NHS
Kingston Hospital
NHS Foundation Trust

Kingston Hospital NHS Foundation Trust

Annual Report & Accounts
2020-21

Inspected and rated Outstanding
Care Quality Commission

@KingstonHospNHS #KHFTProud
@KingstonHospitalNHSFT #TeamKHFT

Living our values every day

www.kingstonhospital.nhs.uk

Kingston Hospital NHS Foundation Trust

Annual Report & Accounts 2020-21

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

CONTENTS

PERFORMANCE REPORT

Overview of Performance

Reflecting on the year, we remain humbled by the extraordinary efforts of our staff who continue to go above and beyond in caring for our patients during the Covid-19 pandemic.

We are proud of how our colleagues have adapted to new ways of working, volunteered for new roles to support the needs of patients and looked out for each other during an extraordinary year of challenge.

The Covid-19 vaccination programme is bringing hope to our communities after what has been a tremendously challenging 12 months. But, we are all too aware of the toll this virus has taken on our communities and we remember those who have lost their lives and we keep their loved ones in our thoughts.

For now, we are giving attention to the recovery of services, some of which were paused during the year, whilst continuing to focus on supporting the wellbeing of our staff. We worked really hard to keep our staff safe and well during 2020-21 and introduced a number of new initiatives and support mechanisms, including psychological interventions which we hope will support longer term emotional resilience.

At Kingston Hospital, we are proud to provide outstanding care with some of the best clinical outcomes for patients regionally and nationally, particularly in elective care, cancer and maternity services. We don't take our CQC 'outstanding' rating for granted. We're motivated to keep doing more for our patients and staff and have refreshed our Patient First Strategy and goals. We worked with patients, staff, governors, health and care partners to develop our strategy for 2020-2025, which reflects a real desire for greater integration between health and care partners, to deliver more joined up services for our growing and ageing population. We have embedded in our strategy what we have learnt from our experiences during the pandemic.

The NHS has a long-standing ambition to make integrated care a reality, with a focus on improving care and tackling health inequalities at borough level. With the recent publication of the White Paper including proposals to bring health and care partners together, we look forward to working ever more closely with our partners at this local 'place' level as well as the South West London Integrated Care System. We will be guided by our values - caring, safe, responsible, value each other and inspiring - in everything we do.

This has been a year that we will never forget. We would like to take this opportunity to thank our exceptional staff for all they do and to also thank our Trust Board, governors, members, volunteers, health and care partners and local communities for all their support through the highs and the lows of the pandemic.

Jo Farrar
Chief Executive
15 June 2021

Sian Bates
Chairman
15 June 2021

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 and provides services to approximately 300,000 people locally. Within the SW London Integrated Care System (ICS), we define 'Place' as Kingston, Richmond and East Elmbridge; however, we also serve patients from Merton, Wandsworth and Sutton.
The Hospital site in Galsworthy Road, Kingston upon Thames is that 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 with effect from 1 May 2013, 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.

Business Model and Environment

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 achieved a Care Quality Commission (CQC) rating of 'Outstanding' in 2018.

As well as working together with partners in the local Place-based system centred on Kingston, Richmond and East Elmbridge, the Trust is also a partner in the South West London Acute Provider Collaborative (APC) and has progressed collaborative corporate service delivery hubs for procurement and staff recruitment during 2020-21.The relationships and collaborative arrangements in both the ICS and the APC proved invaluable in responding to pressures placed on the NHS during the COVID-19 pandemic.

Ordinarily the Trust has some 425 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. During 2020-21 the number of critical care beds was flexed according to demands in the Hospital and across SW London, ranging between 12 and 33 in number. Where possible, essential outpatient appointments were switched to video or telephone calls. The Trust was successful in maintaining urgent cancer services throughout the pandemic.

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

The Trust opperates on two clinical divisions, and various corporate departemnts, each clinical division being subdivided into 'clusters' of services.

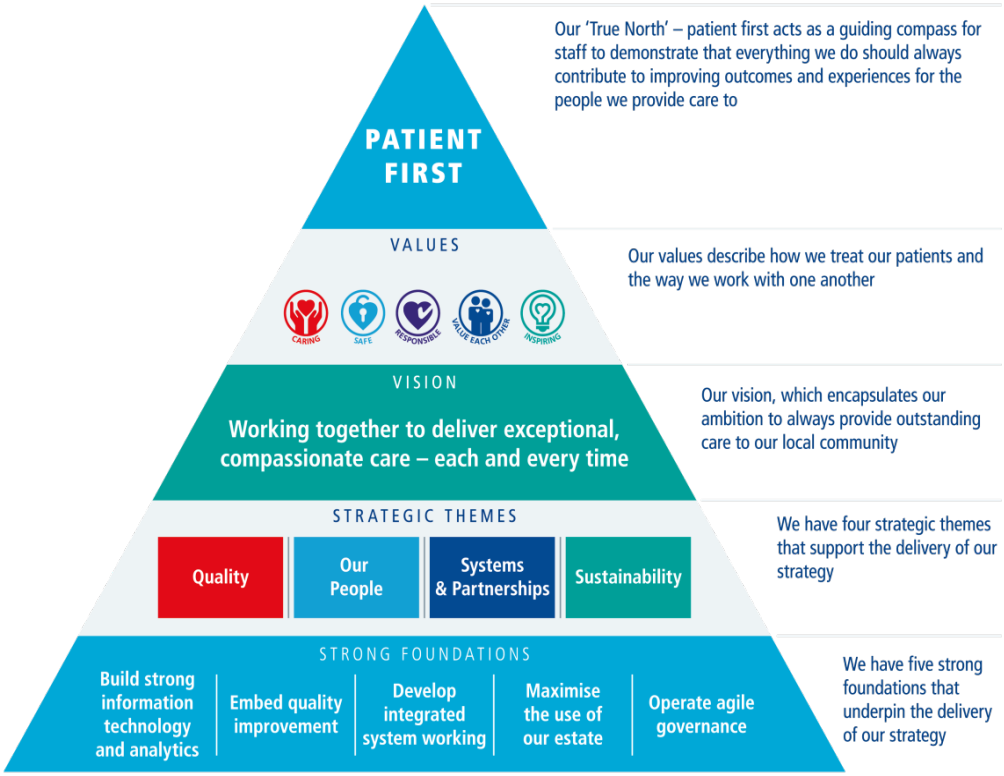
The purpose of moving to this structure from service line management was to retain the benefits gained from a service line approach, adapted to support the transition to integrated care system working. The clinical divisions and clusters are headed by trios of medical, nursing and managerial leads to 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). Private healthcare ceased to allow for a focused response during the Covid-19 surges.

During winter pressures and the Covid-19 pandemic the Trust continued to operate 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. The Trust Board and its committees, the Council of Governors and the Executive Management Committee continued to meet to timetable as far as possible, albeit that all meetings were virtual, agendas were pared down to the minimum and the time between meetings extended in some cases.

Objectives and Strategies

The Trust's strategic framework is based on a Lean improvement approach with the aim of aligning objectives across the organisation. The Trust's 'True North' acts as a guiding compass for staff to demonstrate that everything we do, no matter how large or small should always contribute to improving outcomes and experiences for the people we care for in our hospital.



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. 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'.

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.

The principal risks throughout 2020-21 were dominated by the Covid pandemic. The NHS was in a Level 4 Incident with command and control mode in place. NHS organisations were directed to, whereever possible, manage and mitigate a number of key risks. Those risks, and our local response, are summarised below, along with other strategic risks the Trust faced:

Principal Risks 2020/21	**Mitigating Actions** (illustrative, non- exhaustive)
Hospitals are overwhelmed by the level of Covid-19 admissions, particularly in relation to critical care and general and acute beds secondary care.	Co-ordinated response at London Regional and Acute Provide Collaborative level to effectively match the surge in covid activity with the critical care and general and acute bed capacity available and, where appropriate, balancing via mutual aid. The stepping down of the elective programme at appropriate times to ensure that adequate resource was focused on Covid-19 related emergency care. Rapid decant of critical fit patients from the hospital at the onset of the first surge in Covid-19 hospitalisations.
Staff safety is compromised due to inadequate Infection Prevention and Control measures, resulting in high levels of staff sickness absence, further reducing the capacity and capability of the hospital to cope with a surge in patients.	Clear IPC guidance and relevant training at the Trust. Availability of the appropriate PPE throughout the pandemic. Participation in the lateral flow testing programme to ensure that any staff testing positive could self-isolate in a timely and safe manner. High risk staff encouraged to shield and work remotely, as appropriate.
Patients suffer harm as their treatment is delayed due to a lack of hospital capacity and/or clinical risks of proceeding due to Covid-19 being too high.	All patients on wait list were prioritised based on clinical risk. Patients in highest clinical risk categories, including cancer patients, continued to receive treatment. Elective services recovered as quickly as possible and patients across SWL treated in appropriate priority order.

Staff fatigue and burnout may result from sustained and excessive workload, combined with the stress of being exposed to extremely challenging situations.	Enhanced staff health and wellbeing offers for both physical and mental health support. Pastoral support provided to individuals and teams suffering from trauma. Regular communications, listening events and Shwartz rounds conducted to ensure staff felt listened to and supported. Staff recovery prioritised post covid surges.
Risk of sustainable ITU management for Covid-19 due to the global pandemic	Collaboration within network to transfer appropriate patients as part of the SW London network, enable requests for staff and support from other hospitals in the network. Clear communication and directives from NHSE/I. Ongoing daily monitoring at the Trust and escalation plans in place. Daily communications through silver/gold command, and staff regularly briefed and updated.
Interruption to medical gas services due to lack of accurate information to plan future work or resolve unplanned faults/issues.	Directly overseen by the Estates team, and an Engineer and Maintenance Contractor has been appointed to assist.
Risk of premature spread of fire due to breaches in fire compartmentation.	Staff awareness ensured. Monitored through Estates and governance structure with review of fire prevention capability.
There is a risk of loss of EU nationals who are Trust staff post Brexit.	Support, information and advice provided to staff to encourage and assist in them staying at Kingston Hospital.

Equality of Service Delivery

The Trust works to achieve equality of access to current services and ensures services are developed in ways that do not create barriers to accessing them. Equality Impact Assessments are conducted in relation to service development and all policy developments. The Trust has accessible information and signage. The Trust makes reasonable adjustments for people with learning disabilities and now has a Learning Disability Liaison Practitioner in post.
The Trust is also involved in a pilot for the Reasonable Adjustments Flag, which is a national record which indicates that reasonable adjustments are required for an individual. There has been increasing public and patient involvement in co-designing services, which is now more embedded in the Trust culture. In the last year, the Friends and Family Tests reporting was suspended due to the Covid-19 pandemic.

Financial Review of 2020-21

During 2020/21, in response to the pandemic, the financial framework governing NHS organisations changed significantly to ensure the financial framework supported the rapidly changing environment. As a result, the Trust moved to block contracts and received monthly top up payments to assure a breakeven position for the first six months of the year. A block contract is one where the Trust receives a fixed amount of income instead of variable income depending upon hospital acticivty. For the remaining six months, block contracts continued with a pre-agreed top up for Covid-related costs to ensure a breakeven position for the SWL Sector in aggregate.

In the year to 31st March 2021, the Trust delivered a deficit of £6.67m. Excluding the adjustments for donated assets and an impairment of £5.87m, the deficit decreased to £2.59m.

The £2.59m deficit includes the impact of increased annual leave provision, arising as a consequence of the Covid-19 pandemic, which was £2.64m, and which is an allowable adjustment when measuring financial performance. The Trust therefore delivered a small surplus of £0.05m.

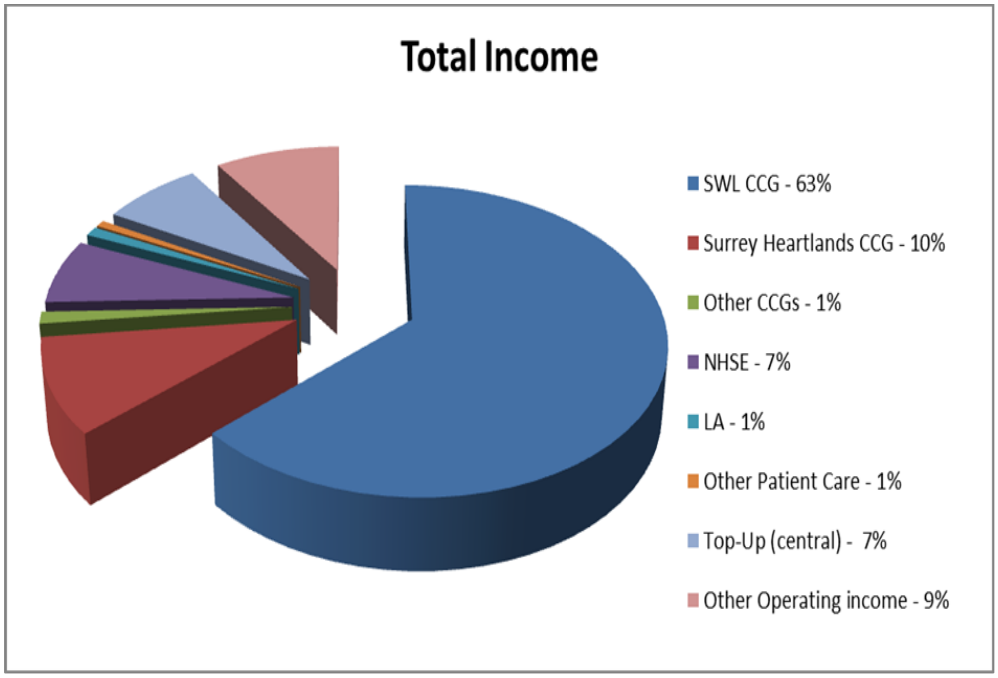
A position was agreed with partners in the South West London Sector that the Trust would receive £5.90m of additional sector funding, which together with funding for lost Non-NHS income and other internal mitigations, enabled the small surplus position of £0.05m. This is a favourable position against the planned deficit by £8.32m.

The Trust delivered a capital programme of £31.9m. Investments included Health and Safety, Critical infrastructure, Medical equipment, IT hardware and software and IT infrastructure.

Income

In the year to 31st March 2021, the Trust received income of £360.6m, excluding Donated Asset Income from Kingston Hospital Charity. This is 16% higher than the income received for the year to 31st March 2020, largely due to central funding for additional costs related to the pandemic, and is detailed below:

	Year to 31st March 2021 £m	**Year to 31st March 2020** £m
Patient care income	299.7	273.6
Education, training and research	11.4	11.0
Covid-19 provider top-up	27.0	
Other	22.5	25.2
Total Income	**360.6**	**309.8**



The patient care income received in 2020/21 increased by 10% to £299.7m from 2019/20. The vast majority of this income was received as part of the temporary block funding arrangements put in place for the whole of 2020/21, but also included the top-up payments received via South West London CCG and NHSI/E described below.

Central Top-Up funding was received to cover the additional costs relating to the Covid-19 pandemic response for M01-06. For month 7 onwards, this funding was received as part of the total from SWL CCG and NHSI/E.

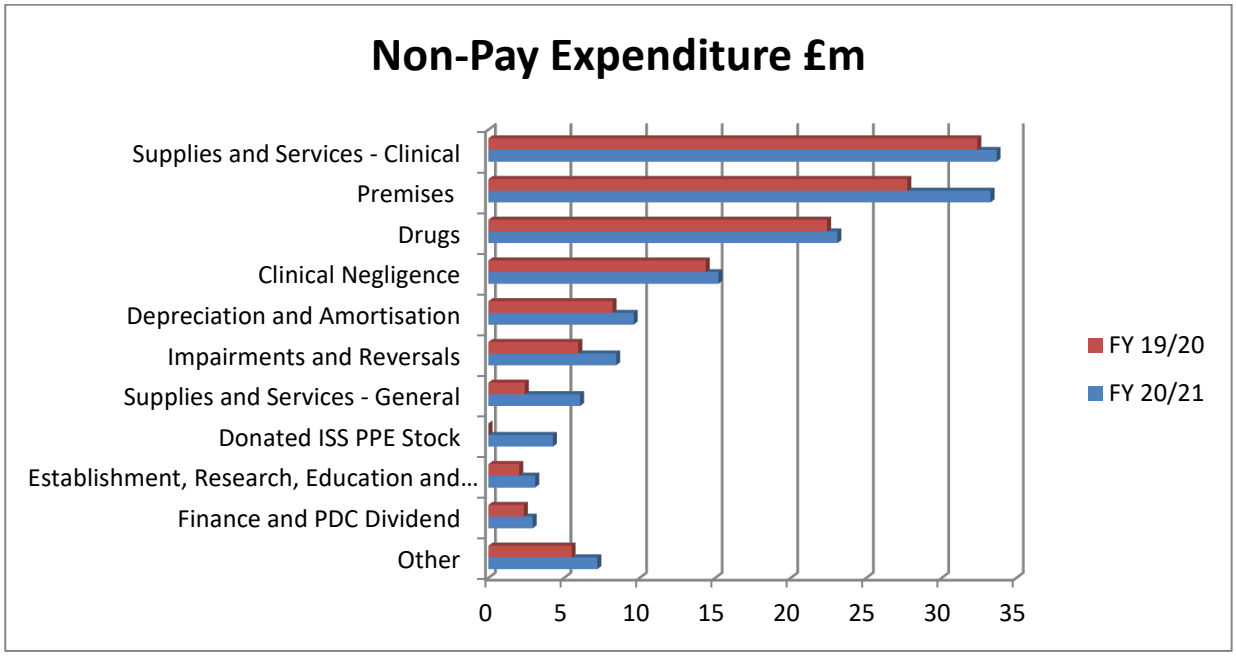
Due to the merger of many of the local CCGs, the majority of patient care income is now received from SW London CCG.

Expenditure

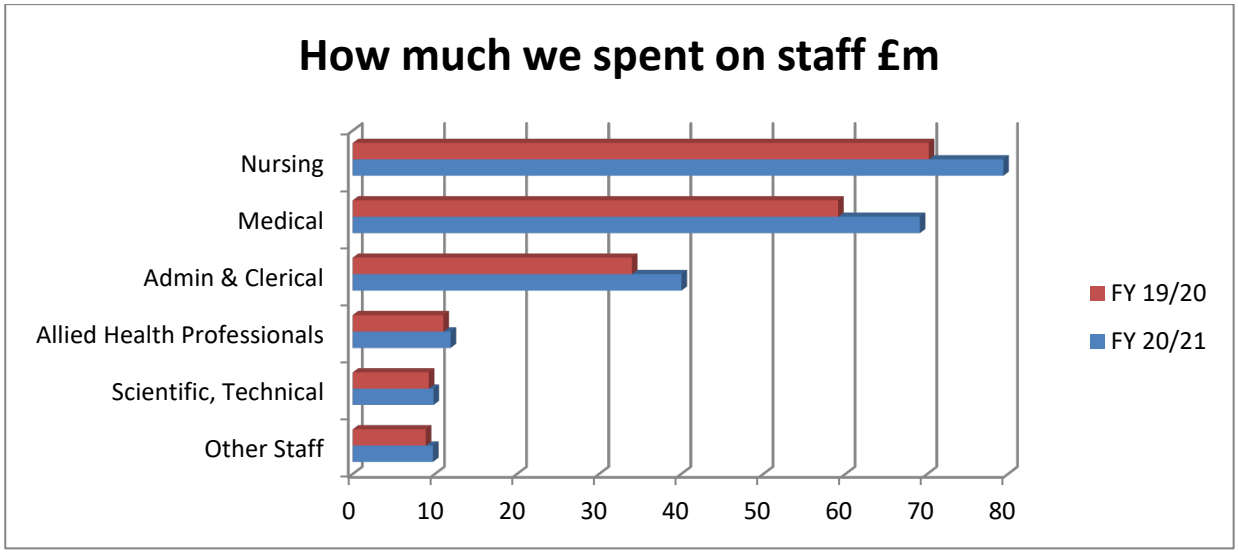
	Year to 31st March 2021 £m	Year to 31st March 2020 £m
Staff Costs	220.0	191.6
Running Costs (excluding Staff)	140.5	118.0
Finance Costs (including PFI)	3.7	4.0
Public Dividend Capital dividend payable to HM Treasury	2.9	2.5
Total Expenditure	367.1	316.1

Total costs for the year ended 31st March 2021 were £367.1m, compared to £316.1m for the 12 months to 31st March 2020.

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 £51.0m of which £28.4m related to staff costs. This includes £7.8m of Covid-19 related pay costs, increased provision for annual leave of £6.7m and increases for inflation and incremental drift. Incremental drift is the process whereby staff progress on an existing pay scale. Costs of £7.5m relating to notional employer contributions were also incurred in year, an increase of £0.6m compared to the £6.9m in the prior year. Temporary staffing costs of bank and agency increased in comparison to the previous year ending 31st March 2020 from £24.2m to £27.1m. This year's total includes £5.1mof temporary staffing costs relating to Covid-19.

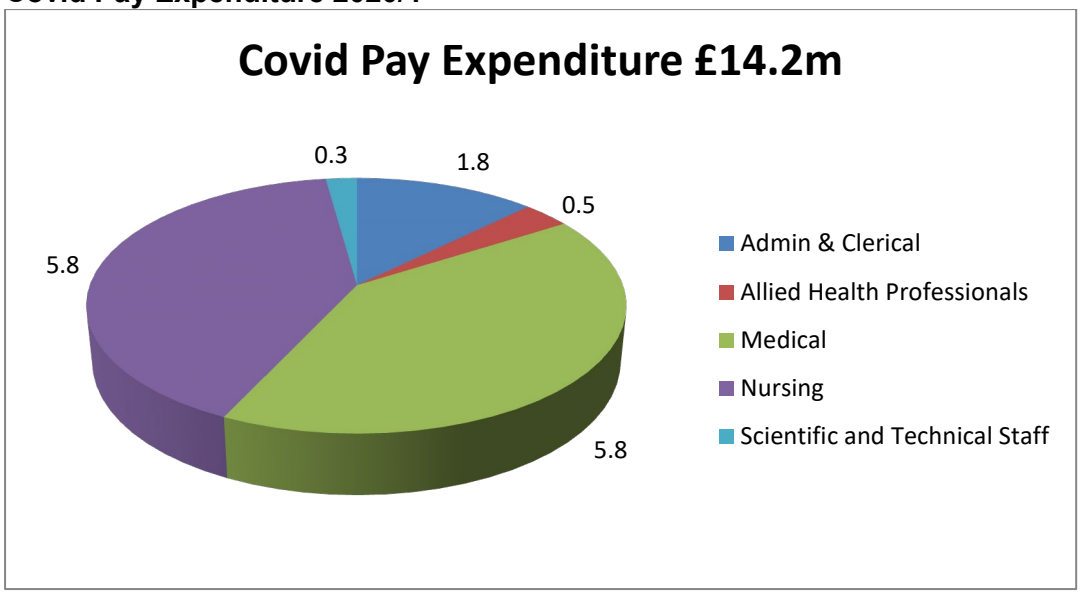
Running costs (or non-pay costs) increased by £22.5m, including a £8.6m of Covid-19 related costs. An increase of £8.2m was spent on premises and establishment costs including legal costs. Depreciation costs increased by £1.5m and Clinical Negligence Scheme for Trusts (CNST) costs increased by £0.9m.

Covid-19 Pandemic

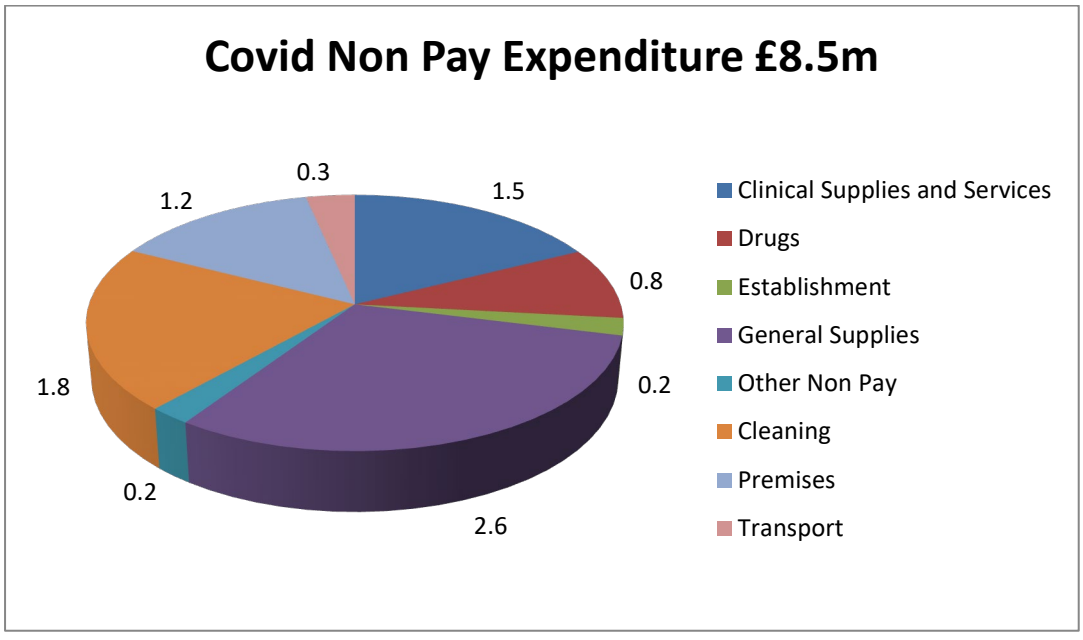
The pandemic, which commenced in March 2020, has presented significant challenges to the NHS and especially to provider organisations. In response to the unprecedented demands upon the service, the Trust has received Covid-related income during 2020-21 totalling £26.9m. In addition, centrally-procured and centrally-issued PPE (personal protective equipment) worth £4.7m was provided to the Trust. Capital funding of £3.6m was drawn down in the form of Public Dividend Capital (PDC) in relation to Covid-related capital projects, and £1.1m of Covid-related essential medical equipment was provided to the Trust in the form of donated equipment from DHSC in relation to the Covid response.

The charts below summarise the pay and non-pay revenue costs which arose directly as Covid-related costs. The costs of Covid-related care and income lost as a result of Covid in the pandemic are significantly higher, and are not included in these charts.

Covid Pay Expenditure 2020/1

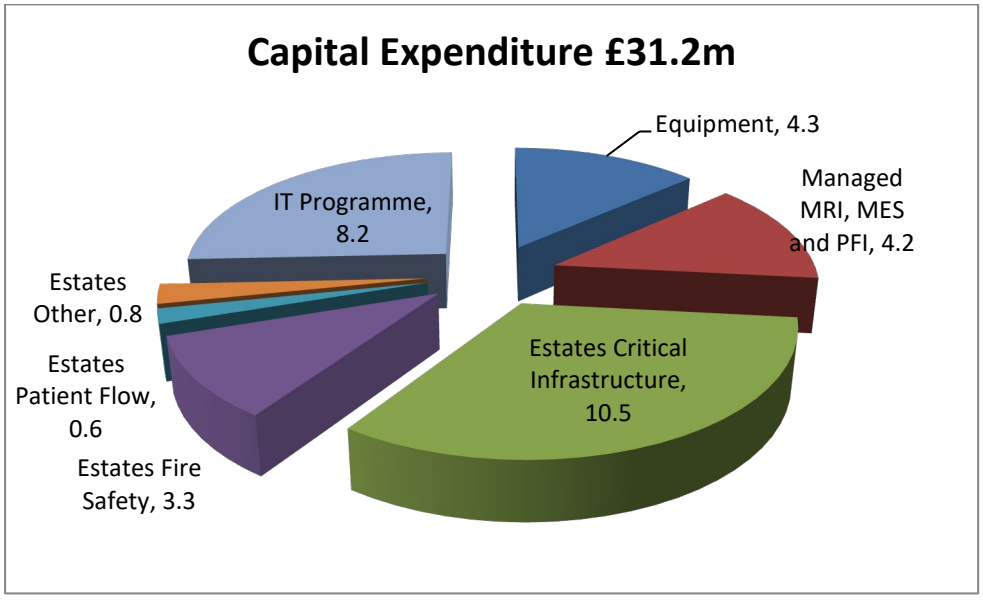


Covid Non-Pay Expenditure 2020/1



Capital

The Trust delivered a capital expenditure against a Capital Departmental Expenditure Limit ("CDEL") of £31.9m, against planned CDEL of £31.2m. In agreement with the South West London Sector, this overspend was offset against capital underspends elsewhere in SWL.The final spend was broken down as follows:



The above figures do not include £0.5m of Charity-funded capital.

Revaluation and impairment

The Trust's land, buildings and equipment were revalued as at 31st March 2021. This resulted in a total impairment of £10.6m. £6.0m of this was charged to operating expenses and £4.6m to the Revaluation Reserve. There were increases in land and building values of £6.1m. The total net increase in tangible and intangibleasset values over the 12 months to 31st March 2021 was £16.7m.

Cash

The Trust's cash holding increased from £14.7m at 31st March 2020 to £47.0m at 31st March 2021. During the year, the working capital loans of the Trust were converted to Public Dividend Capital. The Trust received £37.4m of cash-backed PDC at that point. The Estates Strategy Loan (which commenced during 2015 and runs to 2034) remains.

2021/22 Future Plans

The Covid-19 pandemic has impacted on the ability to complete detailed planning for 2021/22 and has therefore resulted in a continuation of fixed income values for the first half of the year. Planning for the 2nd half of the year will commence in early Sepetember when fixed income allocations are expected to be announced.

The plan for H1 of 2021/22 is a deficit of £4.4m, decreasing to £1.3m if additional funding for elective recovery can be secured from NHSE, which is dependent on sector wide activity levels being delivered.

Delivery of this position is based upon a number of assumptions which have been clearly stated in the SWL Sector half year plan submission to NHS England and Improvement which the Trust has been involved in completing.

Going Concern

The Trust is operating under a revised financial framework in response to the global pandemic.

The Directors have reviewed the Trust's position in relation to Going Concern.The NHS planning regime is presently working on the basis of a first-half plan for 2021/22, and on this basis, the Trust has submitted a plan showing a deficit of £4.4m for the 6 months to 30th September 2021. This reduces to a deficit of £1.3m if additional elective recovery funding can be secured from NHSE. This is dependent upon sector-wide activity levels being delivered.

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

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 1st April 2020 to 31st March 2021. 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 March 2022
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 has served 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 Guppy joined the Trust Board in April 2017 as a Non-Executive Director. He 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, Jonathan provides coaching and mentoring support to senior leaders of both established and entrepreneurial companies.

Jonathan qualified as a chartered accountant with Ernst and Young in London and has a degree in Chemistry from Bristol University.

Sylvia Hamilton
Non-Executive Director
Appointed January 2016, reappointed January 2019, end of current term January 2022
Sylvia Hamilton joined the Trust Board in January 2016 as a Non-Executive Director. She is an experienced senior Human Resources (HR) professional and most recently served for four years as Group HR Director at Bridgepoint, the European mid-market Private Equity Firm. Prior to that she was Group HR Director at Grosvenor the International Property and Fund Management business. Previously she was an HR Director at EY the accountancy firm, where she also held responsibility for graduate recruitment. Sylvia worked at BT from graduate entry to senior HR positions and she also held operational roles in customer service and managing large groups of people. She read modern history at Durham and is a Fellow of the Chartered Institute of Personnel and Development and holds a post graduate diploma in marketing. Sylvia has lived with her family in Teddington for many years.

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, Consultant Clinical Psychologist and Trainer at the Tavistock and Portman NHS Foundation Trust. With over 40 years' experience in the NHS she has led and managed a variety of services in Health and Social Care at local and national levels. Rita was one of the key figures in developing the integrated multi-agency services that are the basis of "Thrive" - a model of Child and Adolescent Mental Health Services now recognised nationally as a model of good practice. Rita has held a number of academic positions and is an experienced trainer in service leadership and transformation.

Damien Régent
Non-Executive Director
Appointed October 2019, end of current term September 2023
Damien joined the Trust in October 2019 and chairs the Audit Committee. He works at board level with multiple organisations across sectors. 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. He chairs the audit committee at Optivo, the housing association, and the finance, audit and risk committee at Crisis (homelessness charity). Previously, he had similar responsibilities at MSF, the humanitarian medical aid organisation. He also sat on the board of high-growth internet businesses.

Dame Cathy Warwick
Non-Executive Director
Appointed October 2017, reappointed in September 2020, end of current term September 2023.
In her most recent role as CEO of the Royal College of Midwives Cathy has been closely involved in the development of maternity policy, and been part of a major review of maternity services in England chaired by Baroness Cumberlege.

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.

Cathy was Director of Midwifery and General Manager for Women and Children's Services at King's College Hospital. Whilst at King's College she received a CBE for services to healthcare in 2006.

She has also written and published widely on midwifery issues and lectures and speaks nationally and internationally.

Executive Directors

Jo Farrar
Chief Executive
Appointed to the Trust as Director of Finance in April 2015.
Appointed Chief Executive in September 2019 after a period as acting Chief Executive from 1st April 2019.
Jo joined the Trust as Director of Finance on 1 April 2015 from Homerton University Hospital NHS Foundation Trust where he had been the Director of Finance since March 2010. Previously he was the Interim Director of Finance at the Oxford Radcliffe Hospitals NHS Trust, acting Chief Executive of NHS London's Provider Agency, and Head of Compliance at Monitor. Jo trained as a chartered accountant at KPMG where he worked for 12 years and gained experience of a number of mergers and acquisitions and as a senior member of the Transaction Services Team. From 1st April 2021 Jo was appointed as interim Chief Executive of Hounslow & Richmond Community Health Trust, a role he undertook in conjunction with his current rolel at Kingston Hospital NHS Foundation Trust.

Mairead McCormick
Chief Operating Officer and Deputy Chief Executive
Appointed December 2017
Mairead has been in the NHS for 33 years and spent the earlier part of her career as an Emergency nurse. She has led in Emergency care across large footprints having undertaken a national role with the emergency care improvement team. This involved undertaking whole system reviews across primary, community and secondary care incorporating local authority aimed at improving UEC across systems. She has undertaken a variety of leadership roles within the NHS with various providers with a breadth of managerial experience. She returned to Kingston hospital as Chief Operating Officer in 2017.

Mairead has recently taken on the role of Deputy Chief Executive officer to support the CEO's extended role as Interim CEO for HRCH. This has enabled her to lead on wider system roles impacting on the population of south west London.

Alex Berry
Director of Strategy & Transformation (non-voting)
Appointed October 2018
Alex joined the Trust in October 2018. Prior to that she was Director of Transformation for Hampshire Partnership of CCGs where she focused on integrating health and care in the community setting.

Alex also led on the development of the New Care Models Programme for the Hampshire and Isle of Wight STP. Alex started her career in the NHS as a management trainee and since then has worked in a variety of roles in the NHS and private sector. Over the last 10 years she has worked in a number of NHS director roles where she has led large complex change programmes.

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

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.

Amira Girgis
Acting Medical Director
Appointed April 2020
Amira has worked at the Trust for 16 years as a consultant in anaesthetics and intensive care. She has been Deputy Medical Director for over a year, and previous roles included clinical director for intensive care and clinical lead for the South London Adult Critical Care Network. Amira is also the responsible officer at Kingston Hospital which gives her responsibility for managing medical appraisal and revalidation recommendations to the General Medical Council. Amira graduated from St George's Hospital Medical School and completed Specialty Training in SE Thames School of Anaesthesia based at Guy's and St Thomas's Hospitals.

Yarlini Roberts
Chief Finance Officer
Appointed as Interim Director of Finance in December 2019, appointed as substantive CFO from December 2020.
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 to March 2021
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. Susan retired from KHFT on 17th March 2021.

Samuel Armstrong
Director of Corporate Affairs (Company Secretary - non-voting)
Appointed March 2021
Sam has worked in senior governance roles in the NHS for the past 12 years. He was previously Trust Secretary of the Royal Brompton and Harefield NHS Foundation Trust where he worked for the last year on the legal transaction merging the Trust with Guy's and St Thomas' NHS Foundation Trust. Sam commenced his NHS career as Trust Secretary of Imperial College Healthcare NHS Trust, and subsequently Company Secretary of Homerton University Hospital NHS Foundation Trust, and later Company Secretary of Barking, Having and Redbridge University Hospital Trust. He has also worked in similar roles in an interim capacity at hospital trusts across the country. Sam is a graduate of the Nye Bevan Programme at the NHS Leadership Academy, and has an MBA and qualifications in psychology.

