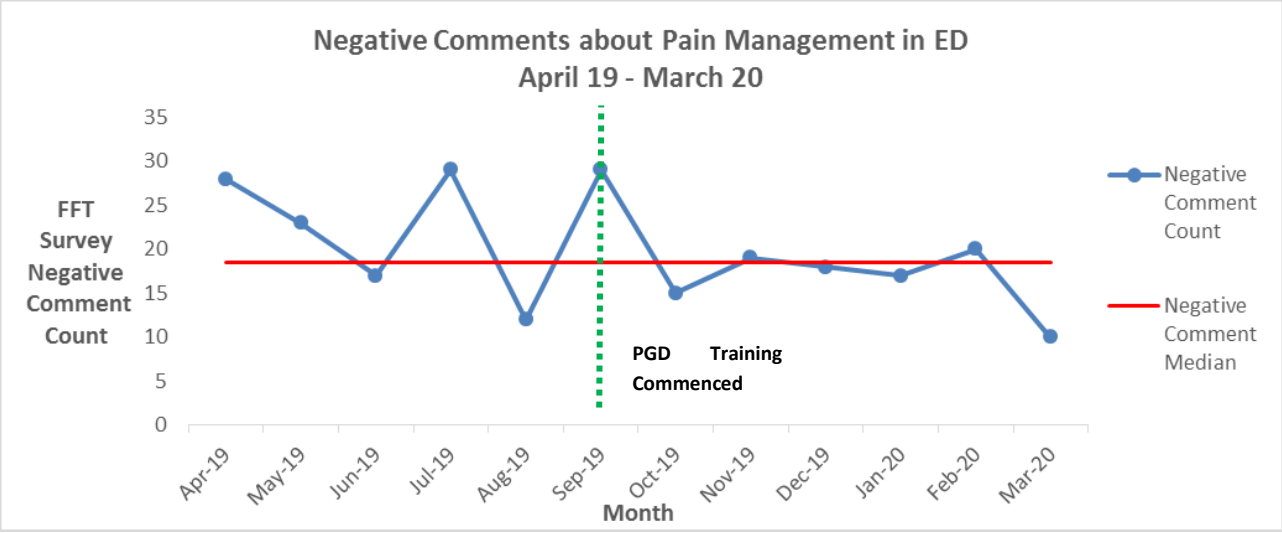
- Completion of 2 hourly pain scores has been incorporated into the checklist for regular 'quality rounds' in ED – this ensures regular monitoring is embedded into daily work.
- 70% of staff from ED had attended training run by a specialist pain nurse before end of 2019.
- Posters encouraging patients to inform staff when they are in pain were introduced in every cubicle within the majors section of ED.

How did we actually do? Measures of Improvement

- We met our target for training 100% of appropriate staff to administer paracetamol and ibuprofen as a PGD

- A qualitative survey undertaken over 4 days in September 2019 showed that while our patients reported improvements in pain from rapid administration of analgesia, there was still some variation in their experience and the responsiveness of the service. Patients also provided suggestions for improvement that were incorporated into our plans.

- The chart below shows the number of negative comments about management of pain that were made by patients responding to our Friends and Family Test (FFT) survey in the Emergency Department. While there are insufficient data points to trigger and run chart rules which can conclusively prove improvement, it is encouraging that there is a lot less variation in negative comments since October 2019, particularly over winter in what is a period of increased activity in ED.



Challenges Faced

- Variation in patient knowledge and expectations regarding analgesia and pain management.

- Persistent high numbers of patients in the ED regularly put large amounts of pressure on patient waiting time for a review by a doctor. This could then result in a longer patient wait for further analgesics, as many patients wished to wait to be reviewed by a doctor before receiving analgesia.

- A survey of ED staff in September 2019 revealed that some lacked confidence in administering analgesia as a PGD.

- High numbers of patients and pressure in ED also severely limited the availability of senior staff to support junior staff in triage and other areas. This would subsequently restrict senior staff in their efforts to encourage use of PGD analgesics and build confidence surrounding pain management in junior staff.

Next Steps

- The results of a local audit of performance against Royal College of Emergency Medicine (RCEM) guidelines are expected early in 2020/21. This should provide further insight and help focus continuous improvement activity associated with the management of pain.
- Ongoing feedback and education to support PGD trained staff to continue to develop their confidence in administering pain relief.

PRIORITY 6 – Engage more patients in Quality Improvement.

Status: **Achieved**

Goal	Aim
Patient Experience	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. Our aim is To build understanding and commitment to meaningful patient involvement across our hospital community of staff, patients, families and carers to allow increased patient participation in quality improvement.

Background:

There is growing evidence that engaging patients in the design and delivery health services improves the quality of care and patient outcomes. Our approach to quality improvement (QI) at Kingston Hospital emphasises the importance of hearing the voice of the patient in everything we do. We lacked a clear picture of the extent to which we engage patients in our improvement work and the insight and value this adds. This priority was introduced to ensure we have the foundations in place to ensure all our improvement initiatives put the patient first.

What did we plan to do?

To deliver increased patient participation in quality improvement - specifically in our transformation projects, QI projects reporting directly into the Trust's Quality Improvement Committee (QIC), as well as other committees and strategy groups that are accountable to QIC.

What steps were taken to achieve the aim?

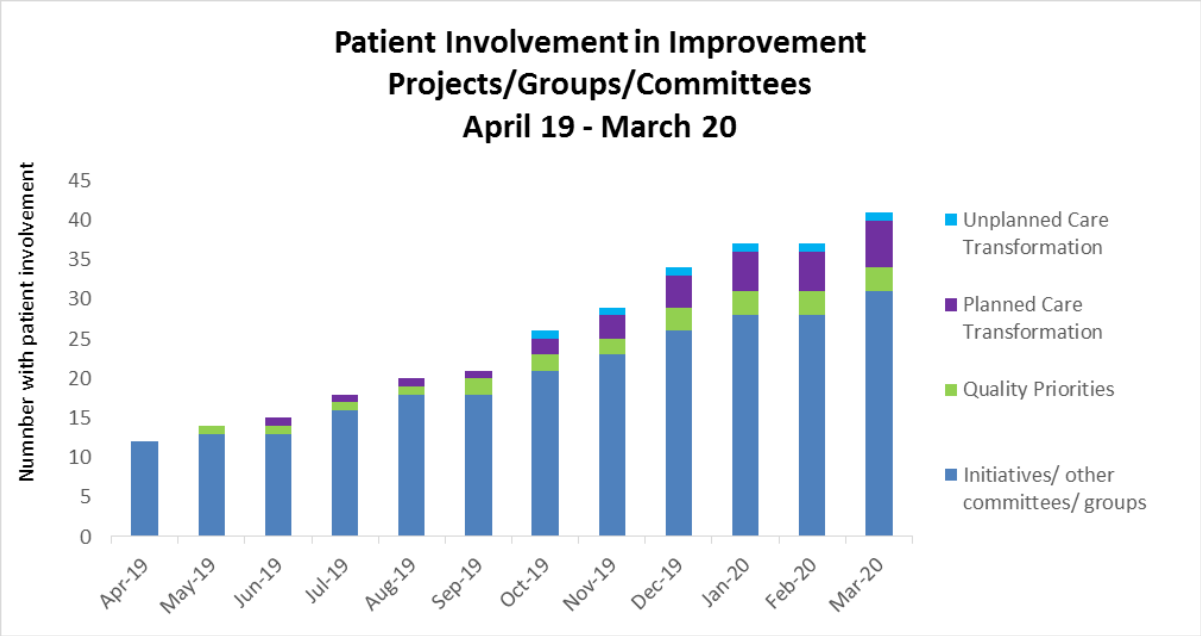
- We established the Patient and Public Involvement (PPI) Collaborative, bringing together Trust staff and patient partners to work on this challenge.
- We created a project workbook to map improvement activity and to document and track patient involvement in improvement projects across the Trust.
- The PPI group worked with the leads of a range of improvement and transformation initiatives to build understanding and commitment to increased patient involvement. This ranged from improving the use of existing patient feedback to directly involving patient partners in collaborative workshops to inform the redesign of services.

- The Trust launched a second co-production project with the University of Creative Arts, aiming to engage Trust staff, patients and students in co-designing innovative solutions to improve patient care.

- We recruited Patient experience volunteers and new patient partners to provide more support.

How did we actually do? Measures of Improvement

We collected data throughout 2019/20 to quantify the number of improvement initiatives within the scope of this quality priority that had involved patients. This steadily increased from 12 in April 2019 to 41 in March 2020.



Challenges Faced

- Operational pressures restrict the capacity that many staff have to undertake systematic quality improvement work. Some staff lack an understanding of the range of possibilities that exist for including the voice of the patient in improvement work. They may also lack confidence in directly involving patients. Together these factors can be a barrier to patient involvement in QI.

- The capacity within Patient Experience and Quality Improvement to respond directly to staff requests for support with patient engagement projects is limited. A sustainable approach must be based on further developing the capability across all our staff to involve patients in improvement work

Next Steps

- Patient Involvement Theme for QI week to be rearranged. This was due to happen in March 2020 but has been postponed due to the COVID 19 pandemic.
- This quality priority will become a core element of our Patient First improvement programme. We aim to develop people and patient involvement in QI from specific areas of good practice to becoming widespread across the Trust and embedded in our improvement approach.
- The PPI collaborative will also continue to support the major transformation programmes that we are undertaking with our partners across the health and social care system.

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.

2019/20 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
K8.12	RTT 18 weeks - incomplete					92%	92.7%	92.1%	91.9%	90.5%	91.8%
K8.01	A&E 4 hour waiting time (all types)					95%	87.9%	87.6%	85.6%	84.4%	86.4%
K8.20	Cancer - Two month urgent referral to treatment wait (from urgent GP referral) - post local breach allocation					85%	97.5%	94.6%	91.6%	94.1%	94.5%
K8.21	Cancer - 62 day wait for first treatment following referral from an NHS Cancer Screening Service - post local breach re-allocation					90%	85.7%	100.0%	100.0%	85.7%	93.2%
	Cancer - Two month urgent referral to treatment wait (from urgent GP referral) - pre local breach allocation										
	Cancer - 62 day wait for first treatment following referral from an NHS Cancer Screening Service - pre local breach re-allocation										
K8.19	Cancer - 31 day second or subsequent treatment - surgery					94%	100.0%	100.0%	97.1%	97.3%	98.5%
K8.18	Cancer - 31 day second or subsequent treatment - drug					98%	100.0%	100.0%	100.0%	100.0%	93.2%
K8.17	Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis					96%	97.9%	98.3%	99.5%	97.7%	98.4%
K8.15	Cancer - Two week wait					93%	98.3%	99.2%	99.2%	98.9%	98.9%
K8.16	Cancer - Two week referral to 1st outpatient - breast symptoms					93%	99.5%	100.0%	98.6%	98.9%	99.3%
k1.08	C.Diff due to lapses in care (YTD)					<8	2	0	0	4	6
k1.07	Total C.Diff YTD (including cases deemed not to be due to lapse in care and cases under review)						4	8	4	12	28
	C.Diff cases under review						8	8	4	5	25

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

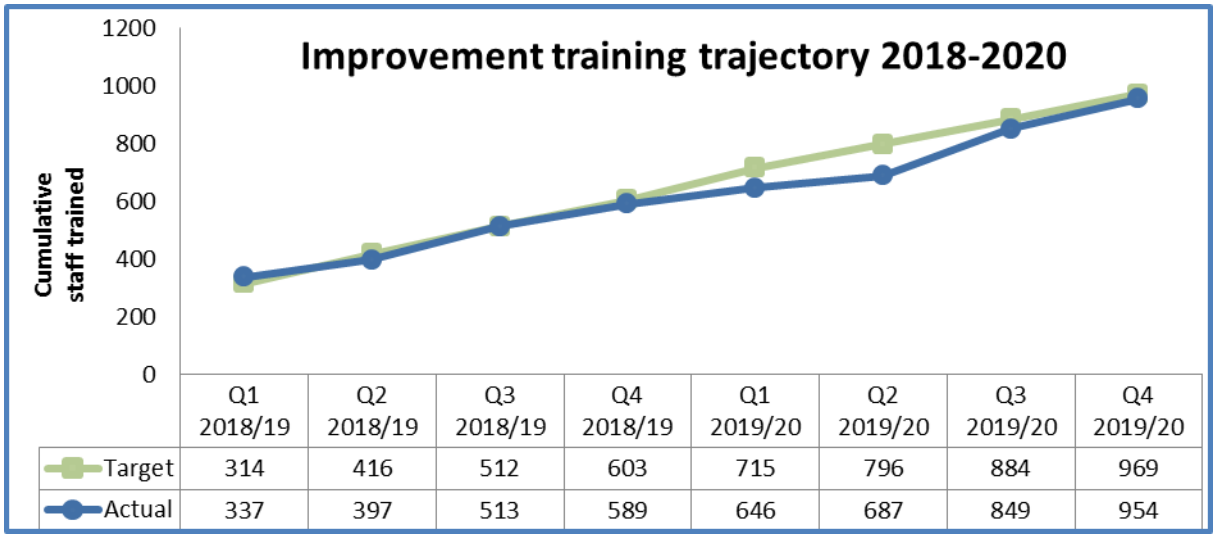
NHSI Risk Assessment Framework

The list of indicators for the period of 1 April 2019 – 30 September 2019 that apply to Kingston Hospital NHS Foundation Trust are included within the Single Oversight Framework above.

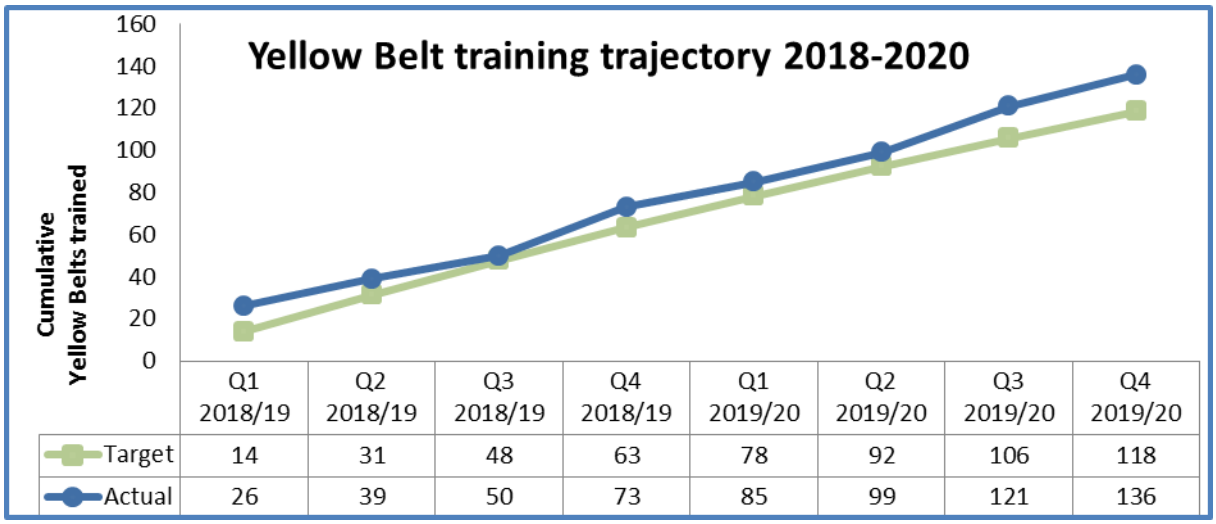
Other Improvements to Quality of Care at Kingston Hospital

During 2019/20 we have continued to focus on developing a culture of improvement across the organisation. This includes promoting engagement in quality improvement for our staff, partner organisations and those who use our services. Achieving this depends on supporting people to develop the skills, motivation and experience to continuously improve the services we provide.

In 2018/19 we set ourselves a goal of training 1000 staff across the Trust in the principles of lean improvement by 2020. This is an approach that helps teams and individuals apply continuous improvement in their everyday work by focusing on value and minimising waste. As of the end of March 2020 we have trained 954 staff members, including providing support to 136 staff to undertake more advanced “Yellow Belt” training and to lead an improvement project in their area, surpassing our target. This programme has supported staff from a diverse range of services, both clinical and non-clinical, as well as staff from our local CCG, social services and the SWL health and care partnership. All these staff have received mentoring from an improvement expert and have become part of an expending network of alumni to continue their development.



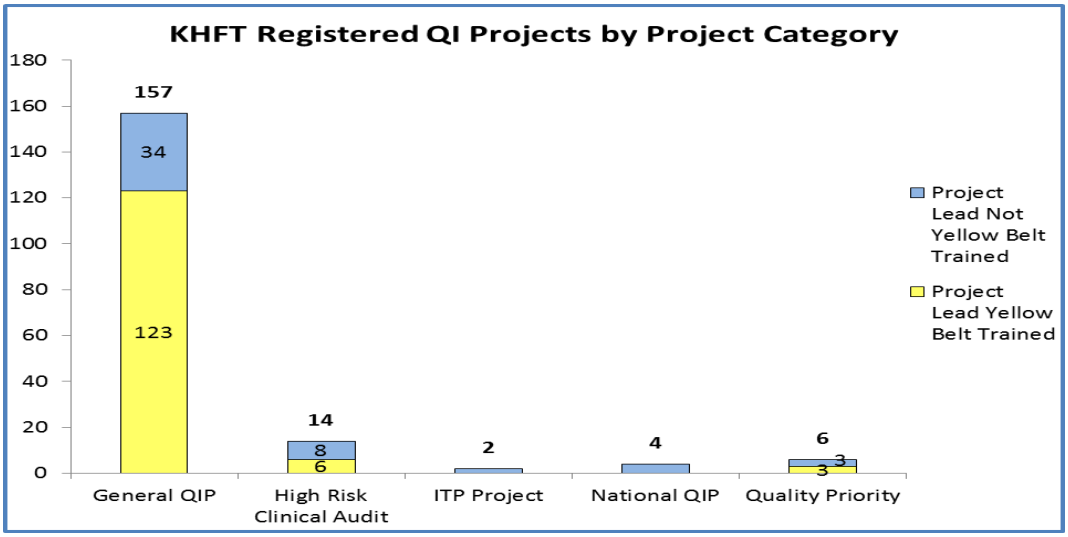
	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Target	314	416	512	603	715	796	884	969
Actual	337	397	513	589	646	687	849	954



	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	14	31	48	63	78	92	106	118
Actual	26	39	50	73	85	99	121	136

In addition to our core training programme, we have also participated in the award-winning Flow Coaching Academy programme in partnership with St George's University Hospitals NHS FT. This programme supports the development of clinical and non-clinical improvement coaches to undertake large-scale collaborative improvement in specific clinical pathways. This work is currently being applied to the pregnancy pathway and to the development of an integrated discharge service within the emergency care pathway.

During 2019/20 we have also developed more sophisticated processes to identify quality improvement work that is undertaken in the Trust and to connect people to the right support and resources. We have registered over 180 quality improvement projects (QIPs) during this period including Trust quality priorities, national QIPs, QI initiatives in response to high risk clinical audits, innovation projects (ITP projects) and a wide range of general QI projects carried out at service level.



During 2020/21 we aim to build on these foundations and focus on several key areas to further develop our improvement capability:

- Increase the visibility of improvement work being undertaken in the Trust and support local teams to align their efforts to our Patient First strategic framework.
- Make it easier for staff to access support and advice through the creation of an improvement and innovation hub, bringing together a range of key support functions within the organisation.
- Build on the work of our 2019/20 quality priority to engage more patients in our quality improvement activity.
- Further develop our offer to support more complex and collaborative improvement initiatives, particularly pathway and system redesign.

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. One of the key actions is to “ensure improvements in equality outcomes”. In addition to this the Trust is employing a range of retention interventions. The Trust turnover rate is 14.37% (March 2020); Turnover has continued to improve this financial year and has reduced by 0.31%% since the beginning of the year. We compare favourably with other London Trusts.

The vacancy rate at the time of writing the report is 4.78%, which is low when benchmarked against comparator Trusts in London and is 1.22% below our 6% target. It is commendable that the nursing vacancy rate is 1.9% (January 2020) and there are 0 vacancies within Midwifery or Neonatal Nursing.

The Stability Index (which measures employees that have been with the staff for over a year) is 85.45% this is an improvement of 1.31% since the beginning of the year.

The Trust is committed to supporting staff from all backgrounds and actively encourages the growth of staff networks. Minority Ethnic Group for All (MEGA), the Trust's network for BAME staff provides for the engagement of BAME staff on various issues and drives a number of task and finish groups on behalf of the Equality & Diversity Committee. These include the recruitment of a more diverse range of staff 'Speak Up Champions' offering advice and support to anyone experiencing bullying and harassment.

The Trust has also been engaged in projects identifying any barriers faced by BAME staff and supporting their development into more senior roles as identified by WRES data (Workforce Race Equality Standard). These include a pilot of BAME representation on interview panels to reduce potential bias and reverse mentoring between senior members of the Executive team and BAME staff encouraging conversations on important issues.

The Trust has identified the need to improve the recruitment and retention of administrative, clerical and estates staff. Having undertaken a deep dive to better understand the challenges with this staff group in July 2019, a programme of work was designed and approved by the Trust's Workforce Committee.

The main focus of the project has been organising and delivering cohort recruitment for patient pathway administration posts supported by a comprehensive induction, development and support programme.

Cohort recruitment commenced in October 2019 and has now become established as "business as usual" Early results show there has been some improvement in turnover for November and December 2019 compared with the same period in 2018.

National Patient Experience Survey:

In the last 12 months results from The Trust's involvement in national patient experience surveys for cancer patients (autumn 18), maternity and inpatients (spring 19), users of the emergency department (summer 19) and children and young people (yet to be publicly available) have been received. Response rates were at or above the national average for all these surveys. Facilitated workshops have supported staff to interpret findings and take steps to respond to these. These have resulted in action plans, quality improvement projects and national survey findings that have contributed to making the case for major capital investment projects. The maternity service is currently participating in the CQC Maternity Pilot trialling electronic methods of survey distribution and data collection.

PLACE and Other initiatives to gather feedback on the hospital environment:

Patient-Led Assessment of the Care Environment (PLACE) is an annual voluntary self-assessment adopted as a way of driving continuous improvement at KHFT. The Trust has a broad and diverse team of Patient Assessors involved in regular mini-PLACE assessments and quarterly PLACE steering group meetings in addition to the annual formal PLACE assessment. This results in a rolling action plan that contributes to ongoing estates works and business cases for capacity investments. The Trust has been involved in shaping the new lines of enquiry for PLACE nationally and is one of seven NHS Trusts nationally to have piloted these in mini-PLACE assessments carried out this year. In addition, fortnightly 'assessment of the care environment' events involving matrons, estates and infection control staff among others provide further insight into the fabric, environment and care within one specialist area or ward. The Trust has regular food tasting sessions that help us with adding or changing meals on our 6-monthly patient menus.

Inpatient care:

8,013 people completed the Friends and Family Test **(FFT)** survey towards the end of their hospital stay. 96.1% (7,700) rated their experience positively, and 1.1% (88) negatively. There were over 5,000 comments about positive staff attitude many describing staff as kind, caring and friendly. Over 3,000 comments about the implementation of care, and 1,600 about the hospital environment were received. Staff attitude, the environment (mostly relating to the business of wards and noise on wards at night) and the implementation of care were also themes that attracted the most negative comments (113, 72 and 64 respectively).