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.

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 Clinical Effectiveness 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 (FTSU)

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. This enables a safe and transparent culture to be fostered, improving the working environment for staff, and subsequently the patient experience. The Trust policy adopted in 2016 remains in place, and is updated and expanded as required. We ensured our available policy was as accurate a fit as possible for our staff and is reviewed regularly to ensure it still reflects those needs. 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.

As a Trust, staff are encouraged to raise concerns as part of their everyday practice, clinical or otherwise, and FTSU forms part of a suite of services for staff to enable this. The Trust endeavours to resolve concerns informally through the management structure of the Trust, however there are additional measures in place when this can not be achieved. FTSU is one aspect of a suite of services available for staff to raise concerns safely and effectively. It is essential that all staff have a good understanding of FTSU Guardian's (FTSUG) role, as this is an additional method of support for staff and an alternative method for raising concerns; not in replacement of existing Trust systems. 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/

The data for the Trust in 2020-21 shows an increase in the number of concerns being raised with the FTSUG throughout the year, and this reflects the impact of both an external review that followed an influx of concerns being highlighted, and the ongoing communications work surrounding Speaking Up. The latter, including increased availability of targeted training, has produced a positive increase in the number of staff accessing the FTSUG role, giving them the opportunity to raise their concern upon point of access and being signposted and supported to the most relevant channel of support within the Trust.

The Trust continues to prioritise Freedom to Speak Up and the introduction of FTSU Champions will see the next expansion of the role. There has been a delay in this being launched due to adjustments made during the Covid-19 pandemic.

Declarations

Better Payment Practice Code:
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 2020-21 the Trust paid 68% of non-NHS invoices within 30 days of receipt.

Better Payment Practice Code	2019/20	2020/21
Trade / NHS		
Total bills paid in the year £000	14,663	14,172
Total bills paid within target £000	13,764	13,603
Percentage of bills paid within target	**93.9%**	**96.0%**
Total bills paid in the year number	1,760	1,153
Total bills paid within target number	1,299	899
Percentage of bills paid within target	**73.8%**	**78.0%**
Non-Trade / non NHS		
Total bills paid in the year £000	114,838	106,075
Total bills paid within target £000	68,869	68,530
Percentage of bills paid within target	**60.0%**	**64.6%**
Total bills paid in the year number	46,870	41,191
Total bills paid within target number	31,787	27,794
Percentage of bills paid within target	**67.8%**	**67.5%**

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 2020-21.

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
15 June 2021

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 2020-21

Name	Role	
Sian Bates	Chairman	In post throughout 2020-21
Dr Nav Chana MBE	Non-Executive Director	In post throughout 2020-21
Jonathan Guppy	Non-Executive Director	In post throughout 2020-21
Sylvia Hamilton	Non-Executive Director	In post throughout 2020-21
Dr Rita Harris	Non-Executive Director and Senior Independent Director	In post throughout 2020-21
Damien Régent	Non-Executive Director	In post throughout 2020-21
Dame Cathy Warwick	Non-Executive Director	In post throughout 2020-21
Jo Farrar	Chief Executive	In post throughout 2020-21
Sally Brittain	Director of Nursing & Quality	In post throughout 2020-21
Kelvin Cheatle	Director of Workforce and Organisational Development	In post throughout 2020-21
Amira Girgis	Acting Medical Director	In post throughout 2020-21
Mairead McCormick	Chief Operating Officer & Deputy Chief Executive	In post throughout 2020-21
Yarlini Roberts	Chief Finance Officer	In post throughout 2020-21

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 2020-21 the Committee met on six occasions.

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

Nominations and Remuneration Committee

The Committee considers the remuneration, allowances, appraisal process and other terms and conditions of office of the Chairman and the Non-Executive Directors, taking into account benchmarking against other similar organisations including foundation trusts and taking specialist advice. The fees currently paid to the Chairman and the NEDs were last agreed in June 2019, effective from 1st April 2019.

Agreed membership of the Committee for the majority of 2020-21 was as shown below. In January 2021 the Council of Governors approved the expansion of the Committee to include an additional elected governor and resolved to review the constitution of the Committee further in 2021-22.

- 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
- 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 2020-21 the Committee met twice.

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

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.

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. There were no new appointments of Non-Executive Directors during the year.

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

Two senior managers claimed expenses during 2020-21 totalling £154.68. No Governors claimed expenses during 2020-21.

Salary and Pension Entitlements of Senior Managers:

a) Remuneration 2020/21

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)
	£000	£	£000	£000	£000	£000
Jo Farrar (Chief Executive Officer)	180-185				75-77.5	255-260
Yarlini Roberts (Chief Finance Officer from 1st December 2020, previously Interim Director of Finance)	130-135				97.5-100	225-230
Mairead McCormick (Chief Operating Officer)	140-145				37.5-40	180-185
Amira Girgis (Acting Medical Director from 1st April 2020)	205-210				42.5-45	245-250
Sally Brittain (Director of Nursing and Quality)	125-130				25-27.5	150-155
Kelvin Cheatle (Director of Workforce)	105-110					105-110
Sian Bates (Chair & Non-Executive Director)	45-50					45-50
Sylvia Hamilton (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 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)	10-15					10-15

AUDITED

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

b) Pension Benefits 2020/21

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 2021 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5000) £000	Cash equivalent transfer value at 1 April 2020 £000	Real increase in cash equivalent transfer value £000	Cash equivalent transfer value at 31 March 2021 £000	Employer's contribution to stakeholder pension £000
Jo Farrar (Chief Executive Officer)	2.5-5	2.5-5	40-45	65-70	583	83	675	26
Yarlini Roberts (Chief Finance Officer from 1st December 2020, previously Interim Director of Finance)	5-7.5	7.5-10	40-45	90-95	693	107	811	19
Mairead McCormick (Chief Operating Officer)	2.5-5	0-2.5	55-60	125-130	960	60	1,037	20
Amira Girgis (Acting Medical Director)	2.5-5	0-2.5	50-55	105-110	837	61	911	18
Sally Brittain (Director of Nursing and Quality)	0-2.5	5-7.5	45-50	145-150	999	65	1081	18

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

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 2020/21 was £207,500 (financial year 2019/20 was £197,500). This was 4.7 times (4.7 times in 2019-20) the median remuneration of the workforce, which was £44,327 (2019/20 median remuneration £41,969).

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
15 June 2021

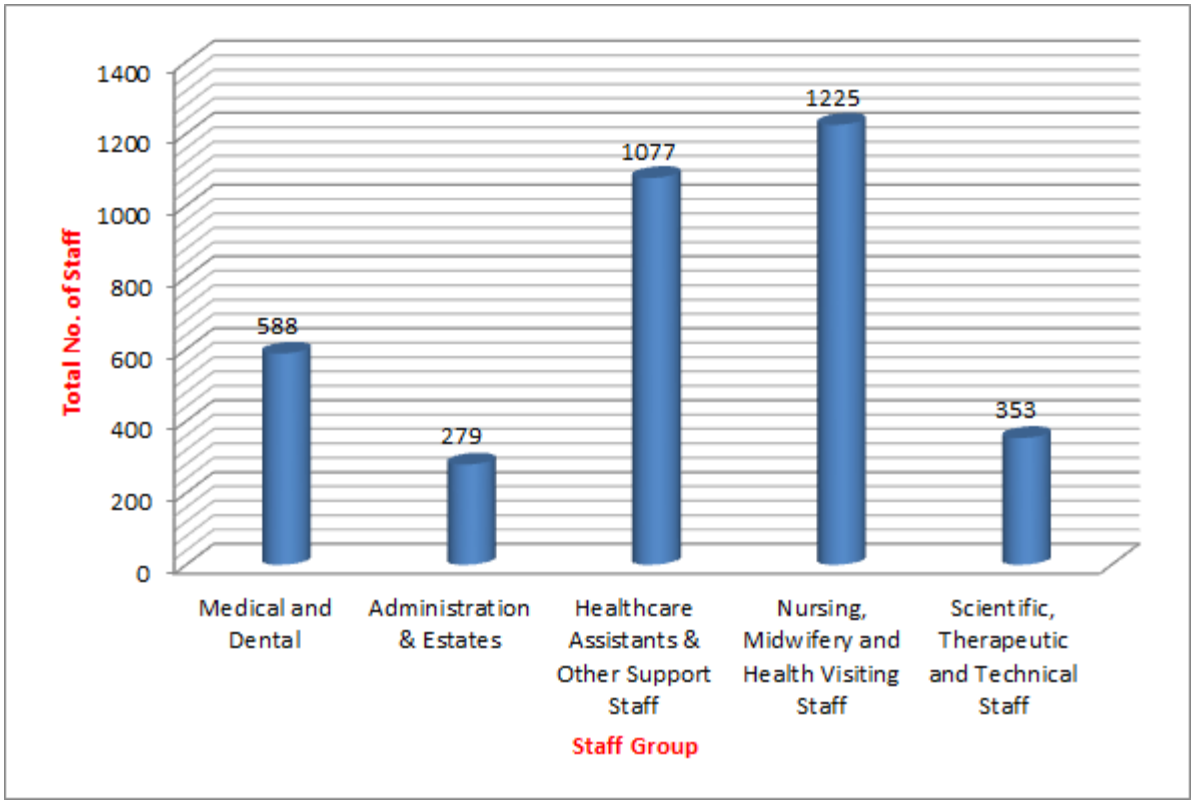
Jo Farrar
Chief Executive
15 June 2021

STAFF REPORT

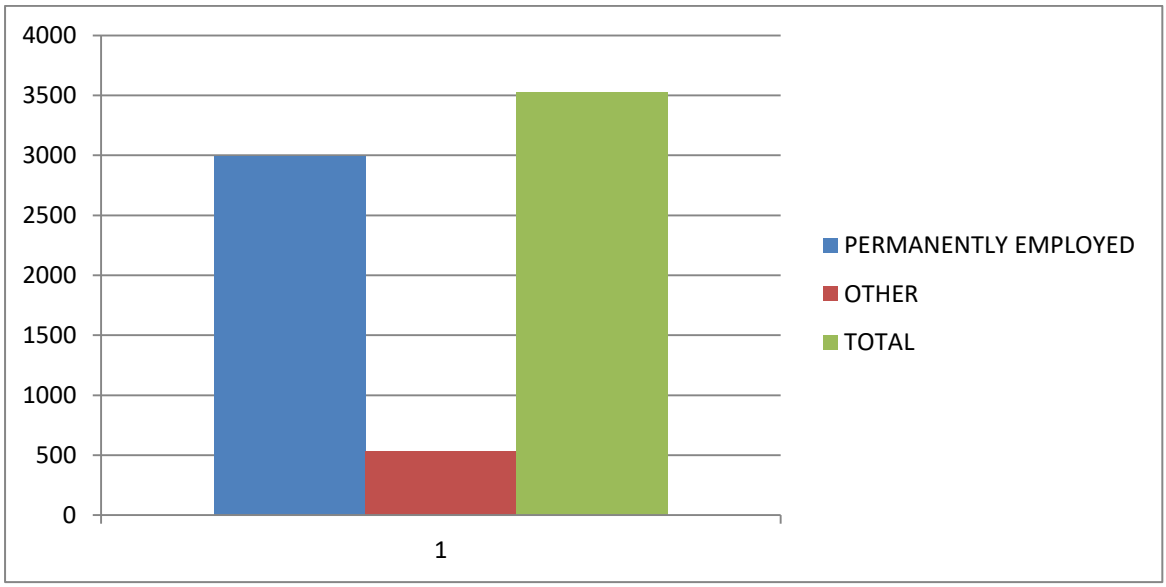
Staff Numbers and Gender Profile

The average whole time equivalent employed by the Trust is 3,521 in the following staff groups, as per the NHS Digitals Occupational Code Manual:

Average Substantive Staff (WTE) by Staff Group



Permanently Employed and Other



Employee benefits

	Group 31 March 2021			Group 31 March 2020
	Permanently employed £000	Other £000	Total £000	£000 Total £000
Salaries and wages	**160,789**	**8,309**	**169,098**	145,248
Social security costs	**17,994**	**734**	**18,728**	16,989
Apprenticeship levy	**790**		**790**	722
Employer contributions to NHS Pension scheme	**16,212**	**1,005**	**17,217**	16,880
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**7,067**	**438**	**7,505**	6,905
Bank and Agency	**-**	**7,903**	**7,903**	8,227
Charitable Funds	**179**	**-**	**179**	170
Gross employee benefits	**203,031**	**18,389**	**221,420**	195,141
Less: Employee costs capitalised	(924)	(325)	(1,249)	(2,530)
Net employee benefits excluding capitalised costs	**202,107**	**18,064**	**220,171**	192,611

The tables below show the gender split for the Directors, Senior Leaders and Employees.

Directors (VSM Payscale) as at 31st March 2021

	Number	%
Female	8	57%
Male	6	43%
Total	14	

*not including Non-Executive Directors and Chairman

Senior Leaders in the Trust as at 31st March 2021

	Number	%
Female	76	77%
Male	23	23%
Total	99	

*Band 8b and above (excluding VSM Payscale and Board Members)

Employees in the Trust as at 31st March 2021

	Number	%
Female	2731	77%
Male	834	23%
Total	3565	

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 data until October 2021. This, and previous reports, can been viewed on the Cabinet Office Website https://gender-pay-gap.service.gov.uk/.

Staff Policies and Action Applied during the Financial Year

Throughout 2020/21 most staff engagement activities became virtual as face to face meetings and briefings for groups above 6 people were not been possible due to Infection Control measures in place on site. Staff engagement and communication is a key priority for the Trust and 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. Team Brief has been done on line with facilities for asking and answering questions available via MS Teams. The Chief Executive and at least two Executive Directors attend each one.
- 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. Schwartz Rounds have been run virtually during the last year.
- Regular online events organised by the Health and Wellbeing Team to focus on specific issues for staff such as sleep, menopause, muscular-skeletal health and mental health.
- Staff networks have been supported to meet virtually. The Trust has the following staff networks Kingston Pride for LGBT+ staff, Kingston Ability – which focuses on the needs of staff who live with or care for a person with disabilities, MEGA – the Minority Ethnic Group for All which is designed to support staff from Black, Asian and Minority Ethnic backgrounds but is open to all staff, EU Staff – this network has supported EU staff with issues relating to the UK's exit from the EU
- 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 Pulse 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.
- 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.

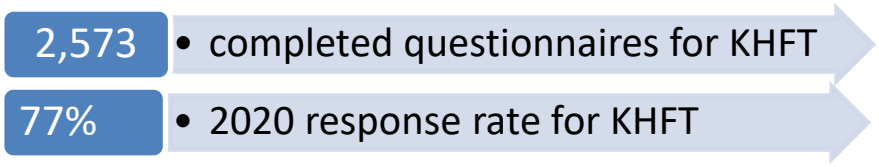
NHS Staff Survey Report

Staff engagement continues to be 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. To add value to this the Trust has introduced a bi-monthly pulse survey, which provides a more regular way of 'checking in' with staff and assessing how they are feeling at work.

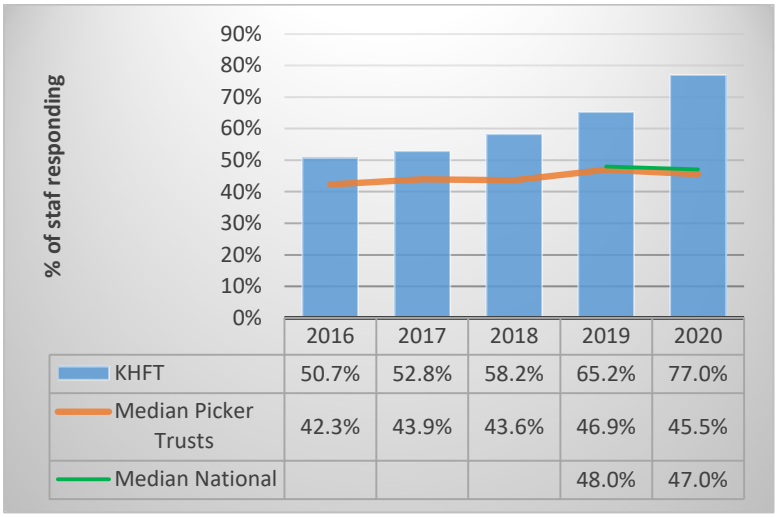
The results from the 2020 Staff Survey are once again positive, with the Trust delivering improvements in a number of key areas despite a very challenging year due to Covid-19.

Questions are grouped under ten themes and outcomes presented and benchmarked in this way. All themes are scored on a scale that ranges from 0 (worst) to 10 (best). The Trust scores at or above 6.0 across all themes, with 3 themes scoring above the National and Picker average.

Response Rate



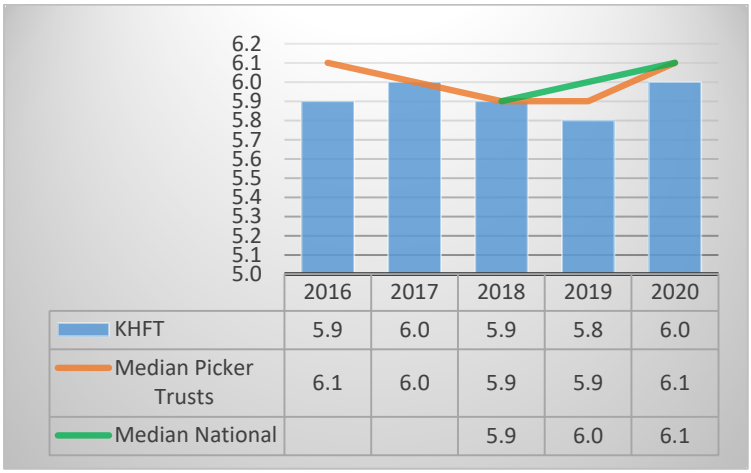
Benchmarking



	2016	2017	2018	2019	2020
KHFT	50.7%	52.8%	58.2%	65.2%	77.0%
Median Picker Trusts	42.3%	43.9%	43.6%	46.9%	45.5%
Median National				48.0%	47.0%

The Trust's response rate has improved year on year since 2016 and has remained above the median for both National and Picker Acute Trusts. This year saw the response rate increase by 11.8%, which is 30% above the median for Acute Trusts. The Trust had the second highest response rate of all Acute Trusts in England.

Theme 1: Health & Well Being

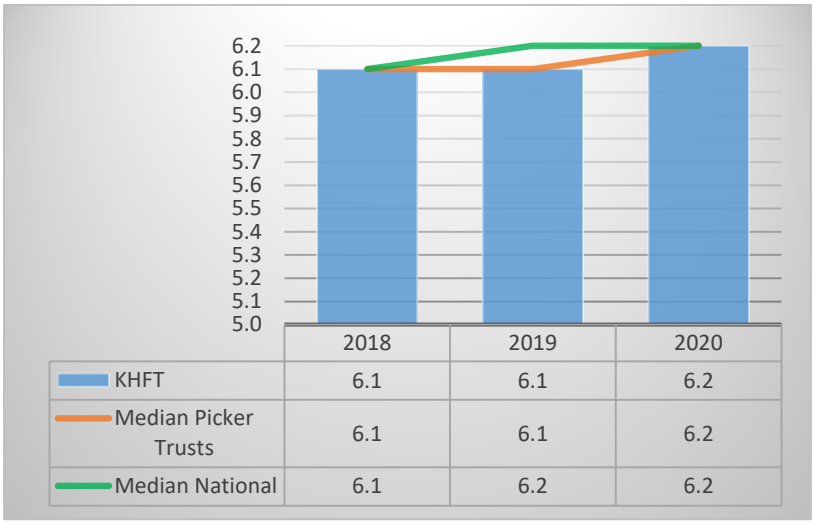


	2016	2017	2018	2019	2020
KHFT	5.9	6.0	5.9	5.8	6.0
Median Picker Trusts	6.1	6.0	5.9	5.9	6.1
Median National			5.9	6.0	6.1

Overall Score: 6.0

The Trust's score has improved this year but is slightly below the median rates for this theme.

Theme 2: Morale

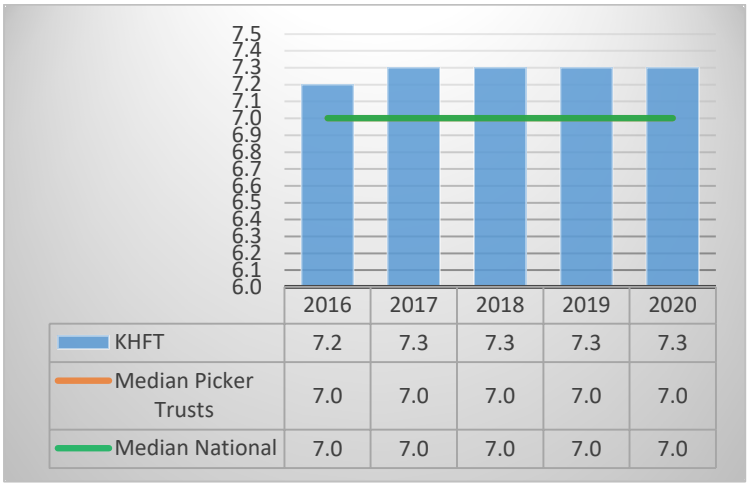


	2018	2019	2020
KHFT	6.1	6.1	6.2
Median Picker Trusts	6.1	6.1	6.2
Median National	6.1	6.2	6.2

Overall Score: 6. 2

The Trust's score has improved this year and is in line with the National and Picker median (data is only available for the last 3 years).

Theme 3: Staff Engagement

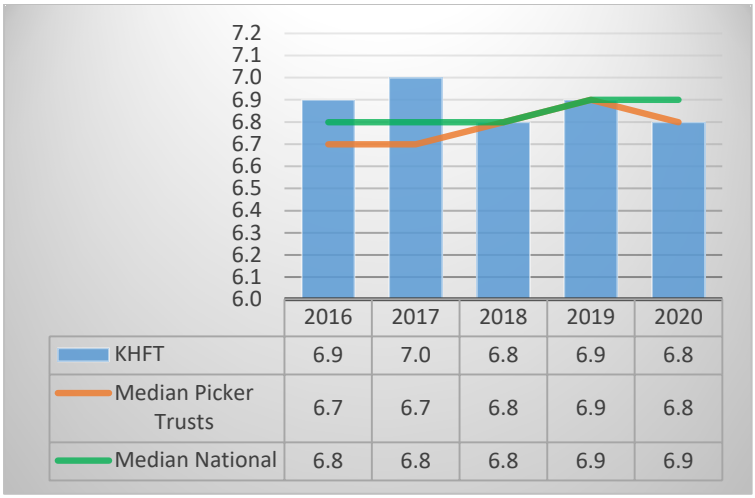


	2016	2017	2018	2019	2020
KHFT	7.2	7.3	7.3	7.3	7.3
Median Picker Trusts	7.0	7.0	7.0	7.0	7.0
Median National	7.0	7.0	7.0	7.0	7.0

Overall Score: 7.3

The score for this theme has remained consistently high over the past 5 years, above the National and Picker Trust average.

Theme 4: Immediate Managers

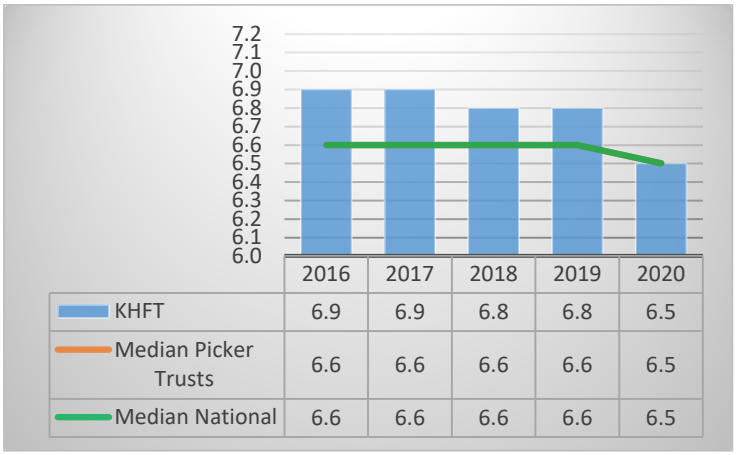


	2016	2017	2018	2019	2020
KHFT	6.9	7.0	6.8	6.9	6.8
Median Picker Trusts	6.7	6.7	6.8	6.9	6.8
Median National	6.8	6.8	6.8	6.9	6.9

Overall Score: 6.8

There has been a slight decrease in the score this year in line with the national average.

Theme 5: Team Working

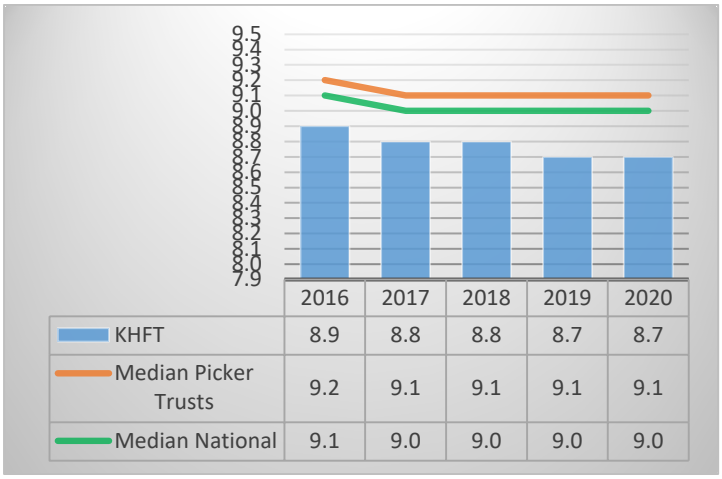


	2016	2017	2018	2019	2020
KHFT	6.9	6.9	6.8	6.8	6.5
Median Picker Trusts	6.6	6.6	6.6	6.6	6.5
Median National	6.6	6.6	6.6	6.6	6.5

Overall Score: 6.5

There has been a decrease in the overall score for team working, this is in line with the national average. Over the previous 4 years the Trust has performed above average; it is likely that Covid-19 has impacted on this area.

Theme 6: Equality, Diversity & Inclusion

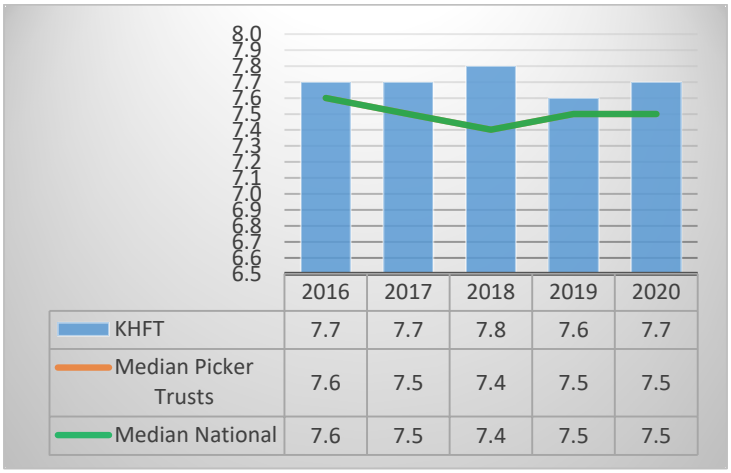


	2016	2017	2018	2019	2020
KHFT	8.9	8.8	8.8	8.7	8.7
Median Picker Trusts	9.2	9.1	9.1	9.1	9.1
Median National	9.1	9.0	9.0	9.0	9.0

Overall Score: 8.7

The overall score has remained the same as last year. The Trust is slightly below the National and Picker average.

Theme 7: Quality of Care

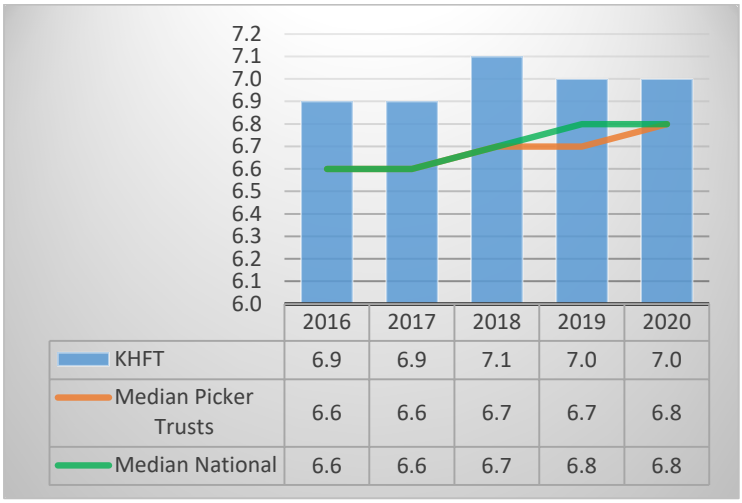


	2016	2017	2018	2019	2020
KHFT	7.7	7.7	7.8	7.6	7.7
Median Picker Trusts	7.6	7.5	7.4	7.5	7.5
Median National	7.6	7.5	7.4	7.5	7.5

Overall Score: 7.7

The Trust continues to score well, above the national and Picker average for this theme.

Theme 8: Safety Culture

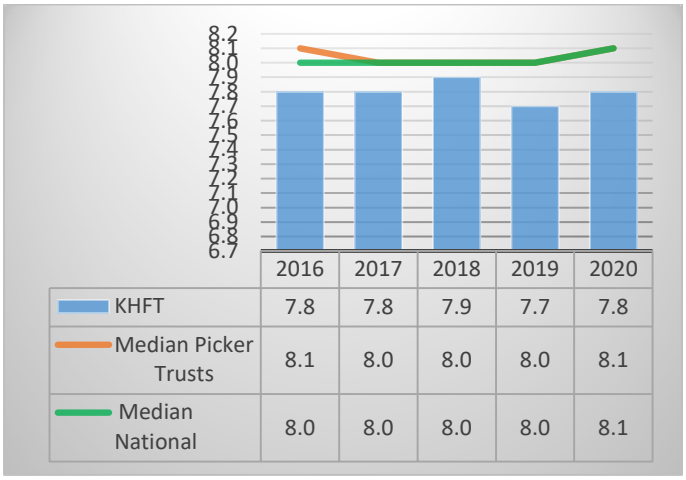


	2016	2017	2018	2019	2020
KHFT	6.9	6.9	7.1	7.0	7.0
Median Picker Trusts	6.6	6.6	6.7	6.7	6.8
Median National	6.6	6.6	6.7	6.8	6.8

Overall Score: 7.7

The Trust continues to score well, above the national and Picker average for this theme.

Theme 9: Safe Environment – Bullying and Harassment

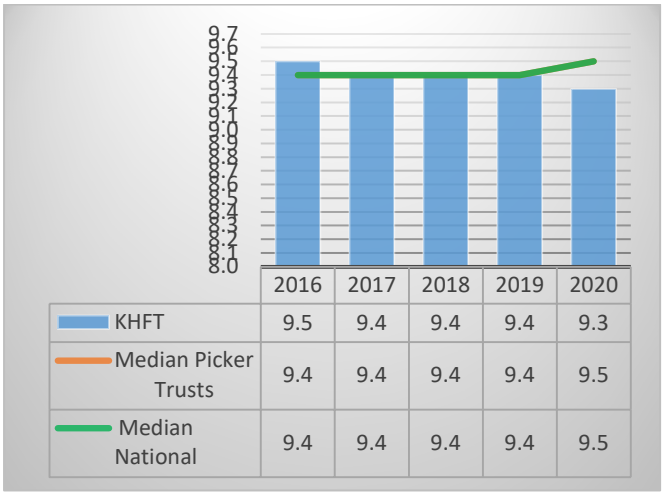


	2016	2017	2018	2019	2020
KHFT	7.8	7.8	7.9	7.7	7.8
Median Picker Trusts	8.1	8.0	8.0	8.0	8.1
Median National	8.0	8.0	8.0	8.0	8.1

Overall Score: 7.8

The score has improved this year but remains below the national and Picker average.

heme 10: Safe Environment – Violence



	2016	2017	2018	2019	2020
KHFT	9.5	9.4	9.4	9.4	9.3
Median Picker Trusts	9.4	9.4	9.4	9.4	9.5
Median National	9.4	9.4	9.4	9.4	9.5

Overall Score: 9.3

There is a slight decrease in the score with the Trust now below the national and Picker average for this theme. This is a concern and will be investigated.

Areas of Improvement and High Performance

- Year on year the Trust performs well with regard to staff engagement; recommending the Trust as a place for care and a place to work; effective communication; and valuing my work.
- Areas for which the Trust performed above average this year are: communication between staff and senior management; senior managers acting on staff feedback; positive action on staff health and wellbeing; acting on concerns raised by patients; and standard of care.

- Areas most improved from last year are: enough staff to do my job properly; came to work when not well enough; working additional hours; and rarely having unrealistic time pressures.

Areas that Require Improvement

- Areas for which the Trust performed below average this year are: experienced musculoskeletal problems; experienced harassment, bullying or abuse from service users or public; the organisation acts fairly with regard to career progression; experienced discrimination from service users or public; and experienced discrimination from managers or colleagues on grounds of ethnic background.
- Areas least improved from last year are: opportunities to show initiative; the team I work with have shared objectives; the team meets to discuss effectiveness; and experienced discrimination fromm managers or colleagues on grounds of ethnic background.

Priorities for Action

An action plan has been developed in response to the results of the Staff Survey. The key priority 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. The Trust's success in addressing these priorities will be measured by feedback from the pulse surveys and the 2021 Staff Survey.

- Development and delivery of a cultural change and OD programme to enable a step change, embedding a compassionate, supportive and coaching driven culture.
- Implementation of the new Diversity, Equality and Inclusion Strategy and associated action plan to include a peer review on bullying and harassment; reinforce 'Not a Target' campaign; launch the Kingston values package; and improve processes and practices for career progression.
- Develop and deliver a mandatory training package for line managers including compassionate leadership; managers toolkit; and a buddying and mentoring scheme.
- Deliver a package of interventions to support improved team working as part of the Covid-19 recovery programme.
- Refresh the health and wellbeing offerings to ensure they are 'customer led' and are proactive health prevention focussed.

Equality, Diversity & Inclusion

In the last year the Trust has introduced some key developments relating to our Equality, Diversity and Inclusion agenda.

Many urgent Equality Diversity and Inclusion issues emerged from Covid-19.The disproportionate negative effect of the virus on people from Black, Asian and Minority Ethnic backgrounds has been a particular concern. We have also learned more about the challenges for people with disabilities of working remotely. We have required great flexibility in our workforce in order to transform our services to meet the recovery needs of those hospitalised as a result of Covid-19 and to provide a safe environment for those receiving care in all services.

In the light of these events the Trust reviewed and strengthened its Equality, Diversity and Inclusion Strategy to set ambitious goals for the next three years. Our Equality, Diversity and Inclusion Committee has continued to meet throughout the year and membership of this group has been strengthened to reflect the need for strong and visible leadership to ensure lasting and effective change to our Equality Diversity and Inclusion indicators and the lived experience of our staff and patients with protected characteristics.

The Trust moved at pace throughout 2020/21 to implement the following actions:

- Growing our existing staff networks and developing new ones.
- Embarking on a reverse mentoring programme for Black Asian and Minority Ethnic staff.
- Piloting Black Asian and Minority Ethnic representation at interview panels for bands 7 and above.
- Continuing our Rainbow Badge initiative within the Trust in support of our LGBT+ patients and staff.
- Implementation of regular Listening events to hear the experiences of our staff in relation to Equality, Diversity and Inclusion.
- Offering compassionate leadership training to managers and offering an independent self-compassion program to all staff to help support them at work.
- Launch of our *Not a Target* campaign to raise awareness that bullying and harassment of staff will not be accepted.
- Established Learning Disability and Patient Involvement Collaboratives that have provided opportunities for service users and staff to come together to discuss and explore issues and actions.
- Achieved our 2019/20 Quality Priority to broaden and deepen patient involvement in our work to improve the quality of our services and we continue to deliver on this priority.
- Secured funding to expand the Patient Experience Team as well the recruitment of an Acute Liasion Learning Disability Practitioner, and a Dementia and Delirium Nurse. These roles provide more capacity to move forward the Equality, Diversity and Inclusion agenda from a patient and carer perspective.
- Continued to identify and 'flag' people with an accessible information need.
- Recruitment of an Acute Liaison Learning Disabilities Practitioner to ensure reasonable adjustments are made for patients where required

Staff Turnover

Staff Turnover – for 2020/21 this may be replaced with a link to where information is published by NHS Digital:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/december-2020

Sickness Absence

Sickness absence data – for 2020/21 this may be replaced with a link to where information is published by NHS Digital:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

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 2020 to 31 March 2021 is shown below.