The findings from the **2018 Picker Inpatient Survey** showed improvement and better than average performance on most patients experience measures relating to discharge from hospital. The survey also reported improvements in emotional support provided by hospital staff and a significant improvement in the help from staff to wash or keep clean. 98% of patients had confidence and Trust in doctors; 97% reported being treated with respect and dignity. The areas of least improvement were offering patients the chance to give feedback; providing information on how to complain and admitting people as soon as necessary when admission was planned. Staff have acted on these by including information on how to complain in welcome packs and ensured that ward level information sheets and contact cards with the details of senior nurses are given to patients. The Trust also changed the flow of patients to surgical wards to help reduce delays when patients come in for planned procedures.

Outpatient care:

47,673 people completed the **FFT survey** following an outpatient appointment between July 18 and June 19. 93.1% of respondents (44,384) rated their experience

positively. The FFT recommend rate increased from 91% in July 18, to 94% in June 19.

Over 34,500 people left comments about their experiences of KHFT services. Common themes and words used to express their experience reflect care delivered by kind and helpful staff, effective and well delivered treatment and clear communication. Over 21,000 people left comments about the positive attitudes of staff, over 7,400 positive comments were received about the implementation of care and 6,700 comments about the hospital environment.

3.34%of FFT responses reflected negative experiences (1,591 respondents). Issues most commonly cited were waiting too long for appointments to arrive, waiting on the day, poor communication about appointments and how to find clinics, and staff attitudes in relation to these factors. These themes are repeated in annual **PALS** data. Appointment administration is the most commonly reported concern: it accounted for 24% of all concerns raised in 2017/18 and has risen to 36% in 2018/19. The most frequently raised issues are patients not being able to contact the department they need to see about their appointment, appointments cancelled at short notice and delays in rebooking of appointments. In response to these important issues the unplanned care division has launched a project to strengthen administrative processes in order to improve staff and patient experience and complement the work of the outpatient transformation project. The project started by reviewing administration processes in gynaecology, dermatology, cardiology and diabetes services in the autumn of 2019.

Care in the Emergency Department (ED):

23,716 people completed the FFT survey following visits to the ED. 88.2% (20,918) rated their experience positively, and 7.3% (1,731) negatively between July 18 and June 19. There were over 15,909 comments of which positive comments related to staff attitude (9,681), implementation of care (4,401) and about waiting time (3,575). The most frequently raised negative comments were on the same the same themes: staff attitude (1115) waiting time (951) and environment (809).

The Urgent and Emergency Care Survey 2018 reported that patients felt that they were treated with respect and dignity, doctors and nurses listen to patients and patients have confidence and trust in them. Patients also feel that staff do not contradict each other and do not talk in front of them as though they are not there. Having enough privacy when being examined and a clean environment also rate highly. The survey also reported improvements in; examinations not being delayed, being involved in decisions about care and treatment, being told the purpose of medication and the family or home situation being considered.

Areas highlighted for improvement related to: managing pain; ensuring that patients understand the tests carried out and being told how the results of these will be

received; informing patients of the side-effects of medications and who to contact if worried; and the availability of refreshments within ED. Pain management in the ED is one of our six Quality Priorities for 2019/20 and patients area already able to access pain relief without seeing a doctor as a result of nurse training. There are a range of actions and quality improvement projects are in place to tackle the other issues.

National Cancer Patient Experience Survey:

Findings from the **National Cancer Patient Experience Survey 2018** reflect patients' positive experience of care at Kingston Hospital. The survey reported significant improvements in the proportion of patients that were told they could bring a family member with them to diagnosis, perceived that that enough nurses were on duty, and said that the length of time to attending clinics and appointments was right. No measures of patients' experience were significantly worse; however the report highlighted differences in patients' experience by tumour type and showed that cancer patients experience on inpatient wards could be improved. The Trust has responded to these findings through a series of quality improvement programmes and projects aimed at generating sustained change.

- **Haematology** – findings from successive national cancer patient experience surveys supported the successful business case to move the Haematology Day Unit in to new purpose-built unit co-located with other cancer services. Patients were involved in the design of the new unit. The implementation of the BookWise system in May 19 to schedule patient appointments and allocate nurse time to treatments has reduced the time patients wait for treatment and the time nurses spent on non-clinical administration. A quality improvement project to standardise advice given to patients over the phone using a recognised triage tool and then integrate this into our CRN system is due to be completed in the autumn of 2019.

- **Breast care** – the team has produced a booklet outlining breast care following surgery in consultation with the Cancer Patient Partner Group and has started regular education sessions with staff from Isabella ward to enable them to improve the care offered following breast surgery.

- **Macmillan Volunteering Project** – Macmillan has provided 18 months funding for a part time volunteer coordinator to recruit volunteers to support our cancer services and patients. Volunteers in Urology are helping to improve patients experience by offering timely appointment reminders, taking messages and signposting patients who call advice lines when cancer nurse specialists are in clinic. The recruitment of volunteers to support cancer patients during a hospital stay, during discharge and for a short time once they are back home is currently underway.

Maternity Care and National Maternity Survey:

1,205 people completed the **FFT survey** in maternity. 95.4% (1,150) rated their experience positively, and 1.1% (14) negatively. There were over 991 comments in total of which 798 were about positive staff attitude many describing staff as kind, caring and friendly, 508 comments about the implementation of care, and 223 about the hospital environment. Negative themes related to staff attitude (17) environment (14) and patient mood (13).

The results of the **Picker Maternity Survey 2019** showed that 97% of mothers had skin to skin contact shortly after birth, 98% of women reported said they were treated with respect and dignity, over 98% felt they were treated with kindness and understanding. The analysis also announced that up to 99% of the women felt the midwives listened to them and around 98% had full confidence and trust in their midwives. The Trust has a very committed maternity team and it is a credit to all their continuous efforts and dedication that we continue to deliver high quality maternity care. In particular we are pleased that the efforts we make to support skin to skin contact between the mother and her baby have been recognised. Skin to skin is important in helping form a bond and attachment and in addition research has shown that it aids brain development in new-born babies.

The home birth team was also crowned Team of the Year at the London Maternity and Midwifery Conference.

Healthwatch Richmond gathered the views and experiences of local women who had received antenatal care between March and April 2018 for their **Report on Antenatal Care**. 90 % of respondent comments rated their care at Kingston Hospital as either 'Very good' (50%) or 'Good' (40%). People spoke positively about administration of their appointments in terms of the ease of booking, the caring nature of staff and the good quality of care received within good facilities. The report highlighted the need to encourage more referrals to the service from Kingston GP's, improved information about feeding is needed and further work around ensuring women have a named midwife. The maternity service has taken steps to ensure all staff are adequately trained in infant feeding and conducted a review of literature on this involving service user members of Maternity Voices to ensure messages are clear. The service has gone on to achieve Unicef Stage 2 Baby Friendly Initiative Standard (August 18).

The maternity service has a broad programme of improvement work that draws in the experience of women and families and has this year run a 'whose shoes' event to gather information about antenatal provision and launched 'Big Room' a collaborative approach towards improvement across the service.

The National Children and Young people Survey:

The National Children and Young Peoples survey 2018 published in November 2018 reported that both children and their parents were well looked after by hospital staff and there was an agreed plan with the parent for their child's care. Additional strengths included; given a choice of admission date and good/very good overnight facilities for parents and carers. Children felt that they were involved in decisions about their care and treatment, whilst staff did not give conflicting information and knew how to care for Childs' individual special needs.

The main area of focus for improvement related to children being able to talk to doctor or nurse without parent or carer being there if they wanted to, hospital food, having a quiet night and access to hot drink facilities for parents in day surgery. Action plans have been drawn and are underway for both the Inpatient ward and Day Case area. A report by ISS on delivering great food and beverages has been warmly received and quality improvement measures relating to this are being taken.

Progress against the action plans will be monitored at the Children and Young Person's Board and Patient Experience Committee.

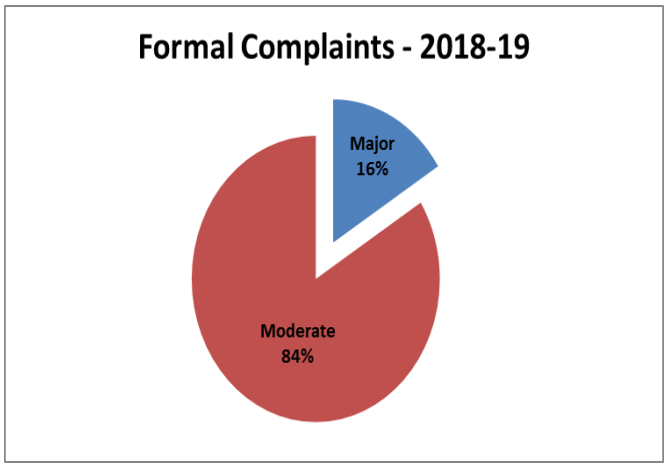
Complaints Performance

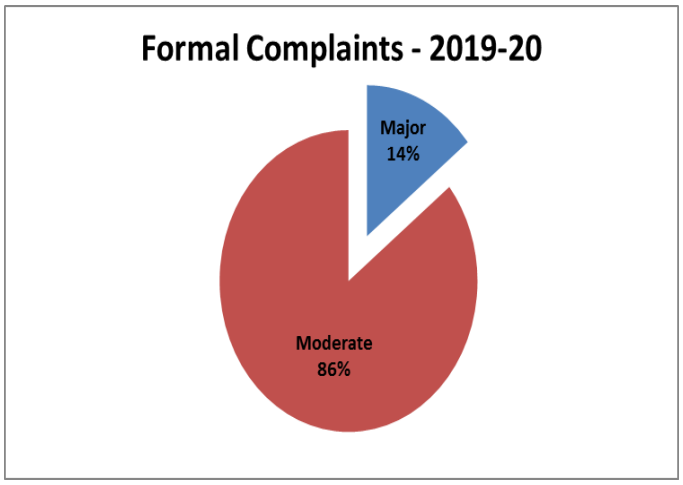
Every reasonable effort is made to resolve complaints at a local level and this involves correspondence and meetings with complainants. The data from 2019/20 shows that there was a notable increase in the amount of complaints that were received in 2019/20 as shown in the table below. This shows a 34% increase in complaints compared to 2018/19.

This is a positive demonstration that patients are aware of how to complain and was an area of focus during the 2019 following The Picker Adult Inpatient Survey in 2018. The Survey findings indicated that more action was needed to improve people's awareness of how to complain and identified a drop in the percentage of patients who received information on how to complain from 20% in 2017 to 11% in 2018. The Trust responded to this by improving the visibility of information about all our feedback mechanisms. While complaints have increased in number year on year, they also continue to become increasingly complex. This is a national trend and reflects the challenging systemic issues that all healthcare providers experience and are working to address.

Total Complaints 2018-19 (1st April 2018 - 31st March 2019)	Total Complaints 2019-20 (1st April 2019 – 31 March 2020)
324	434

The percentage of the complaints that were graded as major in 2019/20 was two percent less than 2018/20.





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% and the response rate for 2019/20 was 54%.

The three most prominent themes of complaints in 2019/20 were care and treatment (22%), appointment administration (17%) and communication (15%). In 2018/19 the three most prominent themes were care and treatment (21%), communication (20%) and appointment administration (15%).

The Trust is aware that the themes and trends for complaints remain relatively unchanged. Therefore, in order to address and resolve the challenges raised in an alternative manner, the Trust Quality Improvement Team will work alongside the transformation team to identify issues and undertake appropriate actions to resolve these.

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.

The complaints team also logged 69 potential complaints in 2019/20. These are typically complaints that await consent from the patient, a reimbursement request or an issue that did not require a formal complaint to be registered but still needed to be investigated through the same process. There were also 9 complaints withdrawn by complainants in 2019/20.

Patient Advice and Liaison Service (PALS)

The Trust has a robust process for the management of PALS concerns and complaints and works with managers and health professionals to enable practical and immediate improvements in response to complaints.

PALS Cases 2018-19 (1st April 2018 - 31st March 2019)	PALS Cases 2019-20 (1st April 2019 - 31st March 2020)
1699	1634

The PALS service logged 1634 cases in 2019/20 which was a 4% decrease compared to 2018/19. The percentage of PALS cases that escalated to a formal complaint was 4.7% (2018/19 was 4.1%). Minor differences in total numbers of PALS cases year on year are of less value than the monitoring of trends. It is noted that there have been fewer blue badge related concerns in 2019/20 which may also account for the slight drop in PALS numbers.

The three most prominent themes of concerns raised in 2019/20 were appointment administration (41%), communication (21%) and care and treatment (10%). In 2018/19 the three most prominent themes were the same, with appointment administration (36%), communication (22%) and care and treatment (15%).

As with the trends for complaints the Trust is aware that these themes remain relatively unchanged and this will be included in the Quality Improvement and Transformation work.

Patient and Public Involvement (PPI) Strategy

In the autumn of 2018, The Trust refreshed its **Patient and Public Involvement Strategy (2019-2022).** Patient Partners were involved in shaping the content and language of the strategy which focuses on how The Trust lives the values that are set out in eight pledges of patient and public involvement. The strategy commits The Trust to find ways to enable all those using KHFT services, including 'seldom heard' groups to give feedback, and encourages people to get involved in the design,

improvement and transformation of services and KHFT governance and scrutiny groups.

In May 2019, the Trust launched a new 3-year **Equality and Diversity Strategy (2019 – 2022)** that fully acknowledges the duty to deliver services that are inclusive and can be fairly accessed by everyone. The strategy commits The Trust to work that will improve understanding of the available data on protected characteristics, explore how this is used and what more can be done to improve the integrity and completeness of this data.

The **Dementia Strategy (2017-2020)** is nearing then end of its timeframe and an engagement event took place in November 19 to review achievements and set the direction of travel for the next three years. Key achievements of 2018/19 are set out in the case study below.

The End of Life Strategy (2018-2021) outlines The Trust's commitment to deliver equitable access to specialist palliative care through 7-day week access to nurse-led palliative care, the intent to improve the hospital environment for family, carers and patients nearing the end of life and The Trust's plans in response to other priorities of the National Bereavement Strategy.

In March 2019 six **quality priorities for 2019-2020**, two of which focus directly on patient experience were agreed by The Trust. The first aims to make tangible progress towards improving pain management in the ED and the second, in direct response to the Patient and Public Involvement Strategy, is to increase the number of people involved in quality improvement.

The Senior Nursing Team receives flowers from the Chief of Medicine and Chief of Surgery at the Nursing and Midwifery Conference.

Staff Survey Results 2019

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 from the 2019 Staff Survey are once again very positive. The Trust has made improvements in a number of key areas and produced a higher than average score in 59% of the questions. Nationally the Trust is ranked 6th out of 85 Acute Trusts, a significant achievement and an improvement on last year's ranking of 8th, demonstrating an upward trend over the last few years

Response Rate

The final response rate for employees surveyed recorded as 65.2%, a 7% improvement on last year's rate of 58.5%. This is significantly higher the average rate of 51% for all Acute Trusts surveyed by Picker. Nationally we rank 6th out of 85 Acute Trusts an improvement again on last year's ranking of 8th. This provides confidence that the results represent the majority view of the workforce.

Picker Trust only results

The Trust is significantly better than the Picker Acute Trust average in 53 out of the 90 questions. Significant improvement on last year's scores has been made in 5 questions and for 57 questions scores have improved overall.

Staff Engagement and other key themes

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 7th, with the average score at 7.0.

In relation to this the Trust has very high advocacy scores with 74% of staff recommending the Trust as a place to work, 82% recommending the Trust as a place to receive treatment and 85% that care of patients is seen as a top priority.

Staff engagement is one of the key themes in the survey. There are 11 in total, which are provided below with the Trust's score compared to the national average. The Trust scores higher in 5 areas, the same in three areas with three lower scores.

Top 5 scores (compared to average Picker)	
82%	If friend/relative needed treatment would be happy with standard of care provided by organisation
52%	Communication between senior management and staff is effective
70%	Feedback from patients/service users is used to make informed decisions within directorate/department
74%	Would recommend organisation as place to work
45%	Senior managers act on staff feedback

Most improved from the Last Survey	
31%	Appraisal/review definitely helped me improve how I do my job
70%	Immediate manager takes a positive interest in my health & well-being
42%	Appraisal/performance review: Clear work objectives definitely agreed
39%	Appraisal/performance review: definitely left feeling work is valued
45%	Appraisal/performance review: organisational values definitely discussed

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

The Trust is significantly worse than the Picker Acute Trust average in 12 out of the 90 questions. The Trust score significantly worse compared to last year in 6 questions and in 31 questions scores have reduced. However, in only 3 of these questions the percentage has decreased by over 5% all other questions have a minimal reduction and therefore of little statistical significance.

Bottom 5 scores (compared to average Picker)	
87%	Not experienced discrimination from patients/service users, their relatives or other members of the public
40%	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours
67%	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
67%	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities
59%	Don't work any additional paid hours per week for this organisation, over and above contracted hours

Least improved from the last survey	
52%	I have a choice in deciding how to do my work
38%	Enough staff at the organisation to do my job properly
79%	In the last month have not seen errors/near misses/ incidents that could hurt staff
78%	Not experienced harassment, bullying or abuse from other colleagues
76%	Not felt pressure from colleagues to come to work when not feeling well enough

Areas that require improvement include staff experiencing bullying, harassment and abuse from patients, relatives and public, and pressure at work – working additional hours and insufficient staff.

The Trust is also required to report on the following questions:

Does your organisation act fairly with regard to career progression/ promotion?

Scores	2017	2018	2019	Trend
Best	93.60%	94.30%	91.90%	
KHFT	82.50%	84.30%	81.80%	
Average Acute Trust	84.80%	84.00%	84.40%	
Worse	68.70%	69.30%	70.70%	

If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation				
Scores	**2017**	**2018**	**2019**	**Trend**
Best	85.30%	87.30%	87.40%	
KHFT	76.40%	81.70%	82.10%	
Average Acute Trust	70.60%	71.20%	70.50%	
Worse	46.40%	39.70%	39.70%	

Nationally scores are measured over 11 themes and these are tabled below:

		KHFT			Acute Trust	
	Theme	**2018**	**2019**	**Trend**	**2019 Average**	**Variance**
1	Equality, diversity & inclusion	8.8	8.7		9.0	- 0.3
2	Health and wellbeing	5.9	5.8		5.9	- 0.1
3	Immediate Managers	6.8	7.0		7.0	-
4	Morale	6.1	6.1		6.1	-
5	Quality of appraisals	5.9	6.1		5.6	0.5
6	Quality of care	7.8	7.6		7.5	0.1
7	Safe enviroment: bullying & harassment	7.9	7.7		7.9	- 0.2
8	Safe enviroment: violence	9.4	9.4		9.4	-
9	Safety Culture	7.1	7.0		6.7	0.3
10	Staff engagement	7.3	7.3		7.0	0.3
11	Team working	6.8	6.8		6.6	0.2

Areas of Focus for the coming year are seen below as they are below the average score for Acute Trusts and have showed a drop in score since last year:

- Equality, diversity & inclusion
- Health & well-being
- Safe Environment: bullying and harassment

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, Equality, Diversity & Inclusion, Learning and Education/OD, and Health and Wellbeing. An annual delivery plan of priorities is developed and implemented for each year.

An action plan is being developed in response to the results of the Staff Survey, to be 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.

Equality, Diversity & Inclusion

- Conduct deep dive analysis to better understand the data around diversity & inclusion, identifying the issues to be addressed and formulating an action plan.

- Continued compliance with yearly statutory and mandatory reporting against WRES, WDES and Gender pay gap and formulating robust action plans against these to be approved and overseen by the Trust's Equality & Diversity Committee.

- Support the growth of existing staff networks and development of new ones to provide an effective voice mechanism for staff across all protected characteristics.

Health & Well-being

- Continue with our comprehensive and award-winning health and wellbeing provision with a particular focus on musculoskeletal issues, encouraging rest breaks and support for mental wellbeing and building emotional resilience.

Bullying and Harassment

- Continue to raise awareness through improved publicity and reporting mechanisms using the Trust's Speak Up 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.

Retention

- Continue work on delivering cohort recruitment and a comprehensive development and support programme for patient pathway administration posts, and expand across all administrative and clerical and estates staff.

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

Sister Jemma Tulett caring for a patient on Blyth Ward.

Independent Practitioner's Limited Assurance Report to the Board of Governors of Kingston Hospital NHS Foundation Trust on the Quality Report

NHS Improvement has stated that there is no requirement for a Foundation Trust to commission external assurance on its Quality Report for 2019/2020.

Appendix A: National Confidential Enquiries

National confidential enquiries for inclusion in quality report 2019/20	Participation 2019/20	Number of cases submitted
Child health clinical outcomes review programme: Long-term ventilation in children, young people and young adults	Yes	**Data collection complete** Clinical questionnaire: n=3/3 (100%) Case notes: n=2/2 (100%) Organisational audit: n=2/2 (100%)
Child health clinical outcomes review programme: Chronic neurodisability	Yes	**Data collection complete** Clinical questionnaire: n=3/3 (100%) Case notes: n=3/3 (100%) Organisational audit: n=2/2 (100%)
Medical and surgical clinical outcomes review programme: Acute bowel obstruction	Yes	**Data collection complete** Clinical questionnaire: n=5/5 (100%) Case notes: n=2/2 (100%) Organisational audit: n=1/1 (100%)
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	**Data collection complete** Clinical questionnaire: n=3/4 (75%) Case notes: n=4/4 (100%) Organisational audit: n=1/1 (100%)
Medical and surgical clinical outcomes review programme: In-hospital management of out-of-hospital cardiac arrest	Yes	**Data collection complete** Clinical questionnaire: n=6/6 (100%) Case notes: n=8/8 (100%) Organisational audit: n=1/1 (100%)
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 (cohort 2019)	Yes	**Data collection in progress** Reviews completed: 2/2 (100%) Review in progress: 1/1
Maternal, newborn and infant: Maternal programme (cohort 2019)	Yes	n=100%
Maternal, newborn and infant: Perinatal programme (cohort 2019)	Yes	n=100%

Appendix B: Eligible National Clinical Audits 2019/20 – Participation rates

National clinical audits for inclusion in quality report 2019/20	Participation 2019/20	Number of cases submitted
British Association of Urological Surgeons (BAUS): Female stress urinary incontinence audit (2018 cohort)	Yes	n=31
BAUS: Nephrectomy audit (2018 cohort)	Yes	n=97
British Thoracic Society (BTS) National smoking cessation audit (2019 cohort)	Yes	n=234
Cancer: National bowel cancer audit (2018/19 cohort)	Yes	n=180
Cancer: National audit of breast cancer in older people (2017 cohort)	Yes	n=109
Cancer: National lung cancer audit (2018 cohort)	Yes	n=138
Cancer: National oesophago-gastric cancer audit (2018/19 cohort)	Yes	n=30
Cancer: National prostate cancer audit (2017/18 cohort)	Yes	n=200
Diabetes: National diabetes audit (2018/19 cohort)	Yes	n=2661
Diabetes: National diabetes in-patient audit (NaDIA) – Harms audit (2018/19 cohort)	Yes	n=4
Diabetes: NaDIA – Core audit (2019 cohort)	Yes	Bedside case note audit n=37 Patient survey n=28
Diabetes: National diabetes transition audit (2018/19 cohort)	Yes	Audit extracts data from NDA and NPDA submission.
Diabetes: National foot care in diabetes audit (2018/19 cohort)	Yes	n=50
Diabetes: National paediatric diabetes audit – core audit (2018/19 cohort)	Yes	n=176
Diabetes: National paediatric diabetes audit – spotlight audit (2019/20 cohort)	Yes	n=1 (100%)
Diabetes: National pregnancy in diabetes (2019 cohort)	Yes	n=10
Falls and Fragility Fractures Audit Programme (FFFAP): National audit of inpatient falls (2019 cohort)	Yes	Organisational audit: n=1 (100%) Clinical Audit: n=7 (100%)
FFFAP: National hip fracture database (2018 cohort)	Yes	n=311 (92%)
Heart: National Cardiac Audit Programme (NCAP): Cardiac rhythm management (2017/18 cohort)	Yes	n=167
Heart: NCAP: Myocardial infarction national audit project (2017/18 cohort)	Yes	n=280
Heart: NACP National heart failure audit (2017/18 cohort)	Yes	n=390
Intensive Care National Audit and Research Centre (ICNARC): Case mix programme: Adult critical care (2018/19 cohort)	Yes	n=700 (100%)
ICNARC: National cardiac arrest audit (2018/19 cohort)	Yes	n=11

National clinical audits for inclusion in quality report 2019/20	Participation 2019/20	Number of cases submitted
Inflammatory bowel disease registry: Biological therapies audit – adults only (overall patient cohort up to end Jan-20)	Yes	n=168
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma adult in secondary care (2018/19 cohort)	Yes	n=56
NACAP: Asthma paediatric in secondary care (2019/20 cohort)	Yes	n=83
NACAP: COPD in Secondary care (Apr-19 to Dec-19 cohort)	Yes	n=240
National audit of care at the end of life (2019 cohort)	Yes	Clinical Audit: n=40 (100%)
National audit of dementia - Spotlight audit - prescription of psychotropic medication (2019 cohort)	Yes	n=40 (100%)
National audit of seizures and epilepsies in children and young people (2018 cohort)	Yes	n=78
National audit of seizure management in hospitals (2019 cohort)	Yes	n=30 (100%)
National early inflammatory arthritis audit (2018 cohort)	Yes	Organisational audit: n=1 (100%) Clinical Audit: n=240
National emergency laparotomy audit (2018/19 cohort)	Yes	n=119 (84%)
National joint registry (2018 cohort)	Yes	n=45
National maternity and perinatal audit (2018/19 cohort)	Yes	n=5333 births, 5426 babies (100%)
National neonatal audit programme (2019 cohort)	Yes	n= 319
National ophthalmology audit: Adult cataract surgery (2018/19 cohort)	Yes	n=1820
Perioperative quality improvement programme	Yes	n=50
Royal College of Emergency Medicine (RCEM): Assessing cognitive impairment in older people (2019/20 cohort)	Yes	n=234
RCEM: Care of children (2019/20 cohort)	Yes	n=151
RCEM: Mental health (2019/20 cohort)	Yes	n=57
Sentinel stroke national audit programme (Jul to Sep-19 cohort)	Yes	90+% (Level A)
Society for acute medicine's benchmarking audit (2019 cohort)	Yes	n=51
Trauma audit research network (Jan-18 to Jul-19 cohort)	Yes	100+%
UK Parkinson's audit (2019 cohort)	Yes	Neurology: n=20 (100%) Physiotherapy: n=13 (100%)
Monitoring		
Mandatory surveillance of bloodstream infections and clostridium difficile infection (Apr-19 to Dec-19 cohort – hospital apportioned)	Yes	n=23
Reducing the impact of serious infections (Antimicrobial resistance and sepsis) (PHE)	Yes	Closed at end 2018. Data not collected nationally 2019/20

National clinical audits for inclusion in quality report 2019/20	Participation 2019/20	Number of cases submitted
• Antibiotic consumption		
Reducing the impact of serious infections (Antimicrobial resistance and sepsis) (PHE) • Antimicrobial stewardship	Yes	Closed at end 2018. Data not collected nationally 2019/20
Surgical site infection surveillance service • Orthopaedic surveillance for neck of femur repair (Jul-Sep-19) • Orthopaedic surveillance for neck of femur repair Oct-Dec-19)	Yes	n=67 n=62
Serious Hazards of Transfusion (SHOT): UK national haemovigilance scheme (NHSBT) (2019 cohort)	Yes	n=3

Projects included on the NHS England Quality Accounts List, in which Kingston Hospital NHS Foundation Trust is not eligible to participate	
BAUS – Cystectomy	Service not provided by Trust
BAUS - Percutaneous Nephrolithotomy	Service not provided by Trust
BAUS - Radical Prostatectomy Audit	Service not provided by Trust
Elective Surgery (National PROMs programme)	Service not provided by Trust
Endocrine and Thyroid National Audit	Service not provided by Trust
FFFAP: Fracture Liaison Service Database	Service not provided by Trust
Head and Neck Cancer Audit	Service not provided by Trust
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive Community Support	Data submitted by Mental Health Trusts only
Mental Health Clinical Outcome Review Programme: Safer Care for Patients with Personality Disorder	Data submitted by Mental Health Trusts only
Mental Health Clinical Outcome Review Programme: Suicide by children and young people in England (CYP)	Data submitted by Mental Health Trusts only
Mental Health Clinical Outcome Review Programme: Suicide, Homicide and Sudden Unexplained Death	Data submitted by Mental Health Trusts only
Mental Health Clinical Outcome Review Programme: The Assessment of Risk and Safety in Mental Health Services	Data submitted by Mental Health Trusts only
NACAP: Asthma (Adult and Paediatric) and COPD Primary Care	Data submitted by Primary Care providers only
NACAP: Pulmonary Rehabilitation	Service not provided by Trust
National Audit of Cardiac Rehabilitation	Service not provided by Trust
National Audit of Intermediate Care	Service not provided by Trust
National Audit of Percutaneous Coronary Interventions	Service not provided by Trust
National Audit of Pulmonary Hypertension	Service not provided by Trust
NCAP: National Adult Cardiac Surgery Audit	Service not provided by Trust
NCAP: National Congenital Heart Disease	Service not provided by Trust
National Clinical Audit of Anxiety and Depression (NCAAD): Core audit	Data submitted by Mental Health Trusts only
NCAAD: Psychological Therapies Spotlight	Data submitted by Mental Health Trusts only

Projects included on the NHS England Quality Accounts List, in which Kingston Hospital NHS Foundation Trust is not eligible to participate	
National Clinical Audit of Psychosis: Core audit	Data submitted by Mental Health Trusts only
National Clinical Audit of Psychosis: EIP spotlight audit	Data submitted by Mental Health Trusts only
National Vascular Registry	Service not provided by Trust
Neurosurgical National Audit Programme	Service not provided by Trust
Paediatric Intensive Care Audit Network (PICANet)	Service not provided by Trust
Prescribing Observatory for Mental Health (POMH-UK): QIP 17b: Use of Depot/LA Antipsychotics for Relapse Prevention	Data submitted by Mental Health Trusts only
POMH-UK: QIP 19a: Prescribing Antidepressants for Depression in Adults	Data submitted by Mental Health Trusts only
POMH-UK: Rapid Tranquilisation	Data submitted by Mental Health Trusts only
UK Cystic Fibrosis Registry	Service not provided by Trust

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: Female stress urinary incontinence audit (2018 cohort) Updated: May-19	The latest data continues to show that the treatment of female stress urinary incontinence at Kingston Hospital NHS Foundation Trust is both safe and effective. The majority of women reported that both their quality of life and pad usage improved following surgery. In addition, tape extrusion (a common complication of surgery) did not occur for any patients and the majority of patients operated on at the Trust (i.e. 97%) reported no complications at their 3-month follow up, compared to 58.4% nationally.
British Association of Urological Surgeons: Nephrectomy audit (2018 cohort) Updated: Sep-19	The latest data continues to show that undergoing a nephrectomy at Kingston Hospital NHS Foundation Trust is safe. The Trust falls within expected range based on the severity of the patient's condition for risk-adjusted complication, blood transfusion and mortality rates. Notably the risk-adjusted complication rate remains below the national average and has reduced for a third year in a row from 3.57% (2014-16), to 2.3% (2015-17), to 1.8% (2016-18).
British Thoracic Society: Adult community acquired **pneumonia** (2018/19 cohort) Published: Jun-19	Community-acquired pneumonia remains a common condition associated with considerable morbidity and mortality. Patient outcome is improved by early recognition of pneumonia and rapid provision of antibiotics. In line with best practice, the latest data shows that the majority of patients have pneumonia confirmed following a chest x-ray within 4 hours; that the time between admission and first antibiotic is quicker than the national average; and that more patients are provided with antibiotics in line with local guidelines compared to the national average. Whilst the audit demonstrates that good practice is being achieved for this patient group, further improvements are likely as a result of the ongoing work around sepsis. The Sepsis 6 campaign helped raise awareness of the need for urgent assessment and initial management for patients presenting unwell with infection, a proportion of whom will have pneumonia. The campaign focused minds and patient pathways on initial management including completing investigations such as chest x-rays as well as the timely use of antibiotics which in Sepsis should be within 1 hour – clear metrics that were also part of the pneumonia audit.
British Thoracic Society: Non-invasive ventilation - adults (2019 cohort) Published: Aug-19	Non-invasive ventilation (NIV) is a way of helping patients to breathe more deeply by blowing extra air into their lungs via a mask when they breathe in. This supports their breathing, rests their breathing muscles and gives them time to recover. The latest data shows that patient care is being provided in line with best practice. In particular performance is above the national average for both the initial management of patients on NIV, and for patients discharged from hospital off NIV.

Cancer: National audit of breast cancer in older people (2017 cohort) Published: May-19	The latest data shows that more patients are seen by a Clinical Nurse Specialist compared to the national average and peer Trusts. The proportion of patients aged over 70 having surgery, radiotherapy and chemotherapy are all greater than the national average suggesting treatment decision making is based on performance status rather than just age. This is a positive finding which is expected to be validated by the inclusion of clinical outcomes and the Cancer Patient Experience Survey results in the national audit reporting from 2020 onwards. The audit did however highlight issues with data quality and completeness. Whilst data completeness was high and similar to peer Trusts for tumour grade and stage, the overall number of cancers diagnosed were significantly lower than expected, as were the proportion of patients diagnosed through screening, the recording of performance status and a number of histology data points including tumour size and receptor status, which are routinely recorded in multidisciplinary team (MDT) documentation and in histopathology reports. In 2018 the Breast Clinical Lead re-instigated monthly clinical validation of submission data. This was not possible prior to June 2018 due to the rapid turnover of MDT coordinators and vacant posts. This has resulted in some improvement of performance status completeness. However, maintaining this monthly validation has been difficult due to staffing pressures ongoing across the clinical team, with the MDT coordinator role and the Cancer Data teams. With the prime aim of facilitating real-time validated recording of MDT outcomes, the Breast team worked with IT to develop an MDT proforma to be included in the electronic patient record. A trial of the form commenced in September 2019, and is ready to go live in 2020. A secondary aim is to improve and streamline the recording of staging and performance status in MDT meetings, and to provide MDT coordinators the time to input the majority of this data into Infoflex (clinical IT system) without the need for a separate clinical validation stage. To improve the incomplete histology data, the Breast team have attempted to understand the root cause of this. The issue related to receptor status is partly attributed to the format of Breast Cancer Uploads on Infoflex which are complex and time consuming to complete. Data completeness for tumour size may also partly relate to time available for Infoflex data entry. In theory these issues should be mitigated by histology direct feeds accessed by the national audit, however this does not appear to be the case. In 2019 the Breast Clinical Lead contacted the National Cancer Registration and Analysis Service (NCRAS) to ask to work with them on this. The NCRAS team offered to work with the Trust to improve 2019 data submission and to facilitate this the Clinical Lead registered for a CancerStats account in November 2019. Further communication from NCRAS is awaited on this, and will be followed up in 2020.
Cancer: National bowel cancer audit (2017/18 cohort) Published: Jan-20	The latest data shows that the outcomes achieved by patients operated on at the Trust are within expected range for adjusted 90-day mortality rate (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; and the Trust is in line with or better than all best practice criteria relating to the

	management of all patients, patients having a resection and rectal cancer patients. To further improve the care provided to patients diagnosed with bowel cancer at the Trust the following actions will be undertaken: • To investigate reasons for increased unplanned readmission rate. • 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 liaise with the Royal Marsden NHS Foundation Trust to establish the chemotherapy rates 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.
Cancer: National lung cancer audit (2017 cohort) Published: May-19	The latest data shows performance has both improved compared to previous and now exceeds the national average and target for: • Pathological confirmation. The preferred means of diagnosis due to its accuracy. • Provision of anti-Cancer Treatments. These treatments improve quality of life and survival. • Provision of chemotherapy to patients with advanced and incurable non-small cell lung cancer (NSCLC). Research shows that palliative chemotherapy can benefit patients by improving quality of life and extending survival. In addition, the Trust is on line with other Trusts nationally for: • Patients with NSCLC receiving surgery. The preferred treatment for early-stage lung cancer. • Patients with small cell lung cancer receiving chemotherapy. These tumours are very sensitive to chemotherapy, and this can improve survival and quality of life. • 1-year survival rate. Kingston Hospital NHS Foundation Trust is participating in an NHS England funded improvement project to achieve faster diagnostics for all suspected lung cancer patients. This includes triage on receipt of referral, phone consultation with the lung cancer Clinical Nurse Specialist (CNS) and timely access to CT scan in line with best practice guidance on the optimal lung cancer treatment. This enables patients to receive the faster follow up either via a teleconference virtual clinic led by the CNS or face to face with the consultant as appropriate. The new Faster Diagnosis Standard will ensure that all patients who are referred for the investigation of suspected cancer find out, within 28 days, if they do or do not have a cancer diagnosis. The aim being to reduce anxiety for patients who are diagnosed with cancer or receive an 'all clear' by providing this information in a timelier manner, but also to speed up time from referral to diagnosis - faster diagnosis is a key part of improving survival rates. The Respiratory team also introduced a new CNS-led Lung Nodule Service, providing faster access to diagnostics and providing teleconference consultation with the CNS. The Service is supported by the Lung Nodule Multidisciplinary

	team. An Ambulatory Pleural Service has been introduced to support use of indwelling pleural catheters (IPCs) for patients with malignant pleural effusions. IPCs are simple to place and can be done on an outpatient basis under local anaesthesia. They relieve dyspnea and improve the quality of life of patients with malignant pleural effusions. The team also presented a poster at the British Thoracic Oncology Group, which looked at research addressing late presentations of lung cancer to identify a cohort to target to allow early diagnostics.
Cancer: National oesophago-gastric cancer audit (2017/18 cohort) Published: Dec-19	Excellent performance continues to be demonstrated for patients having a staging CT scan recorded (97.8%, compared to 87.3% nationally). In addition, the percentage of patients diagnosed after an emergency admission has reduced and is now in line with the national average. This improvement reflects the introduction of the oesophago-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. The Gastroenterology team also expects to see further improvements following the opening of the new Endoscopy Unit, which will increase capacity.
Cancer: National prostate cancer audit Published: Jan-20	The latest data demonstrates continued excellence for data quality both compared to the national average and the other hospitals within the specialist multidisciplinary team (MDT). Data quality continues to be routinely reviewed and closely monitored at the local MDT Meeting. To improve quality of care and patient experience the Trust is introducing the RAPID pathway. The pathway will facilitate quicker access to diagnostics, earlier diagnosis and ensure that patients receive the appropriate follow up in a timely manner by the appropriate team member.
Diabetes: National diabetes audit (2017/18 cohort) Published: Jun-19	The latest data shows that the percentage of patients receiving all 8 best practice care processes is in line with other Trusts nationally (i.e. 'as expected') for both patients with type 1 and type 2 diabetes. It is important that these processes are monitored closely to prevent the patient's diabetes getting worse and leading to further complications. Areas of excellence are demonstrated by the audit with all patients with type 1 and type 2 diabetes having a blood test for glucose control, blood test for kidney function, measured for cardiovascular risk, and examined for foot ulcer risk. Improvements already actioned include the implementation of a multidisciplinary team clinic as a one stop shop to simplify the number of appointments that patients have to attend, increasing the frequency of the Insulin Pump Annual Medical Review clinics and the implementation of a young person's clinic. Young people are also 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.

	To improve further, every member of the Diabetes team will ensure that the urine test for risk of kidney disease is performed annually. In addition, to improve uptake of structured education for 16-19-year olds work is ongoing to improve patient access to the transition clinic.
Diabetes: National diabetes foot care audit (cohort 2015-18) Published: May-19	To improve the care and management of patients with diabetic foot education is provided to ward staff by the diabetes ward champions and to the Community Podiatry team, an electronic in-patient referral system is in development and foot screening for diabetic patients will be implemented in the Emergency Department and on the wards. In addition, to ensure people with diabetic foot ulcers are referred promptly the need for early specialist assessment will be promoted via the GP newsletter and presented to local GPs as part of hospital primary secondary care evening meetings.
Diabetes: National paediatric diabetes audit (2017/18 cohort) Published: May-19	The audit demonstrates continued excellence in the quality of care provided to paediatric patients with diabetes, with performance equal to or better than the national average for the completion of health checks, care at diagnosis, outcomes of care and provision of psychological support. To ensure that the best possible care continues to be provided the multidisciplinary team: • Provides comprehensive education and training to empower parents and patients to manage their diabetes. This is provided both at the time of diagnosis and then regularly until patients are transferred to Adult Services. • Provides excellent multidisciplinary team care - Paediatric Diabetes Nurses, Dietician, Psychologist and Doctor. • Uses insulin pumps and flash glucose monitoring devices in line with best practice. • Provides support and advice on managing diabetes in relation to school, sports activities, camps and travel in collaboration with teachers and parents.
Diabetes: National paediatric diabetes audit (2018/19 cohort) Published: Mar-20	The latest data, recently published, continues to demonstrate the excellent care provided to our patients by the paediatric diabetes team. In particular the provision of all 7 key health checks continues to exceed the national average, whilst patients are achieving excellent outcomes relating to blood glucose control and access to psychological support. The national audit recognises the hard work and dedication of the multidisciplinary paediatric diabetes team at the Trust, celebrating their work in a detailed case study within the main body of the national audit report titled 'Team work and performance monitoring key to providing excellent care at Kingston Hospital NHS Foundation Trust'.
Diabetes: National pregnancy in diabetes audit (2016-18 cohort) Published Oct-19	During pregnancy, women with diabetes receive high quality support to optimise glucose control and minimise maternal and fetal risk. This is illustrated by the latest data, which shows that: • More women are accessing early first contact with the antenatal diabetes team, compared to the national and London averages. • More women had their blood glucose within normal range compared to the national and London averages, when measured at first and third trimester.

	The Trust is already contributing to improvements in patient care across the wider health community, working as part of the London Diabetes Community of Practice, and within the Trust by working in a multidisciplinary team manner with the Diabetes and Endocrine teams.
FFFAP: National hip fracture database (2018 cohort), published: Dec-19	Kingston Hospital NHS Foundation Trust continues to deliver excellent care to hip fracture patients as demonstrated by the performance reported in the latest national audit publication. More patients treated at the Trust are receiving 4 National Institute for Health and Clinical Excellence recommended key aspects of care that all patients should expect after a hip fracture, compared to other Trusts nationally. More patients treated for hip fracture at the Trust are receiving all of the best practice tariff recommended criteria compared to the national average. 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. The national audit also shows that the Trust is in the best performing 25% of hospitals nationally for: • Assessment: Physiotherapy assessment by the day after surgery, mobilised out of bed by the day after surgery, not delirious when tested post-operatively and met best practice tariff criteria. • Surgery: Surgery on day of, or day after, admission, surgery supervised by consultant surgeon and anaesthetist and proportion of arthroplasties which are cemented and intertrochanteric fractures treated with sliding hip screw. • Outcomes: Overall hospital length of stay (days), patients not sustaining hip fractures as an inpatient and patients not developing pressure ulcers. The Orthopaedic Service has 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. Together this Group ensure that our pathways deliver the best practice standards and review all patients whose care has not met this standard. Local anaesthetic blocks have been implemented so that all patients are offered this for pain relief on diagnosis of a hip fracture in the Emergency Department. 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. Going forwards the Group aims to improve the documentation of the patient's final destination following rehabilitation to ensure that the data reported for 'return to usual residence' is accurate. In addition, the Matron sits on the National Hip Fracture Database (NHFD) Advisory Group. The Group develops the best practice standards assessed by the national audit and in this role she helps advise administrative staff at NHFD so they can improve the support they provide to hospitals across the country to enable hospitals to continue to deliver a high standard care to hip fracture patients.

Heart: National Cardiac Audit Programme (NCAP): Cardiac rhythm management (2016/17 cohort) Published: Jul-19	The latest data demonstrates that the Trust is exceeding the recommended minimum number of new permanent pacemaker implant procedures. Published evidence shows a clear statistical link between the number of procedures undertaken and the incidence of complications. Pace maker implant activity and complications are reviewed at monthly mortality and morbidity meetings. This facilitates the discussion of important learning points amongst the team, so that actions can be identified and implemented in a timely manner. The arrhythmia multidisciplinary team meeting will ensure data quality and completeness going forwards.
Heart: NCAP: Myocardial infarction national audit project (MINAP) (2017/18 cohort) Published: Sep-19	Compared to the national average: • More non-ST elevation myocardial infarction (NSTEMI) patients had an angiography to investigate their coronary arteries during their admission (97%, compared to 86% nationally). Coronary angiography is important to define the extent and severity of coronary disease. This is the third year in a row that Trust-level performance has improved for this measure. • More patients received all secondary prevention medication for which they were eligible (100%, compared to 90.4% nationally). This is a continuation of the excellent performance consistently achieved by the Trust for this measure. Secondary prevention medications are important because they reduce the risk of further heart attacks or other manifestations of vascular disease. To improve the quality of patient care a new Cath Lab is due to open in 2020 enabling patients to be treated more effectively, a new Consultant with a specialist interest in interventional cardiology has been appointed who links with St George's University Hospitals NHS Foundation Trust, and a new Acute Coronary Syndrome (ACS) Nurse has also been appointed. These roles lead on co-ordinating ACS patients in the hospital. In addition, to improve patient care and management a new patient referral pathway has been set up with St George's University Hospitals NHS Foundation Trust and Ashford and St. Peter's Hospitals NHS Foundation Trust and further quality improvement activities will be undertaken in 2020 to improve the process of referral for cardiac rehabilitation.
Heart: NCAP: National heart failure audit (2017/18 cohort) Published: Sep-19	The latest data shows that Kingston Hospital NHS Foundation Trust continues to perform in line with or better than the national average for **the majority of best** practice measures relating to the assessment, diagnosis, treatment and discharge of heart failure patients. A key local target is to increase the rates of in-patient initiation of mineralocorticoid receptor antagonists (MRAs) and this is being actively addressed by the Heart Failure team at the Trust. Major challenges continue in the follow-up of patients, admitted with heart failure, within two weeks of discharge. This remains a significant unmet need as there is no Community Heart Failure Nurse Specialist provision commissioned by Kingston Clinical Commissioning Group (CCG), and the Community Heart Failure Nurses covering the East Elmbridge locality of Surrey Downs CCG, are not commissioned to provide care for heart failure patients with a left ventricular ejection fraction (LVEF) of more than 40% (which represents a significant

	proportion of the patients admitted with heart failure to the Trust). Therefore, the specialist follow-up of recently acutely admitted heart failure patients devolves on the Trust's two Heart Failure Specialist Nurses. Richmond CCG has commissioned two Community Heart Failure Nurse Specialists to provide care within its jurisdiction. This variation in commissioning practice has a major impact on patient care. The current situation requires urgent action and a business case will be developed for Heart Failure Nurse Specialists at Kingston Hospital NHS Foundation Trust with the intention of supporting work in the community. Community Nurse Specialists enhance quality of care, quality of life, patient experience and outcomes, and reduce hospital re-admissions for heart failure. The business case development is supported by the Heart Failure Work stream of the NHS England South London Cardiac Operational Delivery Network - Cardiovascular. The Network is currently developing a data pack and supporting documentation which will help support the case for Community Heart Failure Nurse Specialists for patients with heart failure in Kingston.