Trade Union Representatives and Full-Time Equivalents

	Period of 1 April 2020 to 31 March 2021
Number of employees within the Trust	1,501 to 5,000
Number of trade union representatives	10
FTE number of trade union representatives	10

Percentage of Working Hours Spent on Facility Time

	Period of 1 April 2020 to 31 March 2021
Percentage of working hours spent on facility time by all representatives	1-50%

Total Pay Bill and Facility Time Costs

	Period of 1 April 2020 to 31 March 2021
Total pay bill	£220,171,000
Total cost of facility time	£25,627.35
Percentage of pay spent on facility time	0.009%

Paid Trade Union Activities

	Period of 1 April 2020 to 31 March 2021
Total number of hours representatives spend on paid facility time during period	661
Total number of hours representatives spend on paid trade union activities	453
Percentage of total paid facility time hours spent on paid trade union activities	68.53%

Expenditure on Consultancy

The Trust's expenditure on consultancy during 2020/21 was £640,000 (2019/2020 it was £1,022,000).

Off-payroll Engagements

There were no off-payroll engagements of more than £245 per day, for duration of more than 6 months, as at 31st March 2021.

There were 13 individuals deemed "board members or other officials with significant financial responsibility" as at 31st March 2021.

Exit Packages: Audited

	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	4,174	1	9,309	2	13,480
£10,000 - 25,000	1	21,356	-	-	1	21,356
£25,001 - 50,000	1	34,256	-	-	1	34,256
£50,001 - 100,000	1	51,277	-	-	1	51,277
£100,001 - 150,000	-	-	-	-	-	-
£150,001 - 200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total	**4**	**111,060**	**1**	**9,309**	**5**	**120,369**

Number and Cost of Persons Retiring on Ill Health Grounds

Redudancy 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 fianancial position. During the financial year 2020-21, there were three ill-health retirements at a cost of £82k (in 2019-20 there were two ill-health retirements at a cost of £39k).

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. The Council of Governors agreed to the extension of this third term of office to 31st March 2022. NHS Improvement was consulted and endorsed the Council of Governors' decision prior to both the reappointment and the extension 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 and this term of office runs concurrently to 31st March 2022. The Council of Governors agreed that the role in future would continue as a Chair-in-Common.

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 2020-21.

The Board

The Board continued to hold to the scheduled timetable of Board meetings throughout 2020-21. However, following the announcement by the Prime Minister that the public should avoid non-essential contact with other people, these meetings were held via MS Teams with each member of the Board participating from a different location. Initially, members of the public were not present; Board meetings were recorded and the recordings made available on the Trust's website. Later in the year, members of the public were invited to observe the meetings on MS Teams, with the recordings continuing to be made available on the website for the information of members of the public who were unable to observe in real time. Questions from the public were invited before the meetings took place and, once observation of the meetings was possible, questions were also taken at the end of Board meetings.

Regular contact between formal meetings, including meetings of the Chairman and Non-Executive Directors without the Executives present, was increased during 2020-21 in response to the Covid-19 pandemic.

Trust Board meetings follow a formal agenda, and during 2020-21 continued to include a review of quality and patient care, and operational performance against quality indicators set by the Care Quality Commission (CQC), and NHS Improvement. Agendas were shortened to focus on essential items only in accordance with NHSE/I direction to reduce burden and release capacity to manage the Covid-19 pandemic.

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 2020-21 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-selection 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, 5 voting Executive Directors, 6 voting Non-Executive Directors and 2 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 (Register of Conflicts of Interest Archives - Kingston Hospital).

Trust Auditors

The Council of Governors agree with the Audit Committee the criteria for appointing, re-appointing and removing external auditors. Following a competitive tender process for both external and internal audit contracts with effect from 1st April 2021, KPMG have been reappointed as the Trust's internal auditors and the Council of Governors has approved the reappointment of Grant Thornton as the Trust's external auditors.

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 & Inclusion Committee

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

Attendance at Board and Committee Meetings (2020/21)

The table below 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 and committee member. In 2020/21 Committee meetings were held only when considered by the Committee Chairman to be essential. Quoracy was maintained but it was accepted that attendance may not be lower than in normal circumstances. 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 & Inclusion Committee	Finance & Investment Committee	Quality Assurance Committee	Workforce Committee
Total number of meetings held in 2020-21	**7**	**5**	**4**	**10**	**4**	**2**
Sian Bates (SB)	7/7		4/4			2/2
Sally Brittain (SBr)	7/7			9/10	3/4*	2/2
Dr Nav Chana	7/7				4/4	
Kelvin Cheatle (KC)	7/7		4/4			2/2
Jo Farrar	7/7		4/4	7/10		2/2
Amira Girgis	7/7			7/10	1/4*	
Jonathan Guppy	7/7			9/10		
Sylvia Hamilton (SH)	7/7		3/4	10/10		2/2
Dr Rita Harris	7/7	5/5	4/4		4/4	
Mairead McCormick (MM)	7/7			6/10	2/4	1/2
Damien Régent	6/7	5/5				
Yarlini Roberts	7/7			10/10		
Dame Cathy Warwick	7/7	5/5	4/4	9/10	4/4	
Representation by Deputies						
Nichola Kane *Deputy Director of Nursing*				1 For SBr		
Tracey Moore *Deputy Chief Operating Officer*				*4* *For MM*	*2* *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 2020-21 and the number of Council of Governors meetings attended by each member. Elections were held in November 2020, therefore this register shows attendance of both outgoing and incoming members who were in post during the year.

Name	Appointing Organisation / Constituency	Term of Office	Council of Governor Meetings
Richard Allen	Elected Governor Kingston	Elected November 2012. Re-elected November 2015 and November 2018-21	2/3
Robert Markless	Elected Governor Kingston	Elected November 2011. Re-Elected November 2014 and November 2017-20	1/2
Michelle Deans	Elected Governor Kingston	Elected November 2017. Re-elected November 2020-23.	3/3
Frances Kitson	Elected Governor Kingston	Elected November 2012 (Richmond). Elected (Kingston) November 2015-18 and November 2018-21.	3/3
James Giles	Elected Governor Kingston	Elected November 2018-21	1/3
Raju Pandya	Elected Governor Kingston	Elected November 2018-21	1/3
Bonnie Green	Elected Governor Richmond	Elected November 2015. Re-elected November 2018-21	3/3
Cathy Maker	Elected Governor Richmond	Elected November 2017-20. Re-elected November 2020-23.	3/3
Terry Silverstone	Elected Governor Richmond	Elected November 2017-20	2/2
Jane Keep	Elected Governor Richmond	Elected November 2018-21. Resigned 30th June 2020.	0/0
CJ Kim	Elected Governor Elmbridge	Elected November 2014-17, Re-elected November 2017-20 and November 2020-23.	3/3
Jack Saltman	Elected Governor Elmbridge	Elected November 2015. Re-elected November 2018-21	3/3
Felicity Merz	Elected governor Wandsworth	Elected November 2017. Re-elected November 2020-23.	3/3
Marilyn Frampton	Elected Governor Merton	Elected November 2011. Re-elected November 2014 and November 2017-20	2/2
Paul Hide	Elected Governor Sutton	Elected November 2014. Re-elected November 2017-20.	1/2
Prof Peter Tomkins	Elected Governor - Rest of Surrey and Greater London	Elected November 2011 Re-Elected November 2014 and November 2017-20	2/2
Pravin Menezes	Staff Governor Medical & Dental Practitioners	Elected November 2018-21	2/3
Sarah Connor	Staff Governor Nursing and Midwifery	Ends November 2017. Re-elected November 2017-20	0/2
Carlin Conradie	Staff Governor AHP & Clinical Support	Elected November 2017-20	2/2
Ursula Kingsley	Staff Governor Management and Administrative Staff	Ends November 2017, Re- elected November 2017-20	2/2
Dr Naz Jivani	Appointed Governor SW London CCG	Appointed April 2020-23	3/3
Vacancy	Appointed Governor Surrey CCG		–
Vacancy	Elected Governor for Sutton	Not filled in November 2020	–
Dr Doug Hing	Appointed Governor SW London CCG	Appointed April 2020-23	2/3
Councillor Rowena Bass	Appointed Governor Royal Borough of Kingston upon Thames	Appointed October 2018-21	3/3
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	3/3
Councillor Christine Elmer	Appointed Governor Elmbridge Borough Council	Appointed November 2012; November 2015; November 2018-21	1/3
Councillor Drew Heffernan	Appointed Governor, London Borough of Sutton for Sutton and Merton Borough Councils (joint nomination)	Appointed July 2018-21	1/3
Dr Julia Gale	Appointed Governor Kingston University	Appointed November 2013; November 2016; November 2019-22	1/3
Anne Blanche	Elected Governor, Kingston	Elected November 2020-23	1/1
Jennifer Bunn	Staff Governor, Management and Administrative Staff	Elected November 2020-23	1/1
George Crivelli	Appointed Governor, Wandsworth Borough Council	Appointed November 2020-23	1/1
Alison Dicks	Staff Governor ,AHP &Clinical Support	Elected November 2020-23	1/1
Isabelle Donnelly	Elected Governor, Richmond	Elected November 2020-23	1/1
Ash Neil-Gallacher	Elected Governor, Kingston	Elected November 2020-23	1/1
Catherine Okonkwo	Elected Governor, Rest of Surrey and Greater London	Elected November 2020-23	1/1
Geoffrey Shorter	Elected Governor, Merton	Elected November 2020-23	1/1
Susan Smith	Elected Governor, Richmond	Elected November 2020-23	1/1
Diane Taboada	Staff Governor, Nursing and Midwifery	Elected November 2020-23	0/1

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

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 2020-21.

Lead Governor

The Council of Governors selects one of the Public Governors to be the Lead Governor. Richard Allen (Elected Governor Kingston) carried out this role until 21st June 2020 when he was succeeded by Frances Kitson (Elected Governor Kingston) for a term of office of 2 years.

The Council of Governors has selected a Deputy Lead Governor to deputise for the Lead Governor as necessary. Jack Saltman (Elected Governor Elmbridge) carried out the Deputy Lead Governor role until 21st June 2020 when he was succeeded by Cathy Maker (Elected Governor Richmond) for a term of office of 2 years.

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

At the Annual General Meeting/Annual Members Meeting held in September 2020 an amendment to the Trust's Constitution relating to the Council of Governors was approved. From 1st April 2020, the six CCGs in South West London merged to form a single organisation. Where previously there had been three Governor positions representing the six CCGs, those posts were automatically removed from the Constitution with the merger. In consultation with the South West London CCG, it was agreed to include two Governor posts to represent the merged organisation. The constitution of the Council of Governors was therefore:

- 17 Elected Public Governors
- 4 Elected Staff Governors
- 10 Partner appointed Governors

Meetings of the Council of Governors

The Council held full meetings on three occasions during 2020-21. A fourth scheduled meeting in March 2021 was postponed to May 2021 in order to be able to update the Council on post-Covid services at a more appropriate time. 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 for the Council of Governors in 2020-21 was put on hold due to the Covid-19 pandemic. However, induction training for the governors elected in November 2021 went ahead via MS Teams and was well-received.

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 (Register of Conflicts of Interest Archives - Kingston Hospital).

Understanding the Views of Governors and Members

The Board of Directors has put in place processes 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. However, many of these were suspended due to infection control and social distancing measures in place throughout the year. Despite this, Non-Executive Directors and the Chief Executive have attended each meeting of the Council of Governors and the Chief Executive has provided the Council of Governors with monthly briefings on the current situation in the Hospital. Governors were able to take part in discussions to develop the Patient First Strategy 2020-25 and the annual objectives of the organisation approved by the Trust Board.

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.

Whilst the majority of means of contact for Governor engagement with patients, members and the wider public were suspended in 2020-21, Members newsletters continued and a sub-group of the Membership Recruitment & Engagement Committee has supported the Communications team on content. The Patient Experience Committee and the Equality & Diversity Committee invites Governors to be in attendance at meetings.

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 7,294 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. The Council of Governors created an Associate Member for Young People and appointmented Olivia Arney as the first holder of the post for an initial term of office of two years with effect from 20th January 2021. The role will assist and advise on the recruitment of young people as members of the Foundation Trust.

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.

Foundation Trust Membership

		2019/20	2020/21
Public	At year start	7,089	7,037
	At year end	7,037	7,293
Staff	At year start	3,265	3,467
	At year end	3,467	4,010

Analysis of current membership by age, ethnic origin, socio-economic group and by gender		
Public Constituency	**Number of Members**	**Eligible Membership**
Age (years)		
0-16	6	2,214,445
17-21	122	566,391
22+	5,090	7,500,849
Not stated	2,075	N/A
Ethnicity		
White	2,568	5,911,117
Mixed	62	428,833
Asian or Asian British	540	1,575,044
Black or Black British	162	1,101,070
Other	5	290,267
Not stated	3,954	N/A
Socio-Economic Groupings		
AB	2,653	1,257,887
C1	2,236	1,324,186
C2	1,071	586,101
DE	1,284	844,578
Gender Analysis		
Male	2,319	5,133,306
Female	4,381	5,148,376
Not stated	593	N/A

Analysis by Constituency	**Members**	**Number of Eligible Population**	**Number of Public Governors**
Elmbridge	839	137,954	2
Kingston	3,118	179,742	7
Merton	464	110,097	1
Rest of Surrey & Gr London	842	9,458,736	1
Richmond	1,384	200,115	4
Sutton	142	46,632	0
Wandsworth	306	14,406	1
Out of area/Not Categorised	199	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 2021 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 managing and mitigating risks 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 assist in delivering quality, patient-centred services that achieve excellent results and promote the best possible use of public resources. 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 Board committee structure discharging overall responsibilities for risk management is summarised below:

- Trust Board has overall responsibility for 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 Trust's activities, which supports the achievement of the Trust's objectives. It also ensures an effective internal and external audit funcation is at work in the Trust;
- 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 delegated 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. It also monitors the operational performance of the Trust in people management, recruitment and retention, and employee health and wellbeing; and
- Equality, Diversity and Inclusion Committee (ED&IC) enables the Trust Board to carry out its responsibilities for the Equality, Diversity and Inclusion agenda and provide strategic direction, leadership and support for promoting and maintaining equality, diversity and inclusion issues across the Trust, in line with Trust's strategic objectives.

The Executive Management Committee (EMC) is made up of the core leadership team for the Trust; it is responsible for ensuring:

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

The Patient Safety & Risk Management Committee (PS&RMC) reviews all risks on the Trust Risk Register rated at 12 or above. 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 operating effectively. It ensures 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 via the Trust's Policy & Guidelines page on the intranet. 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 NHS 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. Regular meetings have taken place during the year between the CQC's Lead Inspector and Executive members of the Trust Board. The CQC has not taken enforcement action against Kingston Hospital NHS Foundation Trust during 2020-21.

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:

- Review escalation from the Patient Safety & Risk Management Committee concerning any quality risks identified in the Board Assurance Framework 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 Team to identify the most valuable quality indicators for the Board and maintain oversight of the clinical quality aspects of QI work to ensure it has appropriate quality monitoring mechanisms in place for all levels of the organisation.
- Seek assurances through review of the annual report 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 through presentation, review and questioning of the Integrated Quality and Operational Compliance Report and by scanning the horizon to ensure that relevant publications are reviewed and recommendations for shared learning are acted upon.
- 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 through integration of QI within the committee workplan and ensuring that all strategies have completed an Equality Impact Assessment.
- 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.

- Ensure a proportionate and systematic quality improvement approach is taken to address any gaps in quality that are identified. Improvement initiatives commissioned by the committee will follow the Trust's quality improvement approach and will be registered with the improvement team to access the appropriate level of support.

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 internal 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 areas 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.
- Annual review of each Board committee's effectiveness against its terms of reference.

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

In 2020-21 the Trust received 553 Freedom of Information (FOI) requests: 61.8% of these were answered within the 20-working-day limit. Although the Trust is fully committed to meeting its obligation under the Information Access legislation, during Covid-19 this was not always possible. Enquirers were informed of potential delays.

There was one Serious Incident relating to Information Governance logged through the Data Security and Protection Toolkit. Based on initial information this was escalated to the Information Commissioner's Office (ICO). However, upon investigation the incident was not within the Trust or its responsibility, and was thus de-escalated. The ICO made some recommendations which the Trust was working through. However, no further action on the incident was required.

A Decision Notice was received on one complaint to the ICO, which had been logged in the previous year. This involved a Freedom of Information request where the Trust had used Section 14 (Vexatious) to turn down the request. The ICO upheld the Trust's use of Section 14.

The Trust has been fully engaged across South West London (SWL), through the SWL Covid-19 Information Governance Group, to ensure that patient information flowed appropriately under the Control of Patient Information (COPI) Notice to meet the needs of the pandemic. The Group has approved 78 short form Data Privacy Impact Assessments (DPIAs). Some of these will cease at the end of COPI but plans are already in place for full DPIAs to be made for those flows that are proving beneficial to overall patient care.

The Trust also chairs the IG meetings for Connecting your Care (CyC), a real time electronic system which allows hospital, GP, mental health and adult social care information sharing for direct care purposes. During the period, pharmacy and care home pilots for accessing CyC have begun. For COPI purposes the technology behind CyC was expanded for all hospital and GP information to be shared so that patients could receive proper treatment regardless of where they presented.

In January 2021, the Information Governance Team also took over the 'access to health records' function from the Health Records Department. Through the 2020-21 period, 987 Subject Access Requests were received. Due to challenges associated with Covid-19, 56.3% were answered within the 28-calendar-day limit.

Data Security and Protection Toolkit Attainment Levels

In the 2019-20 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.

The Trust has been audited by KPMG on the Data Security and Protection Toolkit and is reviewing and progressing the recommendations received. The Toolkit for 2020-21 is due to be submitted by 30 June 2021.

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's Data Quality Group ensures performance meets and/or exceeds national performance.

Workforce Safeguards

In October 2018 NHS Improvement published 'Developing Workforce Safeguards' to support providers to deliver high quality care through safe and effective staffing. In 2019/20, 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.

Annual Quality Report

Due to Covid-19 in 2019-20, NHSI ceased the requirement for the Quality Report to audited, which has continued in the current year. Further guidance was provided in 2020-21. However, 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 at the time in compiling its Quality Report, and this included wide stakeholder engagement to provide commentary on achievement of the Trust's quality priorities in 2020-21 and agreement of the quality priorities for 2021-22.

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 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 2020-21, KPMG, the Trust's internal auditors, identified recommendations within their audit reports which 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 2020-21 gave an overall opinion that "significant assurance with minor improvements required" can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. The contract and associated Quality Plan specify that the delivery of the internal audit function will continue to be in compliance with NHS Internal Audit Standards and those of the Institute of Internal Auditors (UK).

The table below shows the outcomes for the reviews which had been completed.

Review	**Assurance Level**
Core Financial Systems: Capital	Significant Assurance
Safeguarding Adults	Significant Assurance with Minor Improvement Opportunities
Digital Strategy	Unrated, advisory
Data Quality and Assurance	Significant Assurance
DSP Toolkit	Partial Assurance with Improvements Required
Contract Management	Partial Assurance with Improvements Required

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 2020-21.

Signed:

Jo Farrar
Chief Executive

15 June 2021

NHS
Kingston Hospital
NHS Foundation Trust

QUALITY ACCOUNT 2020-2021

Working **together** to deliver **Exceptional, Compassionate Patient Centred Care** every time**.**

CONTENTS

PART 1

Kingston Hospital NHS Foundation Trust Board

Statement on Quality and Introduction from the Chief Executive

Welcome to the Kingston Hospital NHS Foundation Trust Quality Account for 2020 – 2021, this has been produced following an exceptional year with the unprecedented circumstances of COVID-19. What a strange 2020 we've had; normality still seems like a distant memory, and distant future. Yet we have significantly grown and developed our services both clinically and virtually during these difficult times. At Kingston Hospital NHS Foundation Trust our staff have, day after day, risen to these challenges, demonstrating their commitment to providing excellent care in what have been described as the most difficult of circumstances. I would like to take this opportunity to acknowledge the difficulties that we have seen as a Trust and to staff, patients and families that have suffered a sad loss due to the pandemic; our thoughts are with family and friends at this incredibly difficult and heart-breaking time.

2020/21 has been an extremely challenging year in terms of demands for our services and on our staff alongside the many other healthcare providers in relation to 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 and we have seen countless examples of people stepping out of their comfort zones and working in different ways.

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.

We are looking forward to further development and a return to more routine activity, however this is an apt time to remind our patients, community partners and staff of what we have achieved in the previous year and this publication aims to do that.

This account provides assurance to our partners on the quality of the services provided at the Trust, covers how we have performed against the Quality Priorities set for 2020 - 21 and sets out what our Quality Priorities will be during 2021 - 22.

The Trust has continued to focus on quality for our public, patients, volunteers and staff and to build on our successes and achievements so far, in improving the service and care we provide. During 2020/21 Kingston Hospital NHS Foundation Trust contributed to a CQC MHA Inquisitorial Review of the Emergency Department Mental Health Assessment Unit and underwent a CQC Infection Prevention and Control Emergency Response Framework virtual assessment following the first wave of COVID-19, followed by a peer review within the South West London Network.

Our Emergency Department (ED) attendances throughout the year continued to remain high. The demand is echoed to one extent or another across our region and nation and it placed considerable strain on our colleagues and teams as well as our systems and partnerships.

In spite of this, we have had many successes throughout the year. We opened the new state of the art endoscopy suite, we have continued with several of our board members undertaking reverse mentoring and the CQC have been engaged in regular positive reviews.

My congratulations to Elizabeth Raderecht (Acute Assessment Unit Matron) and Sarah Joseph (Surgical Matron) who received nominations from the Healthcare Quality Improvement Partnership in the Florence Nightingale Award Audit Heroes Category and to Alice Milne, Trainee Clinical Scientist in Audiology who was awarded the Kingston Hospital NHS Foundation Trust Audit Hero Award for

investigating the effectiveness of routine hearing checks for patients undergoing memory assessments.

Congratulations also to Juliet Butler, Team Lead Physiotherapist who won the Eva Huggins prize for ‘Best Nurse/AHP Poster’ at the British Geriatrics Society autumn conference.

I was thrilled that Kingston Hospital NHS Foundation Trust won the ‘Best Dementia Friendly Hospital’ at this year’s National Dementia Care Awards.

Following the National Audit of Care at the End of Life (NACEL) it was highlighted that compared to the national average, patients at the end of life admitted to Kingston Hospital NHS Foundation Trust and those important to them are receiving a higher standard of care. This included the quality of communication held with the patient, their families and carers, as well as the implementation of individual plans of care, which consider the needs of those important to them.

This is triangulated with an audit from KPMG regarding the processes for Learning from Deaths. This audit had two objectives:

- To review the implementation of national guidance.
- To test the compliance.

KPMG found that the processes at Kingston Hospital NHS Foundation Trust provided significant assurance, noting that national guidance had been developed and embedded well with sufficient detail and that all reporting was completed in line with the NHS Providers Learning from Deaths dashboards.

The Trust has been cited in the national media throughout the year, including a visit from Sky News looking at the effects of the global pandemic to help give the public an insight into the pressure NHS hospitals have been under and ITV News looking at the impact to our cancer patients over the course of the pandemic to date. Kingston Hospital NHS Foundation Trust remains at the forefront of cancer services in the region.

During 2020-21 alongside the global pandemic of COVID-19, the Trust focused on delivering six 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. Due to the COVID-19 pandemic we were unable to gain the usual traction we would have liked with progress on these priorities and have made the decision in full consultation with our partners to continue these priorities for a further year to ensure that we can achieve our desired goals.

The Trust has continued its patient and public involvement work throughout the pandemic and the last 12 months presented an array of new opportunities, spurred on by growing recognition of how patient voices add value to the work of the Trust, greater promotion of this, and the huge enthusiasm and willingness of patients and local communities to support the Trust by getting involved.

The Trust staff turnover rate of 12.09% remains stable this has reduced by 2.07% since the beginning of the year, comparing favourably with our local comparators which stand at 12.19%. The staff vacancy rate of 8.74% (slightly above our ambitious target of 6%) is testament to how the Trust staff feel valued and enjoy their work. This results' in increased stability, the Trust stability rate is 87.17% an improvement of 1.05% since the beginning of the year.

The Trust is pleased that 77% of its workforce completed the national staff survey making Kingston Hospital the top acute Trust in the country for returns. This is excellent as having such an engaged workforce is fundamental to delivering outstanding care and guiding what we do. It is what sets us apart from many other organisations and it is something that I do not take for granted. 74.6% would recommend the Trust as a place to work and 83% 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 valued volunteers who are dedicated to helping it achieve our standards in all areas of the Trust.

At the beginning of April 2020 I welcomed Dr. Amira Girgis as our Acting Medical Director following the retirement of Dr. Jane Wilson. Susan Simpson our Director of Corporate Governance retired in March 2021 and we welcomed Samuel Armstrong into the post. We all continue to look forward to working with our community partners in our aim of aspiring to excellence.

Working in conjunction with our governors, staff, partners and stakeholders the Trust has agreed that our Quality Priorities for 2020/2021 will continue to be our focus for the year 2021/2022. These are described below.

Domain	Priority
Patient Safety	Reduce the proportion of women who experience postpartum haemorrhage.
	Increase the proportion of patients who are safely discharged without delay when they no longer require a hospital bed for their care.
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
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

As always 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 would like to take this opportunity to thank and acknowledge all our staff and the support of our stakeholders for their continued hard work and commitment helping us provide excellent care for an unprecedented number of patients over the last 12 months. As C.J.Price (Administrator at Dallas County Hospital) stated in November of 1963 "*What is it that enables an institution to take in stride such a series of history jolting events? Spirit? Dedication? Preparedness? Certainly, all of these are important, but the underlying factor is people. People whose education and training is sound. People whose judgement is calm and perceptive. People whose actions are deliberate and definitive. Our pride is not that we were swept up by the whirlwind of tragic history, but that when we were, we were not found wanting'*

This has never been truer for the amazing staff at Kingston. This collaborative working is what makes us 'Outstanding' and is integral to the culture within the Trust and the safety of our patients and staff. I look forward to our continued focus on our quality improvement programmes during the year ahead.

The Quality Account 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 Account is reliable and accurate.

Jo Farrar
Chief Executive
15 June 2021

Executive Summary

The Kingston Hospital NHS Foundation Trust Quality Account details the work that the Trust had set out to achieve during 2020-21 and what we plan to achieve during 2021-2022. 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 Account is a fundamental way for us to demonstrate how proud we are of the work we have undertaken and share this with our partners through this report.

During 2020-21 Kingston Hospital NHS Foundation Trust:

- Rose to the challenges presented by the COVID-19 pandemic.
- Received a huge amount of community support throughout the COVID-19 pandemic.
- Had a visit from Sir Simon Stevens, Chief Executive Officer of the NHS.
- Following additional support and training re-deployed staff into areas of greater need during the COVID-19 pandemic.
- The Trust contributed to and completed a CQC Infection Prevention and Control Emergency Response Framework Assessment and received positive feedback and praise following the first wave of the global pandemic.
- Underwent an internal audit from KPMG on the Trusts Learning from Deaths processes.
- Had a 77% response rate to the National Annual Staff Survey – this is an increase on last year.
- 90.5% of staff received a flu vaccine
- 82% of staff received the COVID Vaccine
- The Trust had many successes:
    - Tackled the challenges presented by COVID-19.
    - Received an award for the best Dementia Friendly Hospital.
    - Kingston Hospital was cited in the national Getting it Right First Time (GIRFT) report.
    - Opened a new state of the art Endoscopy suite.
    - Juliet Butler (Team Lead Physiotherapist) won the Eva Huggins prize for Best Nurse/AHP Poster at the British Geriatrics Society autumn conference.
    - The Trust participated in 100% of national clinical audits and national confidential enquiries that it was eligible to participate in.

In 2020-21 we have worked hard to make sure we continue to offer the best care in the best way possible. During 2020-21 we identified and made some progress on our agreed Quality Priorities, however, due to the COVID-19 pandemic the Trust and our partners have made the decision to carry these priorities over to the 2021/2022 financial year. The Trust continues to want to make sure care is safe and that our

service users are involved in improvements throughout the Trust. The Trust Quality Priorities for 2021-22 are:

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

Quality improvement is one of many areas where we have seen a significant impact as a consequence of the COVID-19 pandemic. Planned programmes have been revised, paused or even abandoned in response to the constantly changing circumstances that the Trust and society as a whole has been confronted with throughout this period. In its place, we have seen rapid adaptation and innovation across many services; redesigning processes and care delivery so that we can continue to deliver outstanding care for our patients despite the constraints, risks and challenges.

Other improvements we have made include:

- Joint Assessment & Discharge team set up new ways of working with GPs, using technology which means that care home residents can avoid a trip into hospital.
- New staff rest areas introduced across different services to help staff cope with the pressures associated with the response to COVID-19.
- An innovative collaboration between ITU and the respiratory team established a post-COVID follow-up clinic to support and monitor patients after they leave hospital.

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.

WHAT IS A QUALITY ACCOUNT?

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

Providers of NHS services in England had a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Account. The Quality Account 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 Account 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 Account 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 Account 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 Account

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 Account 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 Account 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 Account 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 Account, 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, London Borough of Merton, Borough of Elmbridge.

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.

Socially distanced phlebotomy

Sunshine ward staff awards winners

KINGSTON HOSPITAL NHS FOUNDATION TRUST PRIORITIES FOR 2021/22

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 at the Executive Management Committee (EMC) and then published in the Quality Account.

The requirements and deadlines for quality accounts are prescribed in regulations and are not controlled by NHS England and NHS Improvement. The DHSC is currently reviewing whether regulations should be amended to revise the 30th June quality accounts deadline for 2020/21.

Continuing the revised arrangements put in place last year, NHS foundation trusts are no longer required to include a quality report in their annual report. This will be confirmed in the Foundation Trust (FT) Annual Reporting Manual (ARM) for 2020/21. This will continue for 2021/22 and beyond, with focused reporting on quality priorities and performance in the annual report incorporated directly into the performance report. It is proposed this will be the same for NHS trust annual reports from 2021/22 in the Department of Health and Social Care Group Accounting Manual (DHSC GAM). More details will be provided in the 2021/22 reporting manuals. However, all NHS providers are expected to provide a quality account.

NHS trusts are not expected to commission assurance on their quality account. From 2021/22 onwards this assurance exercise will be optional for all providers. The guidance documents will be updated to provide a framework for this.

The number of priorities selected is in line with those historically stipulated in the NHS Improvement document *Detailed Requirements for Quality Accounts.*

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 2020/21 Quality Report; this should include performance in 2020/21 against each priority and, where possible, the performance in previous years.
- How progress to achieve these priorities will be monitored and measured
- How progress to achieve these priorities will be reported.
-

In the autumn of 2020 the proposal to carry forward the Quality Priorities was agreed at the committees listed below:

- Executive management Committee — 23rd September 2020
- Trust Board Meeting (Public) — 30th September 2020
- Governors Quality Scrutiny Committee — 7th October 2020
- Council of Governors — 13th October 2020
- Quality Assurance Committee — 28th October 2020

Due to carrying over our Quality Priorities we confirm that the selection process for our 2020/21 and 2021/22 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. Due to the global pandemic, the work undertaken on these priorities has not achieved the desired level and goals therefore work will continue for a further year.

Date	Milestone
29th October 2019	Themes from initial list discussed at Quality Assurance Committee. The initial 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 initial list of quality priorities. The initial list 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, Cancer Patient Partners 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
September and October 2020	Agreement to carry forward our Quality Priorities for a further year

For 2021/22, three of our quality priorities will be embedded within our Patient First strategic framework and will be the 2021/22 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 2021/22 were selected from an initial list of known gaps in quality identified through clinical risk and quality reporting, clinical audit, patient experience data and national quality priorities. This initial list was sent out in the form of a survey during 2019/2020 to key stakeholders including partners and members of the Trust.

The Trust's quality priorities align with the three CQC domains: patient safety, clinical effectiveness and patient experience. One quality priority was designated to each of these areas, with each priority having a designated lead(s) responsible for its progress. In light of the disruption caused by the COVID-19 pandemic, a decision was taken to carry the priorities over into the next financial year 2021/22. The Trust's Quality Improvement team will continue to support the designated leads to ensure that each priority remains an area of focus and the objectives set can be adjusted accordingly to accommodate the impact of COVID.

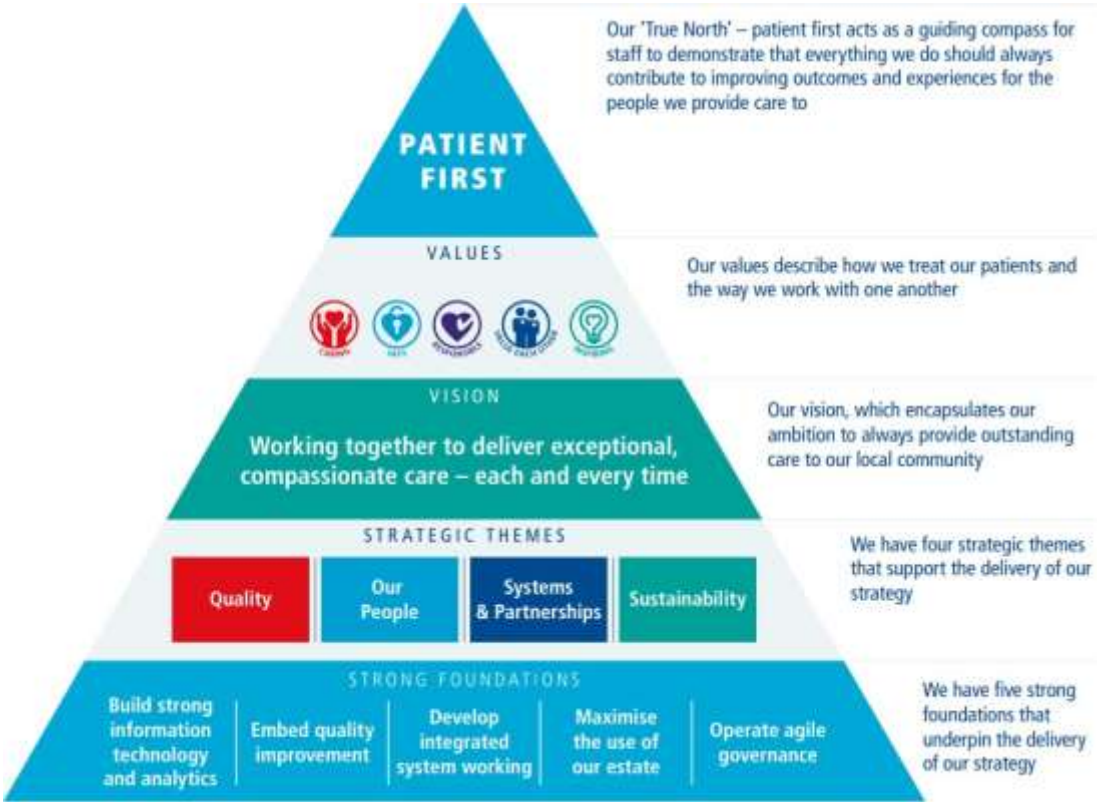
The results from the survey were considered alongside other available data to select the three areas to be taken forward and complete the list of six Quality Priorities for 2020/21 and to be carried forward to 2021/2022, these were:

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.

Quality improvement is a core part of everyone's role. 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. Development of the Patient First strategy has continued throughout 2020/21, with plans to build on the current improvement programme and embed an improvement system across the Trust into 2021/22.
Our Quality Priorities for 2021/22 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 2021/22

This section provides further definition of the 2021/22 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.*

The circumstances of the past 12 months make assessing our progress against the quality priorities very challenging. The impact of COVID-19 and the consequent response of the health and social care system have resulted in many of the measures of performance being effectively incomparable with historic performance or projections. Performance targets for each priority were originally set based on a set of assumptions about the system that are no longer necessarily valid. Additionally, some performance measures (e.g. Friends and Family Test and Delayed Transfers of Care) were suspended nationally to reduce the reporting burden. Nonetheless, work has continued and in some cases accelerated as the Trust and its partners have adapted to the rapidly changing context.