Intensive Care National Audit and Research Centre (ICNARC): Case mix programme: Adult critical care (2018/19 cohort), published: Jun-19

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 the second year in a row the Trust has achieved a 'green' rating (within expected range) for all 9 quality indicators, with performance in line with or better than the national average for high-risk admissions from the ward, high-risk sepsis admissions from the ward, unit-acquired infections in blood, out-of-hours discharges to the ward (not delayed) and discharges direct to home.
- Performance is also better than the national average for delayed discharges.
- The overall risk-adjusted mortality rate, as well as that for lower risk patients remains within expected range (compared to 2017/18 data).
- The predicted risk of acute hospital mortality also remains lower than other similar units (compared to 2017/18 data).

What makes this happen:

- Clinical outcomes for mortality are regularly reviewed.
- Improved data quality and accuracy supplied to ICNARC. A team of data managers cross check all variables, clinical diagnosis and process, led by the ICNARC lead Dr Anna Joseph. Other indicators have improved due to excellent input from the nursing team, infection control, the Lead Sister and Matron.
- Learning is continually monitored and cascaded via a weekly 'hot topics' newsletter.
- The outreach team has made excellent progress in the identification, stabilisation and ongoing management of the deteriorating patient as well as supporting those patients stepped down to the ward and outreach team.

Plans for the future:

- To continue providing timely and accurate data to ICNARC. The clinical team would also like to see the standardised mortality ratio reduce further; however, this is constrained by the structure of the ICNARC model.

National clinical audit	Actions to improve quality
ICNARC: National cardiac arrest audit (2018/19 cohort) Published: Jun-19	The latest risk-adjusted survival data produced by the national audit shows that survival at Kingston Hospital NHS Foundation Trust is within control limits i.e. similar to expected. To improve data collection 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. 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 attached to all resuscitation trolleys to support the cardiac arrest team during the cardiac/peri arrest, and all resuscitation trolleys are now sealed with a plastic tag so it is clear when a trolley has been used and requires immediate restock. In addition, a junior doctor-led quality improvement project is currently underway to improve the process further, co-ordinated by the Trusts Resuscitation Lead and the Clinical Audit team.
Inflammatory Bowel Disease (IBD) registry: Biological therapies audit – adults only Published: Dec-19 (data submitted up to Oct-19)	Actions are in place to improve data completeness and quality. The process for consenting patients has been formalised within Gastroenterology, and a team of junior doctors have been assisting with data collection under the supervision of the IBD Clinical Lead since Autumn 2019. Data collection will initially focus on the 7 key performance indicators measured by the audit. The Trust expects that the impact of these actions on data quality and performance will be demonstrated by the national audit reporting from April 2020 onwards.
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma adult in secondary care (2018/19 cohort) Published: Dec-19	According to Asthma UK, 5.4 million people in the UK are affected by asthma. In 2016/17 there were 77,124 hospital admissions for asthma and 1,484 people died from their condition. The latest data demonstrates that Trust performance is in line with or better than the national average for smoking status recorded; the recording of airway calibre and levels of oxygen in the blood on arrival – these are important because they contribute to the assessment of the severity of the asthma attack, the appropriateness or intensity of treatment provided, and decisions about management; Respiratory Consultant review during admission; the administration of best practice treatments for asthma (i.e. systemic steroids and B2 agonists) – these are important because they are associated with better patient outcomes and shorter length of stay; and referral for hospital review on discharge.

National clinical audit	Actions to improve quality
	To improve the care of patients with asthma the Trust is currently piloting an Adult Integrated Respiratory Service or AIR team. The AIR team provide integrated respiratory services across primary and secondary care, providing a seamless journey to the patient. The aim is to ensure patients are managed appropriately, and therefore reduce the likelihood of acute exacerbations of asthma and admissions to hospital. A business case is in development to continue the AIR Service past pilot phase. In addition, the national audit data has been reviewed by the Respiratory team and areas identified for improvement include: • To improve the timeliness of peak expiratory flow measurement (airway calibre) the aim is to train and equip Emergency Department triage in the measurement of peak expiratory flow rate (PEFR), and to promote the use of PEFR pre and post nebulisers in the Emergency Department and the Acute Assessment Unit. • To improve specialist review prior to discharge the newly established AIR team will undertake active case finding in the Emergency Department and the Acute Assessment Unit, the benefits of the AIR Team will be promoted to the Emergency Department and the Acute Assessment Unit staff, and the Respiratory team will re-review need for weekend provision. • To improve timeliness of administered systemic steroids upon arrival to hospital the aim is to support the Emergency Department in the early management of asthma and to scope the potential for more Emergency Department Advanced Nurse Practitioners and prescribers.
NACAP: Chronic Obstructive Pulmonary Disease (COPD) in secondary care (2017/18 cohort) Published: May-19	Trust performance in the national audit was in line with the national average for all 7 key criteria reported. The national audit has identified timely non-invasive ventilation (NIV), spirometry and smoking cessation support as their improvement priorities for people with COPD. Timely NIV is associated with reduced length of stay, the diagnosis of COPD can only be made using quality assured post-bronchodilator spirometry and smoking cessation is the only intervention applicable to everyone with COPD that has a proven mortality benefit. NIV: The Trust has a 24 hour dedicated NIV Service provided by an NIV practitioner and Critical Care Outreach Service; education will continue to be provided to the Emergency Department team regarding early arterial blood gas sampling and early referral; and action will be taken to improve data quality by enhancing the supervision of data entry by the junior doctors. Spirometry: The Connecting Your Care record will be used to access old community spirometry results; a pre discharge spirometry will be taken in those without a historical record; and data quality will be addressed as outlined above. Smoking cessation: All patients are now screened for smoking status on admission and asked about onward referral. A semi-automated referral process has been agreed but is not yet not reliably happening. Work will be undertaken to ensure referral lists are all sent to smoking cessation provider.

National clinical audit	Actions to improve quality
National audit of care at the end of life (2018 cohort) Published: Jul-19	The audit reports Trust-level performance against 9 key themes. The latest data shows that Trust performance is better than the national average for 6 of these themes – 'individual plan of care', 'communication with families and others', 'needs of families and others', 'families and others experience of care', 'governance and workforce/ specialist palliative care'. Following a review of the national audit data the themes 'recognising the possibility of imminent death' and 'communication with the dying person' were prioritised for improvement. The audit results were discussed at various Trust forum and the following actions agreed to improve patient care and experience as well as family and carer experience – to develop local end of life prescribing guidelines, to update the end of life prescribing bundle in line with the local prescribing guidelines, to explore the opportunity to implement Advanced Communication Skills Training on 'difficult conversations' for Consultants, to revise the Recognition of Dying and Medical Daily Review 'EOLC' proformas, to provide teaching on recognition of dying, care of the dying patient and the use of the EOLC proformas to junior doctors, to embed the use of medical EOLC proformas in clinical practice, to provide teaching on recognition of dying, care of the dying patient and the use of the Individualised Nursing Care Plan to all nursing staff and allied health professionals, to develop, together with other key stakeholders, a Treatment Escalation Plan (TEP) for use during inpatient admissions at the Trust, and to support wards by Specialist Palliative Care Link-Nurse attendance at RAG rounds, prompting teams regarding Advance Care Planning, potential for deterioration and Recognition of Dying. These actions have led to considerably improved performance for recognising the possibility of imminent death, as demonstrated by the very latest audit data, which has been shared with Trusts but not yet published nationally. In addition, the Trust firmly believes that the views of bereaved relatives provide a valuable form of feedback to inform practice and service development. The bereavement survey undertaken as part of the national audit had a very low response rate of 7% nationally. The Trust received 7 responses, resulting in a comparatively higher response rate of 16%. However, it was acknowledged that such a small response rate nationally and locally was not representative and could not be relied upon to drive improvement activities. As such the Trust used the Marie Curie validated bereavement survey to undertake its own local survey, which resulted in a much-improved response rate and has shown areas of excellent practice as well as identifying areas for further targeted improvement work for 2020/21.
National audit of dementia (2018 cohort) Published: Jul-19	The audit reports Trust-level performance against 7 key themes. Out of 195 hospitals participating in the audit the Trust was amongst the best performing for the theme of 'nutrition' - the provision of food and drink for people with dementia and the provision of hospital schemes such as supported mealtimes, scoring 100% and ranked joint 1st nationally. This is an improvement from 84th place in 2016.

National clinical audit	Actions to improve quality
	The national audit highlighted delirium screening as a local and national priority for improvement. It was also highlighted as an area for improvement at the Trust during a recent 'Getting It Right First Time' review in elderly care. Improving delirium screening across the Trust has therefore been selected as a Quality Priority for the Trust in 2020/21. To help deliver this, improvement work has already started to improve the screening process for delirium on the surgical wards (Alex and Astor) using quality improvement methodology, led by the Dementia and Delirium Quality Improvement Leads. This includes meeting with the ward team to jointly develop the process for screening patients for delirium, providing education to the ward-based junior doctors on screening and reassessment, providing training to the ward-based Healthcare Assistants on how to check for signs of delirium, record in the electronic patient record and escalate new onset change in behaviour to the Nurse in Charge or Doctor and the provision of a simple process flow chart for screening to act as an aide memoir for the ward staff. In addition recruitment is in progress for a new Dementia and Delirium Nurse, a new delirium prevention plan and treatment plan is being written, a Dementia and Delirium Care Bundle is being developed, the corporate induction is being updated to include delirium teaching, training is being developed for all Healthcare Assistants on the signs of delirium, recognising the signs of delirium and the process to be followed, and Delirium flash cards will be provided to all Healthcare Assistants and Doctors. With the aid of the Communications team the Dementia and Delirium Quality Improvement Leads will launch the new delirium care bundle on all inpatient wards in 2020 and re-launch the 'Forget-me-not' campaign. To assess the impact of these actions regular audit of screening and reassessment will be undertaken; length of stay, falls, pressure sores, violence and aggression will be monitored to assess patient safety and experience, and patient and carer surveys will be undertaken to assess impact on experience.
National audit of dementia: Spotlight audit - prescription of psychotropic medication (2019 cohort) Published: Feb-20	The audit data shows that patient's prescriptions and medication are generally being well managed. Actions planned to improve further will feed into the wider work ongoing to improve the care, management and experience of patients with dementia and delirium in 2020/21 and beyond as part of the Trust's ongoing Dementia and Delirium Strategy.
National early inflammatory arthritis audit (2018/19 cohort) Published: Oct-19	The latest data demonstrates excellence with better than national average performance reported for 2 out of 6 quality standards measured by the audit: • People who have active rheumatoid arthritis have their C-reactive protein (CRP) and disease activity measured monthly in specialist care until they are in remission or have low disease activity. • People with rheumatoid arthritis and disease flares or possible drug-related side effects receive advice within one working day of contacting the Rheumatology Service.

National clinical audit	Actions to improve quality
	One of the key findings reported by the national audit was that the majority of Rheumatology Services across England and Wales are struggling to see patients in a timely manner, with only 38% of Services nationally meeting Quality Standard 2: People with suspected persistent synovitis are assessed in a Rheumatology Service within three weeks of referral. In line with the national picture the Trust is one of 51 NHS organisations nationally notified by the Care Quality Commission (CQC) of their outlier status for this standard, with 15% of patients seen within 3 weeks of referral. In response the Trust provided assurance that a local investigation with independent review was undertaken and that a robust action plan is in place. No further action will be taken by the CQC following receipt of this information. To improve capacity, 5 clinic slots have been dedicated for new early inflammatory arthritis cases and consultant-led triage has been implemented to ensure patients are seen in line with clinical urgency. The Trust will also be implementing breaks in clinics to ensure clinic cancellations do not result in protracted waits for our patients, and a business case has been drafted for additional nurse recruitment. The Rheumatology Service is also aiming to meet with St George's Hospital NHS Foundation Trust to review services offered, streamline pathways and provide a more collaborative service.
National emergency laparotomy audit (cohort 2017/18) Published: Dec-19	The latest data continues to show excellent performance against the best practice standards assessed by the national audit. The highest "green" rating was achieved for 7 out of the 13 key measures. The adjusted mortality rate has slightly increased in 2018, but is in line with the national average and not considered an outlier for this measure. A local review of mortality led by Anaesthetics and General Surgery is however planned to provide assurance on the quality of care provided. Further actions to improve will be agreed following the completion of this review. Action already taken in 2019 to improve the standard of care provided to our patients includes the implementation of the Emergency Laparotomy Pathway. The Pathway formalised the processes put in place to standardise time to diagnosis, the urgent investigation of patients with acute abdomen and the treatment of sepsis according to Trust protocol. It maintains high intraoperative and postoperative standards by ensuring consultant presence in theatres and admission of patients to the critical care. In addition, high-risk patients are identified right through the patient pathway where an accurate risk prediction score is 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 (2018 cohort) Published: Sep-19	The National Joint Registry (NJR) produces hospital and surgeon level data annually which is available via their website. This data shows that the Trust's outcomes are 'as expected' for 90-day mortality rate and revision rates for both hips and knees. The quality of the data submitted is 'better than expected' for compliance (the number of operations submitted) and revision compliance (the number of revision operations submitted), and 'as expected' for consent, valid NHS number and time taken to input the data.

National clinical audit	Actions to improve quality
	Improving the consent process i.e. the process by which patients consent to having their details added to the Registry has been the focus of improvement over the past year. All patients operated on at the Trust are asked whether they wish to consent to having their details added to the Registry by the clinical team, and where patients are declining this, the reason is recorded. This has enabled the orthopaedic team to monitor these cases and to better understand the reasons for refusal so that they can take targeted action to improve the consent rate going forwards. The latest available data for consent for patients operated on in 2019 available on-line via the NJR website shows continued improvement from 73.5% (patients operated on in 2018) to 82% (patients operated on in 2019).
National maternity and perinatal audit (2016/17 cohort) Published: Sep-19	The latest data shows that performance is above the national average for 10 out of 15 best practice measures. The Maternity Service is not a negative outlier for any measures and continues to review the data on a regular basis to ensure appropriate care of women and babies.

National neonatal audit programme (2018 cohort), published: Dec-19

Excellence in quality demonstrated by the National Neonatal Audit Programme (NNAP)

Performance in NNAP demonstrates excellence in the quality of care provided by the Neonatal team to babies who are born too early, with a low birth weight or who have a medical condition requiring specialist treatment.

Latest performance

- Of the 11 best practice standards assessed by the audit the neonatal team achieved a better than national average performance for 9 standards, with particularly good performance demonstrated for:
  - Appropriate temperature on admission, and
  - Parents on ward rounds.

- Compared to the data published in 2018, the neonatal team has maintained a high-level of performance for the majority of standards, with notable improvements demonstrated for: -
  - Provision of antenatal magnesium sulphate, improving from 60% to 75%.
  - Appropriate temperature on admission, improving from 62.2% to 73.2%.
  - Screening for retinopathy of prematurity (ROP), improving from 94.3% to 100%.

- The audit data also shows that fewer babies developed lung disease as a consequence of neonatal care (bronchopulmonary dysplasia) compared to other UK neonatal units – 23.9% vs. 31.5%.

What makes this happen:

- These results are a reflection of the entire multidisciplinary team's drive to provide the best, evidence-based care on the neonatal unit, with the baby and parents at the focus of all care. In particular the Trust was the first in South West London to provide headphones to parents to allow them to stay with their baby during ward rounds providing the clinical team with the ability to talk to parents confidentially without having to remove all others from the room.
- The results also reflect effective working across departments with close relationships with:
  - Maternity, who so far this year have achieved 100% administration of magnesium sulphate to appropriate patients antenatally, and

  - Ophthalmology. Working flexibly with the Ophthalmology Consultant has enabled the Trust to improve a previously negative outlier result for ROP screening to 100%.
- Key knowledge and skills are kept up to date throughout the team on the neonatal unit to allow seamless transitions of care in all aspects of management, as exemplified by the temperature on admission statistics.

Plans for the future:

- The neonatal team are continuing to strive to improve those results that are not yet at 100%. One area of improvement is the development of a specific pathway and clinic to ensure that the 2 year follow up of preterm babies is completed appropriately and documented in the right place. The team are also working with Maternity and across the sector to improve care around the delivery of postnatal antibiotics to babies.

National clinical audit	Actions to improve quality
National Ophthalmology Audit: Adult cataract surgery (2017/18 cohort) Published: Sep-19	Posterior capsule rupture is a complication that happens during cataract surgery when the capsule that holds the lens is broken. The latest data shows that the posterior capsule rupture rate achieved by the Royal Eye Unit is very low and comparable to the national average. Actions are being taken by the Ophthalmology Service to improve data accuracy and completeness. A business case has been put forward for an Ophthalmology specific electronic patient record (EPR) system that will integrate with the hospitals main patient record system. The majority of patient data for visual acuity loss is recorded in the community by opticians. A number of solutions have been proposed to gain access to data held outside of the Trust; unfortunately, these have not been agreed externally. With the new EPR system the Trust will be able to submit data relating to visual acuity loss for all patients referred back to the Ophthalmology Service for treatment if there are issues, which is a significant improvement on the current level of data completeness.
Royal College of Emergency Medicine: Feverish children (2018/19 cohort) Published: Jul-19	Performance in the national quality improvement project demonstrates variation in performance across the audit period. To improve the care and management of feverish children presenting in the Emergency Department a number of actions will be taken: • To improve triaging within 15 minutes, the team will implement daily performance analysis, map the workforce to peaks in service delivery, expand the trained work force available to triage more consistently, improve the environment regarding space and computer availability and ensure appropriate computer software is in place. Triaging within 15 minutes is reported quarterly at the Trust's Deteriorating Patient Group. • To improve the assessment of children, a sepsis tool based on best practice (National Institute for Health and Clinical Excellence) has been developed, laminated and placed on the notice board behind the work station in the main Emergency Department. The tool has been promoted to all staff and its use is reinforced at the daily 'Big 4' Round and Board Round meetings. A re-audit of the use of the tool and the appropriateness of the actions taken is currently in progress. • To improve timely senior review, documentation will be signed off by a consultant, or ST4 or equivalent out of hours. A re-audit to ensure this is embedded is currently in progress.

National clinical audit	Actions to improve quality
Royal College of Emergency Medicine: Vital signs in adults (2018/19 cohort), published: Jul-19	Performance in the national quality improvement project demonstrates variation in performance across the audit period. The Trust undertakes a monthly audit of the use of the National Early Warning Score (NEWS) and Paediatric Early Warning Score (PEWS). The recording of vital signs in the Emergency Department had already been identified as an area for improvement via this audit prior to the publication of the national quality improvement project data and action taken to improve. This included: • Introducing a Quality Round in the Emergency Department to ensure observations are taken according to policy and if not then observations are taken at time of rounding. • Introducing 1:1 supervision of all staff that triage in the Emergency Department by the Practice Development Nurse or Matron • Ensuring all incidents relating to triage are recorded, reviewed and acted upon. • Undertaking a review of current nursing model for assessment areas to allow 15 minute triage target to be met and the completion of a weekly audit with deviations from the policy managed in real time. These actions had already led to significant improvements in the recording of vital signs, the recording of vital signs in 15 minutes, and the escalation of patients as required in the Emergency Department. The NEWS and PEWS audit continues to be reported quarterly and monitored at the Trust's Deteriorating Patient Group.

Royal College of Emergency Medicine: Venous thromboembolism risk in lower limb immobilisation (2018/19 cohort), published: Jul-19

National quality improvement project drives local improvement in venous thromboembolism management in the Emergency Department

Temporary cast immobilisation of a leg in adults is associated with a 2-3% risk of deep venous thrombosis and its potential consequences of long-term leg pain and swelling, pulmonary embolism and even death.

In 2018/19 the Emergency Department participated in a national quality improvement project on venous thromboembolism risk management of ambulatory adult patients requiring leg immobilisation. The project measured performance against 3 best practice standards, facilitating improved care using quality improvement methodology and weekly data feedback.

Performance:

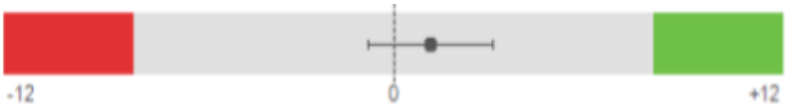
- The clinical team reviewed the data in Nov-18 and identified and implemented a number of simple and timely actions that directly improved patient care across all 3 best practice standards.
- These changes resulted in performance improving from below national average to above national average for all 3 standards.

What makes this happen:

- The quality improvement project was a new initiative for the Emergency Department team and it took some time to gain familiarity with the IT platform and data entry. However, by early November 2018 the clinical team, led by Dr Helen Draper, felt they had enough information to review and make changes.
- Dr Draper explained "It was recognised that one of the main issues was that clinicians did not appreciate that immobilisation with a boot required risk assessment as much as with a plaster of paris cast. Our idea was that if every boot had a patient advice leaflet already attached to the packet, it would act as a prompt to staff. Involving housekeeping staff and nursing assistants was vital to this critical change, and we spread the word to staff at handover, teaching and inductions".
- The success of this project centred on the hard work of the immediate project team as well as the wider support and engagement of the staff within the Emergency Department, who were vital in the successful implementation of change.

Plans for the future:

- A simple flowchart has been developed that will be displayed in the Urgent Treatment Centre cubicles.
- The education/awareness campaign will be regularly repeated.
- The electronic patient record will be amended to simplify the documentation required and ensure its recorded in a consistent way.
- A poster displaying results for all staff will be produced to celebrate the excellent performance achieved.
- Data collection has restarted to check improvements have been sustained.

National clinical audit	Actions to improve quality
Sentinel stroke national audit programme (Jul-19 to Sep-19 cohort) Published: Jan-20	The Stroke team 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 Service is currently achieving the highest 'A' rating for case ascertainment, audit compliance and combined total key indicator level.
Society for acute medicine's benchmarking audit (2018 cohort) Published: Jun-19	The latest data shows that Trust performance is in the upper quartile nationally (best performing 25% of hospitals) for patients with an early warning score measured upon arrival and patients reviewed by a competent clinical decision maker within 4 hours who perform a full assessment and instigate an appropriate management plan, as well as for re-admission rate. Whilst the Trust is similar to the national average for Consultant review within 12 hours, the results of the latest Trust-wide 7-day Service Audit show that 100% of patients on the Acute Assessment Unit were reviewed by a consultant within 14 hours of admission – the best practice target set by NHS England.
Trauma audit research network (TARN) Updated online: Nov-19	More trauma patients presenting in the Emergency Department are surviving compared to the number expected to survive based on the severity of their injury. The latest data available on-line shows that for 2017/2019 there were 1.1 additional survivors at the Trust out of every 100 patients. 

National clinical audit	Actions to improve quality
	The TARN data is reviewed regularly by the Trauma Consultant Lead, Nurse Lead and the management team in the Emergency Department; discussed with the wider multidisciplinary and multispecialty team and actions taken to improve as required.
UK Parkinson's audit (2019 cohort) Published: Feb-20 **NB:** The audit data is reported separately by the national audit supplier for Elderly Care and Neurology Services and Physiotherapy	The latest data shows that the Elderly Care and Neurology Services continue to provide an excellent service to patients with Parkinson's Disease, with 100% achieved for the evidence-based measures relating to the timeliness of specialist review, the provision of written and verbal information about the potential adverse effects of new medications, discussions about day time sleepiness and its impact on driving, and the monitoring of impulsive or compulsive behaviours related to specific medications. The most improved performance relates to discussions on end of life care with discussions taking place within the last 12 months for all applicable patients audited. The patient experience data is also very good with patient's satisfaction levels with the Service in line with or better than the national average for 23 out of 27 measures. Overall 95% of patients reported that the Service was improving or staying the same (already good), compared to 87% nationally; 100% rated the quality of the service provided by the nurse as excellent/good, compared to 87% nationally and 97% rated the quality of the service provided by the doctor as excellent/good, compared to 89% nationally. The latest data shows that the Physiotherapy Service has performed well across the audit with performance better than the national average for time between diagnosis and referral, time between referral and initial assessment, the provision of reports at the conclusion of the intervention period/ or interim reports as appropriate, provision of an action/ goal plan, the use of Parkinson's specific outcome measures, the provision of exercise advice/ intervention, and the use of a wide range of evidence-based measures to inform clinical practice or guide interventions. The patient experience data is also very good with patient's satisfaction levels with the Service in line with or better than the national average for 11 out of 17 measures relating to the Physiotherapy Service. Overall, 90% of patients reported that the Service was improving or staying the same (already good), compared to 87% nationally; and 100% rated the quality of the service provided by the physiotherapist as excellent/good, compared to 61% nationally. The reports are currently being reviewed within the service lines and actions will be planned accordingly.
Monitoring projects	
Mandatory surveillance of bloodstream infections and clostridium difficile infection	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.

National clinical audit	Actions to improve quality
Serious Hazards of Transfusion (SHOT): UK national haemovigilance scheme	All adverse incidents and reactions are reported to SHOT and the data reviewed by the Trust's Transfusion Committee. Any incidents are logged via the Trust's incident reporting process and progressed via routine governance processes.
Surgical site infection surveillance service	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.

National Confidential Enquiry	Actions to improve quality
Learning Disability Mortality Review Programme (LEDER) Published: May-18 Latest update: Aug-19	3 of the recommendations made by the study are relevant to the Trust, with full compliance already achieved for 2 of these. To move to full compliance with the best practice recommendations the Trust is currently recruiting a Learning Disabilities Specialist Practitioner. The practitioner will provide Learning Disabilities training to staff, provide a link to Community Services, and assist with patients within the hospital. In addition, in 2020/21 the aim is to undertake regular audit of the reasonable adjustments required by patients with learning disabilities and the provision of these. Any gaps identified will be addressed via quality improvement activities. The audit and improvement work will be monitored by the newly established Acute Care Learning Disability Collaborative Forum.
National Confidential Enquiry Patient Outcome and Death (NCEPOD) Acute Heart Failure: Failure to Function Published: Nov-18 Latest update: Dec-19	15 of the recommendations made by the study are relevant to the Trust, with full compliance already achieved for 12 of these. To move to full compliance a nominated Pharmacist will attend the weekly heart failure multidisciplinary team meeting, and will lead on the medication review for this patient group on admission to and discharge from hospital. In addition to ensure that there is adequate capacity to enable the review of patients within 2 weeks of discharge by a member of the specialist heart failure team a business case is currently being written for further Clinical Nurse Specialist provision. For more information on this please see the actions implemented as a result of the National Heart Failure Audit.
NCEPOD Acute Pancreatitis: Treat the Cause Published: Jul-16 Latest update: Feb-20	17 of the recommendations made by the study are relevant to the Trust, with full compliance already achieved for 14 of these. To move to full compliance theatre capacity and utilisation has been reviewed and amended to ensure where clinically appropriate the Trust is operating on patients with mild acute pancreatitis and those with severe acute pancreatitis within the timescales recommended. A clinical audit project is planned that will assess whether the Trust is now achieving these timescales. Further action will then be taken as appropriate, if required. In addition, the Trust currently has access to an Alcohol Specialist Nurse one day a week. Best practice as recommended by both National Confidential

National Confidential Enquiry	Actions to improve quality
	Enquiry Patient Outcome and Death and National Institute for Health and Clinical Excellence is that patients should have access to a 7-day Alcohol Specialist Nurse Service. For further information on this see actions implemented as a result of the NCEPOD study: Alcohol Related Liver Disease below.
NCEPOD Alcohol Related Liver Disease: Measuring the Units Published: Aug-13 Latest update: Oct-19	27 recommendations made by the study are relevant to the Trust, with full compliance already achieved for 25 of these. Best practice as specified by both National Confidential Enquiry Patient Outcome and Death and National Institute for Health and Clinical Excellence recommends that each hospital should have a 7-day Alcohol Specialist Nurse Service, with a skill mix of liver specialist and Psychiatry Liaison Nurses to provide comprehensive physical and mental health assessments, brief interventions and access to Services within 24 hours of admission. The Trust currently has access to an Alcohol Specialist Nurse one day a week. Data is currently being collected via the Risky Behaviours CQUIN that will help quantify the level of alcohol support provision required for patients treated at the Trust. This data will be used to support a business case for increasing this provision as required. In addition, best practice recommends the importance of accurate monitoring of fluid balance for this patient group. A quality improvement project currently being undertaken as part of the Deteriorating Patient Quality Priority is demonstrating improvement in the monitoring and recording of this.
NCEPOD Cancer in Children, Teens and Young Adults Published: Dec-18 Latest update: Oct-19	16 recommendations made by the study are relevant to the Trust, with full compliance already achieved for 15 of these. Whilst the Trust awaits the development and implementation of a nationally agreed consent form specific for systemic anti-cancer therapy (SACT), as recommended by NCEPOD, a consent form agreed at Network-level is in place that is completed by the primary treatment centre. This consent form contains all of the fields recommended by NCEPOD.
NCEPOD Cardiac Arrest Procedures: Time to Intervene Published: Jun-12 Latest update: Apr-19	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study. The Trust set up a Treatment Escalation Plan Working Group led by the Lead Resuscitation Officer and an Elderly Care Consultant. The Group reports into the Deteriorating Patient Group and to the Trust Board via the Trusts routine governance structure. In addition, a quality improvement project led by the Trust Resuscitation Lead, supported by the junior doctors is currently in progress to improve the DNAR process at the Trust. The project aims to improve patient care and the experience for the patient, family/carers and staff.

NCEPOD Chronic Neurodisability: Each and Every Need Published: Feb-18 Latest update: Aug-19	32 recommendations made by the study are relevant to the Trust, with full compliance already achieved for 29 of these. To move to full compliance action is in progress to extend the provision of direct access letters (i.e. emergency health care plan) to all applicable children. Currently any child whose clinician considers their needs to be complex and that they may benefit from a direct access letter is offered one. To ensure accessibility an internal database for all direct access letters is in place and they are also accessible via the electronic patient record. In addition, action is in progress to extend the provision of education health care plans to all applicable children. Currently children with complex needs have an annual health report from a paediatrician and health plans developed with input from all therapists involved in their care. These are regularly reviewed and updated and contribute to education health care plans.
NCEPOD Emergency & Elective Surgery in the Elderly: An Age Old Problem Published: Nov-10 Latest update: Aug-19	23 recommendations made by the study are relevant to the Trust, with full compliance achieved for 22 of these. To move to full compliance fluid balance is being looked at through the 'ward of the month' quality improvement project led by the Outreach team and targeted interventions are being implemented where capacity allows. This project forms part of the Deteriorating Patient Quality Priority, which as mentioned in the section above on the NCEPOD Study: Alcohol Related Liver Disease, and is demonstrating improvement in the monitoring and recording of fluid balance.
NCEPOD Gastrointestinal (GI) Haemorrhage: Time to Get Control? Published: Jul-15 Latest update: Dec-19	21 recommendations made by the study are relevant to the Trust, with full compliance achieved for 19 of these. To move to full compliance work is in progress to implement a formal networked approach to interventional radiology on-call within South West London, led by the South West London Acute Provider Collaborative. The Network arrangements will include repatriation as well as referral, transfer and admission in their protocols and take into account any existing Networks for other conditions which require these services and integrate with them.
NCEPOD Mental Health in General Hospitals: Treat as One Published: Jan-17 Latest update: Apr-19	19 recommendations made by the study are relevant to the Trust, with full compliance achieved for 16 of these. Training on 'Caring for patients with mental health' is part of induction and bespoke training is delivered as part of a Higher Education England (HEE) project. Funding for the HEE training has been extended for a 2nd year. To move to full compliance education and training includes the eradication of the abbreviation MFFD (medically fit for discharge). In addition, the South West London Mental Health Trust aims to gain Psychiatric Liaison Accreditation Network (PLAN) accreditation in 2020. The Trust is also currently looking into this.

NCEPOD Non-Invasive Ventilation (NIV): Inspiring Change Published: Jul-17 Latest update: Oct-19	20 recommendations made by the study are relevant to the Trust, with full compliance already achieved for 14 of these. To move to full compliance and to achieve the minimum staffing ratio as recommended by the British Thoracic Society guidance the current workforce numbers have been supported by robust training and on appropriate occasions the NIV Practitioner or NIV Therapist remain with the patient to augment the nursing staffing ratio. A further Business Case is needed to fulfil long term staffing numbers. A Care Plan has been implemented on the electronic patient record and now every patient considered for NIV has this form completed which includes referral and review by NIV Specialist. All patients receiving NIV receive, as a minimum, daily consultant review while they remain on ventilation by a consultant competent in acute NIV management. To facilitate this, training has been undertaken across all areas for all medical staff and a rolling plan is in place as staff rotate. Additional staff resource will also free up staff capacity to enable the annual review of the NIV Service, the quality of care provided and the mortality rate, as well as improvement activities based on patient feedback.
NCEPOD Peri-operative Diabetes: Highs and Lows Published: Dec-18 Latest update: Dec-19	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study. The Perioperative Diabetes Policy was reviewed and updated in line with the NCEPOD recommendations on discharge planning and referral criteria and the patient information updated. In addition, discussions are taking place with primary care providers to ensure patients are appropriately optimised prior to surgery.
NCEPOD Sepsis: Just Say Sepsis! Published: Nov-15 Latest update: Feb-20	16 recommendations made by the study are relevant to the Trust, with full compliance already achieved for 14 of these. To move to full compliance all patients discharged following a diagnosis of sepsis should have sepsis recorded on the discharge summary provided to their GP so that it can be recorded in the patient's GP record. The requirement to include sepsis on the discharge summary is now included in the junior doctor induction and recent clinical audit data demonstrates a clear improvement in this. When diagnosed, sepsis should always be included on the death certificate, in addition to the underlying source of infection. This is also included in the junior doctor training, and death certificates are also reviewed as part of the routine mortality review process at the Trust, and monitored via the Mortality Surveillance Group. Recent clinical audit data also shows an improvement with this recommendation.

NCEPOD Subarachnoid Haemorrhage (SAH): Managing the Flow Published: Nov-13 Latest update: Feb-20	7 recommendations made by the study are relevant to the Trust, with full compliance already achieved for 6 of these. There is currently no provision in place for regionally co-ordinated audit or multidisciplinary team meetings, as recommended by NCEPOD. Therefore, audits are undertaken locally to provide assurance that best practice is being followed locally and where necessary action is taken to improve.
NCEPOD Surgery in Children: Are We There Yet Published: Oct-11 Latest update: Aug-19	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study with the implementation of the Trust Policy on Paediatric Surgery and Anaesthesia.
NCEPOD Tracheostomy Care: On the Right Trach? Published: Jun-14 Latest update: Aug-19	25 recommendations made by the study are relevant to the Trust, with full compliance already achieved for 22 of these. Critical Care Patients are referred to the Medical Speech Language Therapy (SLT) Service and seen as capacity allows. To move to full compliance a business case has been submitted to fund a Critical Care Speech Language Therapy post, which will also bring the Trust in line with the latest Guidelines for the Provision of Intensive Care Services.
NCEPOD Traumatic Head Injury in Children and Young People Published: Sep-15 Latest update: Feb-20	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study with the implementation of a comprehensive guideline on the identification and management of abusive head trauma, the implementation of a paediatric head injury proforma available via the electronic patient record that ensures the documentation of all appropriate information, and the inclusion of information on short term symptoms associated with concussion on the Emergency Department discharge advice sheets.
Maternal Confidential Enquiry: Saving Lives- Improving Mother's Care Published: Nov-18 Latest update: Dec-19	In 2019/20 the Maternity Service reviewed the relevant recommendations made by this study and provided assurance that all standards were already met. No additional action was required.
Maternal Confidential Enquiry: Saving Lives - Maternal Mortality Surveillance Published: Dec-16 Latest update: Dec-19	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study. At the Trust the Obstetric and Cardiac Services are co-located. Letters are copied to the women, with hard copies stored in their hand-held notes and electronic copies stored on the patient record system; complex cardiac women are transferred to a tertiary unit; and a maternal medicine consultant has been appointed. The quality of care provided to these women is routinely monitored and there have been no incidents relating to the management of high-risk cardiac women.

Perinatal Confidential Enquiry: Perinatal Mortality Surveillance Report Published: Jun-18 Latest update: Dec-19	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study with the implementation of a process to review the coding for all maternal deaths.
National Confidential Inquiry into Suicide and Homicide (NCISH): People with Mental Illness Published: Oct-16 Latest update: Apr-19	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study with the removal of all ligature points, the implementation of a 1:1 policy, and the opening of the Mental Health Assessment Unit – a designated area in the Emergency Department for medium to low risk patients with mental health needs.
NCISH: People with Mental Illness Published: Oct-17 Latest update: Apr-19	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study with the availability of specialist services during routine working hours and the provision of support out of hours by a Specialty Registrar and on call Consultant.
NCISH: Safer Care for Patients with a Personality Disorder Published: Feb-18 Latest update: Apr-19	In 2019/20 the Trust moved to full compliance with all the relevant recommendations made by this study. At the point of accessing Trust services some psychological support is provided to patients, who are then referred onto the appropriate service provision; work is ongoing locally around services for personality disorder with local mental health Trusts to ensure community support for patients; safe prescribing is paramount with patients assessed for their suitability and prescriptions limited as appropriate; patients are referred to local drug and alcohol services as required; and service users are involved in shaping service through the Patient Experience Committee.

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.

Patient-Led Assessment of the Care Environment (PLACE): An annual voluntary self-assessment used to drive forward continuous improvement.

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.

Summary Hospital Level Mortality Indicator (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.

Feedback from Kingston CCG (acting as Lead Commissioner) 22nd May 2020

Kingston Hospital NHS Foundation Trust: Quality Report 2019/20: Commissioner Statement from Kingston and Richmond CCG's.

Thank you for sharing the Trust's 2019-20 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 Clinical Commissioning Group'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 continue to be proud of the effective working relationship the CCG have with the trust in this most important area of Quality. We recognise the significant work by and commitment of the trust to continue to improve quality and safety for patients. The Trust has demonstrated this through key achievements in Audit, by participating in 100% of eligible audits and shortlisting for national awards for paediatrics and chronic obstructive pulmonary disease (COPD); To contributing to the CQC review of Health Services for Children looked after and Safeguarding Services in Richmond-on-Thames and to Maternity services in achieving all 10 CNST (clinical negligence scheme for Trusts) standards for a second year running and perhaps most significantly tackling the challenges of Covid 19 by continually assessing the safety of patients and staff.

The Trust has summarised the 2019/20 Quality priorities within the Quality Report and has been transparent in explaining the areas where a priority was deferred or not achieved. Deferred; Priority 1 Improve the process to identify patients with learning disabilities, the Trust has evidenced ongoing local and national work towards achieving this priority. Where there was insufficient evidence to prove achievement, Priority 4, Home before lunch discharges, the Trust has outlined clear initiatives that just prior to Covid 19 were showing improvement against the priority, the Trust have outlined the steps being taken to continue this programme into 2020/21. We welcome the Trust's continuing commitment in the 2020/21 Quality Priorities to improve patient safety and experience, the ongoing focus on safe discharge, to improving the proportion of patients who are assessed for their risk of developing delirium and to working with patients and families to improve the recognition, acknowledgement and planning for death, areas which link with the CCG priorities.

The Trust achieved an Outstanding rating from the CQC in 2018 and the report has evidenced it continually monitors compliance with the requirements of this status. The recent CQC review of Health services for children looked after resulted in some should do actions which are monitored through the safeguarding committee and by the CCG designate nurses.

Ongoing from 2018/19 report we note that there has been a further decrease in the response rate to complaints, 54%. We recognise the increased complexity of complaints which is reflected nationwide and the identified reasons for this, the Trust Quality Improvement Team are working alongside the transformation team to identify issues and undertake appropriate actions to resolve these. The Trust maintains good oversight and professional challenge in the management of serious incidents, there is evidence of trust wide imbedding of learning from these incidents.

The Trust has continued its excellent work in engaging with patients and the public particularly those "seldom heard" It is of note that the staff survey results are predominately positive and the Trust has developed an action plan for key priority areas to improve and sustain.

The CCG would like to recognise the amount of work required to undertake this report and the Trusts ongoing commitment to quality and safety. It is worthy of mention that the Trust has continued to maintain and challenge itself on the quality and safety of its services during the Covid 19 pandemic. The coming year will bring a range of challenges and opportunities to ways of working across the NHS as an impact of Covid 19, we look forward as the newly formed South West London CCG to working in partnership with the Trust.

Dr Naz Jivani, Chair, Kingston CCG
Fergus Keegan, Director of Quality Kingston and Richmond CCG's
Fergus Keegan
Director of Quality
South West London CCG, Croydon, Kingston and Richmond

Trust Response

Many thanks for reviewing the Kingston Hospital NHS Foundation Trust Quality Report 2019-2020. We note your comments and appreciate your recognition of the work that the Trust undertakes to maintain the quality of care and safety of patients. We look forward to a continuing excellent working relationship across the newly formed South West London CCG.

Kingston Hospital NHS Foundation Trust – Governor Feedback 22nd May 2020

2019/20 Quality Report: GQSC/CoG response

The Chair and members of the Kingston Hospital NHS Foundation Trust Governors' Quality Scrutiny Committee have reviewed the draft Quality Report for 2019/20 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. We applaud the many achievements, improvements and developments reported whilst acknowledging that there is still work to be done in some areas. The ongoing Coronavirus situation does of course present the hospital, in all respects, with enormous challenges that will affect its work and services for some time in the future.

We are pleased that four of the six 2019/20 Quality Priorities have been achieved and look forward to seeing the long-term outcomes of these improvements. For example, improving A&E services and performance is a core priority in the NHS and ensuring that Kingston Hospital has a properly staffed emergency department is central to this. To support this, one priority aimed to support the development of a more sustainable workforce model in the Emergency Department. This was successfully achieved and it is reassuring to note that the vacancy rate was reduced significantly, as was the spending on bank and agency staff as well as the staff turnover rate. Regarding the Quality Improvement priority, the Governors welcome the increasing number of

projects, (over 160 registered during this year) and the involvement of patients and public in these. Governors will be pleased to assist with building on the work of the 2019/20 quality priority to engage more patients in quality improvement activity. However, we note that a sustainable approach must be based on further developing the capability through training across all our staff to involve patients in improvement work. Regarding the Home Before Lunch priority which was not fully achieved, we noted that one of the challenges faced is the accurate recording of the timing of patients' discharge. It is important to know this timing, not just for Home Before Lunch discharges but all discharges back to home. We would hope that some work could be undertaken to review and improve the process of recording departure time.

For all of the six 2019/20 Quality Priorities, it is reassuring to note that this year, whether achieved or not, next steps have been identified for each one to ensure that the improvements are maintained or developed further or work continued to reach the goal.

The report highlights many achievements and in particular we noted:

- that from the many national patient surveys, the Trust achieved improving patient satisfaction rates
- the Friends and Family Test achieved higher response and recommendation rates in all departments
- The response rate to the Staff Survey increased by 7% to 65.2%, significantly higher than the average rate of 51% for all acute Trusts surveyed by Picker. This provided confidence that the results represented the majority view of the workforce. That 82% of staff who responded indicated that if a friend/relative needed treatment they would be happy with standard of care provided by Kingston is a strong testament to all. We were disappointed to read that a high proportion reported discrimination and harassment from patients/service users, their relations and other members of the public. The results indicate some areas for improvement, for example better support for BAME staff, and we note a work plan has been set out to address these areas which we will monitor.
- The continuing improvement and reduction in the staff turnover rate and the low vacancy rate of 4.78% which is below the Trust's target of 6% and low when benchmarked against the comparator Trusts in London.

The report itself has been enhanced this year by the use of more photographs and it is becoming year by year, a much more accessible document. As we have regularly requested, it's good to see that this year an executive summary has been included. This is a welcome addition.

The Governors were consulted regarding the choice of the six quality priorities for 2020/21 across the three domains of patient safety, clinical effectiveness and patient experience and are pleased to support them. We noted that for the coming year, three of the quality priorities will be embedded within the Patient First strategic framework and will be the 2020/21 objectives for the Trust's 'Quality' strategic theme. They are all goals that are important to improving quality and for our patients but one perhaps warrants a special mention that sits within the patient experience domain; to ensure patients get the right appointment, first time and without delay. Outpatients' administration is an issue which receives the most feedback via complaints, PALs reports and to Governors so it is an important element towards improving not only the experience of our patients but also the job satisfaction and morale of the clinical and administrative staff involved in outpatient services. Improving the administration and coordination of outpatient services also includes working with primary care through the planned care transformation programme so we do understand that it is a major long term and complex project.

We will look forward to receiving updates on progress towards achieving the 2020/21 priorities against the measures for improvement that have been set for each one, thereby helping us to fulfil our quality assurance responsibilities. We do however accept that there are particular challenges to achieving these in the forthcoming year due to the effects and fallout of the

Coronavirus pandemic. We would like to pay tribute to **all** the staff across the Trust who have worked tirelessly to keep the hospital running effectively and providing the best possible patient care in very difficult circumstances.