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 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- 2022?

Initial Aim: *To reduce the Major Obstetric Haemorrhage (MOH) rate (blood loss of >1500mls) for all vaginal and non-elective deliveries within Kingston Hospital's Maternity department from **4.76%** to **3.1%*** by March 2021.
Adjusted Aim 2021/22: *Aim adjusted to accommodate the impact of COVID-19 pandemic, with the new aim to achieve an interim target of **4%** by June 2021 and sustained performance below the target of **3.1%** by March 2022.*

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 - 2022?

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 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?

It is recognised that some patients remain in an acute bed in Kingston hospital for longer than necessary. This is due to a variety 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.

Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation. This 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.

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

In our Patient First objectives for 2020-2022 we selected the number of 'stranded' and 'super-stranded' patients as the primary measure of success for this priority. 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. Our target to be achieved by March 2022:

- Reduce the number of stranded patients from an average of 140 in 2019/20 to 100
- Reduce the number of super-stranded patients from an average of 40 in 2019/20 to 20

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.

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 - 2022?

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 2020-2022 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 sets 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?

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/did not attend (DNA) rates.

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.

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

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.

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 2020-2022?

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?

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

Awaiting data from BI and narrative
Triage and redirection of patients from ED streaming
Reprovision of minor injuries in fracture clinic and redirection of GPs to the community hubs for the management of minor illness.

Overview of Services

During 2020/21 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 2020/21.

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 Hip Fracture Database: More patients admitted as an emergency with a hip fracture received all of the best practice recommended elements of patient care (79%) compared to the national average (58%). The Trust is amongst the best performing 25% of hospitals nationally for this measure.	**Trauma Audit and Research Network:** More trauma patients presenting to the Emergency Department survived compared to those expected to survive based on the severity of their injury.	**National Neonatal Audit Programme:** More parents attended ward rounds on the neonatal unit (95%) compared to the national average (83%). 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 to respond to any questions.
National Audit of Seizures and Epilepsies: The quality of care provided is excellent with performance above the national average for all key clinical indicators relating to:	In 2020/21 staff endeavoured to improve patient care and outcome by participating in: **46 national clinical audit projects** **11 national confidential**	**National Audit of Care at the End of Life:** The quality of end of life care has improved compared to the previous audit results and is above the national average for all key clinical indicators

• Input from a paediatrician with expertise in epilepsies and an epilepsy nurse specialist. • Access to ECG and MRI investigations. • Accuracy of diagnosis. • Provision of agreed and comprehensive clinical care plans.	**enquiries** **259 local clinical audit projects**	relating to: • Recognising the possibility of imminent death. • Communication with the dying person, families and others. • Individual plan of care. • Workforce.
Chronic Obstructive Pulmonary Disease in Secondary Care: The Trust is amongst the best performing 25% of hospitals nationally for: • Timely treatment of non-invasive ventilation, which is associated with reduced length of stay. • Timely review by the respiratory team, which is associated with the provision of a better standard of care. • Provision of smoking cessation support, which has a proven mortality benefit.	**National Lung Cancer Audit:** The Trust has exceeded the national target for provision of chemotherapy to patients with advanced and incurable non-small cell lung cancer (NSCLC) since 2015 and demonstrated continuous improvement since 2016. Palliative chemotherapy can benefit patients by improving quality of life and extending survival.	**National Emergency Laparotomy Audit:** More high-risk patients had a consultant surgeon and a consultant anaesthetist present in theatre (100%) compared to the national average (89%). The Trust is amongst the best performing 25% of hospitals nationally for this measure. Emergency laparotomy is often high-risk surgery, and therefore benefits from the expertise of a consultant anaesthetist and a consultant surgeon during the operation.

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 safe and effective.

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

It is also supported by clinical audit; a multidisciplinary quality improvement activity that assesses patient care against best practice recommendations. Where shortfalls in performance are demonstrated actions are taken to improve and then re-audited to ensure the desired improvement has been achieved.

During 2020/21, 46 national clinical audits and 11 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 2020/21 are listed in Appendix A and B.

The national clinical audits and national confidential enquiries that the Kingston Hospital NHS Foundation Trust participated in, during 2020/21 are also listed in Appendix A and B.

The national clinical audits and national confidential enquiries that Kingston Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2020/21, are listed in Appendix A and B alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 39 national clinical audits and the current status with recommendations from 17 national confidential enquiries were reviewed by the provider in 2020/21. 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 131 local clinical audits were reviewed by Kingston Hospital NHS Foundation Trust in 2020/21. 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 feed into their improvement priorities and that progress with actions taken to improve are monitored. Areas of excellent performance are shared with staff via the intranet, the monthly Improvement Faculty Newsletter, the Wall of Pride and showcased as part of the Trust's Annual Clinical Audit Awareness Week. 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 is primarily used at Kingston Hospital NHS Foundation Trust to improve patient care. They can also be used to provide assurance that the Trust is following best practice guidance. Four examples of how clinical audit results have demonstrated improved patient care, experience and safety, or provided assurance, during 2020/21 are given in the table below.

Clinical audit driving improvement
Improvements in patient safety as NHS England target for the identification and treatment of patients with sepsis exceeded Sepsis and septic shock have a high mortality and morbidity. If sepsis is recognised and patients receive antibiotics and fluids early in their treatment their outcome is improved and this will mean saving lives and reducing harm. It is therefore important that all staff and patients know about the risk of sepsis. Through education and improving processes, the Trust can increase awareness of the condition and save lives. Kingston Hospital NHS Foundation Trust has focussed a great deal of attention on making sure staff recognise and treat patients with sepsis at the earliest opportunity. In 2015/16 a three year improvement project was set up to drive this work, progress with which is monitored via monthly audits presented to the Sepsis Steering Group, and now the Deteriorating Patient Group. The audit focusses on timely sepsis screening and treatment, with NHS England setting a target of 90% for both standards. **Latest performance:** • Timely screening of patients for sepsis – Since Q2, 2017-18 we have seen sustained improvement, and since Q2, 2019/20 we have exceeded the NHS target of 90%. • Timely treatment of patients for sepsis – Since Q3, 2017-18 we have seen sustained improvement, and since Q3, 2019/20 we have exceeded the NHS target of 90%. **How is this achieved?** • **Leadership:** Recruited a Band 7 Sepsis and Deteriorating Patient Nurse. • **Robust processes:** Updated the Paediatric Sepsis screening tool, and introduced new sepsis symptom, treatment and prevention cards and posters. • **Use of technology:** Added a sepsis alert on the electronic patient record for patients who trigger a high NEWS2 score (NEWS2 is a nationally developed tool which improves the detection and response to clinical deterioration in adult patients). • **Robust education:** Introduced training for all healthcare professionals on the recognition of sepsis, screening and management. Training is also provided on corporate and nursing induction. Implemented simulation training and ward based Sepsis Scenario training with the Practice Development Team and Simulation Team. • **Raised awareness:** Held various events for World Sepsis Day including the dissemination of information via stands, posters, cards, a Twitter photo campaign, pop up messages on the Trust computers and messages on the patient electronic information boards. Held focused teaching updates in the Emergency Department, and with the paediatrics and maternity teams. • **Continual improvement:** The quality improvement project “Ward of The Month” will continue to improve the care of the deteriorating patient. In addition there will be further opportunities to access support and coaching in sepsis recognition and management.

Feedback:

- Amy Heptonstall, Sepsis and Deteriorating Patient Specialist Nurse says about the project: "*As with identifying patients with sepsis, finding solutions to improving the identification and timely treatment of patients with potential sepsis was not a simple task. It has taken time and lots of effort to see the improvements above. Achieving the national targets and seeing sustained improvement has been wonderful and shows the amount of work done by the front line staff to provide excellent patient safety. Technology has played a large part in the improvement, ensuring there are robust processes in place but this requires the continual education and awareness program to make sure staff understand the importance of these processes. It is worth the effort knowing that as a Trust we are maintaining patient safety and reducing avoidable harm from sepsis by supporting the multidisciplinary team to identify and manage our deteriorating patients".*

Patients diagnosed with lung cancer continue to receive excellent care as demonstrated by the latest Trust performance in the National Lung Cancer Audit

Lung cancer is one of the most common and serious types of cancer. Around 47,000 people are diagnosed with the condition every year in the UK. The National Lung Cancer Audit (NLCA) collects information to understand the current quality of care and outcomes for patients with lung cancer. This information is communicated to NHS Trusts so that they can identify any gaps in best practice and address via local quality improvement activities.

The information below is taken from the national report published in Aug-20, which details the care and outcomes of patients diagnosed in 2018.

Latest performance:

- Performance has improved across all 6 key performance indicators reported by the audit compared to 2016.
- Performance has both improved compared to previous (2017) and exceeds the national average for:
  - Pathological confirmation. The preferred means of diagnosis due to its accuracy. The Trust has demonstrated continuous improvement for this measure since 2015.
  - 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. The Trust has exceeded the national target for this measure since 2015 and demonstrated continuous improvement since 2016.
- In addition, the Trust is in line with other Trusts nationally for:
  - Provision of anti-Cancer Treatments. These treatments improve quality of life and survival.
  - 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.

How is this achieved?

- Engaging with our Community partners ensures early recognition of symptoms of lung cancer and enables early referral. Opportunities to intervene can then be identified early and prevent unplanned admissions with lung cancer as well as enabling better access to systemic anti-cancer therapy.

- Working closely, as part of the integrated respiratory team, with our GP partners, and presenting regular updates to the Clinical Commissioning Group.
- Working closely with the Royal Marsden Hospital oncologists and having an effective lung cancer multi-disciplinary team ensures rapid and appropriate diagnostic tests are performed to enable accurate diagnosis and staging to support the oncology treatment plans. This is key to providing high quality care for the cohort of patients with advanced lung cancer.
- 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 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 ensures 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 and to speed up time from referral to diagnosis - faster diagnosis is a key part of improving survival rates.
- Introducing 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.
- Introducing an Ambulatory Pleural Service to support the 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.

Clinical audit providing assurance

Kingston Hospital NHS Foundation Trust awarded as a National Joint Registry Quality Data Provider

Hip, knee, ankle, elbow and shoulder joint replacements are common and highly successful operations that bring many patients relief from pain and improved mobility. Thousands of these joint replacement operations take place in the UK every year.

The National Joint Registry (NJR) was set up in 2002 to collect information on all hip, knee, ankle, and elbow and shoulder replacement operations - to monitor the performance of joint replacement implants and the effectiveness of different types of surgery and to improve clinical standards and benefit patients, clinicians and the orthopaedic sector as a whole.

The 'NJR Quality Data Provider' award scheme was developed to offer hospitals a blueprint for reaching standards relating to patient safety through NJR compliance and to reward those who have met targets in this area.

This is a unique award that acknowledges the high standards being met by the Trust and the strong departmental effort demonstrated to achieve compliance with the Registry.

Latest performance:

- The latest Trust performance shows that 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.

How is this achieved?

- Recruiting a Quality Manager led to a tremendous improvement in data quality and compliance with the NJR data standards. The Quality Manager has developed a system to collate all patients that meet the criteria for NJR entry, which is then used to validate all NJR entries.
- Improving the consent process i.e. the process by which patients consent to having their details added to the Registry. To achieve this 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 decline this, the reason is recorded. This enables 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. This focus has seen the consent rate improve year on year.

Excellent care continues to be provided to patients with a hip or femoral fracture as demonstrated by the latest Trust performance in the National Hip Fracture Database (NHFD)

Hip fracture is the most common serious injury in older people. It is also the most common reason for older people to need emergency anaesthesia and surgery, and the commonest cause of death following an accident. Patients may remain in hospital for a number of weeks, leading to one and a half million hospital bed days being used each year. Only a minority of patients will completely regain their previous abilities, and increased dependency and difficulty walking mean that a quarter will need long-term care. As a result, hip fracture is associated with a total cost to health and social services of over £1 billion per year.

The information below is taken from the national report published in Jan-21, which details the care and outcomes of patients admitted as an emergency in 2019.

Latest performance:

- The Trust is commended in the national audit report as one of only nine Trusts nationally, and the only Trust in London, that performed significantly above the national average for 6 key performance indicators measured by the audit.
- More patients admitted as an emergency with a hip fracture receive all of the best practice recommended elements of patient care (79%) compared to the national average (58%). The Trust is amongst the best performing 25% of hospitals nationally for this measure, and the fourth best performing Trust in London.
- The national audit also shows that the Trust is in the best performing 25% of hospitals nationally for:
  - **Assessment:** Perioperative medical assessment and patients mobilised out of bed by the day after surgery.
  - **Surgery:** Surgery on day of, or day after, admission and surgery supervised by consultant surgeon and anaesthetist.
  - **Outcomes:** Overall hospital length of stay (days), patients not sustaining hip fractures as an inpatient and patients not developing pressure ulcers.

How is this achieved?

- A motivated and enthusiastic Multi-Disciplinary Team, consisting of Mr Joseph Windley

(Orthopaedic Lead, NHFD), Dr Sharief Sharaff (Anaesthetic Lead, NHFD), Sarah Joseph (Matron, Trauma and Orthopaedics), Anne Halliday (Quality Manager), Sam Eaton (Clinical Audit and Improvement Facilitator) as well as Cambridge Ward, the Emergency Department, Radiology, Main Theatres, Ortho-Geriatricians and Allied Health Professionals.

- The Multi-Disciplinary Team focuses on developing pathways of care to enhance the treatment that patients receive, with all care developments and improvements based on the latest best practice guidance. This has led to improvements by ensuring prompt surgery and reducing the length of stay.
- The work of the Multi-Disciplinary Team to enhance the care that this group of vulnerable patients receive has:
  - Been recognised by the NHFD team, reflecting the Trusts commitment to implement the National Best Practice Standards.
  - Supported the development of individual team members and enabled Sarah Joseph (Matron) the opportunity to work on the NHFD Advisory Group at the Royal College of Physicians.
- Sarah Joseph's position on the NHFD Advisory Group has also provided the Trust with the opportunity to be directly involved in the development of new best practice guidelines, and to be a pilot site for any new initiatives that come through the National Advisory Group.
- The Multi-Disciplinary Team has also worked with other hospitals to share their learning and development in relation to hip and femoral fractures, and supported the Royal College of Physicians by welcoming members of their audit team to observe how the NHFD and Best Practice Guidelines are used here at the Trust.

Participation in Clinical Research

2020 was an incredibly challenging year, across the entire Trust. Despite this, the Research and Innovation Department has had a rewarding 12 months at the forefront of delivering COVID-19 and Urgent Public Health (UPH) research.
Under NIHR guidance the department put all non-COVID-19 studies on hold to prioritise UPH studies until December 2020, however the Research team have still managed to open 20 studies this year; 11 COVID-related (3 of which are UPH studies), and 9 non-COVID studies. Two of these non-COVID studies are Academic-led, with one being sponsored by Kingston Hospital NHS Foundation Trust. Currently, the Research Department supports 21 research-active specialities, run a portfolio of 94 studies (5 commercially sponsored, 5 academic), and have recruited nearly 6,024 patients to date.

We have had several success stories across the team, including our invaluable recruitment contribution to the COVID-19 study 'GenoMICC', being recognised in Nature, a prestigious scientific journal. Likewise, the 'RECOVERY' study, to which we have recruited over 160 patients so far, has identified 2 drugs that are effective in the treatment of COVID-19 and equally as important, 5 drugs that are not effective.

Dr Pearse, the Trust's first ever Chief Investigator, has also successfully completed his cardiology study 'PERSEPOLIS'. The team were able to far surpass the original recruitment target, with Kingston Hospital NHS Foundation Trust awarded top 'UK recruitment centre' and coming in 5th overall globally, for recruitment. As well as this,

Dr Woodhead has had his COVID Respiratory study accepted as an abstract for the annual ESICM conference.

The number of staff GCP trained, and actively involved in research, has increased from 130 in 2019, to over 200 as we end the financial year. We have 13 Principal Investigators (PI) across the Trust and have continued to encourage Nurse and Midwife-led research with 8 Nurse and 4 Midwife PIs. We have also had another fruitful year of 'Greenshoots' applications, with 2 of our clinicians awarded access to this mentorship programme for 2020/21.

We are closing the financial year with 10 studies in set up, of which 3 are Commercial, 1 is academic and the 6 are non-Commercial.

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

A proportion of income for Kingston Hospital NHS Foundation Trust in 2020/21 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.
However, as a result of COVID-19 the Department of Health announced significant contractual/financial changes for the financial year 2020 - 2021. One of these is that Trusts would not be monitored against CQUIN targets and would receive 100% of their CQUIN monies (both CCG and NHSE contracts). Therefore, in line with other trusts, CQUIN internal activity and monitoring has been suspended for all of 2020-21. The Department of Health also announced that they would not require trusts to submit CQUIN evidence for Quarter 4 of the financial year 2019-2020.

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 £2,868,157.

Local CQUINs are not applicable for the 2019/20 & 2020/21 contract.
Guidance has yet to be published for the 2021/22 contract - the CCG commissioned CQUINs are yet to be advised.

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 2020/21 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 bi-monthly review of the CQC Insight Report relating to the Trust performance and arrangements were 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 2020/21.

The Trust participated in a CQC MHA Inquisitorial Review of the Emergency Department Mental Health Assessment Unit in March 2020 and underwent a virtual

assessment of the Trusts Emergency Response Framework for Infection Prevention and Control post the COVID-19 pandemic.

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

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

Thank you for your support from the ITU team.

Data Quality - NHS Number and General Medical Practice Code Validity

Kingston Hospital NHS Foundation Trust submitted records to the Secondary Uses Service (SUS) throughout 2020/21. This data is included in nationally published Hospital Episode Statistics (HES) data which are included in the latest published data. The Trust's Information Governance 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. There were no external audits completed in this area for the reporting period 2020/2021.

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: NHS Digital SUS+ Dashboards – as published online February 2021.

Apr – Jan 2021	Inpatients	Delivery	Births	AE	Outpatients
Valid NHS no	64098	4057	3886	94437	564813
Invalid NHS no	278	0	2	1313	1773
TOTAL	64376	4057	3888	5750	566586
% Valid NHS no	**99.6%**	**100%**	**99.9%**	**98.6%**	**99.7%**

Data source provided by: NHS Digital SUS+ Dashboards – as published online February 2021.

Apr – Jan 2021	Inpatients	Delivery	Births	AE	Outpatients
Valid GP Practice	64376	4052	3888	5741	566574
Invalid GP Practice	0	5	0	6	412
TOTAL	64376	4057	3888	5747	566586
% Present NHS no	**100%**	**99.9%**	**100%**	**100%**	**100%**

Data Security and Protection Toolkit V2 (Previously Information Governance Toolkit Attainment Levels)

Kingston Hospital NHS Foundation Trust works towards 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, was updated and included 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 took the decision to postpone the deadline for submission of the Data Security and Protection Toolkit to 30th September 2020. The Trust submitted the Toolkit with the result Standards NOT Met (plan approved). Training remains problematic in terms of achieving greater than 95% of staff completing training in year. We are now emailing non-compliant staff on a monthly basis.

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. Simply put, Clinical coding is the process whereby information from the hospital case notes/ Electronic patient Record (EPR) for each patient is expressed as codes. This includes the operation/treatment, diagnosis, complications and comorbidities.

These codes are processed to result in one of a number of possible health resource group codes (HRGs), each of which has a specific payment tariff that the hospital receives. Procedures are coded using the latest version of the Office of Population, Censuses and Surveys Classification of Surgical Operations and Procedures book (OPCS 4.9).

Diagnoses are coded using the latest version of the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems book (ICD-10) Fifth Edition 2016.

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 2020/21. Due to the prevailing unprecedented pressures of the Covid-19 pandemic the audit was carried out on 100 Finished Consultant Episodes of Breast surgery, Gynaecology and Urology; with 100 more to be carried out on Finished Consultant Episodes of General Medicine by end of March 2021.

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

	Kingston Hospital NHS Foundation Trust 2020/21
Total number of episodes examined: 100	**Breast Surgery, Gynaecology and Urology.**
Primary Diagnoses Correct	79.0%
Secondary Diagnoses Correct	85.82%
Primary Procedures Correct	89.80%
Secondary Procedures Correct	86.67%

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

The result of this particular small internal audit does not represent the overall quality of clinical coded data. It was carried out on a sample of specialties during the Covid-19 pandemic. Coders were coding remotely using exclusively information on Electronic patient record (EPR), which is limited and does not always correspond to the information in the full case notes. Due to the pressures of Covid-19 a further internal clinical coding audit for the financial year 2020/21 was not completed. The Internal rolling audit program will resume now that Covid-19 restrictions have been relaxed. Throughout 2021/22 these specialties will be subject to another audit on a larger sample to provide a more accurate picture on the quality of clinical coded data.

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.
- Development of data quality dashboards.
- Project completed to replace existing data warehouse to allow for near real time reporting.
- Reduction of manual processing of data, more timely data and consistency of reporting.

- Rationalization of data flows and development of bespoke data sets.
- Investigation and proposals for changes to system software to reduce the risk of users creating errors (system hardening).

.

The following national publications are reviewed by the Trust on an on-going basis and the Trust consistently scores well against region and national averages:

- National Data Quality Maturity Index (DQMI)
- SUS+ Data Quality Dashboards

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 2020/21 1031 of Kingston Hospital NHS Foundation Trust patients died, of these patients, 58 post-mortems were undertaken. This comprised the following number of deaths which occurred in each quarter of that reporting period.

27.1 During 01/04/2020 – 31/03/2021 1031 of Kingston Hospital Foundation Trusts patients died.	
Total Number of Deaths (01/04/2020 – 31/03/2021)	**1031**
Total Number of Deaths in Quarter 1 (01/04/2020 - 30/06/2020)	**270**
Total Number of Deaths in Quarter 2 (01/07/2020 - 30/09/2020)	**157**
Total Number of Deaths in Quarter 3 (01/10/2020 - 31/12/2020)	**255**
Total Number of Deaths in Quarter 4 (01/01/2021 – 31/03/2021)	**349**

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 5 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 2021. 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.

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 fully embedded ME system to ensure early and independent scrutiny of the care of all patients who have died
- Timely referral for a second stage review or investigation, if deemed appropriate, to allow learning to improve patient care.
-

During this financial year we allocated 76 SJR's and completed 39. The reviewers noted adequate to excellent care in 87% in of cases, however 13% of 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:

- Poor documentation, e.g. with regards to palliative care or assessment of comfort.
- 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 loved ones' 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 20/21 we have undertaken 15 PMRT reviews to date and our current perinatal mortality rate is 3.13, compared to the national average of 5.40 per 1000 total births.

There has been an increase from the previous year due to a change in guidance, previously if the baby was below 500grms the PMRT was not required to be undertaken even if the baby was over 22 weeks gestation, there is now a requirement to undertake a PMRT for all unless the gestation is not known.

By 1st April 2021, 39 case record reviews using the SJR methodology had been requested with 6 investigations completed in relation to 1031 of the deaths included in 27.1. In some cases a death was subjected to both a case record review and an investigation.

27.2 By 31/03/2021 39 case record reviews and 6 investigations have been carried out in relation to 1031 of the deaths included in 27.1	SI Reviews		SJR Reviews	Total Number of Reviews in %
Total Number of Deaths Reviewed (01/04/2020 –31/03/2021)	**3**		**39**	**4%**
Total Number of Deaths in Quarter 1 (01/04/2020 - 30/06/2020)	**2**		**8**	**3.7%**
Total Number of Deaths in Quarter 2 (01/07/2020 - 30/09/2020)	**1**		**15**	**10%**
Total Number of Deaths in Quarter 3 (01/10/2020 - 31/12/2020)	**0**		**13**	**5%**

Total Number of Deaths in Quarter 4 (01/01/2021 – 31/03/2021)	**0**		**3**	**2%**

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) (01/04/2020 – 31/03/2021)	**2**
Total Number of Deaths in Quarter 1 (01/04/2020 - 30/06/2020)	**1**
Total Number of Deaths in Quarter 2 (01/07/2020 - 30/09/2020)	**1**
Total Number of Deaths in Quarter 3 (01/10/2020 - 31/12/2020)	**0**
Total Number of Deaths in Quarter 4 (01/01/2021 – 31/03/2021)	**0**

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

- NG x-rays for naso-gastric feeding tube placement should not be taken or interpreted at night (after 5pm and before 9am) except in emergency situations. If a chest Xray for NGT placement is required out of hours for critical medication, this should only be interpreted by a Registrar or Consultant.
- Staff have a professional duty to communicate and escalate significant clinical information to colleagues and those responsible for making decisions about patient care. This may include challenging a senior colleague's decision making
- Local guidelines for the use of CVADs should be updated to reflect the common risks associated with the use of CVAD's with particular consideration given for their use in general ward areas including in ambulant patients.
- Staff have a professional obligation to ensure that they feel confident and competent in a procedure prior to undertaking care. A robust program of ensuring staff can complete and keep a record of assessed competency for infrequent task is required.
- A raised awareness amongst nursing and medical staff around care of IV access sites and documentation is required.

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)

- To provide assurance that all adult inpatient ward areas have a centralised record of their competency assessed staff, particularly for the management of patients with CVADs in place. This should include an agreed timeframe for revalidation.
- Strengthen local guideline for 'Selection, care and management of intravenous (IV) devices for adults', which incorporates guidance on CVAD's, to reflect the common risks associated with their use, particularly for ambulant patients in general ward

areas.

- To update local policy and guidance to recommend the administration of Phenytoin as a diluted infusion, rather than as neat (undiluted) dose.
- To ensure that there is an appropriate alert or flag in place on CRS, linked to the prescribing and administration of Phenytoin, to raise awareness of the risks associated with its use, how it is recommended to be administered, and a reminder to re-assess the option of switching to oral route when possible.
- Report the risk of the CVAD to the MRHA (Medicines and Healthcare Products Regulation Agency)
- NGT training is a specific nursing competency to be signed off by nurse who has passed the competency themselves and has a mentoring qualification. The competency must be passed prior to a nurse undertaking the role.
- Chest X-rays for NGT placement should not be accepted by Radiology if received Out-of-Hours.
- Raise the profile of the Nutritional Team amongst the adult inpatient areas.

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).

27.7	**SI Reviews**
Total Number of Investigations into patient deaths completed after 1st April 2020 which relate to deaths which took place before the start of the reporting period (01/04/2020–31/03/2021)	**0**
Quarter 1 (01/04/2020 - 30/06/2020)	**0**
Quarter 2 (01/07/2020- 30/09/2020)	**0**
Quarter 3 (01/10/2020 - 31/12/2020)	**0**
Quarter 4 (01/01/2021 - 31/03/2021)	**0**

27.8	
Total Number of Deaths that were Avoidable (more likely than not have been due to problems in the care provided) (01/04/2020 - 31/03/2021)	
Quarter 1 (01/04/2020 - 30/06/2020)	**2**
Quarter 2 (01/07/2020 - 30/09/2020)	**1**
Quarter 3 (01/10/2020 - 31/12/2020)	**0**
Quarter 4 (01/01/2021 - 31/03/2021)	**0**

27.9	
Total Number of Deaths that were Avoidable (more likely than not have been due to problems in the care provided) (01/04/2019 – 31/03/2021 completed during this reporting period)	**6**
Quarter 1 (01/04/2019 - 30/06/2019) + (01/04/2020 – 30/06/2020)	**4**
Quarter 2 (01/07/2019 - 30/09/2019) + (01/07/2020 – 30/09/2020)	**2**
Quarter 3 (01/10/2019 - 31/12/2019) + (01/10/2020 – 31/12/2020)	**0**
Quarter 4 (01/01/2020 - 25/03/2020) + (01/01/2021 – 31/03/2021)	**0**

The Trust participated in an internal audit of the Learning from Deaths processes. The objectives of the audit are below:

Objective	Description of work to undertake
Objective One Implementation of the national guidance on learning from deaths	We reviewed the Trust's process for reviewing deaths, and assessed whether this was in line with national guidance. This included a review of the Trust's Mortality Surveillance and Learning from Deaths policy. We also reviewed how the Trust captures national Learning from Deaths and disseminates this where appropriate.
Objective Two Compliance testing	We reviewed the process for reviewing deaths and morbidity and mortality meetings in a sample of divisions to be agreed with management. This included assessing • Whether they are attended by appropriate members of clinical staff, and how often they meet; • How deaths are selected for review, and whether this is in line with the Trust's policy on learning from deaths; and • How learning is captured and embedded within the division and shared across the Trust where appropriate. For each instance, we reviewed how lessons learnt have been captured at the local level and disseminated across the Trust where appropriate.

This audit identified significant assurance with minor opportunities for improvement and highlighted four actions for the Trust.

The audit stated "*The newly designed process is robust and seeks to ensure that 100% of deaths are reviewed by an Independent Medical Examiner (ME). The process is coordinated by a Medical Examiner Officer (MEO) who receives a daily list of new patients brought to the mortuary and pre-scrutinises all deaths to identify any immediate flags for referral to the coroner, the Serious Incident (SI) route or structured judgement review (SJR) route. As an example of good practice, the cause of death recorded by the original medical team responsible for the patient's care; and the cause of death recorded by the ME, are scrutinised and compared by the MEO to highlight any uncertainty or inconsistency which may require further consideration. The Trust's criteria for reviewing deaths is aligned to national guidance and appropriately considers other processes in place for reviewing deaths, such as those*

involving adults with learning disabilities or children. The Trust ensures that at least one staff member is trained in the Learning Disability Mortality Review (LeDeR) process provided by NHS England, and all child mortality reviews are undertaken by the paediatric teams and scrutinised by the Child Death Overview Panel. For deaths deemed to meet the criteria for a structured judgement review (SJR), the MEO ensures they are allocated to an appropriate reviewer and tracked through to completion. The Trust ensure appropriate, specific training is provided to members of staff that conduct SJRs and these are undertaken by a Consultant within the service where the patient was treated, that was not involved in the patient care pathway. SJR reviews are completed within four weeks as standard, or two weeks if urgent; to ensure lessons can be learned and conclusions drawn and communicated on a timely basis.

The Mortality Surveillance Group (MSG) is responsible for monitoring how the Trust learns from deaths and is appropriately attended by senior staff to allow effective governance, including the Head of Patient Safety, Governance and Risk, and the Deputy Director of Nursing. SJRs are discussed at the Trust's monthly MSG and actions to disseminate learning or improve processes are agreed".

In the 2020/21 year, 99% 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 2019 and March 2020 was 98.6%.

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 1 neonatal and 3 maternal serious incident investigations and 1 Maternal HSIB Investigations. We have had a further four maternal HSIB investigations not included in the serious incidents however these were investigated internally.

Patient Safety Incidents

We are mindful of the impact that COVID-19 has had on incidents and delays in investigations, however the Trust have maintained a focus on keeping patients and families up to date whilst continuing to learn from incidents. The safety of patients and staff at Kingston Hospital NHS Foundation Trust is our priority, we want to understand and learn lessons from incidents and investigations.

Key Highlights for 2020-2021

Datix®
Software for Patient Safety

Now live for Risk Registers
100% of risks migrated
'Go Live' for incidents coming soon

Duty of Candour - 100% compliant

Serious Incidents and Root Cause Analysis

We are accountable for our failures as well as our successes and we will not allocate blame.

We gather information about themes that arise across different investigations to identify areas of risk

2020-21	Number of Patients Safety Incidents
Total number of patient safety incidents recorded for the period 01/04/2020 to 31/03/2021	6412 (on 5417 the actual harm has been confirmed by the incident investigator to date 31/03/2021)
Number and Severity of incidents by the degree of harm at 31/03/2021	190 (3%) - Near Miss 3757 (58%) - No Harm 2389 (38%) - Low Harm 70 (1%) - Moderate Harm 6 (0.1%) - Severe Harm 0 (0%) - Death

We assess the scale and severity of the actual or potential harm of all incidents. This includes 'near miss' and 'low harm' incidents, ensuring they are reviewed with the same level of scrutiny. We consider the physical and emotional effects on patients and families as well as the impact on services, such as public confidence in the healthcare system and whether the incident has impacted the Trust's ability to deliver safe and reliable care. We review all incidents for system wide learning associated with safety, acknowledging that some events that occur within very different hospital environments may share underlying care and service delivery issues or contributory factors. We use investigations as an opportunity to learn and improve systems and processes to reduce risks and improve safety, using a criteria for undertaking investigations.

Criteria for Investigations:

(HSIB Annual Review 2019/20)

During 2020/2021 we have made 83 Safety Recommendations through 12 serious incident investigations throughout the Trust and fully completed 61 of these with the remaining 22 partially completed and underway.

Some examples of the range of Safety Recommendations made throughout the year

To ensure that all staff responsible for caring for patients with Naso-gastric Tubes (NGT) know that NG x-rays should not be taken or interpreted at night and that out-of-hours chest Xrays for NGT placement should only be interpreted by Registrars or Consultants:

a. Update the local policy and Blue Book guideline to reflect the instruction.
b. Ensure the Nursing competency workbook is consistent with this message.
c. To rollout specific training on nutrition and NGT to junior doctors
d. Add prompt to Chest Xray request on CRS, signposting to NGT position check Xray and warning of OOH requests.

Review the guidelines and protocols which outline the roles and responsibilities of the whole clinical team involved in preparing patients for surgery and produce a one page SOP to reflect this.

Feedback and support to midwives involved via the Professional Midwifery Advocate, Midwifery Manager for Labour Ward, Consultant Midwife and Maternity Risk Team

Feedback and support to medical staff involved via the Lead Investigator, Clinical Director Obstetrics or College Tutor

This demonstrates our commitment to improving the safety of patients across the organisation.

During 2020/2021 we have:

- Enhanced the engagement of patients and families within our investigations.
- Embedded the sharing of learning from investigations through the implementation of the monthly SNAIL (Safety News and Investigative Learning) Mail.
- Used learning from investigations to improve our systems and processes
- Commenced work on the National Patient Safety Investigation Response Plans in preparation for the introduction of the new National Patient Safety Investigation Response Framework.
- Identified a Trust Patient Safety Specialist

Looking ahead, throughout 2021/2022 we will:

- Implement the NHSE/I Patient Safety Strategy

- Implement the new National Patient Safety Investigation Framework
- Undertake the challenges put forward by the National Patient Safety Investigation Response Plan (PSIRP) and alter our approach to investigating multiple incidents related to particular 'focus areas'
- Develop our investigation selection and divide into two areas
- Responsive Investigations – real time response to incidents that are raised as having caused harm
- Focus areas – Review of incidents related to specific investigation focus areas as defined within the PSIRP
- Monitor and identify incident themes to highlight areas of further review
- Further improve our engagement of patients and families in investigations
- Continue to explore innovative ways of sharing learning
- Continue to support patients, families and staff involved in serious incidents.
- Work collaboratively with stakeholders
- Host regular training sessions for staff to ensure that staff undertaking investigations have appropriate knowledge and education and provide wider learning from incidents throughout the organisation
- Develop a formal support network for staff involved in serious incidents.

This will enable us to have a greater triangulation and understanding of the patient safety incidents over a 12-month period and allow us to build on new learning from past incidents and investigations at all levels.

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 Account.

Indicator	Trust	National	Min	Max	Comment
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
Summary Hospital-Level Mortality Indicator (SHMI) **Sep 2019 – Aug 2020**	0.7576 (Band 3)	1	0.6946	1.1816	Lower is better We are below the national average
Latest Data Published	14th January 2021				

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 2018 - Sep 2019	1.3%	1.8%	0.7%	3.4%	We are below the national average
Percentage of deaths with palliative care coded Sep 2019 – Aug 2020	46%	36.6%	9%	61%	We are above the national average
Latest Data Published	14th January 2021 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 2020-2022 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	This data is no longer 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	This data is no longer 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 2018 – Mar 2019	67.5	67.3	58.9	85	We are above national average Higher number is better
Trust's responsiveness to personal needs of patients Apr 2019 – Mar 2020	63.3	67.1	59.5	84.2	We are below national average Higher number is better
Latest Data Published	August 2020				

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 2019	82.1%	70.5%	40%	87.4%	We are above the national average. Higher number is better
Staff who would recommend Trust as a provider to friends and family Staff Survey 2020	83%	74.3%	49.7%	91.7%	We are above the national average. Higher number is better
Latest Data Published	February 2021				

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 2019 - Mar 2019	98%	95.7%	74%	100%	KFHT above national average Higher number is better
% of patients admitted that were risk assessed for VTE Jan 2020 - Mar 2020	N/A	N/A	N/A	N/A	
Latest Data Published	4 June 2019 - The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic.				