Chair: Governor's Quality Scrutiny Committee on behalf of the Council of Governors
May 2020

Trust response
Many thanks for your positive review of the Kingston Hospital NHS Foundation Trust Quality Report; your comments have been noted. Thank you for acknowledging the work of the Trust staff during these unprecedented and challenging times.

healthwatch Kingston upon Thames

Healthwatch Kingston upon Thames (HWK) 22nd May 2020

Healthwatch Kingston has very much appreciated the continued opportunity to engage with the hospital on a regular basis via our Kingston Hospital Healthwatch Forum Meetings. These meetings provide useful space to discuss emergent themes, items of focus and share learning. Healthwatch Kingston is grateful to the hospital staff and board for their continued support of these meetings.

We want to express our support for the staff and board of the hospital as it continues to treat people infected with Covid-19.

We are pleased to see this report providing evidence that Kingston Hospital Foundation Trust is one of the best performing hospitals in London.

Healthwatch Kingston has taken a particular interest, in recent years, in two of the priorities chosen for 2020/21, namely:

(a) Increase the proportion of patients who are safely discharged without delay when they no longer require an acute hospital bed for their care.
(b) Ensure patients get the right appointment, first time, without delays.

On (a) Healthwatch Kingston welcomed the hospital's positive response to the 8 recommendations in our report 'What was leaving hospital like? Patient experience of discharge from Kingston Hospital NHS Foundation Trust' which was published in September 2019 following feedback from 183 patients discharged from the hospital. In due course, Healthwatch Kingston would like to be informed on the hospital's progress in implementing the actions it agreed to undertake. It would seem sensible for this work be integrated into the hospital's action plan for this 2020/21 priority. The Healthwatch Kingston Hospital Services Task Group is planning to further analyse the qualitative data provided as part of this patient experience research and intends to publish a further report in 2020/21 to support continued improvement in patient experience from Kingston Hospital.

In measuring improvements on this issue, it is important to further consider re-admission rates to produce a more rounded picture that will, hopefully, demonstrate that progress on this priority is not being achieved at the cost of increased re-admission rates.

On (b) Healthwatch Kingston noted in 2016, thanks to the hospital's provision of the PALS/Complaints reports, that there had been an increase in the number of people contacting PALS and making complaints about problems with outpatient appointments. As a result, Healthwatch Kingston sought feedback from patients in outpatient waiting areas in 2017 and produced a report on its findings with recommendations to the hospital, to which the hospital responded positively. It is disappointing to see that, despite the various welcome remedial actions taken by the hospital, getting the right appointment, first time, without delays, is still a matter of concern for the hospital and, as evidenced by the information on the PALS and complaints in this report, also a matter of concern for many patients.

Receipt of the PALS/Complaints Reports has been sporadic recently and it would be very helpful if Healthwatch Kingston might start receiving the reports again on a regular basis as these were useful source of intelligence.

Stephen Bitti
Chief Officer

Trust Response:

Thank you for taking the time to provide feedback and comment on the Trusts Quality Report. Your comments have been noted and we take these on board. We look forward to a continued working relationship with Healthwatch Kingston to improve the provision of services offered and the experience for our patients.

healthwatch Richmond upon Thames

Healthwatch Richmond's commentary on Kingston Hospital Foundation Trust Quality Report 2019/20 19th May 2020

We would like to commend the Trust for producing a balanced Quality report in what is an unprecedented and incredibly challenging time for the NHS amid the COVID-19 pandemic. It is clear the Trust has made admirable improvements to care, performed well in National Clinical Audits, and we're looking forward to working with the Trust to achieve further improvements in the coming year. Quality Reports are produced to very tight deadlines; therefore any inconsistencies between our commentary and the final report may be due to newer data being available in a final version.

It was excellent to see our *antenatal care review* included in the Quality Report; however our *adult inpatient care report* is not mentioned. The Trust made some meaningful improvements based on this report's recommendation, and it is a shame this was not showcased.

The response rate to complaints within 25 working days is only 54%. A slow response can make the complaints process frustrating for the patient, and can send the unintended message that the Trust is not taking the complaint seriously. We hope that the Trust is undertaking work to improve the response rate to formal complaints.

Quality priorities 2019/20

IMPROVE THE PROCESS TO IDENTIFY PATIENTS WITH LEARNING DISABILITIES

Although the Trust did not meet the primary measure, this was due to a national initiative superseding their efforts and it is excellent that improvements will continue to be made through

the Acute Care Learning Disability Collaborative Forum. This priority details many actions that have been taken but would benefit from being stronger in demonstrating the outcomes of these actions. As this work continues, it would be valuable to assess what impact the Collaborative Forum has had on patient experiences and outcomes.

IMPROVE IDENTIFICATION AND ESCALATION OF THE DETERIORATING PATIENT

Improvement measures for this Quality Priority are difficult to measure, the peri-arrest and cardiac arrest data provided indicates that progress has been made in 2019/20 and work is off to a promising start. It would be beneficial to know if the training provided to staff increased their confidence in identifying patients who may be at risk of deteriorating. However this does not to detract from the important work that has been undertaken under this Quality Priority

IMPROVE STAFFING IN THE EMERGENCY DEPARTMENT

The improvements in vacancy rate, use of bank/agency staff and staff turnover is dramatic. The improved staff morale will have a resulting positive effect on patient experience. The patient experiences we've collected of A&E in 2019/20 are largely positive in sentiment; the most common theme is quality of care and staff quality.

HOME BEFORE LUNCH DISCHARGES

Although the target has not been reached, the success shown in January and February 2020 of the SAFER bundle improving 'Home before lunch' performance is clear. We would therefore like to encourage the Trust and ward staff to continue to roll out the bundle across all appropriate wards. It is important to note the challenges identified in the work to achieve this priority have been developed into 'Quality Priority for improvement 2' for next year (2020/21) suggesting learning is being used in the Trust to better facilitate improvement.

IMPROVE PAIN MANAGEMENT FOR PATIENTS ATTENDING THE EMERGENCY DEPARTMENT

Enabling 100% of appropriate staff to be able to prescribe pain killers will improve efficiency of pain management. This is an important step and the Trust has done well to demonstrate how this has improved patient experience. It would be welcomed if the Trust could address the lack of confidence in trained staff in offering appropriate pain management to patients as this will affect how consistent they are in providing this care.

ENGAGE MORE PATIENTS IN QUALITY IMPROVEMENT

The Trust has placed an importance of the patient voice in quality improvement projects; this is praiseworthy as patients offer an invaluable perspective. The Trust may find it useful to gather feedback from patients who were involved and share their positive experiences in order to encourage staff to involve patients in future projects. We know that the Hospital already has good practices around patient feedback and engagement, and we hope this continues to always be a priority.

Quality priorities 2020/21

It was a valuable opportunity to be able to input into the selection process the Hospital undertook in selecting their qualities. We were able to use experiences shared with us by patients to inform the improvement work the Trust will undertake.

The priorities for 2020/21 highlight the issue to be tackled and how progress will be measured, however the Trust could improve the experience of reading this important section of the report by providing details on how the issue will be addressed (staff training, seeking a cultural shift, and patient coproduction exercise etc.).

INCREASE THE PROPORTION OF PATIENTS WHO ARE SAFELY DISCHARGED WITHOUT DELAY WHEN THEY NO LONGER REQUIRE AN ACUTE HOSPITAL BED FOR THEIR CARE

After carrying out a review of adult inpatient wards we found that if patients experienced delays in their treatment this negatively impacted their overall hospital experience. Generally patients were anxious to get home and resume their normal routine; therefore ensuring patients are discharged without delay during their stay is welcomed.

IMPROVE HOW WE WORK WITH PATIENTS AND FAMILIES TO RECOGNISE, ACKNOWLEDGE AND PLAN FOR THE POSSIBILITY OF DEATH

This Quality Priority could fit into work that is also planned around End of Life care in the SW London Five Year Health and Care Plan. By identifying patients earlier it could enable them to plan their End of Life care to enable their wishes to be carried out and this has the potential to make a difficult period easier for them and their loved ones.

IMPROVE THE PROPORTION OF PATIENTS WHO ARE ASSESSED FOR THEIR RISK OF DEVELOPING DELIRIUM

While undertaking a review of inpatient care in May/June 2019 it was clear that confusion and delirium presented a challenge to staff members on care for elderly wards, and was very upsetting to patients and their families. Staff capacity was stretched when it was required to provide 1:1 care to a confused and wandering patient, but it was clear this provision of care was vital for these patients. Improvement in this area has the potential to make a big difference. For this Quality Priority the target of 100% has been set for the delirium screening score but it would be helpful to set out the Trust's current performance. This will help in a year's time to determine if the priority was met and will make it easier to showcase your good work and success next year.

Trust Response:

Many thanks for taking the time during this difficult and unprecedented period to review Kingston Hospital NHS Foundation Trust's Quality Report. We have noted your comments and take these on board. Your feedback has been shared with the relevant teams for consideration in next years' report. Please accept our apologies that we did not include the adult inpatient care report, this was an oversight.

The Royal Borough of Kingston Health Overview and Scrutiny Panel

In noting the strategic qualities and priorities set out for 2019/20 in the areas of Patient Safety, Clinical Effectiveness and Patient Experience, I am delighted to see the progress made with the dementia strategy since 2017 and the work the hospital has done so far to meet this need, particularly the Trust's ranking as 1st for nutrition "the provision of food and drink for people with dementia and the provision of hospital schemes such as supported mealtimes".

I am also pleased to note the increase in the proportion of patients who are safely discharged without delay when they no longer require a hospital bed for their care. I welcome any further information which can show the number of patients diagnosed with dementia who are safely discharged, and whose condition requires some form of specialist care put in place upon discharge. If the overall aim is to minimise residents spending long periods in hospital or suffering unduly (either physically or mentally) as a result of any length of stay in hospital away from familiar surroundings and routine, I believe for dementia sufferers, this is becoming an increasingly important issue, particularly as we emerge from the Covid pandemic and after periods of self-isolation and/or social distancing.

I note, with interest, the acknowledge that for older people, "we know that longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs".

Supporting the implementation of the NHS Long Term Plan, and as a core element of the Emergency Care Programme, I further welcome the integrated discharge work with the Trust's health and social care system partners. For sufferers with varying degrees of dementia, it would be helpful to learn more about how this process is effectively managed to ensure a smooth transition away from hospital care to community care, if appropriate.

In accordance with local Health and Care Plans, I believe it may increasingly fall to all partners, including Adult Social Care to work more closely together to find longer-term solutions - whether that involves planning for care in the community (as older residents may choose to live in their own homes for longer), or finding suitable placements in care homes or nursing homes that can effectively meet residents' needs. Works are now well underway to build a new dementia nursing home in Berrylands ward, and it is due for completion in Spring-Summer 2021. This is a significant infrastructure project which will enable residents to benefit from a modern facility specialising in "high needs" nursing care, and in some cases hopefully reducing the need for frequent hospital emergency admissions or in-patient care.

I, therefore, welcome the Trust's initiative set out to address the issue of long hospital stays and the quality priority which focusses on minimising delays in discharge. I also welcome how the Trust seeks to measure improvement in 2020/21 by looking at length of stay in hospital, delayed transfers of care and readmission rates.

The numbers of people with dementia is predicted to rise steadily over the next 5-10 years, and the prevalence of dementia among older people with learning disabilities is much higher (c. 20%) than the general older population. I look forward to any further work that may be undertaken to improve the process in identifying patients with learning difficulties (LDs) and those with dementia.

I welcome the achievement to "Improve Identification and Escalation of the Deteriorating Patient". For those patients with varying degrees of dementia, this task I assume must be an on-going challenge, particularly for those patients who are still mobile and can walk around their ward. Going forward, I look forward to seeing any further progress in this area in line with the Trust's dementia strategy that can help and support patients and prevent unnecessary falls or injury due to frailty issues.

I also welcome the development of the frailty team and their work with the community, as well as the specialist assessment for elderly and frail patients that will have a positive impact on "reducing overnight admissions and reducing activity in the Emergency Department (ED) – reducing overcrowding and associated risks". It would be interesting to know if any work is being undertaken with dementia patients in this area in order to improve patient experience and satisfaction (for both sufferers and their families). I also note, with interest, the CCG7: prevention of hospital falls: achieving 80% of older patients receiving key falls prevention actions; Partially Achieved. I look forward to further progress in this area and would welcome any information about the potential impact dementia may have for this cohort and associated risks (falling, other injuries).

With regards to "Improving the Process to Identify Patients with Learning Difficulties", I look forward to further progress in this area (digital alert), and if possible, for those patients diagnosed with dementia this would be a welcome addition. I also welcome the development to forge a closer relationship with Kingston All Age Learning Disability Partnership.

HOP CHAIR'S RESPONSE
Berrylands Ward
Royal Borough of Kingston upon Thames

HOP CHAIR'S RESPONSE

KHFT QUALITY REPORT 2019/20

Thank you for sharing the Trust's draft Quality Report for 2019-20. I have reviewed the report on behalf of the The Royal Borough of Kingston Health Overview and Scrutiny Panel. I would first like to recognise the importance of your work to engage more staff in quality improvement activities. This is an essential element of continuous learning and improvement and is a key objective of all local partners.

In reading the report, I am pleased that Dementia Strategy implementation continues as a key focus for the Trust. I am delighted to see the progress made since 2017 and the work the hospital has done so far to meet this need, particularly schemes such as supported mealtimes and the development of the frailty team. I welcome the Trust's initiative set out to address the issue of long hospital stays and the quality priority which focuses on minimising delays in discharge. I also welcome how the Trust seeks to measure improvement in 2020/21 by looking at length of stay in hospital, delayed transfers of care and readmission rates.

I am pleased to note that the Trust achieved four out of six of the quality objectives set for the year. That one of the objectives you achieved was to engage more patients in quality improvement activity is to be particularly celebrated and I hope this adds further value to all work streams going forward and it remains a priority for the Trust. It is disappointing that the objective to increase home before lunch discharges showed insufficient evidence of improvement. It would be helpful to see a more detailed action plan of how the next steps outlined in the report would be implemented and monitored this year. With regard to the deferred priority to improve processes to identify patients with learning disabilities; it is understandable that national work to implement an automated alert supersedes the plan for a local approach and I am glad to read that the Acute Care Learning Disability Collaborative will continue to meet and coordinate this work.

I would like to take this opportunity on behalf of the Panel to recognise the efforts of all staff and volunteers linked to Kingston Hospital NHS Foundation Trust in responding to the current COVID-19 pandemic and to thank them all for their hard work to care for all that come through your doors. There are clearly competing priorities due to the current unprecedented circumstances but it is reassuring to see that work to improve quality of care continues.

I welcome the Trust's six quality priorities for 2019/20 and look forward to seeing how Kingston Hospital progresses in these areas in next year's report.

Trust response:

Thank you for reviewing the Kingston Hospital NHS Foundation Trust Quality Report. 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.

LONDON BOROUGH OF RICHMOND UPON THAMES

London Borough of Richmond upon Thames response to Kingston Foundation Hospital Trust Quality Accounts 19/20 - Friday 22 May 2020

We welcome the opportunity to comment on the services provided by Kingston Hospital to the people who live and work in the London Borough of Richmond upon Thames (LBRuT). It is very important to us that our residents receive the best possible healthcare, and we thank you for all your efforts to improve quality as reported for 2019/20.

The current meeting restrictions meant we were unable to invite you to a meeting of the Quality Account Sub-Committee to discuss the earlier or final drafts. We would very much like to discuss further with you some of the issues in the report later in the year.

We were pleased to note the following in the Quality Account report:

That Kingston has maintained its CQC registration status as 'outstanding';
On staffing, the reduced turnover and low vacancy rate and in particular the achievements in the emergency department;
The Trust participated in 100% of the clinical audits that they were eligible to take part in;
The progress in implementing the 7 day a week service;
The innovation of giving headphones to parents on the maternity ward so confidential discussions can be had;
That the Trust's Standardised Hospital Mortality Index (SHMI) is well below the national average.
We would like to proffer the following additional comments on the report.

The reporting of the CQUIN targets on pages 42 & 43, is very different now to how it was in the first draft and is less detailed rather than more so. Instead of actual numbers or percentages achieved, we now just get either fully or partially achieved. We note that the data has only been verified for quarters 1 & 2 - we would appreciate discussing the CQUIN targets with you later in the year when all the data is available;

There is now mention of Covid-19 in the statement from the Chief Executive but we would like to see more information on how it has affected the achievement of some of the aspects the Trust is required to report on. For example, on page 65 with regards to medical appraisals and revalidation, 25 have been postponed because of Covid-19;

Some of the content in the first draft was not accessible to those who are colour blind or have other visual impairments so we would like assurance that the final version will be fully accessible.

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 would also like this opportunity to thank you for your on-going work and for rising to the Covid-19 challenge and looking after our residents. We look forward to hearing when the hospital is able to return to more normal operation and wish you well with the challenges this brings.

London Borough of Richmond upon Thames Quality Account Sub-Committee

Trust response

Many thanks for your comprehensive response to the Trust's Quality Report, the comments of which have been noted. We would be happy to attend a meeting later in the year to discuss your areas of question and clarify and further comments for you.

Kingston Hospital NHS Foundation Trust: Quality Report 2019/20: Commissioner Statement from NHS Surrey Heartlands CCG 21st May 2020

Surrey Heartlands CCG (SH CCG) welcomes the opportunity to comment on the Kingston Hospital NHS Foundation Trust Quality Report for 2019/20. The CCG is satisfied that the Quality Report has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services. The detail is in line with the data supplied by Kingston Hospital Foundation Trust during 2019/20 and reviewed as part of performance under the contract with SH CCG (previously Surrey Downs CCG).

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 2019/20 Quality Priorities within the Quality Report and has been transparent regarding non-completion of two 2019/20 priorities. The first was to 'Improve the process to identify patients with learning disabilities' which was deferred pending the commencement of a national IT alert system being piloted by NHS Digital. Nevertheless, the Trust has facilitated a number of other improvements in the learning disabilities service.

Secondly, the 'Home before lunch discharges' priority designed to improve patient experience by discharging them home without delay earlier in the day - part of continuing work on implementing the SAFER patient flow bundle started in 2018/19 - was partially achieved. Whilst there was insufficient evidence to demonstrate achievement the focus did highlight improvements on wards where the SAFER bundle had been implemented. We welcome the plan to continue rolling out this initiative across all wards, and its incorporation into 2020/21 strategic quality priorities.

Regarding 2020/21 priorities, we are satisfied that 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 2020/21 which the Trust has set out in this report and consider them to be appropriate areas to target for continued improvement and alignment with clinical commissioning priorities.

We particularly welcome the repeat focus on improving patient experience of administration and communication processes in out-patients in the quality priority to 'Ensure patients get the right appointment, first time without delays'.

We commend the work to involve patients and the public in quality and service improvement and the proactive steps taken by the Trust to facilitate feedback and complaints patients and their families. We also welcome the Trust's recognition of areas for improvement, such as the persistent themes arising from concerns and complaints.

We commend Kingston Hospital Foundation Trust on the many achievements in 2019/20, including the extensive and ambitious work and dedication to establish a culture of improvement, your work on improving the resilience and stability of your workforce, and the multiple awards, high ratings and nominations recognising your staff and clinical teams

We also acknowledge and appreciate the enormous effort that the Trust leadership and staff made and contributed to local system partnership working, to care for patients, staff and visitors throughout the challenges of responding to the Covid-19 coronavirus pandemic.

Data Quality

SH CCG is satisfied with the accuracy of the data contained in the Quality Report pending completion of final validation by auditors. We will continue to work with the Trust to ensure that quality data is reported in a timely manner through clear information schedules.

In conclusion, Surrey Heartlands CCGs would like to thank Kingston Hospital Foundation Trust for sharing the draft Quality Report and is satisfied it accurately reflects the quality priority work being undertaken by the Trust.
21 May 2020

ICS Director of Quality and CCG Chief Nurse
(Guildford and Waverley, North West Surrey and Surrey Downs CCGs)

Trust response

Thank you for reviewing the 2019/2020 Quality Report for Kingston Hospital NHS Foundation Trust. Your comments have been noted. We have valued the opportunity to contribute to the local system partnership working and continuing to work towards improving care for patients, staff and visitors.

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.

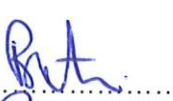
In preparing the quality report, directors are required to take steps to satisfy themselves that:

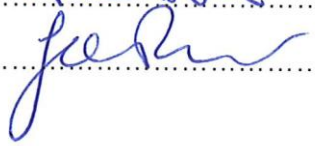
- The content of the quality report meets the requirements set out in the NHS foundation Trust annual reporting manual 2019/20 and supporting guidance detailed requirements for quality reports 2019/20.
- The content of the quality report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2019 to May 2020
    - Papers relating to quality reported to the board over the period April 2019 to May 2020
    - Feedback from commissioners dated
    - Feedback from governors dated
    - Feedback from local Healthwatch organisations dated
    - Feedback from overview and scrutiny committee dated
    - The (2018) national patient survey published 2019
    - The (2019) national staff survey published February 2020
    - The Head of Internal Audit's annual opinion of the Trust's control environment dated 31st March 2020
- The quality report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality 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

19 June 2020 .....Date.....  .....Chairman

19 June 2020 .....Date.....  .....Chief Executive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APPENDIX 2

Kingston Hospital
NHS Foundation Trust

KINGSTON HOSPITAL NHS FOUNDATION TRUST

FINANCIAL STATEMENTS 31ST MARCH 2020

FINAL
22/06/2020

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KINGSTON HOSPITAL NHS FOUNDATION TRUST -

CONSOLIDATED ANNUAL ACCOUNTS 2019/20

Foreword to the Accounts

These accounts for the year ended 31 March 2020 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
Chief Executive Officer

Date 19 June 2020

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, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, 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;

- 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 and disclose any material uncertainties over going concern.

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 them 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.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Chief Executive Officer

Date 19 June 2020

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31st MARCH 2020

31 March 2020

	Note	Charitable Funds 31 March 2020 £000	Foundation Trust 31 March 2020 £000	Group 31 March 2020 £000	Charitable Funds 31 March 2019 £000	Foundation Trust 31 March 2019 £000	Group 31 March 2019 £000
Revenue							
Income from Patient Care Activities	4	**-**	**273,575**	**273,575**	**-**	247,703	247,703
Other Operating Income	5	**1,080**	**36,224**	**37,304**	1,619	49,995	51,614
Total Operating Revenue		**1,080**	**309,799**	**310,879**	1,619	297,698	299,317
Employee Benefits	7	**(170)**	**(191,631)**	**(191,801)**	(160)	(171,523)	(171,683)
Other Costs	7	**(305)**	**(117,979)**	**(118,284)**	(2,119)	(105,783)	(107,902)
Total Operating Costs		**(475)**	**(309,610)**	**(310,085)**	(2,279)	(277,306)	(279,585)
Operating Surplus/ (Deficit)		**605**	**189**	**794**	(660)	20,392	19,732
Finance Costs							
Finance Revenue	10	**82**	**124**	**206**	28	49	77
Finance Expenditure	11	**-**	**(4,137)**	**(4,137)**	**-**	(3,901)	(3,901)
Net Finance Costs		**82**	**(4,013)**	**(3,931)**	28	(3,852)	(3,824)
Other Gains/ (Losses)	12	**-**	**-**	**-**	**-**	6,407	6,407
Surplus / (Deficit) for the Financial Period		**687**	**(3,824)**	**(3,137)**	(632)	22,947	22,315
Public Dividend Capital Dividends Payable		**-**	**(2,468)**	**(2,468)**	**-**	(2,493)	(2,493)
Retained Surplus / (Deficit) for the Year		**687**	**(6,292)**	**(5,605)**	(632)	20,454	19,822
Other Comprehensive Income							
Will not be reclassified to income and expenditure:							
Impairments and reversals	13	**-**	**(4,398)**	**(4,398)**	**-**	(2,559)	(2,559)
Net gain on revaluation of property, plant and equipment	13	**-**	**6,781**	**6,781**	**-**	5,359	5,359
Other recognised (losses) / gains	32.2	**(73)**	**-**	**(73)**	64	-	64
Total Other Comprehensive Income		**(73)**	**2,383**	**2,310**	**64**	**2,800**	**2,864**
Total Comprehensive Income (Expense) for the Period		**614**	**(3,909)**	**(3,295)**	(568)	23,254	22,686

The notes on pages 7 to 40 form part of these accounts.

		Charitable Funds 31 March 2020 £000	Foundation Trust 31 March 2020 £000	Group 31 March 2020 £000	Charitable Funds 31 March 2019 £000	Foundation Trust 31 March 2019 £000	Group 31 March 2019 £000
Reported Trust financial performance position (adjusted for impairments)							
Retained Surplus / (Deficit) for the Year		**614**	**(6,292)**	**(5,605)**	(568)	20,454	19,822
Add back: Impairments (excluding IFRIC 12 impairments included above)	15	**-**	**6,684**	**6,684**	**-**	3,909	3,909
Reported NHS financial performance position: adjusted retained surplus / (deficit)		**614**	**392**	**1,079**	(568)	24,363	23,731
Add back: Inter-company Income / Expenditure eliminated on consolidation (Donation from Charity to Trust capital expenditure)		**(845)**	**845**	**-**	(1,725)	1,725	**-**
Total Reported Surplus/ (Deficit)		**(231)**	**1,237**	**1,079**	(2,293)	26,088	23,731

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.

STATEMENT OF FINANCIAL POSITION AS AT 31st MARCH 2020

		Charitable Funds 31 March 2020 £000	Foundation Trust 31 March 2020 £000	Group 31 March 2020 £000	Charitable Funds 31 March 2019 £000	Foundation Trust 31 March 2019 £000	Group 31 March 2019 £000
Non-current Assets							
Property, Plant and Equipment	13	**-**	**148,173**	**148,173**	-	132,087	132,087
Intangible Assets	14	**-**	**15,969**	**15,969**	-	10,618	10,618
Trade and Other Receivables	18	**-**	**7,290**	**7,290**	-	7,378	7,378
Other assets	32.2	**2,487**	**-**	**2,487**	2,172	0	2,172
Total Non-current Assets		**2,487**	**171,432**	**173,919**	2,172	150,083	152,255
Current Assets							
Inventories	17	**-**	**1,969**	**1,969**	-	1,903	1,903
Trade and Other Receivables	18	**48**	**24,812**	**24,860**	13	40,349	40,362
Cash and Cash Equivalents	19	**1,663**	**14,690**	**16,353**	2,247	7,667	9,914
Total Current Assets		**1,711**	**41,471**	**43,182**	2,260	49,919	52,179
Total Assets		**4,198**	**212,903**	**217,101**	4,432	200,002	204,434
Current Liabilities							
Trade and Other Payables: Current	20	**(86)**	**(37,823)**	**(37,909)**	(89)	(31,103)	(31,192)
Borrowings	21	**-**	**(39,634)**	**(39,634)**	-	(3,167)	(3,167)
Other Liabilities	24	**-**	**(2,730)**	**(2,730)**	-	(2,352)	(2,352)
Provisions	25	**-**	**(1,315)**	**(1,315)**	-	(850)	(850)
Total Current Liabilities		**(86)**	**(81,502)**	**(81,588)**	(89)	(37,472)	(37,561)
Total Assets less Current Liabilities		**4,112**	**131,401**	**135,513**	4,343	162,530	166,873
Non-Current Liabilities							
Borrowings	21	**-**	**(35,781)**	**(35,781)**	-	(65,969)	(65,969)
Provisions	25	**-**	**(1,419)**	**(1,419)**	-	(789)	(789)
Total Non-Current Liabilities		-	**(37,200)**	**(37,200)**	0	(66,758)	(66,758)
Total Assets Employed		**4,112**	**94,201**	**98,313**	4,343	95,772	100,115
Financed by Taxpayers' Equity							
Public Dividend Capital		**-**	**65,395**	**65,395**	-	63,902	63,902
Income and Expenditure Reserve		**-**	**7,620**	**7,620**	-	13,067	13,067
Revaluation Reserve		**-**	**21,186**	**21,186**	-	18,803	18,803
Charitable Funds Reserve	32	**4,112**	-	**4,112**	4,343	0	4,343
Total Taxpayers' Equity		**4,112**	**94,201**	**98,313**	4,343	95,772	100,115

Signed on behalf of the Board by:

Jo Farrar

Chief Executive Officer

Date 19 June 2020

Note : Group accounts are net of inter-company transactions.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY AS AT 31st MARCH 2020

	Public Dividend Capital	Income and Expenditure Reserve	Revaluation Reserve	Charitable funds reserve	Total
	£000	£000	£000	£000	£000
Total balance at 1 April 2019	**63,902**	**13,067**	**18,803**	**4,343**	**100,115**
Public Dividend Capital received	1,493	-	-	-	**1,493**
Retained (deficit) for the year	-	(6,292)	-	-	**(6,292)**
Transfers between reserves	-	-	-	-	**0**
Charity surplus for the year	-	-	-	687	**687**
Impairments and reversals	-	-	(4,398)	-	**(4,398)**
Net gain on revaluation of property, plant and equipment	-	-	6,781	-	**6,781**
Other recognised gains and losses	-	-	-	(73)	**(73)**
Other reserve movements: charitable funds consolidation adjustment	-	845	-	(845)	**0**
Net recognised revenue/(expense) for the year	**1,493**	**(5,447)**	**2,383**	**(231)**	**(1,802)**
Balance at 31 March 2020	**65,395**	**7,620**	**21,186**	**4,112**	**98,313**

	Public Dividend Capital	Income and Expenditure Reserve	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	0	-	18,729
Transfers between reserves	-	1,696	(1,696)	-	0
Charity surplus for the year	-	0	0	1,093	1,093
Impairments and reversals	-	0	(2,558)	-	(2,558)
Net gain on revaluation of property, plant and equipment	-	0	5,359	-	5,359
Other recognised gains and losses	-	0	0	64	64
Other reserve movements: charitable funds consolidation adjustment	-	1,725	0	(1,725)	0
Net recognised (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

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31st MARCH 2020

		Charitable Funds 31 March 2020	Foundation Trust 31 March 2020	Group 31 March 2020	Charitable Funds 31 March 2019	Foundation Trust 31 March 2019	Group 31 March 2019
		£000	£000	£000	£000	£000	£000
Cash flows from operating activities							
Operating surplus / (deficit)		**(240)**	**1,034**	**794**	(660)	20,392	19,732
Depreciation and amortisation		**-**	**8,426**	**8,426**	**-**	7,888	7,888
Impairments and reversals		**-**	**6,684**	**6,684**	**-**	3,909	3,909
Interest paid		**-**	**(702)**	**(702)**	**-**	(594)	(594)
(Increase) in inventories		**-**	**(66)**	**(66)**	**-**	(159)	(159)
(Increase) / decrease in trade and other receivables		**(35)**	**16,185**	**16,150**	63	(19,126) *	(19,063) *
(Decrease) / Increase in trade and other payables		**(3)**	**4,262**	**4,259**	32	(2,417) *	(2,385) *
Income received from capital donations		**-**	**(103)**	**(103)**	-	(120)	(120)
Other : investments received		**(388)**	**-**	**(388)**	(1,372)	-	(1,372)
(Decrease) in other current liabilities		**-**	**372**	**372**	**-**	342	342
Increase / (Decrease) in Provisions		**-**	**1,094**	**1,094**	**-**	497	497
Net cash inflow / from operating activities		**(666)**	**37,186**	**36,520**	(1,937)	10,612	8,675
Cash flows from investing activities							
Interest received		**82**	**124**	**206**	28	49	77
Payments for property, plant and equipment		**-**	**(19,744)**	**(19,744)**	**-**	(16,203)	(16,203)
Receipt of cash donations to purchase non-current assets		**-**	**150**	**150**	**-**	76	76
Payments for intangible assets		**-**	**(7,863)**	**(7,863)**	**-**	(1,919)	(1,919)
Proceeds from sale of Property, Plant and Equipment		**-**	**0**	**0**	**-**	2,000 *	2,000 *
Net cash inflow / (outflow) from investing activities		**82**	**(27,333)**	**(27,251)**	28	(15,997)	(15,969)
Net cash inflow / (outflow) before financing		**(584)**	**9,853**	**9,269**	(1,909)	(5,385)	(7,294)
Cash flows from financing activities							
Public dividend capital received		**-**	**1,493**	**1,493**	**-**	3,439	3,439
Interim revenue support loans received		**-**	**0**	**0**	**-**	2,551	2,551
Interim revenue support loans repaid		**-**	**(2,527)**	**(2,527)**	**-**	(1,304)	(1,304)
Other loans repaid		**-**	**-**	**-**	**-**	-	-
Loans received from the Independent Trust Financing Facility		**-**	**8,286**	**8,286**	**-**	11,600	11,600
Loans repaid to the Independent Trust Financing Facility			**(2,156)**	**(2,156)**		(709)	(709)
PDC dividend paid		**-**	**(2,923)**	**(2,923)**	**-**	(2,122)	(2,122)
Interest on finance leases		**-**	**(266)**	**(266)**	**-**	(122)	(122)
Interest element of PFI		**-**	**(3,186)**	**(3,186)**	**-**	(3,185)	(3,185)
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI		**-**	**(1,551)**	**(1,551)**	**-**	(1,128)	(1,128)
Cash flows from other financing activities		**-**	**0**	**0**	**-**	-	-
Net cash outflow from financing		**0**	**(2,830)**	**(2,830)**	-	9,020	9,020
Net increase / (decrease) in cash and cash equivalents		**(584)**	**7,023**	**6,439**	(1,909)	3,635	1,726
Cash and cash equivalents at the beginning of the financial year		**2,247**	**7,667**	**9,914**	4,156	4,032	8,188
Cash and cash equivalents at the end of the financial year	19	**1,663**	**14,690**	**16,353**	2,247	7,667	9,914

* The 2018/19 figures marked as Restated above arise from a classification issue within the original 2018/19 Statement of Cash Flows. The Statement of Comprehensive Income, Statement of Financial Position and Statement of Changes in Taxpayers Equity are all unaffected.

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 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 2019/20 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 2019/20. These standards are still subject to HM Treasury FReM adoption.

- **IFRS 16 Leases**

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date.

For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury.

Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

In readiness for implementation of the new Standard, the Trust has collated a register of existing leases, which is to be maintained in an up to date form, and has also carried out some preliminary calculations as to the impacts of implementation utilising the current leasing portfolio. IFRS 16 impact is assessed for every relevant business case moving forward.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the Trust does not expect this standard to have a material impact on non-current assets, liabilities and depreciation.

- 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 2020/21 the Trust is planning for a deficit of £3.3m before Provider Sustainability Funding of £3.3m. On the assumption that the PSF is received in full, the Trust plans to return a breakeven position. Risk around 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.

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 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.

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:

1.5.2 Key sources of estimation uncertainty

a. **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. The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 [replace 2020 with 2017 if applicable] ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust. A 1% increase / (decrease) in building valuation would cause total valuation to increase / (decrease) by £1,013k.

b. **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.

c. **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.

d. **Provision for Impairment of receivables:** 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.

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 to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

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 of 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 to 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, a 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 as 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 as 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 to 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 goods 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 incomplete. This accrual is disclosed as a contract receivable, as entitlement to payment for work completed is usually dependent only upon the passage of time.

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, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms, this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and 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 compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Grants and donations

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 the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

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 paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

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 NHS 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 in exceptional circumstances. For 2019-20 financial statements, the Covid-19 situation warrants such exceptional circumstances and an accrual for the leave carried forward as a consequence is included in the financial statements.

1.8.2 Pension costs

Past and present employees are covered by the provisions of the two NHS Pensions Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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 scheme assets and liabilities. Therefore, the Scheme is accounted for as if it were a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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 operating 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 purchase 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.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

1.10.2 Valuation

All property, plant and equipment assets are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and 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 their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential 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 where 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 amounts, 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 determined at 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 interim valuation on an annual basis to ensure that fair values are not materially different from the carrying amounts. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual based on MEA. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. A full valuation of 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 was 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 fees but not borrowing costs, which are recognised as expenses immediately, as allowed by International Accounting Standard 23 (IAS 23) for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost 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 existing 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 which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be 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 that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at fair value.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: 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.

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 that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment 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 circumstances 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 amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

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.

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

Finance leases

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. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

Operating leases

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

Finance leases

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.

Operating 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'

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.

1.18 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 [negative 0.50]% (2018-19: positive 0.29%) 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 0.51]% (2018-19: positive 0.76%) for expected cash flows up to and including 5 years
- A medium term rate of [positive 0.55]% (2018-19: positive 1.14%) for expected cash flows over 5 years up to and including 10 years
- A long term rate of [positive 1.99]% (2018-19: positive 1.99%) 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.

1.20 Clinical negligence costs

The NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to the NHS Resolution which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHS Resolution 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 Resolution on behalf of the Trust is disclosed at Note 25 but not recognised in the Trust's Accounts.

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 Resolution 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

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure.

Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and 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 and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

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.

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 on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised 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 unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised 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 Trust has no beneficial interest in them. Details of third party assets are disclosed at Note 30.

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 investment in the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as a public dividend capital dividend. The charge is calculated at the rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average net relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable.

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 and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

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.

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 George's 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 its 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 2020

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 2020	Group 31 March 2019
	£000	£000
Foundation Trusts	**-**	0
NHS Trusts	**-**	0
CCGs and NHS England	**264,558**	241,175
Local Authorities	**3,852**	3,714
NHS other	**-**	-
Non-NHS:		
- Private patients	**2,788**	515
- Overseas patients (non-reciprocal)	**851**	640
- Injury costs recovery	**455**	506
- Other	**1,072**	1,153
Total	**273,575**	247,703

Injury cost recovery income is subject to a provision for impairment of receivables of 21.79% to reflect expected rates of collection. Total income from Commissioner Requested Services of £259.1m is included above (2018/19 £242.7m)

The above figures for 2019/20 include the total of £6,905k in relation to notional central funding for additional employers pension contributions. An equal amount appears as expenditure in Operating Expenses.

5 Other Operating Income

	Group 31 March 2020	Group 31 March 2019
	£000	£000
Education & Training	**10,603**	10,031
Research and Development	**399**	284
Non-patient care services to other bodies	**5,888**	6,939
Sustainability and Transformation Fund	**9,230**	23,614
Other non-contract operating income		
Car parking income	**1,339**	1,296
Creche	**725**	772
Other income generation	**4,880**	3,522
Rental revenue	**594**	593
Staff recharge income	**2,462**	2,824
Charitable and other contributions to expenditure	**1,183**	1,739
Total	**37,304**	51,614

5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	Year ended March 31 2020	Year ended March 31 2019
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	**2,352**	2,079

5.2 Transaction price allocated to remaining performance obligations

	Year ended March 31 2020	Year ended March 31 2019
Revenue from existing contracts	**£000**	£000
within one year	**2,730**	2,352
after one year, not later than five years		
after five years		
Total revenue allocated to remaining performance obligations	**2,730**	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 2020 Total £000	Group 31 March 2019 Total £000
Income recognised this year	**851**	640
Cash payments received in-year (relating to invoices raised in current and previous years)	**594**	646
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	**216**	268
Amounts written off in-year (relating to invoices raised in current and previous years)	**118**	**245**

7 Operating Expenses	Group 31 March 2020 £000	Group 31 March 2019 £000
Employee benefits excluding Non Executive Board members (included within Note 9.1)	**191,631**	171,523
Charitable Funds Pay costs (included within Note 9.1)	**170**	160
Non Executive Board members	**150**	138
Supplies and services - clinical	**20,845**	17,965
SWL Pathology Supplies and Services - Clinical	**11,054**	9,329
Drug inventories consumed	**22,395**	22,067
Supplies and services - general	**2,408**	2,481
Consultancy services	**1,032**	975
Internal audit costs	**50**	75
Establishment	**2,846**	2,380
Transport	**1,446**	1,464
Premises	**22,609**	22,334
Impairments and reversals of receivables	**(366)**	1,269
Change in provisions discount rate(s)	**9**	5
Depreciation	**5,959**	5,873
Amortisation	**2,467**	2,015
Impairments and reversals of property, plant and equipment	**6,684**	3,909
Audit services - statutory audit	**50**	60
Audit Related Service	**6**	7
Other auditor's remuneration	**74**	78
Clinical negligence (excess payments associated with NHSLA)	**14,375**	11,346
Research and development (included within Note 9.1)	**361**	216
Education and Training (included within Note 9.1)	**449**	399
Training, courses and conferences	**546**	685
Rentals under operating leases - minimum lease payments	**1,000**	1,026
Charitable Funds non pay costs	**299**	388
Other	**1,536**	1,418
Total	**310,085**	279,585

Grant Thornton are the external auditors of Kingston Hospital NHS Foundation Trust. Their liability is limited to a maximum aggregated amount of £2,000,000. 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 £5,000 (2018/19 £5,000).

7.1 Net impairments charged to operating surplus/ deficit resulting from:	Group 31 March 2020 £000	Group 31 March 2019 £000
Changes in market price of land and buildings, following valuation	6,684	3,909
	6,684	3,909

8 Operating Leases

This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

8.1 As lessee

8.1.1 Payments recognised as an expense	Group 31 March 2020 £000	Group 31 March 2019 £000
Total Minimum lease payments	1,000	1,026

8 Operating Leases (continued)

8.1.2 Total future minimum lease payments

	Group 31 March 2020			Group 31 March 2019
	Buildings £000	**Other £000**	**Total £000**	Total £000
Payable:				
Not later than one year	343	286	**629**	621
Between one and five years	1,370	826	**2,196**	2,448
After five years	4,416	0	**4,416**	4,764
Total	**6,129**	**1,112**	**7,241**	7,833

9 Employee Benefits and Staff Numbers

9.1 Employee benefits

9.1.1 Employee benefits

	Group 31 March 2020			Group 31 March 2019
	Permanently employed £000	**Other £000**	**Total £000**	£000 Total £000
Salaries and wages	**138,893**	**6,355**	**145,248**	135,737
Social security costs	**15,918**	**1,071**	**16,989**	14,478
Apprenticeship levy	**722**		**722**	669
Employer contributions to NHS Pension scheme	**15,902**	**978**	**16,880**	14,413
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**6,477**	**428**	**6,905**	0
Bank and Agency	**-**	**8,227**	**8,227**	9,575
Charitable Funds	**170**	**-**	**170**	160
Gross employee benefits	**178,082**	**17,059**	**195,141**	175,032
Less: Employee costs capitalised	(2,375)	(155)	(2,530)	(2,734)
Net employee benefits excluding capitalised costs	**175,707**	**16,904**	**192,611**	172,298

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 2019-20, there were two ill-health retirements at a cost of £39k (in 2018-19 there was 1 ill health retirements at a cost of £75k).

9.4 Exit packages agreed

	Group 31 March 2020			
	Compulsory redundancies	**Other agreed departures**	**Total**	Group 31 March 2019
	Number	**Number**	**Number**	Number
Less than £10,000	**-**	**1**	**1**	1
£10,001 to £25,000	**-**	**5**	**5**	2
£25,001 to £50,000	**-**	**1**	**1**	1
£50,001 to £100,000	**-**	**-**	**-**	-
£100,001 to £150,000	**-**	**-**	**-**	-
£150,001 to £200,000	**1**	**-**	**1**	-
> £200,001	**-**	**-**	**-**	-
Total	**1**	**7**	**8**	4
	£000	**£000**	**£000**	£000
Total resource cost	**190**	**106**	**296**	63

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 2020 is based on valuation data as 31 March 2019, updated to 31 March 2020 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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.

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 Revenue

	Group 31 March 2020	Group 31 March 2019
	£000	£000
Interest income:		
- Bank interest - Trust	**124**	49
- Bank interest - Charity	**82**	28
Total	**206**	77

Finance revenue represents interest received in the period.

11 Finance Expenditure

	Group 31 March 2020	Group 31 March 2019
	£000	£000
Interest on obligations under finance leases	**277**	118
Provisions - unwinding of discount	**1**	4
Interest on:		
Commercial loans	**0**	0
Working capital loans	**118**	0
Capital loan from Department of Health	**573**	626
Obligations under PFI contracts:		
- main finance cost	**3,168**	3,153
Total Finance Expenditure	**4,137**	3,901

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

12 Other Gain

	Group 31 March 2020	Group 31 March 2019
	£000	£000
Sale revenue	**0**	8,500
Costs of sale	**0**	(786)
Disposal of land and buildings at NBV	**0**	(1,307)
Total Gain	**0**	6,407

In March 2019, 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 of £6,500k was included within Non-current Debtors at 31st March 2019. At 31st March 2020, the balance was shown as £1,000k current and £5,500k non-current debtors.