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 2018 - Mar 2019	15.4	11.7	0	79.7	KFHT is above 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 2019 - Mar 2020	14.7	13.6	0	51.01	KFHT is above national average Lower number is better
Latest Data Published	3rd December 2020				

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 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%	
Number and % of patient safety incidents Oct 2019 – Mar 2020	Number	Total 2,659	Total 838,772	Total 1,271	Total 11,787	KFHT is lower than the National Rate for Acute Hospitals.
	Rate per 1,000 bed days	36.8%	49.6%	15.7%	110.2%	
Latest Data Published		November 2020				

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 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%	
Number and % of patient safety incidents that result in severe harm or death Oct 2019 – Mar 2020	**Number**	2	19.6	0	27	KFHT is lower than the National Average % for Acute Hospitals. Lower number is better
	%	0.03%	0.15%	0.0%	0.52%	
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. This has been suspended since the onset of COVID-19.

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 Primary Health Gain (EQ-5D)**	No Data	90.8%	75.8%	100%
Hip Replacement (Apr 2019-Mar	**Hip Replacement Primary Health Gain (EQ-VAS)**	No Data	70.3%	48.1%	92.5%

2020)	**Hip Replacement Primary** **Oxford Hip Score**	No Data	97.7%	90%	100%
	Hip Replacement Revision **Health Gain (EQ-5D)**	No Data	75.5%	90.2%	90.2%
	Hip Replacement Revision **Health Gain (EQ-VAS)**	No Data	57.8%	55.9%	55.9%
	Hip Replacement Revision **Oxford Hip Score**	No Data	88.8%	84.8%	95.4%
Latest Provision Data Published August 2020 **Based upon *30+* Responses calculation (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	83.6%	61.8%	98%
	Knee Replacement Primary **Health Gain (EQ-VAS)**	No Data	60.2%	37.5%	79.5%
	Knee Replacement Primary **Oxford Knee Score**	No Data	94.9%	84.4%	100%
	Knee Replacement Revision **Health Gain (EQ-5D)**	No Data	73.2%	78.1%	80%
	Knee Replacement Revision	No Data	56.2%	50%	62.5%

	Health Gain (EQ-VAS)				
	Knee Replacement Revision **Oxford Knee Score**	No Data	89.6%	82.4%	93.5%
Latest Provision Data Published August 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:

NHS England discontinued the seven day standards audit in March 2020. The Trust is awaiting guidance from NHS England as to how this will be progressed.

2020-2021 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 2020/2021 is shown below:

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
Consultants	226	111 (49%)	95 (42%)	20 (9%)
SAS Doctors	31	18 (58%)	11 (36%)	2 (6%)
Doctors on Performers Lists	0	0	0	0
Doctors with practising privileges	1	0	0	1 (100%)
Temporary or short-term contract holders	90	41 (46%)	42 (47%)	7 (7%)
Other doctors with a prescribed connection	22	7 (32%)	12 (54%)	3 (14%)
TOTAL	**370**	**177 (48%)**	**160 (43%)**	**33 (9%)**

There are considerably more “approved missed” this year as all appraisals due between 1st April 2020 and 30th September 2020 were cancelled due to Covid-19 (due dates re-set for 12-months later).

The 160 “approved missed” figures breakdown as follows:

- 135 x Covid-19
- 12 x appraisals underway (but not yet complete)
- 8 x Maternity Leave
- 4 x 1st Job in NHS
- 1 x retirement.

PART 3

LOOKING BACK AT 2020/21

Grateful ED Teams receiving donations during the pandemic.

COVID Positivity

The Trust's quality priorities align with the three CQC domains: patient safety, clinical effectiveness and patient experience. One quality priority was designated to each of these areas, with each priority having a designated lead(s) responsible for its progress. In light of the disruption caused by the COVID-19 pandemic, a decision was taken to carry the priorities over into the next financial year 2021/22. The Trust's Quality Improvement team will continue to support the designated leads to ensure that each priority remains an area of focus and the objectives set can be adjusted accordingly to accommodate the impact of COVID.

Last Year's (2019/20) Priorities:

Domain	Priority	Achieved
Patient 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	**Carried Forward**
	2. Reduce the proportion of women who experience postpartum haemorrhage	**Carried Forward**
Clinical Effectiveness	3. Reduce avoidable admissions and increase the proportion of emergency patients who go home the same day their care is provided	**Carried Forward**
	4. Improve the proportion of patients who are assessed for their risk of developing delirium	**Carried Forward**
Patient Experience	5. Ensure patients get the right appointment, first time, without delays	**Carried Forward**
	6. Improve how we work with patients and families to recognise, acknowledge and plan for the possibility of death	**Carried Forward**

This section of the report provides an update on our progress towards our three clinical quality priorities for 2020/21. As with the strategic priorities, the progress of these projects has been obstructed by the challenges posed by the COVID pandemic. The large operational pressures posed by COVID meant that the efforts of the clinical staff leading these projects had to be redirected at times throughout the year and the work being done by these priorities was temporarily paused. As pressures have eased the focus has now been placed back on resuming these priorities and shifting the initial targets set into the new financial year to ensure these remain an area of focus for the Trust.

DOMAIN : PATIENT SAFETY

PRIORITY 1 – Increase the proportion of patients who are safely discharged without delay when they no longer require an acute hospital bed for their care

Status: Carried Forward

Goal	Aim
Safety	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 discharged safely to their own home as soon as they are deemed not to require acute inpatient care.

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 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 did we plan to do?

It is recognised that some patients remain in an acute bed in Kingston hospital for longer than necessary. This is due to a variety 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.

Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation. This 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.

This quality priority covers 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.

What have we achieved in 2020/21?

Throughout 2020/21 many changes have been implemented to support patient flow through the emergency care pathway during the first and second waves of the pandemic. These improvements continued to be refined as the situation developed and included:

- The expansion of critical care provision in the hospital with the increase of Intensive Care Unit capacity to deal with the large surges in patients critically ill with COVID in both the first and second waves of the pandemic. This involved the creation of an additional ICU on Alexandra Ward as well as establishing a respiratory High Dependency Unit on Hamble Ward to provide critical care for patients with respiratory issues caused by COVID.
- This increased demand to care for critically unwell patients was also managed through the creation of new rotas for medical, nursing and therapy staff to provide focussed support to critical care staff caring for these patients.
- As well as the large effort placed on providing care to the large amounts of critically unwell patients, major adaptations have been made to enable increased discharges from the hospital when capacity has been under great pressure during surges in COVID infections. One new way to deal with this pressure has been through the establishment of the Rapid Decant Team to facilitate quicker discharges. The team provided focus on discharging patients who were not critically unwell, transferring these patients to units at the New Victoria Hospital and Teddington Hospital. The scope of the team has gradually increased over time to facilitating bed capacity meetings and supporting the wards with administration tasks to speed up the discharge process.
- The Rapid Discharge Team is part of the wider Trust discharge team, who have extended their working hours to seven days a week to manage the pressures on capacity. The skill mix in the discharge team is currently under review and the team are working closely with community colleagues, setting up twice daily community bed meetings that run seven days a week. This has enabled plans for discharge to be confirmed directly with the community, giving certainty that hospital arrangements are in place and confirming tasks such as the successful booking of transport.
- This work to facilitate quicker discharges also included the creation of a medically optimised for discharge area on Canbury Ward, providing a designated area for focus to be placed discharging patients from the hospital with the help of community colleagues.

- As well as increased partnership with community colleagues, collaboration with primary care has also increased to allow GPs to work with the Rapid Decant Team, Canbury Ward and the Emergency Department to support decision making and discharge planning for their patients.
- The Urgent Emergency Care project has continued throughout the year, with this work providing focus on improving patient flow through the hospital from the Emergency Department. As part of this project interactive boards are currently being set up across the wards to allow ward level measures, such as bed capacity, to be visible to staff to give them a clearer understanding of bed capacity within their area.

PRIORITY 2 - Reduce the proportion of women who experience postpartum haemorrhage

Status: Carried Forward

Goal	Aim
Safety	**Initial Aim:** *To reduce the Major Obstetric Haemorrhage (MOH) rate (blood loss of >1500mls) for all vaginal and non-elective deliveries within Kingston Hospital's Maternity department from **4.76%** to **3.1%*** by March 2021. **Adjusted Aim 2021/22:** *Aim adjusted to accommodate impact of COVID-19 pandemic, with the new aim to achieve an interim target of **4%** by June 2021 and sustained performance below the target of **3.1%** by March 2022.*

Background:

Postpartum Haemorrhage (PPH) is defined as heavier bleeding than expected after birth, which may lead to a woman who has just given birth feeling tired, weak and finding recovery from the birth more difficult. It is important that PPH is recognised and treated quickly so that a minor haemorrhage does not become a major haemorrhage, which can be life-threatening. The traditional definition of primary PPH is the loss of 500 ml or more of blood from the genital tract within 24 hours of the birth of a baby, whilst a Major Obstetric Haemorrhage (MOH) is defined locally as blood loss of >1500mls. Over 2019/20, the monthly average MOH rate for all vaginal and non-elective deliveries was 4.76%. This exceeds the local target of 3.1% and MOH rate displayed in other local populations serving women of a similar demographic as Kingston. By reducing the local MOH rate, the aim was to improve patient safety and experience and to reduce expenditure on blood products, length of stay and negative implications on future pregnancies and births.

What did we plan to do?

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.

What steps were taken to achieve the aim?

- A detailed root cause analysis of the current condition was undertaken at the start of the project to understand the underlying issues that may impact on Kingston's MOH rate- such as mode of delivery and patient demographics.
- The impact of the COVID first wave meant the project was paused, however this period also brought notable and unexpected reductions to the MOH rate

(details in below section). This provided the project with an area of focus since the end of the first wave.

- A further root cause analysis was undertaken after the COVID first wave to understand the reasons behind the improvement in MOH rate over this period. Several reasons for improvement were suggested and data was compared to pre COVID levels by a statistician to see if any of these theories carried any weight. The hypothesis drawn from this work was that the improvement seen during the COVID first wave was due to an increased senior medical presence on labour ward. This provided the basis to submit a successful business case to secure funding for the recruitment of four additional senior clinical fellows to provide more senior presence.
- Work has remained ongoing throughout the year within the consultant team to improve the continuity of care for women by providing long day cover to avoid multiple handovers.
- Training and education on PPH have remained a priority, with three instrumental delivery masterclasses run between September and November. These focused on improving technique and anticipating complications, with the aim of reducing trauma and blood loss associated with instrumental procedures in the future.
- Change to current practice has also been explored, with a new PPH risk assessment tool known as the VAMPS score developed and trialled by the Kingston Maternity team. This assessment is designed to be undertaken by midwives on women at the start of the second stage of labour to assess their PPH risk factors and give them an individualised score based on this assessment. This score is then taken into account when creating an individualised plan with the woman as they go into the third stage of labour.
- A literature review has been undertaken to assess the use of oxytocin vs carbetocin (drugs used to regulate blood flow) in the third stage of labour as a means for preventing blood loss.

How did we actually do? Measures of Improvement

- The commencement of the project coincided with the first wave of the COVID-19 pandemic, which brought a reduction in the MOH rate over this 10-week period (average 4.76% pre-COVID vs 2.2% COVID first wave).
- Since this period a large amount of variation has been exhibited, with the MOH rate increasing again and fluctuating on a weekly basis (see Chart 1). On some weeks the MOH rate has risen to higher that pre-COVID levels, reaching as high as 10.1% in September, but has also hit noticeably low levels (0% across different weeks).

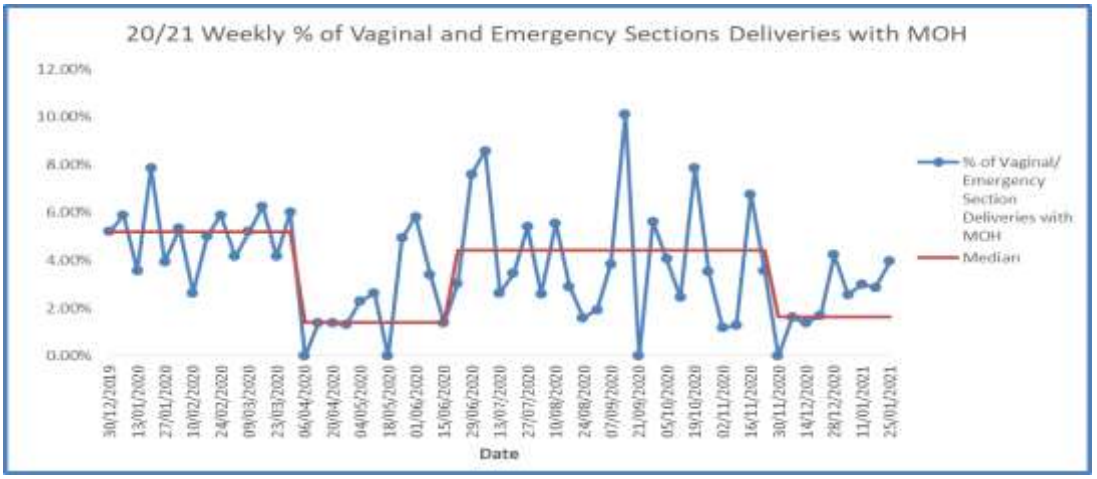


Chart 1

Chart 1 is visualised as a run chart, whereby the data points for each week 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 six data points that have fallen either above or below the current median. This is demonstrated three times in the chart above, first between the 06/04/20- 15/06/20 (coinciding with the COVID first wave), from the 22/06/20 onwards and again from the 30/11/20 (coinciding with the beginning of the COVID second wave).

Challenges Faced

- Sustaining a senior medical presence on labour ward proved difficult when the first COVID wave ended and other services were resumed as the maternity service tried to return to normal. This meant the senior doctors had to return to spreading their expertise across a range of clinical activities and provide less concentrated focus within the labour ward.
- The junior Obstetricians rota does not always support working in consistent teams with designated Consultant supervisors.
- Job planning for consultants to provide continuity of care is complex and sometimes difficult to achieve.

Next Steps

- Four senior clinical fellows to be recruited and should commence role by April 2021. These fellows will help support the obstetric team further, particularly in providing out of hours cover.
- Further changes to current practice are to be explored, with a trial set to be undertaken to look at the use of carbetocin as a means for preventing blood loss in the third stage of labour as opposed to oxytocin following the literature review. This trial and the data collected will feed into a wider national study

called the COPE trial, which should allow conclusions to be drawn about the effectiveness of these blood regulating drugs. Another trial is also to be undertaken to explore the use of tranexamic acid for all operative vaginal births as a means to reduce bleeding.

- The impact of the VAMPS score risk assessment tool to be evaluated through data collection to then inform how the tool is adapted and used in the future.
- Further analysis of data is underway to compare demographics of women with and without MOH to investigate if specific groups of women are more at risk of MOH. This will then be used to further inform the risk assessment and care planning process.

DOMAIN: CLINICAL EFFECTIVENESS
PRIORITY 3 – Reduce avoidable admissions and increase the proportion of emergency patients who go home the same day their care is provided
Status: Carried Forward

Goal	Aim
Effectiveness	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. 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.

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' 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 as well as a national expectation for all emergency departments.

What did we plan to do?

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. 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.

Another challenge posed is access to community services in the evenings and at weekends can be limited, which means that patients may be admitted and not discharged home with the support that they require. The development of a designated 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.

To summarise the overarching aims of this work, we are looking to:

- 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.
- Reduce activity in the Emergency Department (ED), reducing overcrowding and associated risks.

What have we achieved in 2020/21?

- As with the above strategic priority on discharges without delay, this priority has been impacted largely by changes made to the emergency care pathway in response to the COVID situation. Changes made relating directly to increasing the proportion of emergency patients who go home the same day their care is provided include:
- Established the Same Day Emergency Care Unit adjacent to the Trust's Acute Assessment Unit, with the associated pathways to facilitate the direction of suitable patients to this area fully established. Services provided by the SDEC unit include a designated Frailty service, a Clinical Decision Unit (CDU), Ambulatory Emergency Care (AEC) and a Surgical Assessment Unit (SAU).
- One way in which the patient pathway to SDEC is supported is through the implementation of a 'front door navigator' within A&E, whereby a consultant is placed at the front door to meet and rapidly assess patients. This then facilitates the safe redirection of patients to Urgent Emergency Care or Same Day Emergency Care area if necessary.
- Another role created to support the support patient flow is the introduction of a Respiratory Physiotherapist to provide designated support with discharge plans for patients. This post is currently unfunded, however the impact of this

position is now under evaluation and a business case will be presented to support this role full time if it is deemed to be beneficial.

- The digital NHS111 service has been launched to be used by patients to direct them to the appropriate service for emergency issues. Patients can now book a time to be seen within the ED, with the aim of lowering footfall of patients within the department and a reducing in waiting times.
- Established the Rapid Decant team and developed the Trust's Discharge Team to support rapid discharges, as outlined in the discharge without delay quality priority above.
- Worked directly with GPs to support decision making and discharge planning for their patients in the Emergency Department.

PRIORITY 4 – Improve the proportion of patients who are assessed for their risk of developing delirium

Status: Carried Forward

Goal	Aim
Effectiveness	**Initial Aim:** *To achieve **90%** of patients aged > 65 years old screened for delirium on admission using the 4AT assessment tool by March 2021, in line with the NICE quality standard.* **Adjusted Aim:** *Interim target of **50%** screening set for July 2021, with the aim of hitting the initial target of **90%** by March 2022.*

Background

The Annual National Audit of Dementia 2018 highlighted delirium screening as a local and national priority for improvement. It was also highlighted as an area for improvement during a recent 'Getting It Right First Time' GIRFT review in elderly care. A baseline audit was undertaken in July 2019 to understand the scale of the issue, with the results of the audit displaying that 48% of patients aged 65 or over were screened for delirium on admission. This was identified as an area of priority for Kingston Hospital as people who develop delirium are at increased risk of other problems such as falls and pressure damage.

What steps were taken to achieve the aim?

- A designated dementia and delirium nurse was recruited and added to the dementia and delirium 'Forget Me Not Team' in August 2020. The team provide support and advice to patients with dementia and delirium, their carers and relatives. The addition of a designated nurse to the team means they now have a clinical specialist on dementia and delirium to provide support and set out clear standards of care to clinical staff on the wards.
- A large training and education drive has been put in place, with steps taken such as:
    - Posters detailing the causes of delirium produced and put up across wards
    - Flow charts demonstrating how delirium can be assessed put up across wards.
    - Delirium flash cards and banner pens disseminated across wards.
    - Teaching sessions on delirium delivered to healthcare assistants, junior doctors, surgical nurses and allied health professionals across surgery, orthopaedics and medicine.
- The option of 'Referral to the dementia and delirium Forget Me Not Team' has now been added to the Trust's electronic patient record, enabling patients that are at risk to be flagged and seen by the Forget Me Not Team.

- A new delirium risk assessment and prevention care plan has now been added to the Trust's electronic patient record as part of the falls risk assessment and prevention plan. This is significant as the falls risk assessment is completed by nursing staff for all patients, so the addition of this delirium screening specific section to the assessment should hopefully drive compliance up notably.

How did we actually do? Measures of Improvement

- An audit was undertaken between January and March 2020 for patients in General Surgery and Urology to provide some further baseline data for a specific group of patients. This audit found that 18% of patients were screened for delirium on admission. This audit was repeated in September 2020 and found that no improvements had been made in the percentage of patients screened for delirium on admission.
- Data has been collected by the Forget Me Not Team since December 2020 to record the number of referrals being made to the team as well as the source of these referrals. This is being used to measure the impact of the efforts made to improve staff awareness of dementia and delirium through training. This data also allows the team to understand where the current referrals are coming from within the Trust to provide focus on which areas need targeting for future training initiatives.

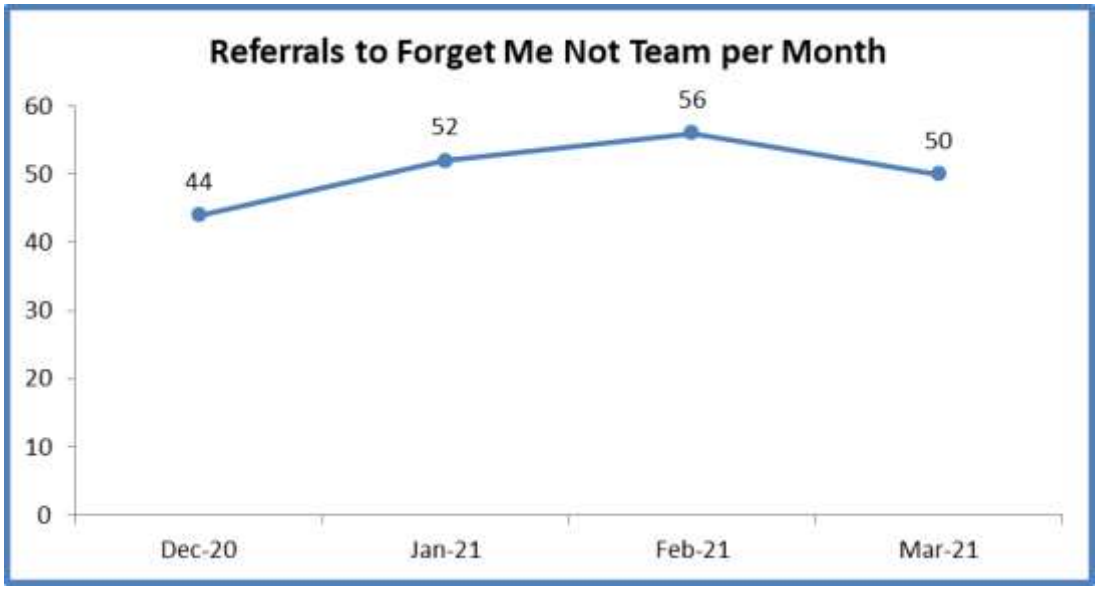


Chart 2

Chart 2 shows the number of referrals made to the Forget Me Not Team from December 2020 to March 2021

Challenges Faced

- There still needs further emphasis placed on screening patients for dementia and delirium on admission. Patients are often only being referred to the Forget Me Not team when the patient is displaying signs of delirium once admitted, rather than screening the patient on admission which may show early signs.
- Education and training has been difficult to deliver due to the issues caused by COVID, such as clinical staff not having the time to train and face to face training not being possible.

Next Steps

- The monthly log created to track all the patients referred into the Forget Me Not team will continue to be updated. This will continue to provide a measure of process to indicate if the work being undertaken by the quality priority is having an impact and is shaping which areas specifically need targeting for further training.
- A further deep dive audit is currently taking place to measure screening on admission which should give a clearer sense of where the level of screening compliance is and what targets are realistic going forward. This should also provide an early indication of whether the recent addition of the electronic delirium risk assessment tool is starting to improve compliance.
- Further training and education on dementia and delirium screening to be undertaken with clinical staff, with particular focus being placed on how nurses can escalate positive screens to doctors. Another key focus area for training is around changing the perception of distressed patients and the culture of how these patients are dealt with, emphasising the need to move away from negative, emotive language to describe these patients.

DOMAIN: PATIENT EXPERIENCE

PRIORITY 5 – Ensure patients get the right appointment, first time, without delays

Status: Carried Forward

Goal	Aim
Patient Experience	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, rebookings and non-attendance rates (DNA rates).

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 sets 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 did we plan to do?

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, rebookings and Did Not Attend (DNA) rates.

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 DNA rates 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.

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

What have we achieved in 2020/21?

The significant pressure posed by the COVID on the Trust's capacity has meant planned care services have continually had to adapt to the rapidly developing situation over the course of the year. We have witnessed the pause, restart and reshape of elective care services to deal with the first and second waves of the pandemic. Examples of adaptations as well as other improvements made within outpatient services included:

- The launch of remote consultations when it became evident that face to face appointments would not be possible for the majority of patients. These remote consultations have been delivered by telephone and virtually via the NHS Attend Anywhere platform, and have been sustained over the course of the year as the Trust has moved to a mixture of remote and face to face consultations. Significant work has been done to measure the impact and experience of these remote consultations with feedback gathered from staff and patients to support the development of this new way of working.
- Alongside the increased use of remote consultations, huge effort has been placed on the resumption and continuation of face to face outpatient services. Continued work has been done to ensure the safe and effective care of patients requiring face to face care whilst accommodating the logistical challenges posed by COVID. The efforts made in this area have been reflected in the Referral to Treatment (RTT) times for the Trust's waiting lists, which were the lowest across London in December 2020.
- This reintroduction has incorporated a large deal of redesign work to reconfigure how care is delivered within certain services, such as Pain Management. Specifically, the Pain team adopted an improvement approach to reconfiguring how the service could operate whilst dealing with constraints posed by the pandemic, such as limiting face to face contact.
- Another major service change has been the move from mixture of a walk in and booked service at the Royal Eye Unit Casualty to a new model of a triaged booked service. This was introduced rapidly to address the challenge of the provision of emergency ophthalmic services, in the context of increasing demands on the service and limitations imposed by the need to meet social distancing requirements.

- Communication with primary care partners has increased throughout the pandemic, with a large amount of focus placed on working collaboratively to try and ensure patients are seen within the appropriate setting. This has been supported by the introduction of the Referral Assessment Service (RAS) to ensure referrals from primary care are triaged correctly within planned care services, as well as allowing a two way dialogue to be opened with primary care colleagues about certain patients and referrals.
- There has also been room for development of outpatient services, with the introduction of the outpatient hysteroscopy service. This has led to an increase in hysteroscopies being carried out in outpatients, rather than day surgery, from 47% to 65% (national standard 85%). Alongside this there has been the introduction of a new Paediatric Community Hub and Virtual Multidisciplinary Team to allow more collaborative work with primary and community care colleagues for Paediatric services.

PRIORITY 6 – Improve how we work with patients and families to recognise, acknowledge and plan for the possibility of death

Status: Carried Forward

Goal	Aim
Patient Experience	*To ensure that **100%** of the patients that die at Kingston Hospital are recognised to be approaching the end of life in a timely manner. This aim was translated into two areas:* *1. Increase in the recognition of patients that are dying- measured through tracking the completion of the recognition of dying proforma and treatment escalation plans.* *2. Increase in the number of Advance Care Plans (ACP) created.* **Adjusted Aim:** *Yet to be agreed for 2021/22*

Background:

The first round of the National Audit of Care at the End of Life (NACEL 2018/19) indicated that although there were many 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. The results of this audit, along with local and national attention being placed on recognising dying patients and planning their care, meant focus was placed on improving these areas during 2020/21 through this quality priority.

What steps were taken to achieve the aim?

- The Trust's Treatment escalation plan (TEP) pro forma has been updated. This document is used to outline the onward clinical plan and highest level of medical intervention deemed appropriate for patients recognised as at risk of serious deterioration, should their condition worsen. This updated pro forma has been co-designed by clinicians with the aim of making the form more user friendly and simple for clinicians to complete, therefore ensuring more of these plans are created.
- A leaflet has been created and circulated to increase awareness of Advance Care Planning for clinical staff. Advance Care Plans (ACPs) differ from TEPs as they are co-created with the patient and their family/carers to make it clear how they wish to be cared for as they approach the final phase of their lives. They are created either in a community or hospital setting and there is an expectation that the patient should either have their existing ACP updated when in hospital, or they should have a new ACP created if they don't already have one recorded.
- End of life care champions have been identified to raise the awareness of recognition of dying and advance care planning in clinical areas.

- A project has been commenced on enhancing care in care homes, with one of the main objectives of this project focusing on the completion of ACPs in care homes and the quality of these plans.
- An audit into ACP activity was undertaken between July and September 2020, with a further audit by junior doctors in relation to ACPs and TEPs carried out in December 2020.

How did we actually do? Measures of Improvement

- **Recognition of dying**:

  Recognition of Dying Proforma

  - The recognition of dying proforma should be completed when it is recognised the patient is approaching the end of life to ensure that their care is holistic, high quality, standardised and comprehensively documented.

Recognition of Dying Proforma: Percentage of patients referred to the Hospital's Palliative Care Team that had the proforma completed	
December 2019	July 2020
77%	91%

  - A further audit into recognition of dying was undertaken in December 2020, this time retrospectively investigating the records of a cohort of patients that had recently passed away, rather than just looking at patients referred to the Palliative Care Team. This audit found that 79% of these patients had been recognised as having the potential for dying, however only 56% of these patients had a recognition of dying proforma completed.

Treatment Escalations Plans

  - Notes of 128 patients who had been treated on the Care of the Elderly wards or Acute Assessment Unit between **October - December 2019** were reviewed retrospectively:
    - **10%** of these patients had a TEP formally documented, with the escalation plan discussed in **30%**.
    - A more recent TEP audit took place in December 2020, with the results yet to be published. It is hoped that the work done to amend the TEP as part of this quality priority will increase compliance in this area.

- **Advanced Care Planning:**

    - ACP audits have been undertaken to highlight the number of ACPs being created, as well as investigating whether these ACPs have been recorded and updated on Coordinate My Care (CMC). CMC is a shared electronic patient management system on which ACPs can be created and updated by healthcare practitioners in community and acute care. This is important as it should allow staff within the hospital to view and update a newly admitted patient's ACP that has already been created for them within a community setting.

	September 2019	September 2020
Number of Patients Referred to ACP Team	83	77
% of Referred Patients with CMC record either created or updated	69%	61%

Challenges Faced

- Undertaking another NACEL audit to measure progress has been delayed due to COVID.
- Issues have arisen with training and education, and raising the profile of the importance of Advanced Care Planning, which at times can be perceived as not a priority for clinical staff.
- As well as issues with raising the profile of Advance Care Planning within the Trust, there is also a low number of ACPs being created within a community setting on CMC meaning a very small proportion of patients being treated in the community have an ACP in place on admission to hospital.
- Challenges have been faced in integrating the CMC system with the Trust's electronic patient record making it difficult to view and update ACPs that have been created on this platform.
- Vacancies remain within the ACP team for coordinator and administrator roles.
- Plans to train and deploy ACP volunteers on the wards had to be put on hold to comply with COVID-safe procedures in clinical areas.
- Measuring improvement in terms of ACP, TEP and recognition of dying proforma completion has been challenging. These currently rely on manual audits so it has been difficult to set trajectories and measure improvement without access to regular data.

Next Steps

- Further engagement with end of life care champions will take place to see how they can work within clinical areas to raise the profile of recognising dying patients and planning their care. This will also be reinforced by placing increased concentration to be placed on the educational programme for end of life care.
- Recruitment into the vacant ACP coordinator and administrator roles to take place, as well the introduction of ACP volunteers if current restrictions due to COVID can be eased within clinical areas.
- Further exploration to be undertaken into how to work with community health providers to ensure more ACPs are being created for patients before they are admitted to hospital.
- The updated TEP pro forma is to be reviewed to see if any further amendments are needed to increase the number of plans being created by clinicians.
- Root cause analysis to be undertaken investigating the main barriers in place that are preventing the recognition of dying proforma, ACPs and TEPs from being completed currently. This will involve gathering insight from nursing and medical staff to highlight the key areas and issues that need targeting through change initiatives to increase compliance in this area.
- Set more quantifiable goals in relation to recognition of dying and advance care planning to guide the Quality Priority and provide clear direction for completion as it is carried over into 21/22.

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.

2020/21 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%	98.8%	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)

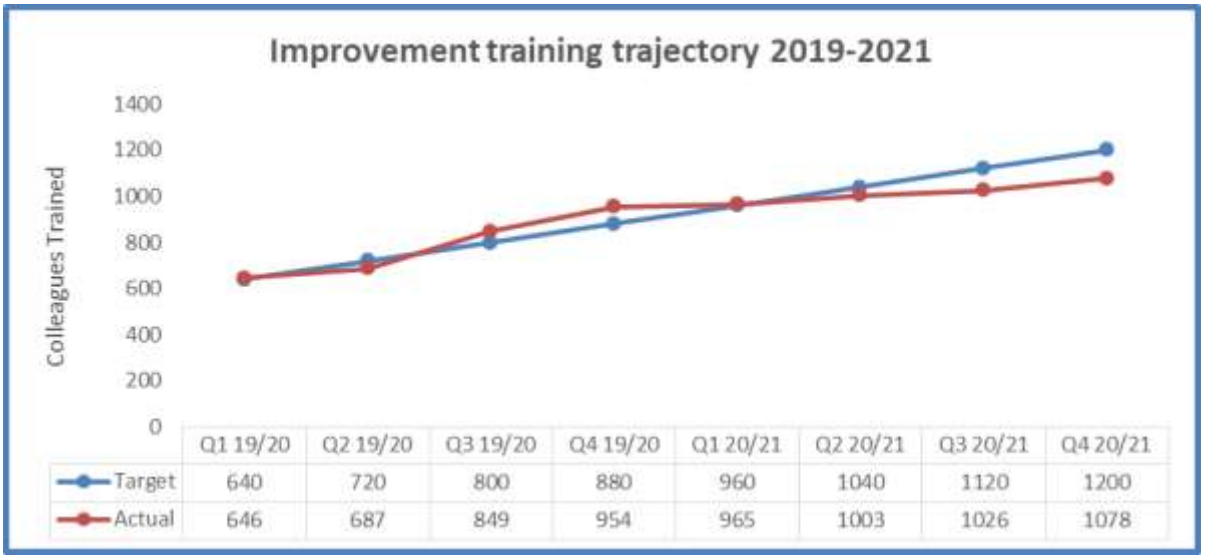
Segment 4: Special measures − the provider is in actual/suspected breach of its licence (or equivalent for NHS Trusts) with very serious/complex issues that mean that they are in special measures

NHSI Risk Assessment Framework

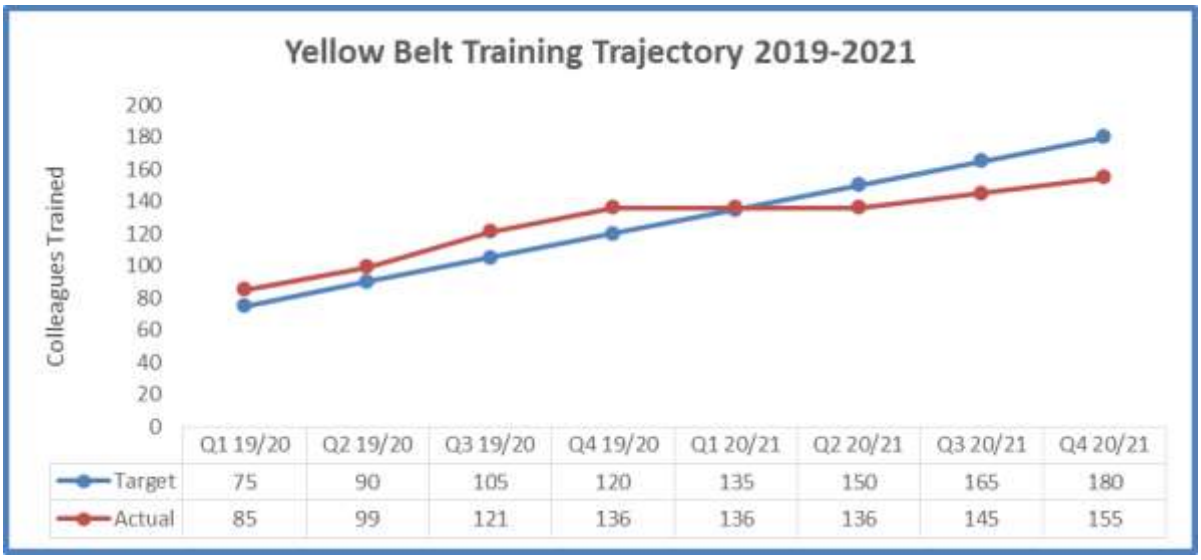
The list of indicators for the period of 1 April 2020 – 30 September 2020 that apply to Kingston Hospital NHS Foundation Trust are included within the Single Oversight Framework above.

Other Improvements to Quality of Care at Kingston Hospital

During 2020/21 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. We are committed to building improvement capability amongst staff through teaching the principles of lean improvement; an approach that helps teams and individuals to apply continuous improvement in their everyday work by focusing on value and minimising waste. The necessary pause of training during the peak periods of the COVID pandemic and the subsequent effort required to adapt to delivering training in a virtual setting has meant that the progression of our capability development programme has slowed when compared to previous years. Although we are below the training targets we set going in to 20/21, we now have a core virtual training programme up and running and are confident we can make up time lost during the pandemic through accelerating our training programme in 2021/22.