13 Property, Plant and Equipment

13.1 At 31 March 2020

	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 2019	20,420	102,563	8,463	30,713	10,288	1,956	**174,404**
Additions purchased	-	16,028	1,174	3,106	913	52	**21,273**
Additions - leased	-	2,770	-	1,428	-	-	**4,198**
Additions donated	-	339	-	483	53	-	**875**
Impairments charged to operating expenses	(1,320)	(5,364)	-	-	-	-	**(6,684)**
Upward revaluation gains	-	6,781	-	-	-	-	**6,781**
Impairments charged to reserves	-	(4,398)	-	-	-	-	**(4,398)**
Cumulative depreciation adjustment following revaluation		(14,668)					**(14,668)**
Cost or valuation at 31 March 2020	**19,100**	**104,051**	**9,637**	**35,730**	**11,254**	**2,008**	**181,781**
Depreciation at 1 April 2019	-	-	-	18,556	7,390	1,703	**27,649**
Cumulative depreciation adjustment following revaluation		14,668					**14,668**
Elimination of cumulative depreciation adjustment following revaluation		(14,668)					**(14,668)**
Charged during the year	-	2,782	-	2,190	953	34	**5,959**
Depreciation at 31 March 2020	**-**	**2,782**	**-**	**20,746**	**8,343**	**1,737**	**33,608**
Net book value at 31 March 2020	**19,100**	**101,269**	**9,637**	**14,984**	**2,912**	**271**	**148,173**
Asset financing							
Owned	19,100	75,509	9,637	10,967	2,912	271	**118,396**
Donated	0	5,607	0	0	0	0	**5,607**
Held on finance lease	0	1,185	0	4,017	0	0	**5,202**
Private finance initiative	0	18,968	0	0	0	0	**18,968**
Net book value at 31 March 2020	**19,100**	**101,269**	**9,637**	**14,984**	**2,912**	**271**	**148,173**

13 Property, Plant and Equipment

13.2 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	0	1,807	0	-	2,280
Additions donated	-	1,631	-	87	83	-	1,801
Impairments charged to operating expenses	0	(3,909)	-	-	-	-	(3,909)
Upward revaluation gains	3,580	1,779	-	-	-	-	5,359
Impairments charged to reserves	-	(2,559)	-	-	-	-	(2,559)
Cumulative depreciation adjustment following revaluation	-	(13,391)	-	-	-	-	(13,391)
Disposals	(1,050)	(1,522)	-	-	-	-	(2,572)
Cost or valuation at 31 March 2019	**20,420**	**89,172**	**8,463**	**30,713**	**10,288**	**1,956**	**161,013**
Depreciation at 1 April 2018	-	-	-	16,696	5,982	1,661	**24,339**
Cumulative depreciation adjustment following revaluation		13,391					**13,391**
Elimination of cumulative depreciation adjustment following revaluation		(13,391)					**(13,391)**
Charged during the year	-	2,563	-	1,860	1,408	42	**5,873**
Disposals	-	(1,286)	-	0	0	0	**(1,286)**
Depreciation at 31 March 2019	**-**	**1,277**	**-**	**18,556**	**7,390**	**1,703**	**28,926**
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	-	0	-	-	**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 (continued)

13.3 Donated assets

Kingston Hospital NHS Foundation Trust General Charitable Fund contributed a total £845k during the year ended 31 March 2020 in respect of sixteen capital projects.

13.4 Property revaluation

A full valuation was undertaken for the Trust's freehold properties as at 31 March 2020 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	9	56
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 2019	**22,083**
Additions purchased	**7,818**
Cost or valuation at 31 March 2020	**29,901**
Amortisation at 1 April 2019	**11,465**
Charged during the year	**2,467**
Amortisation at 31 March 2020	**13,932**
Net book value at 31 March 2020	**15,969**
Net book value at 1 April 2019	10,618
Net book value at 31 March 2020	**15,969**

	£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 1 April 2018	11,103
Net book value at 31 March 2019	10,618

14.1 Economic lives	Minimum Life Years	Maximum Life Years
Computer software - purchased	5	15

15 Analysis of Impairments and Reversals

	Group 31 March 2020	Group 31 March 2019
	£000	£000
Total impairments and reversals charged to the statement of comprehensive income	6,684	3,909
Total impairments and reversals charged to the revaluation reserve	4,398	2,559
Total Impairments	**11,082**	6,468

16 Commitments

16.1 Capital commitments

Capital commitments as at 31 March 2020 totalled £3.5m (2018/19 £4.7m).

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 2020.

17 Inventories

	Group 31 March 2020				Group 31 March 2019
	Drugs	**Consumables**	**Fuel**	**Total**	Total
	£000	**£000**	**£000**	**£000**	£000
Balance at 1st April	680	1,012	211	**1,903**	1,744
Additions	22,163	4,442	9	**26,614**	26,492
Inventories recognised as an expense in the period	(22,094)	(4,438)	(16)	**(26,548)**	(26,333)
Balance at 31 March	749	1,016	204	**1,969**	1,903

18 Trade and Other Receivables

	Current Group 31 March 2020	Current Group 31 March 2019	**Non-current Group 31 March 2020**	Non-current Group 31 March 2019
	£000	£000	**£000**	£000
NHS Contract receivables: invoiced	**9,537**	12,121	**0**	-
NHS Contract receivables: not yet invoiced	**7,080**	22,891	**0**	-
Non-NHS Contract receivables: invoiced	**4,414**	3,782	**5,500**	6,500
Non-NHS Contract receivables: not yet invoiced	**3,463**	2,776	**821**	680
Provision for the impairment of receivables	**(1,989)**	(2,779)	**(62)**	(55)
Clinician pension tax provision reimbursement funding from NHSE			**746**	
VAT	**833**	263	**0**	-
Other receivables	**1,522**	1,308	**285**	253
Total	**24,860**	40,362	**7,290**	7,378

	Group 31 March 2020	Group 31 March 2019
	£000	£000
Total Current and Non-current Receivables	**32,150**	47,740

18.1 Allowances for credit losses 2019/20

	Group Contract receivables and contract assets	Group All other receivables
	£000	£000
Allowances as at 1 April 2019 brought forward	**2,834**	0
New allowances arising	**343**	0
Reversals of allowances	**(709)**	0
Utilisation of allowances	**(417)**	0
Allowances as at 31st March 2020	**2,051**	0

18.2 Allowances for credit losses 2018/19

	Group Contract receivables and contract assets	Group All other receivables
	£000	£000
Allowances as at 1 April 2018 brought forward	**0**	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

19 Cash and Cash Equivalents

	Group 31 March 2020	Group 31 March 2019
	£000	£000
Balance at 1 April 2019	**9,914**	8,188
Balance at 31 March 2020	**16,353**	9,914
Made up of		
Cash with Government Banking Services	**14,671**	7,593
Commercial banks	**19**	74
Charity cash held in commercial banks	**1,663**	2,247
Cash and cash equivalents as in the Statement of Financial Position and in the Statement of Cash Flows	**16,353**	9,914

20 Trade and Other Payables: Current

	Group 31st March 2020	Group 31st March 2019
	£000	£000
NHS payables - revenue	**53**	98
NHS accruals	**4,409**	3,619
Non-NHS trade payables - revenue	**5,187**	3,148
Non-NHS trade payables - capital	**8,577**	6,068
Non-NHS accruals	**12,842**	12,364
Social security costs	**2,703**	2,446
Tax	**2,039**	1,690
PDC dividend payable	**-**	71
NHS charitable funds: Trade and other payables	**41**	12
Other	**2,058**	1,676
Total Current Trade and Other Payables	**37,909**	31,192

21 Borrowings

	Current		Non-current	
	Group 31 March 2020	Group 31 March 2019	**Group 31 March 2020**	Group 31 March 2019
	£000	£000	**£000**	£000
PFI liabilities				
- Main liability	**871**	822	**21,203**	22,115
Capital loan from the Department of Health	**30,514**	2,103	**7,300**	29,581
Finance lease liabilities	**748**	197	**7,278**	4,280
Other: working capital loan	**7,501**	45	**0**	9,993
Total	**39,634**	3,167	**35,781**	65,969

Working capital loans are held with the Department of Health and Social Care. The Trust has been advised that most of these loans are to be converted to Public Dividend Capital during the 2020/21 financial year. These loans have been classified as Current in this Note.

Total current and non-current	**75,415**	69,136

	Capital loan DoH	Other	**Total**
	£000	£000	**£000**
Repayment of principal falling due:			
Within one year	38,015	1,619	**39,634**
Between one and two years	540	1,683	**2,223**
Between two and five years	1,620	6,035	**7,655**
After five years	5,140	20,763	**25,903**
Total	45,315	30,100	**75,415**

22 Finance Lease Obligations

During the year the Trust had two 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.

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 2020	Minimum lease payments Group 31 March 2019
	£000	£000
Within one year	**748**	197
Between one and five years	**2,989**	777
After five years	**4,289**	3,503
Less future finance charges	**-**	-
Present value of minimum lease payments	**8,026**	4,477

23 Private Finance Initiative Contracts

23.1 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 2020.

23.2 Private Finance Initiative schemes on-Statement of Financial Position

The Trust has entered into two 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) Energy & Utility Services UK 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.

23.2.1 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 fails 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.

23.2.2 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.

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.

23.3 On-SoFP PFI, LIFT or other service concession arrangement obligations (finance lease element)	Group 31 March 2020 £000	Group 31 March 2019 £000
Within one year	**4,087**	3,933
Between one and five years	**15,972**	16,110
After five years	**57,121**	61,146
Sub total	**77,180**	81,189
Less: interest element	**(55,106)**	(58,252)
Total	**22,074**	22,937

23.4 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 £10.4m. Services include: catering, all other soft facilities management services across the Trust and, provision of heat and power to the Trust.

23.5 Total future payments committed in respect of charges for PFI services:	Group 31 March 2020 £000	Group 31 March 2019 £000
Within one year	**44,377**	12,833
Between one and five years	**208,151**	44,562
After five years	**0**	221,180
Total	**252,528**	278,575

24 Deferred Income

	Group 31 March 2020 £000	Group 31 March 2019 £000
Balance at 31 March all: current	**2,730**	**2,352**

25 Provisions

Group 31st March 2020	Pensions-Early departure costs £000	Pensions-Injury Benefits £000	Legal claims £000	Clinician Pension Tax Reimbursement £000	Other £000	Total £000
At 1 April 2019	**796**	**135**	**75**	**0**	**633**	**1,639**
Arising during the year	0	0	132	746	376	**1,254**
Used during the year	(117)	(26)	(26)	0	-	**(169)**
Reversed unused	0	0	-	0	0	**0**
Unwinding of discount	5	-	-	0	(4)	**1**
Change in discount rate	7	-	-	0	2	**9**
At 31 March 2020	**691**	**109**	**181**	**746**	**1,007**	**2,734**
Expected timing of cash flows:						
Within one year	106	21	181	0	1,007	**1,315**
Between one and five years	585	88	-	0	-	**673**
After five years	-	-	0	746	- 0	**746**
	691	**109**	**181**	**746**	**1,007**	**2,734**
Group 31st March 2019						
At 1 April 2018	899	156	83	-	-	1,138
Arising during the year	63	0	29	-	633	725
Used during the year	(117)	(21)	- 41	-	0	(179)
Reversed unused	- 54	-	-	-	-	(54)
Unwinding of discount	3	0	1	-	0	4
Change in discount rate	2	-	3	-	-	5
At 31 March 2019	796	135	75	0	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	0	-	-	-	-	0
	796	135	75	0	633	1,639

The Other provision is in respect of VAT £1,007k, pending the outcome of an outstanding issue. Clinician Pension Tax Reimbursement is a provision made in accordance with national guidance from DHSC relating to clinicians pension liabilities for which an accompanying provision is to be held in the accounts of NHS England, and for which reimbursement of payments will be made by NHS England. 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 Resolution and the probabilities provided by the NHS Resolution.

£264m is included in the provision of NHS Resolution under legal claims in respect of clinical negligence liabilities of the Trust (£245m at 31st March 2019) .

26 Financial Instruments

26.1 Carrying value and fair value of financial assets

	Group 31 March 2020 Loans and receivables £000	Group 31 March 2019 Loans and receivables £000
Trade and other receivables	**26,511**	44,456
Kingston Hospital Charity financial assets	**4,198**	4,432
Cash and cash equivalents	**14,690**	7,667
Total at 31 March	**45,399**	56,555

26.2 Carrying value and fair value of financial liabilities

	At amortised cost £000	Other £000	Total £000
Department of Health and Social Care Loans	45,315	0	**45,315**
Trade and other payables	-	4,658	**4,658**
Non-NHS payables	28,468	-	**28,468**
PFI and finance lease obligations	30,100	-	**30,100**
Total at 31 March 2020	**103,883**	**4,658**	**108,541**

	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

26.3 Maturity of Financial Liabilities

	Group 31 March 2020	Group 31 March 2019
In one year of less	**72,013**	30,140
In more than one but not more than two years	**9,042**	3,167
In more than two years but not more than five years	**2,234**	9,501
In more than five years	**25,252**	53,301
Total financial liabilities	**108,541**	96,109

26.4 Financial risk management

International Financial Reporting Standard 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

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.

26.4.1 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.

26.4.2 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.

26.4.3 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 2020 are in receivables from customers, as disclosed in the trade and other receivables note.

26.4.4 Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament.

27 Events after the Reporting Period

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £37,474k are classified as current liabilities within these financial statements.

28 Losses and Special Payments

There were 213 cases (2018-19 374 cases) of losses and special payments totalling £308,000 (2018-19 £423,000) incurred during 2019-20 but excluding provisions for future losses.

29 Related Party Transactions

During the year none of the Department of Health 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.

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.

Group 31 March 2020
Epsom and St Helier University Hospitals NHS Trust
Guy's & St Thomas' NHS Foundation Trust
Health Education England
Hounslow and Richmond Community Healthcare NHS 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.

The Trust has significant transactions and balances with the following local authorities:
Merton Borough Council
Richmond upon Thames Borough Council
Royal Borough of Kingston upon Thames
Surrey County Council
Wandsworth London Borough Council

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

The Trust received capital contributions from Kingston Hospital NHS Trust General Charitable Fund (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.

30 Third Party Assets

The Trust held no cash and cash equivalents at 31 March 2020 which relates to monies held by the Trust on behalf of patients.

31 IFRIC 12 Adjustment

	Group 31 March 2020 £000	Group 31 March 2019 £000
31.1 Revenue consequences of IFRS: Arrangements reported on the statement of financial position under IFRIC 12 (e.g. private finance initiative)		
Depreciation charges	**396**	380
Interest expense	**3,168**	3,153
Other expenditure	**12,272**	11,917
Impact on Public Dividend Capital dividend payable	**538**	597
Total IFRS expenditure	**16,374**	16,047
Revenue consequences of PFI schemes under UK GAAP (net of any sub-leasing income)	**(15,856)**	(15,436)
Net IFRS change	**518**	611

32 Charitable Funds

FRS102 Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2019	**57**	**2,134**	**1,706**	**3,897**
Surplus/ (Deficit) for the year		32	(321)	(289)
Closing balance 31 March 2020	**57**	**2,166**	**1,385**	**3,608**

Adjustment: FRS102 to IFRS Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2019	**-**	**152**	**294**	**446**
Surplus/ (Deficit) for the year	-	9	49	58
Closing balance 31 March 2020	**0**	**161**	**343**	**504**

IFRS Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2019	**57**	**2,286**	**2,000**	**4,343**
Surplus/ (Deficit) for the year	-	41	(272)	(231)
Closing balance 31 March 2020	**57**	**2,327**	**1,728**	**4,112**

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.

32.1	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 maintenance of this 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
	Laurie Todd Foundation	To support a PhD studentship investigating the association of high-risk human papillomavirus (HPV) types and gastrointestinal cancer
	Equipment Appeals	Income derived from supporter mailings which seek funding for a rolling schedule of specific equipment needs of the Trust

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 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows[1] 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 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

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 2020 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 2019 to 2020; 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.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

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.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the group and Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Grant Thornton

Overview of our audit approach

Financial statements audit

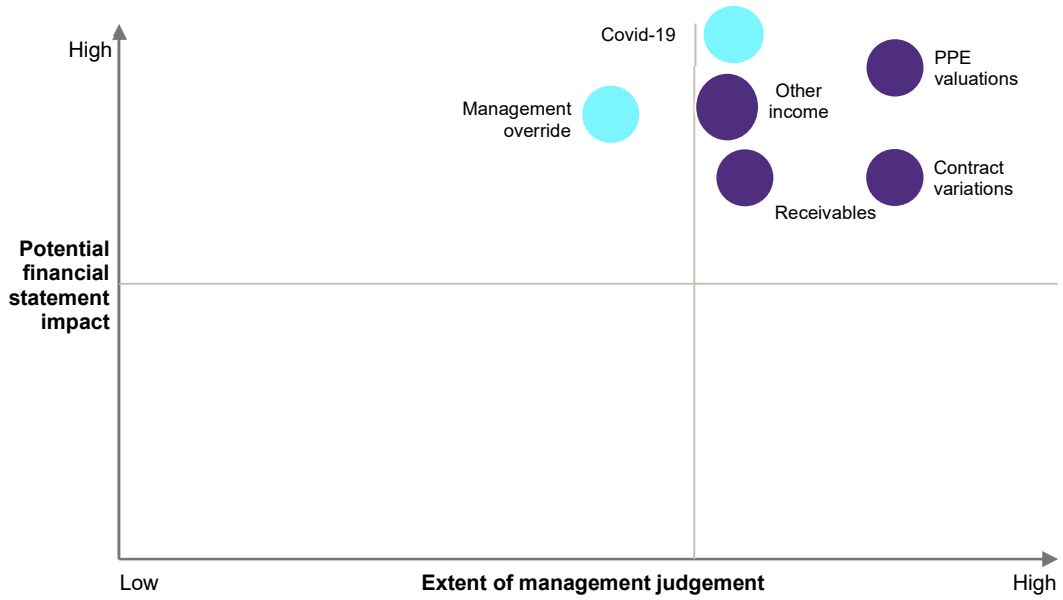
- Overall materiality: £6,202,000, which represents 2% of the group's gross operating costs (consisting of operating expenses and finance expenses);
- Key audit matters were identified as:
  - Valuation of land and buildings
  - Occurrence and accuracy of non-block contract patient care income and other operating income and existence of associated receivable balances
- 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 in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources in respect of financial sustainability (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the financial statement 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, 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 – Trust
Risk 1 Valuation of land and buildings The Trust re-values its land and buildings annually to ensure that the current value is not materially different from fair value. The valuation represents a significant accounting estimate by management in the financial statements, which is sensitive to changes in assumptions and market conditions. Management engage the services of a qualified valuer, who is a Regulated Member of the Royal Institute of Chartered Surveyors (RICS), to estimate the current value of its land and buildings. The full valuation was as at 31 March 2020. The effects of the COVID-19 virus will affect the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances. In their 2019/20 valuation report the Trust's valuer included a material uncertainty and this was disclosed in note 1.26 to the financial statements. 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 valuation experts and the scope of their work; • evaluating the competence, capabilities and objectivity of the valuation expert; • discussing with the valuer the basis on which the valuation was carried out; • challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding including how the impact of market volatility had been considered, and how management had satisfied themselves that the existing valuations were not materially different to current value at 31 March 2020; • testing revaluations made during the year to see if they had been input correctly into the Trust's asset register. The group's accounting policy on valuation of property, plant and equipment is shown in note 1.10.2 to the financial statements and related disclosures are included in note 13. **Key observations** As, disclosed in note 1.5 to the financial statements, the outbreak of Covid-19 has caused uncertainties in markets. As a result, the Trust's valuer has declared a 'material valuation uncertainty' in their valuation report which was carried out in March 2020 with a valuation date of 31 March 2020.The values in the valuation

Key Audit Matter – Trust	How the matter was addressed in the audit – Trust
	report have been used to inform the measurement of property assets at valuation in the financial statements. The Trust has disclosed the estimation uncertainty related to the year-end valuations of land and buildings in note 1.5 to the financial statements and is planning to keep the valuation of the property under frequent review. The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates. 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 of valuation of property were reasonable; the valuation of land and buildings disclosed in the financial statements is reasonable.
Risk 2 Occurrence and accuracy of non-block contract patient care income and other operating income and existence of associated receivable balances Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue. We have rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We have determined these to be income from: • Block contract income element of patient care revenues • Education & training income We have not deemed it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue. We therefore identified occurrence and accuracy of all income and other operating income and 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 Trust's accounting policy for recognition income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2019/20; • updating our understanding of the Trust's system for accounting for income from patient care activities and other operating revenue, and evaluated the design of the associated controls; • using the analysis provided by the Department of Health to identify any significant differences in income balances with contracting NHS bodies, and investigating the validity of these differences; • agreeing, on a sample basis, amounts recognised in income in the financial statements to signed contracts and invoices; • agreeing a sample of the income from additional non-contract activity in the financial statements to any signed contract variations, invoices, and other supporting documentation, such as correspondence from the Trust's commissioners which confirms their agreement to pay for the additional activity and the value of the income. The Trust's accounting policy on income recognition is shown in note 1.6 to the financial statements and related disclosures are included in notes 4 and 5. **Key observations** We obtained sufficient, appropriate audit evidence to conclude that the income recognised in the Trust's financial statements had occurred and was therefore correct to be recognised by the Trust and the amounts recognised were accurate. In addition, we obtained sufficient, appropriate audit evidence to conclude that the associated receivables balances within the financial

Key Audit Matter – Trust	How the matter was addressed in the audit – Trust
	statements existed and were therefore due to be received by the Trust.

Our application of materiality

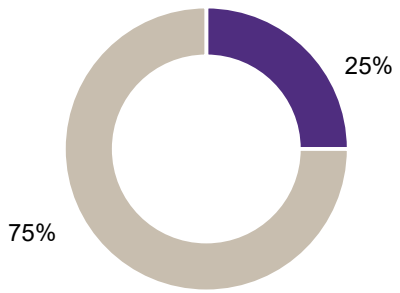
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

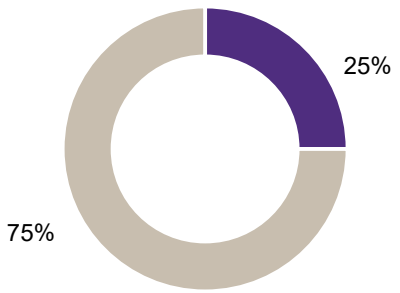
Materiality Measure	Group	Trust
Financial statements as a whole	£6,202,000 which is 2% of the group's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the group has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the group or the environment in which it operates.	£ 6,192,000 which is 2% 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. Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality	75% of financial statement materiality
Specific materiality		Cash and cash equivalents: £500,000 based on the highly liquid nature of the asset. Auditable elements of the Remuneration report: £200,000 based on potential public interest.
Communication of misstatements to the Audit Committee	£300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.	£ 300,000 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



Overall materiality – Trust



■ Tolerance for potential uncorrected mis-statements ■ Performance materiality

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:

- Evaluation by the group audit team of the identified component to assess the significance of the one 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;
- Updating our understanding of and evaluating the group's internal control environment, including its IT systems and controls over key financial systems;
- 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 page 47 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 page 65 in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance **–** the section describing the work of the Audit Committee is materially consistent with our knowledge obtained in the audit.

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 2019/20 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 2019/20 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 29, 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 2019/20, 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 2020**.**

We have nothing to report in respect of the above matter.

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.

Significant risks	How the matter was addressed in the audit
Risk 1 Financial sustainability In its 2019/20 financial plan, the Trust agreed a control deficit total of £7,762k excluding Provider Sustainability Funding (PSF) and Central MRET funding. To achieve this, the Trust set a target of £9,205k of Financial Improvement Plans (FIPs). At month 6 the Trust was forecasting to meet the control total, and was only £12k off target for delivery of the identified FIPs. However, £3,109k of the unidentified FIPs remain unidentified. This presents a risk to the delivery of the control total at the year end, and therefore the unlocking of quarter 4 PSF.	Our audit work included, but was not restricted to: • Monitoring the Trust's performance against its operational plan and achievement of its control total for the financial year 2019/20; • Reviewing the Trust's 2020/21 financial plans pre Covid-19; • Understanding the Trust's 2020/21 revised financial planning in the Covid-19 environment. **Key findings** The Trust's 2019/20 reported outturn is £978k adverse to plan, due to accounting for annual leave accrual as a direct result of the Covid-19 pandemic. The pre Covid-19 financial plan for 2020/21 forecast a break even position assuming financial recovery fund income of £3.3 million. Financial funding from commissioners in in place for 2020/21 in the Covid-19 environment in the absence of agreed contracts. Based on the work we performed to address the significant risk, we are satisfied that the Trust had proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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 April 2020, 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 2020, 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
22 June 2020