The above chart illustrates the Quality Improvement Team's improvement training trajectory, visualising all improvement training that has taken place since the start of the 2018/19 financial year. This includes our core training programme of lean White Belt and Yellow Belt training, as well as more bespoke training provided such as our Behavioural Science Masterclass.



Quality improvement itself has had to adapt during the period. Many of the commonly used tools and approaches are predicated on bringing people together to understand a problem or design and test an improvement. Achieving the same results within the constraints of social distancing is challenging and has itself required a process of continuous learning and improvement. Equally, when the majority of the health and social care system is changing simultaneously, it is much more challenging to test and reliably evaluate the impact of discrete improvements.

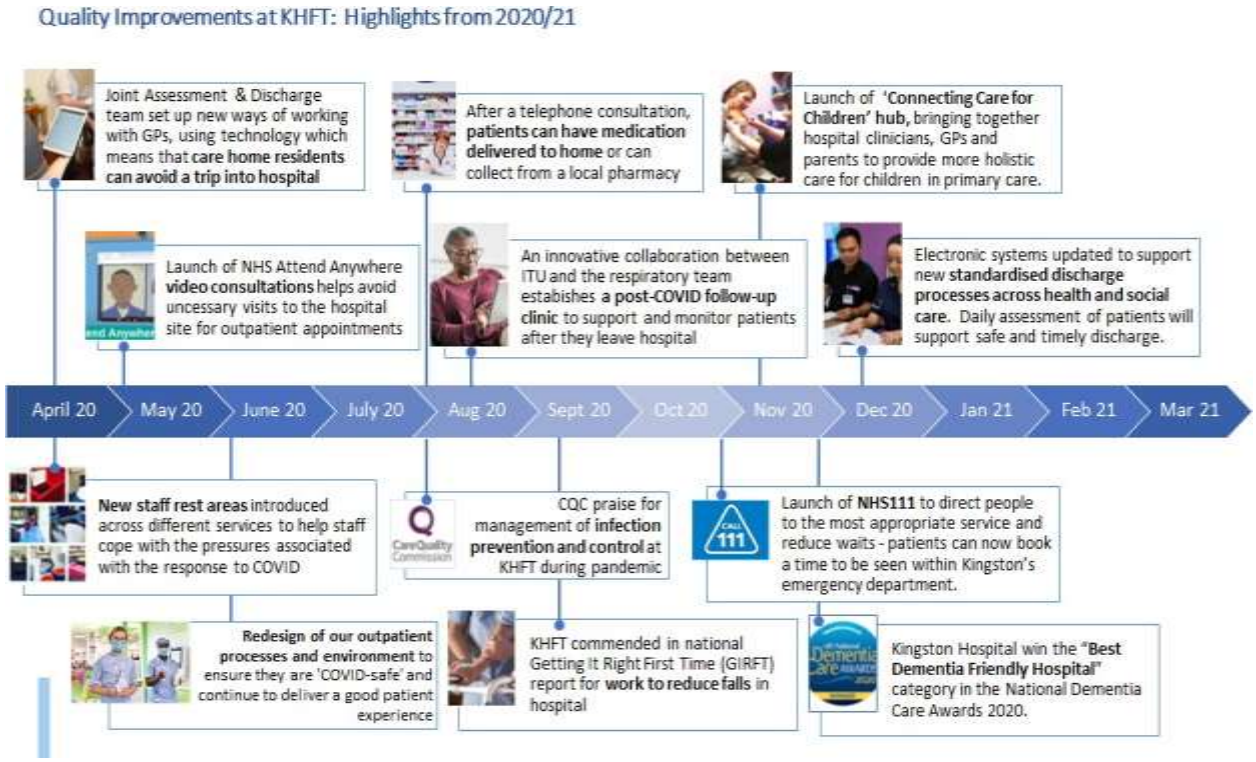
Nonetheless, we have been able to continue to work with our partner organisations as well as patients and their families to improve the quality of our services. The timeline that follows provides some highlights of these improvements during 2020/21.

As of February 2021, we have provided support to 155 staff to undertake more advanced Yellow Belt training and to lead an improvement project in their area. 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 become part of an expending network of alumni to continue their development.

During 2020/21 we have continued to track quality improvement work that is undertaken in the Trust, with increased efforts made to ensure we have a clear sight on which improvement projects are still ongoing and which have been paused or stopped. We have also worked to increase the visibility of these projects, so that clinical and management leads are aware of the improvement work going on in their service area. We have 203 quality improvement projects (QIPs) registered on our quality improvement activity tracker, with 33 of these projects known to be currently active.

We aim to build on these foundations into 2021/22 and focus on several key areas to further develop our improvement capability:

- Accelerate our commitment to embedding a Patient First improvement system through the continuation of capability development and project facilitation, alongside the introduction of improvement huddles and performance boards.
- Gain a more granular view of the motivating factors that are driving the improvement work being undertaken in the Trust, as well as continuing to get a clear view on the activity status of these projects.
- Build up our virtual training offer by developing more bespoke virtual improvement training courses to supplement our core training package.
- Further develop our offer to support more complex and collaborative improvement initiatives, particularly pathway and system redesign.



Infection Prevention and Control and COVID 19

Throughout the Covid-19 pandemic the Trust has had to develop and implement new policies, practices and guidelines across a whole range of patient safety, quality and experience metrics and communicate them to its staff and patients.

The speed with which situations change especially related to the new variants of Covid-19 has presented a particular challenge in terms of monitoring the impact of those new practices however the golden thread running through them all has been infection prevention and control.

The Trust has conducted a robust audit programme of monitoring adherence to IPC measures and undertaken the IPC BAF, SWL Peer Review and a successful CQC IPC Assessment however we acknowledge that we have had outbreaks of covid-19 in the wards and departments alongside individualised hospital acquired infection. This indicates that IPC measures and the appropriate testing and flow of patients through the Trust are an absolute priority and will remain its primary focus.

We continued to develop and adapt our processes as Government Guidelines dictated and as required by our population.

- The Trust has had 10 outbreaks of infection all of which are now closed these involved patient and staff groups.
- Contact tracing of all positive cases has been robust and continues.

- Staff screening is carried out where required in an outbreak situation with subsequent self -isolation as required.
- Lateral flow staff testing commenced in November. 3284 boxes of lateral flow test have been given to staff across the whole Trust.
- There is a constant review of the designation of Trusts wards and departments to ensure that it has enough capacity to place patients as safely as possible. The designation of inpatient wards into Covid-19 and non Covid-19 areas – responding rapidly to the changing profile of admissions.
- We separated the Emergency Department (ED) into Covid-19 and non Covid-19 areas including our clinical decision unit
- The provision of two Intensive Therapy Units (ITU) – with main ITU designated for Covid-19 patients and Alex ward designated for non Covid-19 patients
- The Trust also has a facility for 18 beds on Hamble Ward which support Covid-19 positive patients who require Continuous Positive Airway Pressure (CPAP) treatment which can be managed outside of the ITU.
- The implementation of South West London daily calls with the Director of Nursing/Director of Infection Prevention and Control, Medical Director and Chief Operating Officer to ensure that mutual aid was available and patients could access the care they needed.
- The increase in point of care testing in ED to ensure that patients are appropriately place, all patients have a Covid-19 test if they are admitted and if it is negative, patients are re swabbed at day 3, 5 and 7 and then every 7 days.

Recruitment and Retention

The Trust has a new People Plan, launched in 2020, for the period 2020-2023. The Plan has been developed in the context of the National, London and South West London People Plans to support the Trust's objectives and reflect the challenges of a changing landscape - post COVID, recovery and integrated care systems. The Plan has four themes: Design and Transformation; Attraction, Inclusion and Stability; Development and Deployment; and Care and Compassion.

The Plan provides a framework for the attraction and retention of staff with the key aim of being the best employer, employing a permanent, diverse and engaged workforce. It builds on the learning and best practice from COVID.

Recognising the fundamental importance of diversity, equality and inclusion (EDI), a companion strategy is in place. Building on the EDI work programme, Equality, Diversity and Inclusion Champions are now in place to strengthen local leadership and support the achievement of positive change.

The health and wellbeing of the workforce has never been more important and is a core part of the people strategy with a comprehensive plan and resources in place. The strategy provides a holistic approach, with a focus on psychological interventions, rest and recovery, exercise, nutrition, benefits and flexible working. To support engagement, health and wellbeing conversations have been introduced into the supervisory and management framework.

Increasingly the Trust is working collaboratively with its partners across the integrated care system and the workforce is an important focus of this. The South West London (SWL) Recruitment Hub was launched in 2020. It provides a one stop shop for processing all recruitment activity and has a key role in enhancing the SWL employment proposition and supporting and facilitating initiatives to improve recruitment and retention. Workforce supply is a key challenge and the Hub is engaged in a range of local, national and international recruitment campaigns to support this. It is working with a range of agencies to recruit from local communities to support the economic recovery.

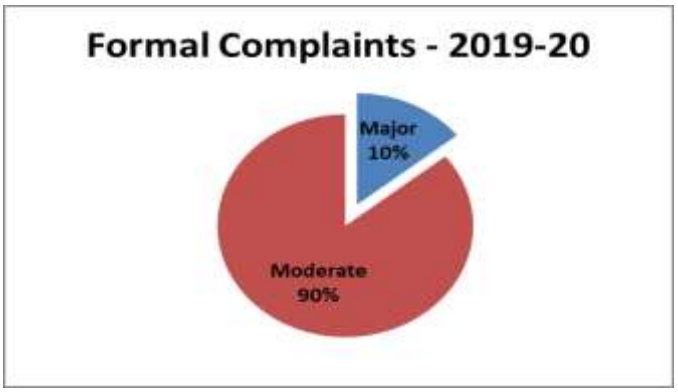
The Trust continues to perform well across the range of workforce KPIs, comparing favourably with other London Trusts. The turnover rate is 11.83%, a reduction of 2.33% from last year and below target. The vacancy rate is 8.22%. The stability index is 90.66%, an improvement of 4.89% from last year and on target. All data is as at January 2021.

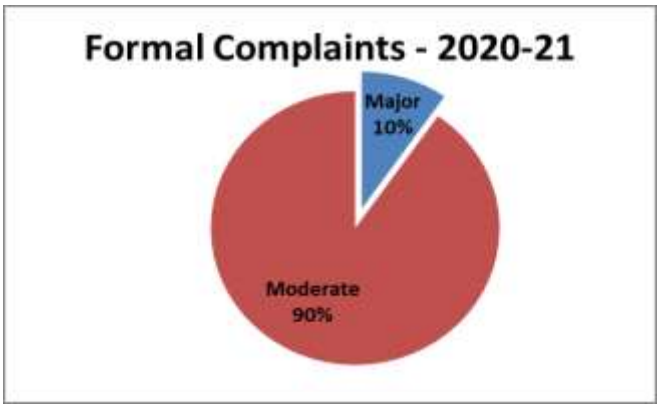
Complaints Performance

Every reasonable effort is made to resolve complaints at a local level and this involves correspondence and meetings with complainants. The data from 2020/21 shows that there was a notable decrease in the amount of complaints that were received in 2020/21 as shown in the table below. This shows a 28% decrease in complaints compared to 2019/20. Any comparisons of numbers should be considered in the context of the national pause of the complaints process during the first wave of the Covid-19 pandemic. Complaints have continued to become increasingly complex taking more time and resource to resolve.

Total Complaints 2019-20 (1st April 2019 - 31st March 2020)	Total Complaints 2020-21 (1st April 2020 – 31 December 2020)
435	314

The percentage of the complaints that were graded as major in 2020/21 was the same as 2019/20.





We recognise that swift action in responding to complaints is key to resolving them. As such, we endeavour to formally 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 the response rate for 2020/21 was 42%. Whilst the response rate in 2020/21 has decreased, in most cases this is a reflection of the pressure staff members have been under responding to the Covid-19 pandemic and the prioritisation of clinical duties. Complainants have been made aware of the possible delays at the earliest opportunity and apologies given.

The most prominent themes of complaints in 2020/21 were care and treatment (34%), communication (16%), appointment administration (8%) and security related concerns (8%). In 2019/20, the most prominent themes were care and treatment (22%), appointment administration (17%) and communication (15%).

The themes and trends for complaints remain relatively unchanged. 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 53 potential complaints in 2020/21. These are typically complaints that are a reimbursement request or refer to an issue that did not

require a formal complaint to be registered, but still needed to be investigated through the same process.

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 2019-20 (1st April 2019 - 31st March 2020)	PALS Cases 2020-21 (1st April 2020 - 31st December 2020)
1634	1717

The PALS service logged 1214 cases in 2020/21 which was a 5% increase compared to 2019/20. The percentage of PALS cases that escalated to formal complaints was 4.8%. (2019/20 was 4.7%). Again, these comparisons should be treated in the context of the pandemic.

The three most prominent themes of concerns raised in 2019/20 were communication (32%), appointment administration (31%), and care and treatment (10%). The three most prominent themes of concerns raised in 2020/21 were appointment administration (33%), communication (31%) and care and treatment (9%).

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

The Trust has continued its patient and public involvement work throughout the pandemic and the last 12 months presented an array of new opportunities, spurred on by growing recognition of how patient voices add value to the work of the Trust, greater promotion of this, and the huge enthusiasm and willingness of patients and local communities and to support the Trust by getting involved.

Gathering and responding to insights from patients, families and carers

The Trust has continued to ask for anonymous feedback via the Friends and Family Test throughout the pandemic, with over 2,400 ratings of care and 1,700 comments received about Kinston Hospital services. The opportunity to provide an FFT response online is now clearly signposted on the Kingston Hospital website and the Patient Experience and Involvement Team are piloting feedback calls to patients following discharge from hospital.

Patient and public involvement in governance

The Trust has maintained strong links and collaborative working with Healthwatch partners through the Trust's Healthwatch Forum. Lay members continue to be integral to governance groups that include the Trust's Patient Experience Committee, Children and Young Peoples' Board, Cancer Board and End of Life Strategy Group and the Trust has successfully moved to the use of short films to bring patient stories and insights into governance meetings including KHFT's Trust Board.

Patient, service user and staff forums

The Trust's Cancer Patient Partner Group has continued to meet throughout the pandemic offering encouragement and bringing focus onto the needs of cancer patients. The Maternity Voices Partnership has played a pivotal role in communicating with women and their families by collaborating with the maternity service to provide up to date information on services and the work undertaken to keep women and their families safe throughout the pandemic through its social media feeds.

Continued involvement of patients, carers and our community based stakeholders in strategy renewal

A collaborative workshop to set the direction of the Trust's new volunteering strategy was one of the last workshop events to take place prior to the national lock down in March with engagement for end of life and dementia strategy development moving online.

Drawing on patient and public insights to inform our improvement work

This work includes the renewal of appointment letters, work to redesign how discharge summaries are produced, and scope patients' perspectives on potential changes to how hospital prescriptions are dispensed. These projects have included online surveys and focus groups. We've used social media networks, community partners and the Trust volunteering community to promote engagement.

University of the Creative Arts and Kingston Hospital NHS Foundation Trust Collaborative

First year graphic design students, patients, carers, staff and local community organisations have worked together to produce a short animated film to help people understand and manage their pain better. Over 50 people took part in focus groups

in February 2020 to share their views on what the film should cover, the script was co-produced by the project team, which included a patient partner, and students spent a day at the hospital learning more from patients and specialists about how pain effects peoples life and can be managed. Teams of students worked through the first lockdown, overcoming technical problems and the challenges of remote working to produce their animations. The work of four teams were shortlisted and in December 2020, patients, the public, staff and our community partners were invited to vote on their favourite film. Over 250 people voted and the project team is now working on next steps for the project.

15 Steps with Youth Out Loud (YOL)

Members of YOL took part in a 15 steps challenge in the Wolverton Centre prior to lockdown and gave their suggestions of improvements that could be made to enhance the environment, communication and information available about services from a young persons. YOL is a group of 15-17 year olds whose involvement in health improvement projects is facilitated by Healthwatch Kingston and Healthwatch Richmond. They've been invited to revisit the 15 steps challenge and provide a perspective on young people's navigation through new pathways much of which draws on virtual consultations.

PPI Case studies

Involving patients in improving the quality of patient information

Over the past year we have seen a growing need for more patient information in a rapidly changing situation. No longer able to meet face to face with our established patient information review panel, we have had to find other ways of meeting this increased demand.

So what did we do?

- We provided flexibility in how patient information readers could contribute to leaflet review – giving opportunities to talk part in online panel feedback sessions with the information author, or providing comments by phone or email.
- We made use of networks of our peer support groups and staff / service user forums. For example:
    - The Kingston Maternity Voices Partnership advertised opportunities to review information leaflets on their Facebook Page
    - Support groups for cardiology, and intensive care provided feedback on leaflets specifically relating to topics for these patient groups.
    - We worked with our colleagues in Cancer Patient Partners on website information for people coming to the hospital with suspected cancer and information leaflets about the same.
    - We worked with parents from Kingston Hospital on patient information leaflets on over ten common childhood conditions
- The KHFT volunteering team established two regular virtual review panels

- Since May 2020 over 70 people have been actively involved in reviewing 55 new patient leaflets.

What we have learnt so far

- It makes a huge difference to the quality of our patient information to have a quality assurance process in place that involves the patient voice.
- The pandemic has given us opportunities to work more widely with patient groups
- It's a learning process for everyone – which has brought more of the patient voice into our literature and our services. We want to keep this going.

Maintaining active engagement of our volunteer community

45 volunteers are currently active in roles that have been adapted to virtual delivery and the Trust's volunteering team are collaborating with Kingston Stronger Together to enable the redeployment of KHFT volunteers into community volunteering roles.

- Gentle Movement – in collaboration with physiotherapy on Derwent Ward, Juliet Butler trained seven volunteers in a range of chair and bed-based exercises and are supporting patients to mobilise safely on the wards. Volunteers are connecting with patients using the Aetonix A Touch Away app spending approximately 20 minutes per patient. The schedule allows for volunteers to 'visit' 30 patients a week on Derwent Ward. This is a pilot with measures evaluating change in patient's mood, stress levels and perception of pain before and after an interaction with a volunteer. The results will inform any extension of this service to other wards after a 6-8 week pilot phase.
- Discharge Support – Eleven volunteers are supporting a case load of 29 patients through the Discharge Support Service. This service is thriving following its introduction to Emergency Department with approximately 4 new referrals from ED per day. The service has become stringent in discharging patients after 6 weeks to enable the service to take on new cases as well as encourage successful re-enablement and independence for the patients involved.
- Dementia - three volunteers are providing 3 hrs per week of virtual Dementia Therapeutic Activities in support of the Forget Me Not Therapeutic Activities Team. Volunteers engage in both group interactions as well as one-to-one bedside virtual activities including music, quizzes, games and reminiscence.

Visiting at Kingston Hospital over the course of the COVID pandemic

In line with national guidance, face to face visiting for inpatients was paused in March 2020 as the UK moved in to the first national lockdown. As soon as the opportunity for compassionate visiting was permitted in early April 2020, visiting was enabled for patients nearing End of Life as well as patients in need of an advocate or support to enable them to access care. This embraced people with a learning disability, dementia or delirium amongst others. Over the course of the pandemic the Trust has reviewed and revised its compassionate visiting based on feedback from families and staff and has consequently moved to offer therapeutic alongside compassionate visiting in recognition of the important role close relatives can play in

enabling the achievement of therapeutic outcomes and speeding recovery, particular amongst people recovering from strokes and COVID-19.

Virtual visiting has played a crucial and complementary role to actual visiting throughout the pandemic, but particularly at times when high rates of community COVID-19 transmission meant that only compassionate or therapeutic visiting has been allowed. Ward I-pads, usually used to gather patient feedback were quickly repurposed in April 2020 with FaceTime and Zoom to allow video calls to take place. Redeployed staff from across the hospital supported families to stay in touch with their relatives. The Trust quickly signed up to the Lifelines initiative designed to facilitate virtual visiting inside critical care environments and the implementation of this was led by the physiotherapy team alongside their other ward duties.

https://youtu.be/WI9mLBNVAhM

As COVID transmission reduced over the summer months, the Trust was able to reinstate limited visiting on most adult wards following a change in national guidance. Despite this, virtual visiting was maintained, and a volunteering initiative set up to enable volunteer visitors to spend time with dementia patients.

https://www.youtube.com/watch?v=BmCBLGfwslw

NHS STAFF SURVEY 2020

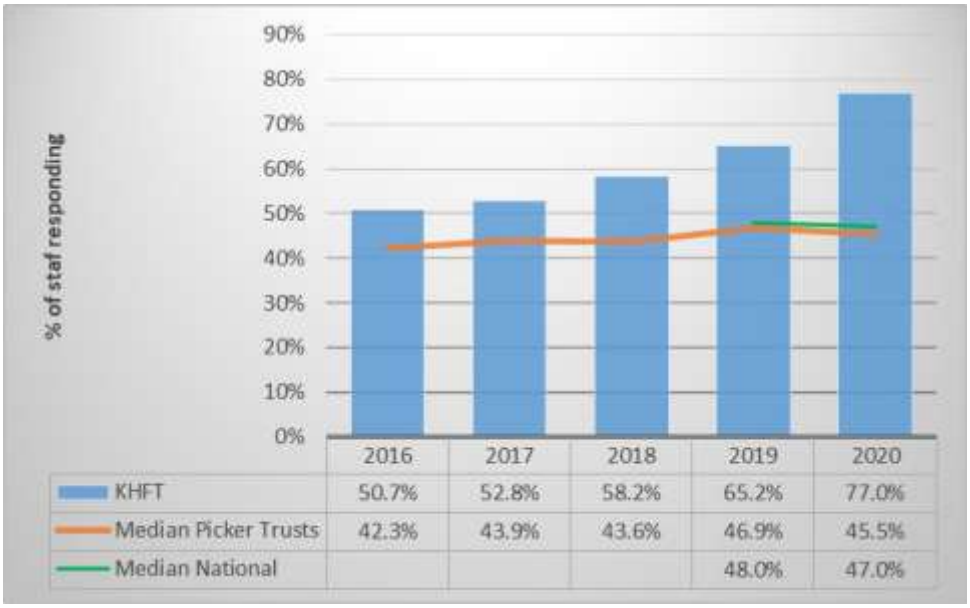
Staff engagement continues to be a key priority and the Trust adopts a range of activities and mechanisms to facilitate this. The Staff Survey is an important tool in monitoring engagement and learning from staff feedback to inform future strategies. To add value to this the Trust has introduced a bi-monthly pulse survey, which provides a more regular way of 'checking in' with staff and assessing how they are feeling at work.

The results from the 2020 Staff Survey are once again positive, with the Trust delivering improvements in a number of key areas despite a very challenging year due to COVID.

Questions are grouped under ten themes and outcomes presented and benchmarked in this way. All themes are scored on a scale that ranges from 0 (worst) to 10 (best). The Trust scores at or above 6.0 across all themes, with 3 themes scoring above the National and Picker average.

Response Rate

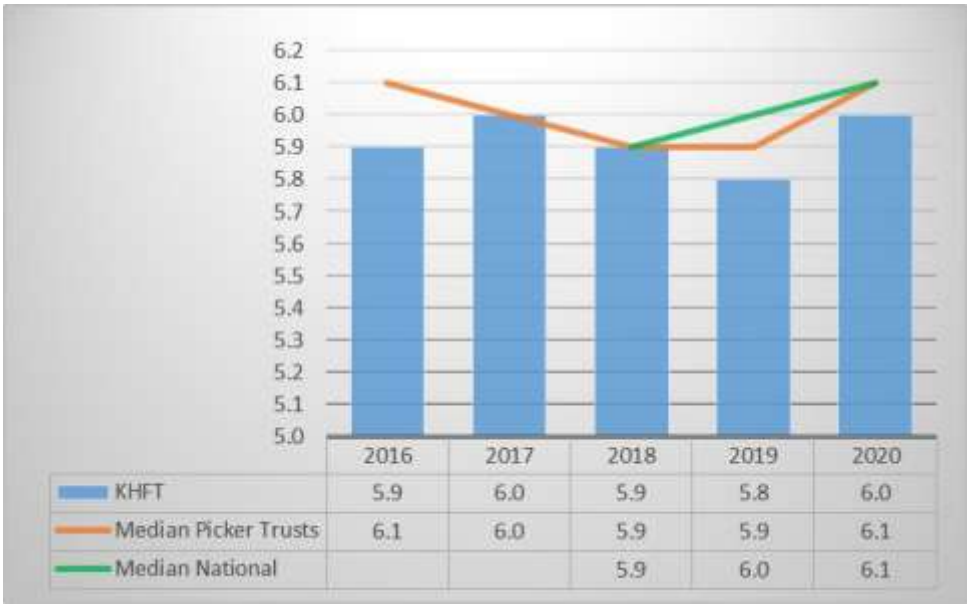
Benchmarking



	2016	2017	2018	2019	2020
KHFT	50.7%	52.8%	58.2%	65.2%	77.0%
Median Picker Trusts	42.3%	43.9%	43.6%	46.9%	45.5%
Median National				48.0%	47.0%

The Trust's response rate has improved year on year since 2016 and has remained above the median for both National and Picker Acute Trusts. This year saw the response rate increase by 11.8%, which is 30% above the median for Acute Trusts. The Trust had the 2nd highest response rate of all Acute Trusts in England.

Theme 1: Health & Well Being

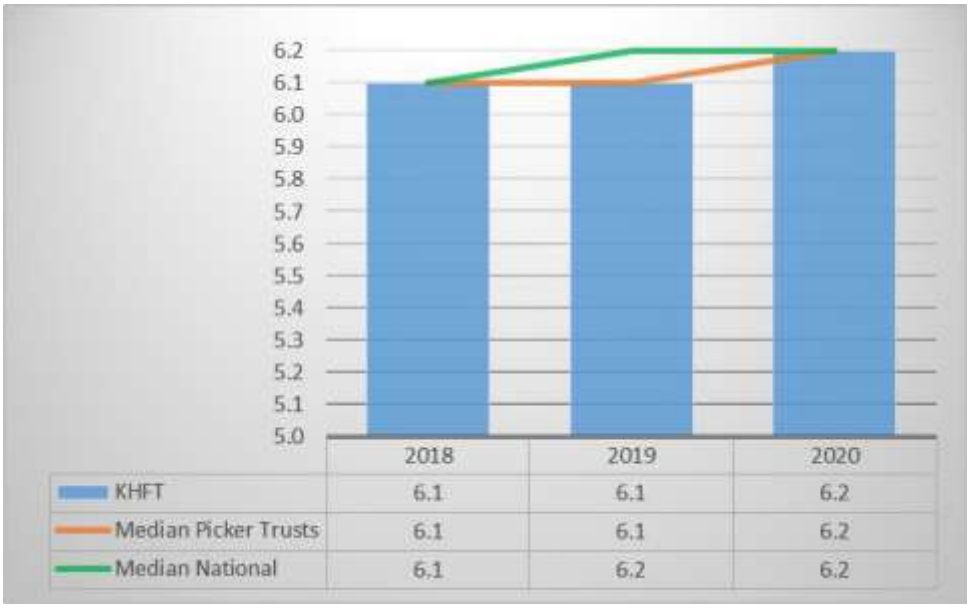


	2016	2017	2018	2019	2020
KHFT	5.9	6.0	5.9	5.8	6.0
Median Picker Trusts	6.1	6.0	5.9	5.9	6.1
Median National			5.9	6.0	6.1

Overall Score: 6.0

The Trust's score has improved this year but is slightly below the median rates for this theme.

Theme 2: Morale

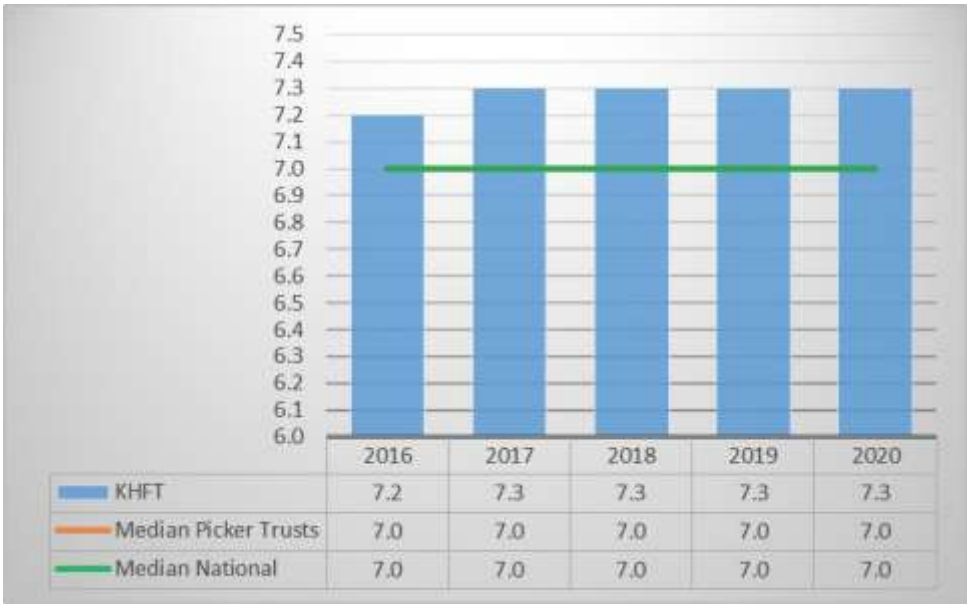


	2018	2019	2020
KHFT	6.1	6.1	6.2
Median Picker Trusts	6.1	6.1	6.2
Median National	6.1	6.2	6.2

Overall Score: 6. 2

The Trust's score has improved this year and is in line with the National and Picker median. (Data is only available for the last three years).

Theme 3: Staff Engagement

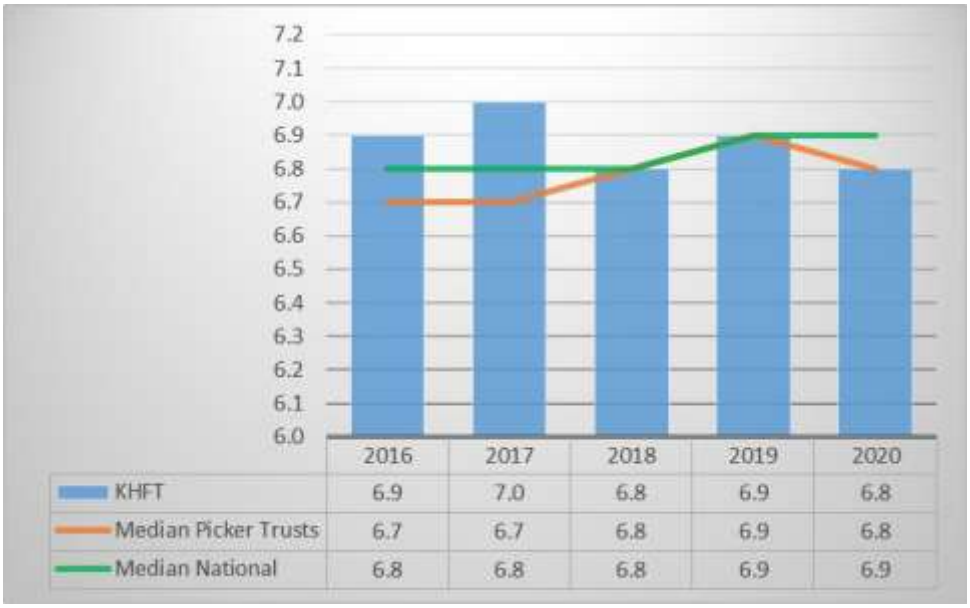


	2016	2017	2018	2019	2020
KHFT	7.2	7.3	7.3	7.3	7.3
Median Picker Trusts	7.0	7.0	7.0	7.0	7.0
Median National	7.0	7.0	7.0	7.0	7.0

Overall Score: 7.3

The score for this theme has remained consistently high over the past 5 years, above the National and Picker Trust average.

Theme 4: Immediate Managers

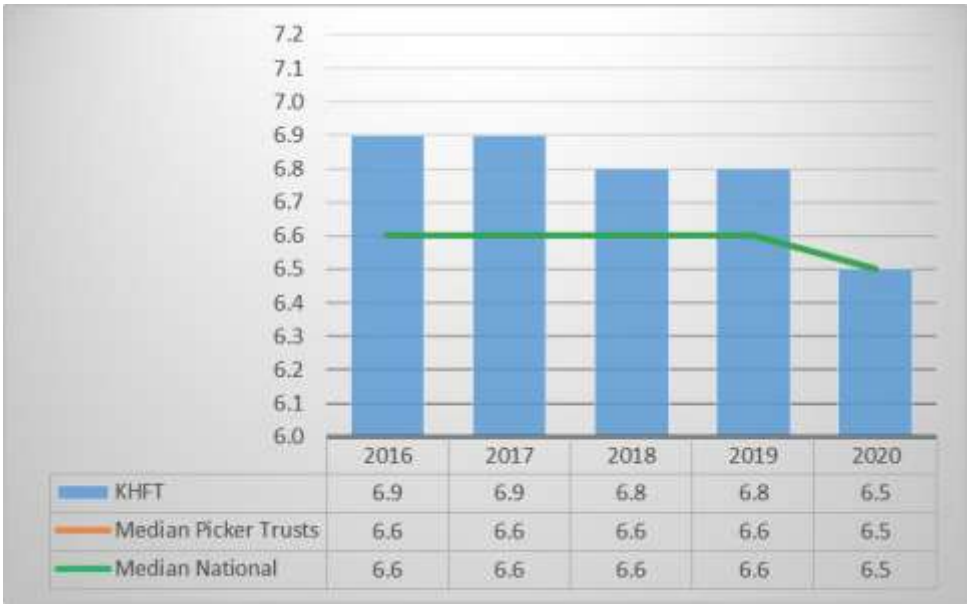


	2016	2017	2018	2019	2020
KHFT	6.9	7.0	6.8	6.9	6.8
Median Picker Trusts	6.7	6.7	6.8	6.9	6.8
Median National	6.8	6.8	6.8	6.9	6.9

Overall Score: 6.8

There has been a slight decrease in the score this year in line with the national average.

Theme 5: Team Working

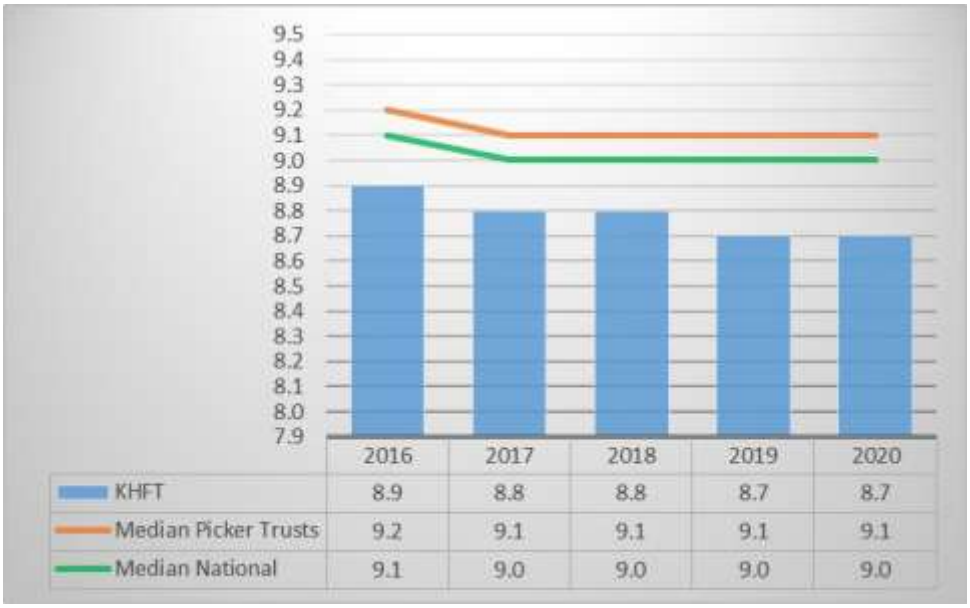


	2016	2017	2018	2019	2020
KHFT	6.9	6.9	6.8	6.8	6.5
Median Picker Trusts	6.6	6.6	6.6	6.6	6.5
Median National	6.6	6.6	6.6	6.6	6.5

Overall Score: 6.5

There has been a decrease in the overall score for team working, this is in line with the national average. Over the previous 4 years the Trust has performed above average; it is likely that COVID has impacted on this area.

Theme 6: Equality, diversity & inclusion

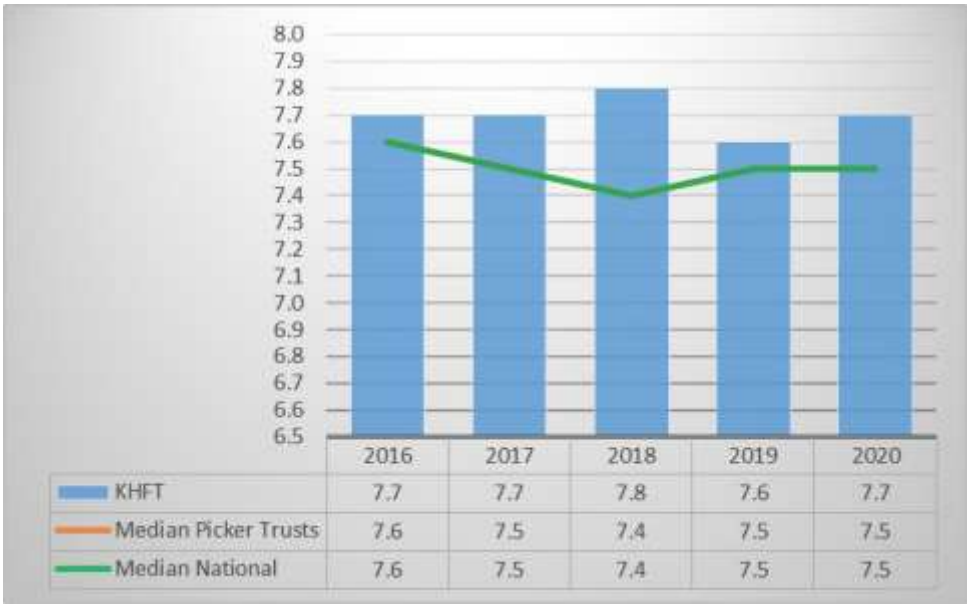


	2016	2017	2018	2019	2020
KHFT	8.9	8.8	8.8	8.7	8.7
Median Picker Trusts	9.2	9.1	9.1	9.1	9.1
Median National	9.1	9.0	9.0	9.0	9.0

Overall Score: 8.7

The overall score has remained the same as last year. The Trust is slightly below the National and Picker average.

Theme 7: Quality of Care

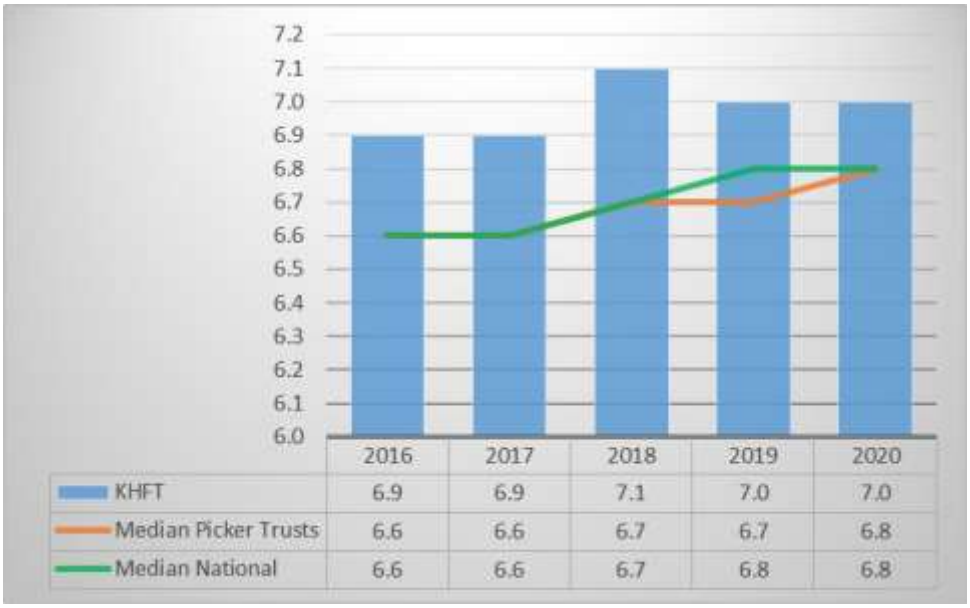


	2016	2017	2018	2019	2020
KHFT	7.7	7.7	7.8	7.6	7.7
Median Picker Trusts	7.6	7.5	7.4	7.5	7.5
Median National	7.6	7.5	7.4	7.5	7.5

Overall Score: 7.7

The Trust continues to score well, above the national and Picker average for this theme.

Theme 8: Safety Culture

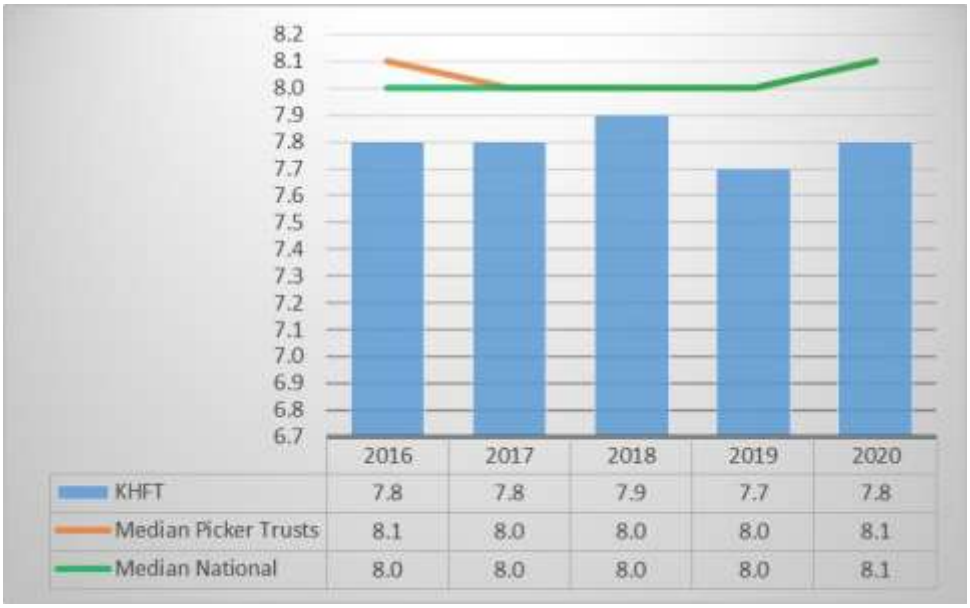


	2016	2017	2018	2019	2020
KHFT	6.9	6.9	7.1	7.0	7.0
Median Picker Trusts	6.6	6.6	6.7	6.7	6.8
Median National	6.6	6.6	6.7	6.8	6.8

Overall Score: 7.7

The Trust continues to score well, above the national and Picker average for this theme.

Theme 9: Safe Environment – Bullying and Harassment

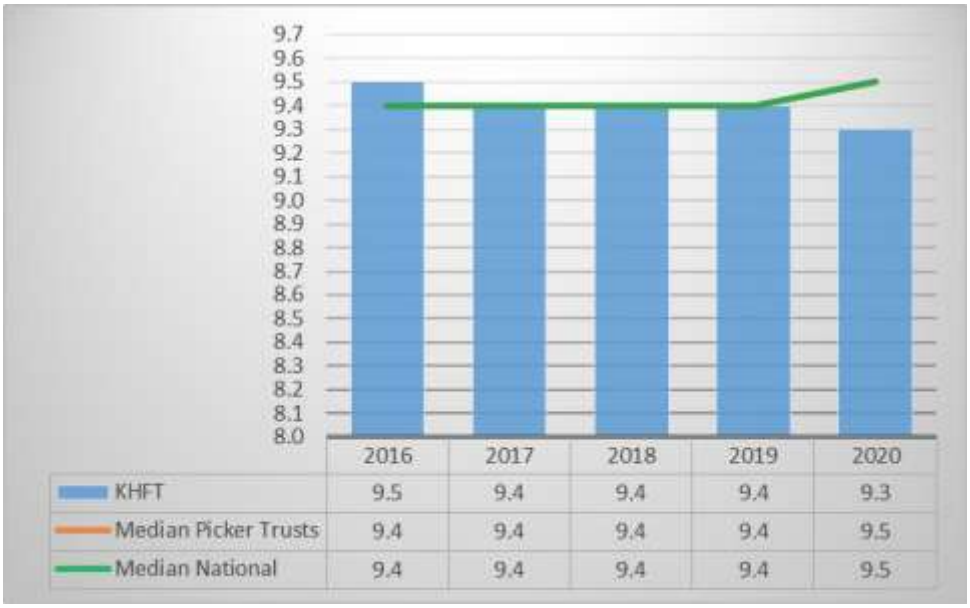


	2016	2017	2018	2019	2020
KHFT	7.8	7.8	7.9	7.7	7.8
Median Picker Trusts	8.1	8.0	8.0	8.0	8.1
Median National	8.0	8.0	8.0	8.0	8.1

Overall Score: 7.8

Encouragingly the score has improved this year but remains below the national and Picker average.

Theme 10: Safe Environment – Violence



	2016	2017	2018	2019	2020
KHFT	9.5	9.4	9.4	9.4	9.3
Median Picker Trusts	9.4	9.4	9.4	9.4	9.5
Median National	9.4	9.4	9.4	9.4	9.5

Overall Score: 9.3

There is a slight decrease in the score with the Trust now below the national and Picker average for this theme.

Areas of improvement and high performance

- Year on year the Trust performs well with regard to staff engagement; recommending the Trust as a place for care and a place to work; effective communication; and valuing my work.
- Areas for which the Trust performed above average this year are: communication between staff and senior management; senior managers acting on staff feedback; positive action on staff health and wellbeing; acting on concerns raised by patients; and standard of care.
- Areas most improved from last year are: enough staff to do my job properly; came to work when not well enough; working additional hours; and rarely having unrealistic time pressures.

Areas that require improvement

- Areas for which the Trust performed below average this year are: experienced musculoskeletal problems; experienced harassment, bullying or abuse from service users or public; the organisation acts fairly with regard to career progression; experienced discrimination from service users or public; and experienced discrimination from managers or colleagues on grounds of ethnic background.
- Areas least improved from last year are: opportunities to show initiative; the team I work with have shared objectives; the team meets to discuss effectiveness; and experienced discrimination from managers or colleagues on grounds of ethnic background.

Priorities for action

An action plan has been developed in response to the results of the Staff Survey. The key priority 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. The Trust's success in addressing these priorities will be measured by feedback from the pulse surveys and the 2021 Staff Survey.

- Development and delivery of a cultural change and OD programme to enable a step change, embedding a compassionate, supportive and coaching driven culture.
- Implementation of the new Diversity, Equality and Inclusion Strategy and associated action plan to include a peer review on bullying and harassment; reinforce 'Not a Target' campaign; launch the Kingston values package; and improve processes and practices for career progression.

- Develop and deliver a mandatory training package for line managers including compassionate leadership; managers toolkit; and a buddying and mentoring scheme.
- Deliver a package of interventions to support improved team working as part of the COVID recovery programme.
- Refresh the health and wellbeing offerings to ensure they are 'customer led' and are proactive health prevention focussed.

Looking Ahead

Kingston Hospital NHS Foundation Trust is an exciting place to work. As an organisation we are committed to providing the best patient experience in the safest environment with committed caring staff.

We welcome feedback and are constantly looking at how we can improve and respond more effectively to the challenges of our population and the nation as a whole. The staff at Kingston Hospital NHS Foundation Trust have worked together tirelessly to support the response to the COVID-19 pandemic.

Due to the switch and constantly changing requirements for the provision of healthcare from March 2020 we established a rapid response and support model to aid the staff with coping with the COVID-19 pandemic.

While we work hard to make changes in a fast moving and dynamic landscape of healthcare we are acutely aware that our staff are our biggest asset.

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

NHS Improvement has stated that there is no requirement for a Foundation Trust to commission external assurance on its Quality Account for 2020/21.

Appendix A: National Confidential Enquiries

National confidential enquiries for inclusion in quality report 2020/21	Participation 2020/21	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: Young people's mental health	Yes	**Data collection complete** Clinical questionnaire: n=5/5 (100%) Case notes: n=5/5 (100%) Organisational audit: n=2/2 (100%)
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: 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 2020)	Yes	**Data collection in progress** Reviews completed: 15/15 (100%)
Maternal, Newborn and Infant: Maternal programme (cohort 2020)	Yes	n=100%
Maternal, Newborn and Infant: Perinatal programme (cohort 2020)	Yes	n=100%

Appendix B: Eligible National Clinical Audits 2020/21 – Participation Rates

National clinical audits for inclusion in quality report 2020/21	Participation 2020/21	Number of cases submitted
British Association of Urological Surgeons (BAUS): Female Stress Urinary Incontinence audit (2020 cohort)	Yes	n=83
BAUS: Bladder Outflow Obstruction Audit (2020 cohort)	Yes	n=17
BAUS: Nephrectomy Audit (2019 cohort)	Yes	n=81
BAUS: Renal Colic Audit (2020 cohort)	Yes	n=19
Cancer: National Bowel Cancer Audit (2019/20 cohort)	Yes	n=165
Cancer: National Audit of Breast Cancer in Older People (2018 cohort)	Yes	n=116
Cancer: National Lung Cancer Audit (2019 cohort)	Yes	n=149
Cancer: National Oesophago-gastric Cancer Audit (2017-19 cohort)	Yes	n=72 (85-100%)
Cancer: National Prostate Cancer Audit (2018-2019 cohort)	Yes	n=252
Diabetes: Integrated Specialist Survey (2020 cohort)	Yes	n=1 (100%)
Diabetes: National Diabetes Audit (2019/20 cohort)	Yes	n=596
Diabetes: National Diabetes In-patient Audit (NaDIA) – Harms Audit (2019/20 cohort)	Yes	n=2
Diabetes: NaDIA – Core Audit (2020 cohort)	Not applicable	Data collection suspended by national audit supplier due to COVID
Diabetes: National Diabetes Transition Audit (2019/20 cohort)	Yes	Audit extracts data from NDA and NPDA submission
Diabetes: National Foot Care in Diabetes Audit (2019/20 cohort)	Yes	n=47
Diabetes: National Paediatric Diabetes Audit (2019/20 cohort)	Yes	n=175
Diabetes: National Pregnancy in Diabetes (2020 cohort)	Yes	n=20
Falls and Fragility Fractures Audit Programme (FFFAP): National Audit of In-patient Falls (2020 cohort)	Yes	Organisational audit: n=1 (100%) Clinical Audit: n=6 (100%)
FFFAP: National Hip Fracture Database (2019 cohort)	Yes	n=318 (102%)
Heart: National Cardiac Audit Programme (NCAP): Cardiac Rhythm Management (2018/19 cohort)	Yes	n=167
Heart: NCAP: Myocardial Infarction National Audit Project (2018/19 cohort)	Yes	n=223 (102.76% stringent cases and 97.81% non-stringent cases)
Heart: NCAP National Heart Failure Audit (2018/19 cohort)	Yes	n=444 (82%)
Intensive Care National Audit and Research Centre (ICNARC): Case Mix Programme: Adult Critical Care (2019/20 cohort)	Yes	n=700 (100%)

National clinical audits for inclusion in quality report 2020/21	Participation 2020/21	Number of cases submitted
ICNARC: National Cardiac Arrest Audit (2019/20 cohort)	Yes	n=21
Inflammatory Bowel Disease Registry: Biological Therapies Audit – Adults Only (overall patient cohort up to end Jan-21)	Yes	n=194
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma Adult in Secondary Care (2019/20 cohort)	Yes	n=84
NACAP: Asthma Paediatric in Secondary Care (Feb-20 to Jul-20 cohort)	Yes	n=24
NACAP: COPD in Secondary Care (2019/20 cohort)	Yes	n=250
National Audit of Care at the End of Life (2020 cohort)	Not applicable	Data collection suspended by national audit supplier due to COVID
National Audit of Dementia - Care in General Hospitals (2020 cohort)	Not applicable	Data collection suspended by national audit supplier due to COVID
National Audit of Seizures and Epilepsies in Children and Young People (2019 cohort)	Yes	n=48
National Comparative Audit of Blood Transfusion programme - 2020 Audit of the Perioperative Management of Anaemia in Children Undergoing Elective Surgery (2020 cohort)	Not applicable	Data collection suspended by national audit supplier
National Comparative Audit of Blood Transfusion programme: 2019 Re-audit of the Medical Use of Blood (2019/20 cohort)	Not applicable	Data collection completed in 2019/20.
National Early Inflammatory Arthritis Audit (2019/20 cohort)	Yes	n=20 (100%)
National Emergency Laparotomy Audit (2019/20 cohort)	Yes	n=128
National Joint Registry (2019 cohort)	Yes	n=38
National Maternity and Perinatal Audit (2019/20 cohort)	Yes	n=4836 births, 4929 babies (100%)
National Neonatal Audit Programme (2020 cohort)	Yes	n=408
National Ophthalmology Audit: Adult Cataract Surgery (2019/21 cohort)	Yes	Data submission deadline May-21
Perioperative Quality Improvement Programme (Total cohort)	Yes	n=58
Royal College of Emergency Medicine (RCEM): Fractured Neck of Femur (2020 cohort)	Yes	Data submission deadline Apr-21
RCEM: Infection Control (2020 cohort)	Yes	Data submission deadline Apr-21
RCEM: Pain in Children (2020 cohort)	Yes	Data submission deadline Oct-21
Sentinel Stroke National Audit Programme (Oct-20 to Dec-20 cohort)	Yes	90+% (Level A)
Society for Acute Medicine's Benchmarking Audit (2020 cohort)	Yes	n=51
Trauma Audit Research Network (2020 cohort)	Yes	n=69%

National clinical audits for inclusion in quality report 2020/21	Participation 2020/21	Number of cases submitted
Monitoring		
Antenatal and Newborn National Audit Protocol 2019 to 2022: PHE Screening- Antenatal and Newborn Screening (Q1, 2020/21 & Q2, 2020/21 cohort)	Yes	n=100%
Mandatory Surveillance of Healthcare Associated Infections (Feb-20 to Feb-21 cohort) • MRSA • MSSA • C. difficile infection • Escherichia (E. coli) bacteraemia	Yes	 n=2 n=11 n=16 (hospital apportioned) n=21 (hospital apportioned)
NHS Provider Interventions with Suspected/ Confirmed Carbapenemase producing Gram Negative Colonisations/ Infections (2020 cohort)	Yes	n=1
Surgical Site Infection Surveillance Service • Orthopaedic surveillance for neck of femur repair Jan-21 to Mar-21)	Yes	Data submission deadline Jun-21
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme (NHSBT) (2020 cohort)	Yes	n=18 (3 incidents, 15 reactions to transfusions)

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 - Cytoreductive Radical Nephrectomy Audit	Service not provided by Trust
BAUS - Percutaneous Nephrolithotomy	Service not provided by Trust
BAUS - Radical Prostatectomy Audit	Service not provided by Trust
BAUS - Urethroplasty Audit	Service not provided by Trust
British Spine Registry	Service not provided by Trust
Cleft Registry and Audit Network (CRANE)	Service not provided by Trust
Elective Surgery (National PROMs programme)	Service not provided by Trust
FFFAP: Fracture Liaison Service Database	Service not provided by Trust
FFFAP: Vertebral Fracture Sprint Audit	Service not provided by Trust
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 and Homicide	Data submitted by Mental Health Trusts only
Mental Health Clinical Outcome Review Programme: Suicide by middle-aged men	Data submitted by Mental Health Trusts only
NACAP: Asthma (Adult and paediatric) and COPD Primary care - Wales only	Data submitted by Welsh providers 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 Dementia - Spotlight Audit in Memory Services	Service not provided by Trust
National Audit of Pulmonary Hypertension	Service not provided by Trust

Projects included on the NHS England Quality Accounts List, in which Kingston Hospital NHS Foundation Trust is not eligible to participate	
National Bariatric Surgery Registry (NBSR)	Service not provided by Trust
NCAP: National Adult Cardiac Surgery Audit	Service not provided by Trust
NCAP: National Audit of Percutaneous Coronary Interventions	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
National Clinical Audit of Psychosis: AIP Audit 2019/20	Data submitted by Mental Health Trusts only
National Clinical Audit of Psychosis: AIP Audit 2020/21	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
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	Data submitted by Ambulance Trusts only
Paediatric Intensive Care Audit Network (PICANet)	Service not provided by Trust
Prescribing Observatory for Mental Health (POMH-UK): Monitoring of Patients Prescribed Lithium	Data submitted by Mental Health Trusts only
POMH-UK: Prescribing Clozapine	Data submitted by Mental Health Trusts only
POMH-UK: Use of Depot/ LAI Antipsychotics for Relapse Prevention	Data submitted by Mental Health Trusts only
POMH-UK: Assessment of Side Effects of Depot and LAI Antipsychotic Medication	Data submitted by Mental Health Trusts only
POMH-UK: Antipsychotic Prescribing in People with a Learning Disability	Data submitted by Mental Health Trusts only
POMH-UK: Improving the Quality of Valproate Prescribing in Adult Mental Health Services	Data submitted by Mental Health Trusts only
POMH-UK: Prescribing for Depression in Adult Mental Health Services (re-audit)	Data submitted by Mental Health Trusts only
UK Cystic Fibrosis Registry	Service not provided by Trust
UK Registry of Endocrine and Thyroid	Service not provided by Trust
UK Renal 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 (2019 cohort) Updated: May-20	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. 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 55% nationally.
British Association of Urological Surgeons: Nephrectomy Audit (2019 cohort) Updated: Jul-20	The latest data continues to show that undergoing a nephrectomy at Kingston Hospital NHS Foundation Trust is safe. The outcomes achieved for patients treated at the Trust are within expected range for risk adjusted complication, transfusion and mortality rates. Most notably, the complication rate has remained below the national average and has reduced for a fourth year in a row to 1.1% (national average 2.45%); and the mortality rate is below the national average and has reduced or a third year in a row and is now at 0% (national average 0.39%).
Cancer: National Audit of Breast Cancer in Older People (2018 cohort) Published: Jul-20	Despite the fact that the incidence of breast cancer increases with age, when compared to younger patients older women have significantly poorer outcomes. This difference is thought to be due to a combination of late diagnosis and under treatment. The key aim of the national audit is to reduce this variation. At the Trust, patients are routinely seen by a clinical nurse specialist, as per best practice guidance. The Breast Team exceed national average performance for this measure. In addition, women with high risk early invasive breast cancer are routinely counselled on the benefits and risks of adjuvant radiotherapy, based on tumour characteristics and objective assessment of patient fitness. The Trust exceeds the national average for patients aged 70+ receiving radiotherapy. An objective assessment of the anticipated benefits and risks of chemotherapy are provided, based on tumour factors and patient fitness, for all women, irrespective of age, with ER negative, HER2 negative early invasive breast cancer with malignant lymph nodes or HER2 positive early invasive breast cancer. Patients are seen at the dedicated cardiac oncology clinic at Royal Brompton Hospital, which is accessed via the Royal Marsden Hospital Medical Oncology Team, and have access to other specialist services at Kingston Hospital NHS Foundation Trust. Further actions planned to improve include: • To improve documentation on Clinical Frailty Scale, Abbreviated Mental Test Score and indication of whether or not the patient has an established diagnosis of dementia and severe comorbidities the Breast Cancer team will (a) liaise with Cancer Data Management Team to confirm how this

National clinical audit	Actions to improve quality
	information is recorded in both the Trust's local IT systems and the national IT system, (b) consider additional fields in Breast Multidisciplinary Meeting outcome form and (c) add a copy of Frailty Tool for all patients seen in the One Stop clinic. • To improve data completeness and accuracy, feedback will be provided to individual clinicians as required. Sufficient time will be allocated in clinics for completion of information and to enable the monthly clinical validation of the national data submission, an electronic MDT proforma is in the process of being implemented to facilitate data completeness, discussions will be held with the Cancer Data Team in order to determine how best to record recurrence and the provision of all components of the triple diagnostic assessment (TDA). Whilst patients are receiving the TDA, this is not reflected in the published audit data. • Nationally there is a low rate of surgery for women aged 70+ years with ER positive breast cancer. The Trust runs a Consultant Anaesthetist led assessment clinic at which a risk assessment is performed and interventions to facilitate surgery identified. The use of the 'Age Gap Decision Tool' will also be considered to encourage increased acceptance of surgery.
Cancer: National Bowel Cancer Audit (2018/19 cohort) Published: Dec-20	Bowel cancer is one of the most common types of cancer diagnosed in the UK. The national audit aims to improve patient care by assessing the diagnosis, treatment, and outcomes of 30,000 bowel cancer patients across England and Wales. 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. The formal presentation of the audit data at the General Surgery Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The data has subsequently been presented in Mar-21 and actions are currently being planned to improve further.
Cancer: National Lung Cancer Audit (2018 cohort) Published: Aug-20	Information on performance and actions taken included in section: Participation in Clinical Audits**.**
Cancer: National Oesophago-gastric Cancer Audit (2018/19 cohort) Published: Dec-20	Oesophago-gastric cancer is cancer in the stomach or the oesophagus. More rarely, it can happen where the oesophagus joins the stomach. Oesophago-gastric cancer has become steadily more common in the last 30 years. Around 13,000 people are newly diagnosed each year. The Trust offers a diagnostic service to this patient group. Excellent performance continues to be demonstrated for patients having a staging CT scan recorded (93%, compared to 87% nationally). In addition, the percentage of patients diagnosed after an emergency admission remains in line with the national average. The formal presentation of the audit data at the Gastroenterology Governance meeting was delayed as all non-essential meetings were suspended as the

National clinical audit	Actions to improve quality
	Trust responded to the COVID pandemic. The data is currently being reviewed within Gastroenterology and actions planned to improve further. The audit data will formally be presented at the Trust's Cancer Board in May-21.
Cancer: National Prostate Cancer Audit (2018/19 cohort) Published: Jan-21	Prostate cancer is the second most common cancer in the UK. The aim of the National Prostate Cancer Audit is to assess the process of care and its outcomes in men diagnosed with prostate cancer in England and Wales. The latest data demonstrates continued excellence for data quality both compared to the national average and the specialist multidisciplinary team (MDT). Data quality and completeness continues to be routinely reviewed and closely monitored at the local MDT Meeting. The formal presentation of the audit data at the Urology Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The data will be formally presented in an upcoming Urology Governance meeting and at the Trust's Cancer Board. Actions to are currently being planned to improve further.
Diabetes: National Diabetes Audit (2018/19 cohort) Published: Dec-20	More than 4.8 million people in the UK have diabetes. This is equal to 1 in 14 people. The national audit provides a comprehensive view of diabetes care in England and Wales. It measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards. 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 patients with type 1 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 for patients with type 1 diabetes having a blood test for glucose control and cholesterol, blood test for kidney function and measured for cardiovascular risk. To improve further a form is currently being developed in the electronic patient record that will serve as a clinic letter to improve communication and enable automated data extraction for the national audit. In addition the Diabetes team will begin running an insulin pump DAFNE (Dose Adjustment for Normal Eating) course, increase uptake of structured education by 16-19 year olds and continue working with the catering team to ensure that when adults with type 2 diabetes are admitted to hospital as inpatients a meal planning system is available that provides consistency in the carbohydrate content of meals and snacks.
Diabetes: National Diabetes Audit In-patient Audit (2019 cohort)	The latest data demonstrates that the Trust is performing in line with or better than national average for 8 out of 11 key clinical indicators of best practice. Of particular note, the Trust is in the top quartile nationally i.e. amongst the best

National clinical audit	Actions to improve quality
Published: Nov-20	performing 25% of hospitals, for: • Average appropriate blood glucose testing days (6.9 out of 7 days compared to 6.5 days nationally). • Patients experiencing glucose management errors (7.9%, compared to 18.4% nationally). The Trust has improved compared to previous for the majority of patient experience indicators measured by the audit (7 out of 11), with Trust performance in the top quartile nationally for: • Patients were involved in their care planning (78%, compared to 60% nationally). • Ward staff respected their wishes around diabetes care (97%, compared to 92% nationally). • Timing of meals appropriate (84% compared to 61% nationally). • Staff were definitely or to some extent able to answer their questions (96%, compared to 86% nationally). The audit data was formally presented at the Diabetes Inpatient Quality Improvement Working Group in Nov-20. Action planning is currently in progress. This process was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic.
Falls and Fragility Fractures Audit Programme (FFFAP): National Audit of In-patient Falls (2019 cohort)	The national audit aims to improve inpatient falls prevention and post fall care through audit and quality improvement. To improve the care and management of this patient group at Kingston Hospital NHS Foundation Trust a 'Swarm' multidisciplinary team meeting has been implemented which takes place following all inpatient falls to review how and why a fall happened. The PJ Paralysis initiative also encourages staff to get patients out of bed and into their own clothes. The results of which are regularly reported into the Trust's Falls Group.
FFFAP: National Hip Fracture Database (2019 cohort), published: Jan-21	Information on performance and actions taken included in section: Participation in Clinical Audits**.**
Heart: National Cardiac Audit Programme (NCAP): Cardiac Rhythm Management (2017/18 and 2018/19 cohorts) Published: Dec-20	The national audit aims to improve the care of patients who undergo pacemaker, ICD, CRT and cardiac ablation procedures in the UK, through the collection, analysis and dissemination of data relating to centres across the UK. Published evidence shows a clear statistical link between the number of procedures undertaken and the incidence of complications. The latest national audit data demonstrates that the Trust continues to exceed the recommended minimum number of new permanent pacemaker implant procedures. The Trust has a low re-intervention rate. However, when re-intervention occurs patient care and management is reviewed through the Trust's routine mortality and morbidity process and discussed at the Cardiology Governance Meeting.

National clinical audit	Actions to improve quality
	Actions are then taken to improve if required.
Heart: NCAP: Myocardial Infarction National Audit Project (MINAP) (2018/19 cohort) Published: Dec-20	The national audit assesses the quality of care provided to patients who are admitted to hospital with acute coronary syndromes (heart attack). The latest national audit data shows that at Kingston Hospital NHS Foundation Trust compared to the national average: • More non-ST elevation myocardial infarction (NSTEMI) patients had an angiography to investigate their coronary arteries during their admission (100%, compared to 85% nationally). Coronary angiography is important to define the extent and severity of coronary disease. This is the fourth 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. Actions in place to improve patient care and management include implementing a 7-day cardiology service, establishing a Cardiac Care Unit on Bronte Ward and training nurses on the Acute Assessment Unit and Bronte Wards on cardiac telemetry (a way to monitor a person's vital signs remotely), how to recognise alarms and respond appropriately.
Heart: NCAP: National Heart Failure Audit (2018/19 cohort) Published: Dec-20	The national audit collects data on patients with an unscheduled admission to hospital in England and Wales who are discharged with a primary diagnosis of heart failure. The main challenge continues to be the follow-up of patients, admitted to the Trust 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). 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 (2019/20 cohort), published: Aug-20	The Intensive Care National Audit and Research Centre (ICNARC) Case-mix Programme Audit collects data on admissions and outcomes in all critical care units in the UK. Since 2017/18 the Trust has achieved a 'green' rating (within expected range) for all quality indicators, and maintained an overall risk-adjusted mortality rate, as well as that for lower risk patients, within expected range. Since 2017/18 the predicted risk of acute hospital mortality has remained lower than other similar units.

National clinical audit	Actions to improve quality
ICNARC: National Cardiac Arrest Audit (2019/20 cohort) Published: Jul-20	The National Cardiac Arrest Audit is the national clinical audit of in-hospital cardiac arrests in the UK and Ireland. 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. A junior doctor-led quality improvement project is currently underway to improve the process further, co-ordinated by the Trust's Resuscitation Lead and the Clinical Audit Team. In addition, all resuscitation trolleys are now sealed with a plastic tag so it is clear when a trolley has been used and requires immediate restock. This is currently being audited for assurance purposes.
Inflammatory Bowel Disease (IBD) registry: Biological Therapies Audit – Adults Only Published: Apr-20 (data submitted up to Jan-20)	Inflammatory Bowel Disease (IBD) affects at least one in 250 people of the UK population and the prevalence is rising. Many patients report a delay in getting a diagnosis, the longer this takes to make, the more likely a patient is to require aggressive medical therapy or even surgery. The aim of the national registry is to improve the health of this patient group. Trust performance is better than the national average for 5 out of 7 key performance indicators measured by the audit including patient screened before starting on a biological therapy (87%, compared to 71% nationally), record of registry consent (97%, compared to 49% nationally), post induction review held (67%, compared to 41% nationally) and 12 month review held (71%, compared to 36% nationally). Performance is in line with the national average for the remaining 2 indicators. Actions have been taken to improve data completeness and quality over the course of the last 12 months including formalising the consent process, and assigning a team of keen junior doctors to assisting with data collection under the senior supervision of the IBD Clinical Lead.
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma Adult in Secondary Care (2019/20 cohort) Published: Jan-21	5.4 million people in the UK are currently receiving treatment for asthma: 1.1 million children (1 in 11) and 4.3 million adults (1 in 12). The national audit aims to improve the quality of care, services and clinical outcomes for this patient group. The latest data demonstrates that Trust performance is in line with the national average for the three key indicators reported by the audit; all of which have been identified as national areas for quality improvement. • Measurement of peak expiratory flow (PEF) within 1 hour of arrival - There is low attainment nationally for measurement of PEF within 1 hour of arrival. Assessment of severity by PEF measurement is required in order to make the necessary care management plans for the patient's admission. • Respiratory specialist review carried out within 24 hours - Patients in receipt of a respiratory specialist review were more likely to receive an asthma care bundle and the associated elements of good practice care on discharge, as well as more likely to have their tobacco dependency addressed if a current smoker. • Systemic steroids administered within 1 hour of arrival to hospital - Early

National clinical audit	Actions to improve quality
	administration of systemic steroids for asthma attacks is associated with better patient outcomes. The formal presentation of the audit data at the Respiratory Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The audit data will be reviewed at the upcoming Respiratory Governance meeting and actions planned to improve further.
NACAP: Chronic Obstructive Pulmonary Disease (COPD) in Secondary Care (2018/19 cohort) Published: Jul-20	An estimated 1.2 million people are living with diagnosed COPD. In terms of diagnosed cases, this makes COPD the second most common lung disease in the UK, after asthma. Around 2% of the whole population – 4.5% of all people aged over 40 – live with diagnosed COPD. The national audit aims to improve the quality of care, services and clinical outcomes for this patient group. The latest national audit data demonstrates that the Trust is performing in line with or better than national average for all 7 key indicators of best practice. Of particular note, the Trust is in the top quartile nationally i.e. amongst the best performing 25% of hospitals, for: • Patient requiring acute treatment with NIV received it within 2 hours of arrival (43%, compared to 24% nationally). • Current smoker prescribed smoking cessation pharmacotherapy (47%, compared to 40% nationally). • Patient received respiratory review within 24 hours of admission (68%, compared to 66% nationally). The formal presentation of the audit data at the Respiratory Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The audit data will be reviewed at the upcoming Respiratory Governance meeting and actions planned to improve further.
National Audit of Care at the End of Life (2019 cohort) Published: Jul-20	The National Audit of Care at the End of Life is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute hospitals, community hospitals and mental health inpatient providers in England, Wales and Northern Ireland. Overall the results are very reassuring and indicate that the Trust is performing above the national average in all of the seven key domains measured by the audit. Following the previous audit three main areas were identified for improvement. The latest audit data demonstrates that progress has been made with all of these: • Communication with the dying person scored 7.9, compared to 7.8 nationally. • 96% of patients were involved in discussing their individualised plan of

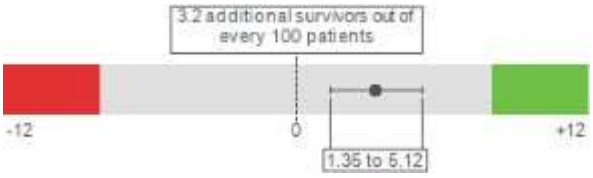
National clinical audit	Actions to improve quality
	care, compared to 94% nationally. • Recognition of dying occurred on average 68 hours before death, which is better than the national average of 41 hours, and an improvement from 22 hours demonstrated in round one of the audit. It is likely that earlier recognition of dying is translating into improved communication with patients and their involvement in decisions about their care. The Trust scored 10 out of 10 for the provision of specialist palliative care (SPC) service, which is attributable to the presence of a 7-day on-site service and access to out of hours SPC advice. The national average was 7.9 out of 10 for this domain. Actions planned to improve further include: To improve recognition of the imminently dying patient by: • Designing a teaching session on recognition of death for medical, nursing and Allied Health Professional staff. • Mandating completion of recognition of dying teaching session. • Transferring paper Treatment Escalation Plan (TEP) to electronic patient record version. • Mandating completion of TEP for all patients on admission to hospital To improve and maintain staff's knowledge and competence in delivering end of life care (EOLC) by: • Designing teaching sessions to include: Advance Care Planning; the priorities of care for the dying patient (including nutrition and hydration at the EOL); symptom control (including common medication side effects); spirituality; communication with dying patients and their relatives. • Implementing simulation training: EOLC and communication skills. • Mandating completion of all EOLC related training. To develop the provision of bereavement support within the Trust by: • Agreeing a project plan for the Integrated Pastoral and Spiritual Support project (which will include a Lead Chaplain for EoLC and Bereavement).
National Audit of Seizures and Epilepsies in Children and Young People (2018 cohort) Published: Sep-20	Epilepsy is the most common significant long-term neurological condition of childhood and affects an estimated 112,000 children and young people in the UK. The quality of care provided is excellent, with performance above the national average and network for all key clinical indicators relating to: • Input from a paediatrician with expertise in epilepsies (100% compared to 88% nationally) • Input from an epilepsy nurse specialist (100% compared to 69% nationally). • Appropriate first paediatric assessment (93% compared to 62% nationally) • Appropriate seizure classification (100% compared to 88% nationally)

National clinical audit	Actions to improve quality
	• Access to appropriate investigations: • ECG (100%, compared to 68% nationally). • MRI (100% compared to 69% nationally). • Accuracy of diagnosis (100% compared to 97% nationally). • Provision of agreed and comprehensive care plans (100% compared to 62% nationally). • Provision of care plans with appropriate core content (100% compared to 70% nationally). The formal presentation of the audit data at the Paediatric Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The audit data will be reviewed at the upcoming Paediatric Governance meeting and actions planned to improve further as required.
National Comparative Audit of Blood Transfusion Programme - Management of Massive Haemorrhage (2018/19) Published: Jun-20	The Pathology Service reviewed the recommendations made by this audit and advised that all recommendations were already met. No additional action was required.
National Comparative Audit of Blood Transfusion programme - Maternal Anaemia (2018/19) Published: Aug-20	The Maternity Service reviewed the recommendations made by this audit and provided assurance that all recommendations were already met. To help maintain their existing good practice the Maternity Service includes key messages about managing women with anaemia in their safety huddle.
National Early Inflammatory Arthritis Audit (2019/20 cohort) Published: Jan-21	The national audit aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all new patients over the age of 16 in specialist rheumatology departments in England and Wales. The latest data demonstrates that the Trust is performing better than the national target for 3 out of 6 best practice standards measured by the audit: • Provision of written information at baseline. • Provision of an agreed treatment target. • Provision of a formal annual review. In 2019 the Trust was 1 of 51 NHS Trusts nationally that were reported as an outlier for: Patients referred with suspected early inflammatory arthritis seen within three weeks. As a result of actions implemented the latest data demonstrates that the Trust has improved from 15% to 20% for this standard, and as a result the Trust is no longer an outlier. The audit data has been reviewed within Rheumatology, but its formal

National clinical audit	Actions to improve quality
	presentation at the Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The audit data and actions planned to improve will be formally presented at the local Governance meeting Apr-21.
National Emergency Laparotomy Audit (cohort 2018/19) Published: Nov-20	The national audit aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy. The latest data continues to show excellent performance against the best practice standards assessed by the national audit. At Kingston Hospital NHS Foundation Trust the highest "green" rating was achieved for 7 out of the 13 key measures. Of particular note, the following standards were met for 100% of patients: • Consultant Anaesthetist and Consultant Surgeon in theatre (were risk of death ≥5%), compared to 89% nationally. • Admitted to Critical Care (were risk of death ≥10%), compared to 90% nationally. The formal presentation of the audit data at the Anaesthetic Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The data has been discussed within Anaesthetics and actions are currently being planned to improve further. Formal presentation of the audit data is scheduled for Apr-21.
National Joint Registry (2019 cohort) Published: Sep-20	Information on performance and actions taken included in section: Participation in Clinical Audits**.**
National Neonatal Audit Programme (2019 cohort), published: Nov-20	1 in 7 babies in the UK need specialist care when they are born. They may be born too early, with a low birth weight or have a medical condition. The national audit aims to improve care to these babies. 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: • Provision of antenatal steroids. • Parents on ward round. • Mothers milk at time of discharge. Compared to the data published in 2018, the neonatal team has maintained a high-level of performance for the majority of standards, with notable improvement demonstrated for: • Provision of antenatal magnesium sulphate, improved for a third year in a row: 60%, to 75%, to 83%.

National clinical audit	Actions to improve quality
	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 – 27.4% vs. 37%. The audit data has been reviewed within Paediatrics, but its formal presentation at the Paediatric Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The audit data will be reviewed at the upcoming Paediatric Governance meeting and actions planned to improve further.
National Ophthalmology Audit: Adult Cataract Surgery (2018/19 cohort) Published: Sep-20	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. The audit data has been reviewed within Ophthalmology, but its formal presentation at the Ophthalmology Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The audit data and progress with actions to improve further will be formally presented at the Ophthalmology Governance meeting in May-21.
Royal College of Emergency Medicine: Older People (2019/20 cohort) Published: Feb-21	Attendances by older patients to Emergency Departments (ED) is increasing nationally and it is important that their needs are understood to be able to give them the best service. The Trust performed in line with other hospitals nationally for 2 out of 3 key criteria measured by the audit: • 15% of patients had an assessment for cognitive impairment during their visit to the ED using a validated national or locally developed tool, compared to 16% nationally. • 43% of patients found to have a cognitive impairment had this information included in their ED discharge letter, compared to 47% nationally. The Trust performed above the national average for 1 key criteria measured by

National clinical audit	Actions to improve quality
	the audit: • 60% of patients found to have a cognitive impairment were assessed using a delirium bundle, compared to 16% nationally. The audit will be formally presented at an upcoming ED Governance meeting and actions planned to improve further.
Royal College of Emergency Medicine: Care of Children (2019/20 cohort) Published: Jan-21	Emergency Departments (EDs) play an important role in safeguarding infants, children and adolescents. The ED may potentially be the first time a child at risk of abuse, neglect or other safeguarding issues, comes into contact with services. The latest data shows that the Trust is performing well for 4 out of 6 best practice standards measured by the audit: • Infants at high risk of potential safeguarding presentations are reviewed by a senior clinician whilst in the ED (88%, compared to 79% nationally). • A review of the notes is undertaken by a senior clinician when an infant, child or adolescent leaves or is removed from the department without being seen (23%, compared to 19% nationally). • The Trust has systems in place to identify children and young people who attend frequently, compared to 97% nationally. • The Trust has policies in place to identify and review children at high risk of potential safeguarding, compared to 99% nationally. The formal presentation of the audit data at the ED Governance meeting was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic. The audit data will be reviewed at the upcoming ED Governance meeting and actions planned to improve further as required.
Sentinel Stroke National Audit Programme (Oct-20 to Dec-20 cohort) Published: Mar-21	The national audit measures both the processes of care provided to stroke patients, as well as the structure of stroke services against evidence based standards. The overall aim being to provide timely information on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients. The latest national audit data shows that the Stroke team achieved a 'B' rating for overall performance. As part of the Trust's response to the COVID pandemic admissions to the stroke unit were widened during this period. Despite this and the pressures that staff were under, the data demonstrates that stroke patients continue to receive a high standard of clinical care at the Trust.
Society for Acute Medicine's Benchmarking Audit (2019 cohort)	The national audit provides a snapshot of the care provided for acutely unwell medical patients over a 24-hour period. The data demonstrates that the Trust is performing in line with or better than the

National clinical audit	Actions to improve quality
Published: Apr-20	national average all 3 key clinical quality indicators: • Any early warning score within 30 minutes of arrival at hospital (84%, compared to 80% nationally). • Any Tier 1 Medical Review within 4 hours (86%, compared to 91%). • Consultant review (86%, compared to 70% nationally).
Society for Acute Medicine's Benchmarking Audit (2020 cohort) Published: Nov-20	The latest data demonstrates that the Trust has improved compared to previous and is performing better than the national average for 2 out of 3 key clinical quality indicators: • Any early warning score within 30 minutes of arrival at hospital (92%, compared to 74% nationally, and an improvement from 84% in the previous audit). • Any Tier 1 Medical Review within 4 hours (90%, compared to 85% nationally and an improvement from 86% in the previous audit). The audit data was formally presented at the Acute Assessment Unit Governance Meeting. Action planning is currently in progress. This process was delayed as all non-essential meetings were suspended as the Trust responded to the COVID pandemic.
Trauma Audit Research Network (TARN) Updated online: Dec-20	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 there were 3.2 additional survivors at the Trust out of every 100 patients (01/01/18 – 31/08/20).  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.
Monitoring projects	
Antenatal and Newborn National Audit Protocol 2019 to 2022: PHE Screening - Antenatal and Newborn Screening	All screening data is collected and presented in the quarterly key performance indicator (KPI) submissions to the Screening Steering Group. If necessary actions are agreed at this meeting.
Mandatory Surveillance of HCAI	The data is reported to the Trust's Infection Prevention and Control Committee through the quarterly and annual reports. If necessary, actions are agreed at the Committee meeting. The data is also reported to the Patient Safety and Risk Management

National clinical audit	Actions to improve quality
	Committee and the Trust Board.
NHS Provider Interventions with Suspected/ Confirmed Carbapenemase producing Gram Negative Colonisations/ Infections	The data is reported to the Trust's Infection Prevention and Control Committee through the quarterly and annual reports. When a positive case is identified actions are agreed at the Committee, although a positive case is not a regular occurrence. The data is also reported to the Patient Safety and Risk Management Committee and the Trust Board.
Surgical Site Infection Surveillance Service	The reports are sent to the surgical teams and reported to the Trust's Infection Prevention and Control Committee through the quarterly and annual reports. Actions are agreed at the Committee meeting.
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme (NHSBT)	All adverse incidents and reactions are reported to SHOT and the data reviewed by the Trust's Transfusion Committee. Any incidents are logged via the Trust's incident reporting process and progressed via routine governance processes.

National Confidential Enquiry	Actions to improve quality
Learning Disability Mortality Review Programme (LEDER) Published: May-18 Latest update: Sep -20	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 has recruited a Learning Disabilities Specialist Practitioner. The practitioner provides Learning Disabilities training to staff, provides a link to Community Services, and assists with patients within the hospital. In addition, an audit is currently in progress assessing the reasonable adjustments required by patients with learning disabilities and the provision of these. Any gaps identified will be addressed via the quality improvement process.
Learning Disability Mortality Review Programme (LEDER) Published: May-19 Latest update: Sep -20	10 of the recommendations made by the study are relevant to the Trust, with full compliance already achieved for 9 of these. To move to full compliance with the best practice recommendations the Trust Medical Examiner discusses any instances of unconscious bias they or families identify with the clinicians. To ensure this is routinely undertaken it has been added to the Medical Examiner checklist. In addition demographic data is currently being collected and compiled across south west London – an action plan is awaited.
National Confidential Enquiry Patient Outcome and Death (NCEPOD) Acute Bowel Obstruction: Delay in Transit Published Jan-20	11 of the recommendations made by the study are relevant to the Trust, with full compliance already achieved for 10 of these. To move to full compliance with the best practice recommendations the Trust will implement a formal pathway for acute bowel obstruction, which will be audited to assess compliance. Any gaps identified will be addressed via the

National Confidential Enquiry	Actions to improve quality
Latest update: Nov-20	quality improvement process.
NCEPOD Acute Pancreatitis: Treat the Cause Published Jul-16 Latest update: Mar-21	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 have been reviewed and amended to ensure where clinically appropriate the Trust is operating on patients with acute pancreatitis within the timescales recommended. Time to surgery will continue to imporve as a result of the implementation of an on-site ERCP (Endoscopic Retrograde Cholangio-Pancreatography) service. Patients requiring the ERCP service are currently referred to St George's Hospital for this; and continued participation in a national quality improvement project aimed at improving time to surgery. In addition, greater access to the Alcohol Specialist Nurse is being investigated. Best practice as recommended by both National Confidential 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.
NCEPOD Alcohol Related Liver Disease: Measuring the Units Published: Aug-13 Latest update: Oct-20	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. In addition, best practice recommends the importance of accurate monitoring of fluid balance for this patient group. To provide assurance that this is being undertaken in line with best practice the handover process in recovery and the ongoing monitoring of fluid balance on the surgical wards is currently being audited.
NCEPOD Cancer in Children, Teens and Young Adults Published: Dec-18 Latest update: Oct-20	In 2020/21 the Trust moved to full compliance with all the relevant recommendations made by this study. 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 Chronic Neurodisability: Each and Every Need Published: Feb-18	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.

National Confidential Enquiry	Actions to improve quality
Latest update: Oct-20	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: Oct-20	23 recommendations made by the study are relevant to the Trust, with full compliance achieved for 22 of these. Best practice recommends the importance of accurate monitoring of fluid balance for this patient group. To provide assurance that this is being undertaken in line with best practice an audit is currently being undertaken as detailed above in the section on the NCEPOD Study: Alcohol Related Liver Disease.
NCEPOD Gastrointestinal (GI) Haemorrhage: Time to Get Control? Published: Jul-15 Latest update: Mar-21	In 2020/21 the Trust moved to full compliance with all the relevant recommendations made by this study. 24/7 endoscopy and in hours interventional radiology are available. Out of hours patients are accepted by Gastroenterology and referred to the Colorectal team on call at St George's Hospital. Once accepted the patient must be referred to the interventional radiologist at St George's Hospital. This pathway is in the process of being formalised and includes repatriation as well as referral, transfer and admission in their protocols.
NCEPOD Long term Ventilation: Balancing the Pressures Published Feb-20 Latest update: Oct-20	In 2020/21, the Paediatric and Adult Respiratory Services reviewed the relevant recommendations made by this study and provided assurance that all standards were already met. No additional action was required.
NCEPOD Non-Invasive Ventilation (NIV): Inspiring Change Published: Jul-17 Latest update: Oct-20	In 2020/21 the Trust moved to full compliance with all the relevant recommendations made by this study. The Trust NIV Policy states all patients being considered for NIV must be referred to NIV Practitioner in hours and the Critical Crae Outreach Team out of hours. There is now a referral form on the electronic patient record and Care Bundle that are live and for use with every patient considered for NIV and the discussion with a specialist is embedded in both of these. All appropriate Consultants have received training on NIV and the Care Bundle augments the process. A patient database is compiled and audited constantly. National audit data is submitted and the new national clinical code specifically for NIV and the electronic referral form assist with data collection. The patient database includes mortality and quality measures compiled and reviewed constantly. A post-acute NIV follow-up clinic has commenced and a patient satisfaction questionnaire is

National Confidential Enquiry	Actions to improve quality
	part of that process. The patient is also able to highlight any areas of concern and their physiological function is also measured at this clinic appointment giving a complete quality picture to aid further improvement in our service. The Trust does not consistently meet the minimum staffing ratio of one nurse to two acute NIV patients due to staff capacity. The risk to patients has been reviewed and is mitigated via the presence of the NIV and Acute Integrated Respiratory team within hours and the Critical Care Outreach Team out of hours. No patient safety incidents have been reported in relation to this. The risk has been reviewed and approved at the Respiratory Governance meeting, where it is monitored, and approved at the Trust's Clinical Effectievnes Committee.
NCEPOD Sepsis: Just Say Sepsis! Published: Nov-15 Latest update: Sep-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: Sep-20	In 2020/21 the Trust moved to full compliance with all the relevant recommendations made by this study There is currently no provision in place for regionally co-ordinated audit, 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. The audit results have been discussed with the Emergency Department and Radiology teams, changes are being made to the electronic CT request form and an electronic power chart system implemented in the patient notes to guide observation frequency and blood pressure control, as this is a rare event.
NCEPOD Tracheostomy Care: On the Right Trach? Published: Jun-14 Latest update: Nov-20	In 2020/21 the Trust moved to full compliance with all the relevant recommendations made by this study with the recruitment of a Critical Care Speech Language Therapist, which brings the Trust in line with the latest Guidelines for the Provision of Intensive Care Services.
Maternal Confidential Enquiry: Saving Lives-	In 2020/21 the Maternity Service reviewed the relevant recommendations made by this study and provided assurance that all standards were already met. No

National Confidential Enquiry	Actions to improve quality
Improving Mother's Care Published: Dec-19 Latest update: Mar-21	additional action was required.
Perinatal Confidential Enquiry: Perinatal Mortality Surveillance Report Published: Oct-19 Latest update: Dec-20	In 2020/21 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.
Perinatal Confidential Enquiry: Perinatal Mortality Review Tool Published: Oct-19 Latest update: Dec-20	In 2020/21 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.

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 Account. Some feedback has been annotated as the comments made have been resolved.

Feedback from Kingston CCG (acting as Lead Commissioner) 12th April 2021

Thank you for sharing the Trust's 2020 -21 Quality Account with South West London Clinical Commissioning Group. The Director of Quality, the Borough Clinical Lead and members of the broader Quality team have reviewed the report and comments have been collated. 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. The CCG continues to be proud of the effective working relationship with the trust in the key area of Quality and recognise the significant work and commitment of the trust to continue to improve quality and safety for patients; particularly in the past year when the COVID-19 pandemic has raised significant challenges.

The CCG recognises that due to the COVID-19 pandemic the trust was unable to progress as they would have liked with the Quality priorities and made the decision, in full consultation with partners, to continue these priorities for a further year to achieve their desired goals. While work on the quality priorities may have been paused due to the pandemic, the trust has rapidly adapted and been innovative in the re-design of processes and care delivery, continuing to deliver safe and effective care for their patients, while supporting and recognising the impact on the staff. Greater collaboration and new ways of working have been established with partners across health and care, supporting the goal of a safer patient journey. As an example the Joint Assessment & Discharge team set up new ways of working with General Practices, using technology, to support care home residents in avoiding a trip to hospital.

The CCG supports the continuation of the quality priorities set out for 2020-21 onto the 2021-22 year. It is worth noting the successes the trust had during this challenging time; The Trust participated in 100% of national clinical audits and national confidential enquiries that it was eligible to participate in, was cited in the national Getting it Right First Time (GIRFT) report, opened a new state of the art Endoscopy suite and had a response rate of 77% for the National Staff Survey, which is an increase from the previous year. Individual staff within the trust also gained recognition and awards both externally and internally for their work on improving quality and safety; Juliet Butler Team Lead Physiotherapist won the Eva Huggins prize for Best Nurse/AHP Poster at the British Geriatrics Society autumn conference. Elizabeth Raderecht, Acute Assessment Unit Matron and Sarah Joseph Surgical Matron received nominations from the Healthcare Quality Improvement Partnership in the Florence Nightingale Award Audit Heroes Category and Alice Milne, Trainee Clinical Scientist in Audiology awarded the Kingston Hospital NHS Foundation Trust Audit Hero Award for investigating the effectiveness of routine hearing checks for patients undergoing memory assessments. It is of note that the Trust have continued to report and investigate incidents and serious incidents throughout the year, ensuring learning can be shared and action taken in a rapidly changing environment, supporting their efforts to continue to provide outstanding care.

The CCG wishes to acknowledge the extraordinary effort and commitment of all staff to continue to give excellent care during this challenging time.

Kingston Hospital NHS Foundation Trust: Quality Account 2020/21: Commissioner Statement from Kingston and Richmond CCG's (and on behalf of our associate commissioners in Wandsworth, Merton, Sutton/ and NHS Surrey Heartlands CCGs, on behalf of Surrey Downs Clinical Commissioning Group).

Fergus Keegan,
Director of Quality Croydon, Kingston and Richmond CCG's
South West London Clinical Commissioning Group

Trust Response

We thank Kingston Clinical Commissioning Group for their constructive feedback. The Trust is also pleased to share progress on wider improvement work and will continue to provide updates to the CCG. The Trust values the level of engagement from the CCG and looks forward to continuing the collaborative work being done to provide patients with the best care.

Feedback from NHS Surrey Heartlands CCG 25th March 2021

Surrey Heartlands CCG (SH CCG) welcome the opportunity to comment on the Kingston Hospital NHS Foundation Trust (KHFT) Quality Account for 2020/21. The SH CCG is 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.

We note that due to the COVID-19 pandemic pressures, KHFT could not progress the six 2020/21 priorities and these are therefore being continued into 2021/22. We are satisfied that the Trust had demonstrated robust engagement with stakeholders, including its local population, resulting in goals that continue to be pertinent and relevant to service users.

Despite the extremely challenging year the Trust has had, we are pleased to see the ongoing commitment to improving patient safety, patient and staff experience and clinical effectiveness. We note numerous achievements in the reporting period, including improvements in elderly care cited in the national 'Getting it Right First Time' report; opening a new endoscopy suite; being voted the 'Best Dementia Friendly Hospital' at the 2020 National Dementia Care Awards; plus quality improvement awards and nominations recognising your staff and clinical teams.

The CCG appreciates the enormous effort that the Trust made and contributed to local system partnership working, to care for patients, staff and visitors throughout the year. We have noted how your staff adapted, stepped out of their comfort zones and worked in different ways.

Surrey Heartlands CCG looks forward to continuing to working in partnership with KHFT to deliver high quality services.

Thank you for sharing this Quality Account with us.

Clare Stone
ICS Director of Multi-Professional Leadership
NHS Surrey Heartlands Integrated Care System and Clinical Commissioning Group

22 March 2021

Trust Response
The Trust is grateful for the feedback received and for the continued good working relationship with NHS Surrey Heartlands Integrated Care System and CCG

Kingston Hospital NHS Foundation Trust – Governor Feedback

2020/21 Quality Account: GQSC/CoG response 13th April 2021

The Chair and members of the Kingston Hospital NHS Foundation Trust Governors' Quality Scrutiny Committee have reviewed the draft Quality Report for 2020/21 on behalf of the Council of Governors.

The Coronavirus pandemic has, of course, had an enormous impact on all aspects of the hospital's day to day running and we applaud the way that all staff in whatever discipline they work, faced and overcame the many challenges that confronted them. Many services had to be reorganised and staff moved to support different clinical and administrative areas but their never-ending commitment to the care of patients is to be commended. We have also been moved by the great support that the hospital received from the local community this year.

The Coronavirus situation has understandably had an impact on some aspects of the hospital's activity and the 2020/21 Quality Priorities is one such area. We appreciate that, whilst some progress has been made, the Trust has not been able to maintain the usual focus towards achieving the six priorities outlined in the Quality Account. The Governors' Quality Scrutiny Committee has agreed for the work on these priorities to be carried over to 2021/22 to enable achievement of these goals. We will look forward to receiving updates towards progress against the measures set for each priority thereby enabling us to fulfil our quality assurance responsibilities. All six priorities, if achieved, will have a significant positive impact on patient care and experience.

In spite of the challenges faced and tackled this year, there are many achievements to recognise in this report and in particular we noted:

- the opening of a new state of the art Endoscopy Suite
- participation in 100% of the eligible national clinical audits and national confidential enquiries
- that the Trust's staff turnover rate has remained stable and has reduced, comparing favourably with local comparators. Put together with a staff vacancy rate of 8.22% this results in an increased stability rate which rose 4.89% to 90.66%. Another positive indicator of the engaged workforce is that 77% completed the national staff survey, making Kingston Hospital the top acute Trust in the country for returns.
- the Trust won the 'Best Dementia Friendly Hospital Award' at the National Dementia Care Awards. This is testament to all the work and effort that has gone into improving the care and environment where patients with dementia are looked after.
- the development and success of the Research and Development Team at the Trust who have been at the forefront of delivering COVID and Public Health Research. The team has opened 19 studies during the year; 10 of which were COVID related including being the first trust in SWL to recruit to the RECOVERY trial which has directly led to evidence based changes in patient care including the addition of Dexamethansone to standard care for our COVID patients. The increase in number of patients recruited to trials, principal investigators including nurses and midwives and staff trained and actively involved in research is to be applauded.
- that Kingston Hospital maintained its cancer services during the pandemic and continues to be one of the best performing hospitals for cancer care in the country.

We are all hopeful that some sort of normality will be resumed soon but appreciate that there are still challenges ahead.

Chair: Governors' Quality Scrutiny Committee on behalf of the Council of Governors April 2021

Trust response
The Trust is extremely grateful for the feedback, continued support and good working relationship it has with the GQSC. We llok forward to working closely with the Governors in the coming year.

The Royal Borough of Kingston Health Overview and Scrutiny Panel

Trust response
Kingston Council Health Overview Panel was approached as part of the consultation process for the Kingston Hospital NHS Foundation Trust Quality Account, and no response was received by the submission deadline, therefore comments have not been included.

Healthwatch Kingston upon Thames (HWK)

Healthwatch Kingston appreciates the opportunity to review the Kingston Hospital NHS Foundation Trust Quality Account for 2020/21.

Healthwatch Kingston would like to acknowledge that Kingston Hospital has in unprecedented times continued to strive to deliver quality elective, non-elective care and, linked with partners in the community, after care throughout the Covid-19 crisis. We recognise the efforts made by staff and volunteers at Kingston Hospital during this period. It has been greatly appreciated.

Healthwatch Kingston welcomes the priorities that have been set for 2021/22, most of which are topics that have been of interest to Healthwatch Kingston over the last year.

Stephen Bitti
Chief Officer
Healthwatch Richmond Commentary on Kingston Hospital Quality Report 2021/22 12th April 2021

Trust Response:
The Trust is grateful for the feedback received from Kingston Healthwatch. We believe the work we do with our local Healthwatch groups is very important to providing safe and effective care for patients. We look forward to continuing to work with Kingston Healthwatch

The staff at Kingston Hospital Foundation Trust (KHFT) made tremendous efforts during the last year and we are incredibly grateful for their commitment to patient care throughout the extremely challenging circumstances of the Covid-19 pandemic. Healthwatch Richmond engaged with around 2,500 people over 2020/21 and it is a testament to the excellent work of KHFT that we received very few calls with concerns relating to their services or care.

Overall, while the report notes the significant impact on quality improvement processes during the

year due to the pandemic, it is clear the Trust has made rapid patient-focused changes to services and processes ensuring quality of care as required by the situation. It is heartening to see improvements embracing new ways of working with GPs, community follow-up and measures to bolster staff wellbeing within the achievements for the year, as well as national recognition, such as winning the Best Dementia Friendly Hospital award. Carrying forward of the Trust's quality priorities for improvement for the next year is a sensible step after a challenging year.

The following comments are based on the report in its current draft and we recognise that sections will be revised in the published version.

1.1 Patient Safety

1.1.1 Quality Priority for Improvement 1:
Reduce the proportion of women who experience postpartum haemorrhage.

To increase understanding for a lay audience, it would be useful to include examples of the actions that will be taken to make improvements. We welcome patient experience as a key measure of success for the quality priority.

1.1.2 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.

Improvements and changes made to discharge processes are notable successes, while increases during the peak of the pandemic seem entirely understandable. The section would benefit from clearer graphs which could show the entire year, indicating both the positive trends during April to July and subsequent understandable increase in stranded and super-stranded patients. The bullet point list headed "Discharge to assess" may be under revision; at present it is not clear.

The analysis carried out and improvements made during 2020/21 are impressive. The Trust has clearly learned from the benefit of regular senior consultant presence on the maternity unit by subsequent recruitment of more senior staff. An interim target for this measure is prudent in the circumstances.

1.2 Patient Experience

1.2.1 Quality Priority for Improvement 1:
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 South West London Five Year Health and Care Plan. By identifying patients earlier it could enable them to better plan their End of Life care to enable their wishes to be carried out. This has the potential to make a difficult period easier for them and their loved ones. It would be helpful to know if the second-round audit took place in 2020 as noted in this section and results if so.

We would like to thank the staff providing end of life care in this difficult year. We are aware that staff made extra efforts to provide people and their loved ones with contact despite the social distancing requirements. The challenges of the pandemic have underscored the importance of choice and planning for end of life for patients and families and it is heartening to see this remain an important area for improvement in the Trust. The narrative and data on the steps taken, progress made and challenges for this quality priority is helpful. There is a clear plan for the next year and helpful focus on staff.

1.2.2 Quality Priority for Improvement 2:
Ensure patients get the right appointment, first time, without delays.

Our data over recent years indicates patients place high value on the ability to make timely and correct appointments and we fully support this as an important quality priority. Inclusion of the dashboard figures will enable understanding of overall performance in addition to the highlights noted, such as lowest waiting lists in London for referral to treatment.

1.3 Clinical Effectiveness

1.3.1 Quality Prioirty for Improvement 1:
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 became clear to us 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.

1.3.2 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.

Although the pandemic has introduced new difficulties in rolling out staff training and referring patients to the Forget Me Not team, much work has been carried out by the Trust and more recent increases in referrals and plans for revisiting training are good to hear. It could be helpful to include feedback from staff on the impact of training provided as a performance measure.

Trust Response:

The Trust would like to recognise the valuable feedback received from Richmond Healthwatch. The Trust looks forward to continuing to work with Richmond Healthwatch making sure we provide the best possible services to the local community.

LONDON BOROUGH OF RICHMOND UPON THAMES

London Borough of Richmond upon Thames response to Kingston Hospital NHS Foundation Trust Quality Account 2020/21

Wednesday 14 April 2021

Following on from the meeting held on Monday 29 March 2021, to discuss Kingston Hospital NHS Foundation Trust draft Quality Accounts (hereinafter 'QA'), we welcome the opportunity to comment on the services provided 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 in the QA for 2020/21.

We would like to thank you for a very clear and concise account. We were especially pleased with the emphasis Kingston Hospital NHS Foundation Trust placed in the draft QA on continuous

improvement including areas where quality priorities had not been met.

We were pleased to note the following in the draft QA:

- Despite the immense challenges presented by the Covid-19 pandemic, Kingston Hospital NHS Foundation Trust continued to adapt and make improvements.
- The continued dialogue with patients throughout the pandemic and that compassionate visits both virtually and in person had been permitted where possible.
- Kingston Hospital NHS Foundation Trust achieved 100% business as usual in outpatients through 20/21.
- Priority healthcare including cancer treatment had continued during the pandemic.
- Improvements that had been made in palliative care.
- Kingston Hospital NHS Foundation Trust managed to keep the lowest waiting lists across London.

We would like to proffer the following additional comments on the report.

- We were pleased hear that 92 per cent of staff had received the flu vaccine and 90 per cent of staff had received two doses of the Covid-19 vaccine. We further noted the pandemic control measures which Kingston Hospital NHS Foundation Trust has implemented since the beginning of the pandemic. The addition of these areas to the final version of the QA would help to provide further reassure to residents who use services at Kingston Hospital NHS Foundation Trust that pandemic controls are robust.
- We noted the high response rate for the staff survey. We acknowledge that this information was embargoed and was not in the draft version but will be included in the final version.
- We would like to see more information in the final QA on the actions that will be undertaken by Kingston Hospital NHS Foundation Trust regarding the discharge of patients.
- The final QA should provide clarity to show that the complainant is contacted immediately by way of an acknowledgement, but a formal response can take up to 25 days to enable a thorough investigation.
- Kingston Hospital NHS Foundation Trust has a mixed reputation from residents in LBRuT and it should continue to prioritise service improvement and gaining feedback from patients. There is still considerable scope for improvement in the day-to-day delivery of services. We noted that the quality priorities that had not been met would be rolled over into 2021/22. We look forward to hearing about improvements that have been made in these areas in future reports.

Conclusion

Our aim is to ensure that your QA 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 had continued to meet 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 state our gratitude for continuing to rise to the Covid- 19 challenges and for continuing to look after our residents in these unprecedentedly challenging times. We look forward to receiving a copy of the final version of the QA at your earliest possible convenience.

Trust response:

The Trust is grateful for the valuable and constructive feedback received and particularly noting the Trust's achievements over the past year. The report has been consequently updated in regards to formatting to ensure consistency and clarity in the document. We would like to confirm that final figures for flu and Covid vaccines are 90.5% and 82% respectively. We look forward to further collaborative working.

Annex 2:

Statement of directors' responsibilities for the quality account

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 accounts (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 account.

In preparing the quality account, directors are required to take steps to satisfy themselves that:

- The content of the quality account meets the requirements set out in the NHS foundation trust annual reporting manual 2020/21 and supporting guidance detailed requirements for quality account 2020/21.
- The content of the quality account is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2020 to May 2021
    - Papers relating to quality reported to the board over the period April 2020 to May 2021
    - Feedback from commissioners dated 12th April 2021
    - Feedback from governors dated 8th April 2021
    - Feedback from local Healthwatch organisations dated 12th April 2021
    - Feedback from overview and scrutiny committee not received
    - The trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated
    - The (2019) national patient survey published 2020
    - The (2020) national staff survey published February 2021
    - The Head of Internal Audit's annual opinion of the trust's control environment dated
- The quality account presents a balanced picture of the NHS foundation trust's performance over the period covered
- The performance information reported in the quality account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality account, 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 account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The quality account 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 account.

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

By order of the board

15 June 2021  Sian Bates, Chairman

15 June 2021  Jo Farrar, Chief Executive

Kingston Hospital NHS Foundation Trust

Financial Statements 31st March 2021

10/06/2021

Contents

Foreword to the Accounts

Kingston Hospital NHS Foundation Trust

These accounts for the year ended 31 March 2021 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.

Jo Farrar
Chief Executive Officer
16 June 2021

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.

Jo Farrar
Chief Executive Officer
16 June 2021

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31st MARCH 2021

31 March 2021

	Note	Charitable Funds 31 March 2021	Foundation Trust 31 March 2021	Group 31 March 2021	Charitable Funds 31 March 2020	Foundation Trust 31 March 2020	Group 31 March 2020
		£000	**£000**	**£000**	£000	£000	£000
Revenue							
Income from Patient Care Activities	4	**-**	**299,698**	**299,698**	**-**	273,575	273,575
Other Operating Income	5	**1,767**	**60,335**	**62,102**	1,080	36,224	37,304
Total Operating Revenue		**1,767**	**360,033**	**361,800**	1,080	309,799	310,879
Employee Benefits	7	**(179)**	**(219,141)**	**(219,320)**	(170)	(191,631)	(191,801)
Other Costs	7	**(523)**	**(141,316)**	**(141,839)**	(305)	(117,979)	(118,284)
Total Operating Costs		**(702)**	**(360,457)**	**(361,159)**	(475)	(309,610)	(310,085)
Operating Surplus/ (Deficit)		**1,065**	**(424)**	**641**	605	189	794
Finance Costs							
Finance Revenue	10	**61**	**4**	**65**	82	124	206
Finance Expenditure	11	**-**	**(3,666)**	**(3,666)**	**-**	(4,137)	(4,137)
Net Finance Costs		**61**	**(3,662)**	**(3,601)**	82	(4,013)	(3,931)
Other Gains/ (Losses)	12	**-**	**(199)**	**(199)**	**-**	-	-
Surplus / (Deficit) for the Financial Period		**1,126**	**(4,285)**	**(3,159)**	687	(3,824)	(3,137)
Public Dividend Capital Dividends Payable		**-**	**(2,928)**	**(2,928)**	**-**	(2,468)	(2,468)
Retained Surplus / (Deficit) for the Year		**1,126**	**(7,213)**	**(6,087)**	687	(6,292)	(5,605)
Other Comprehensive Income							
Will not be reclassified to income and expenditure:							
Impairments and reversals	13	**-**	**(4,591)**	**(4,591)**	**-**	(4,398)	(4,398)
Net gain on revaluation of property, plant and equipment	13	**-**	**3,601**	**3,601**	**-**	6,781	6,781
Other recognised (losses) / gains	32.2	**538**	**-**	**538**	(73)	-	(73)
Total Other Comprehensive Income		**538**	**(990)**	**(452)**	**(73)**	**2,383**	**2,310**
Total Comprehensive Income (Expense) for the Period		**1,664**	**(8,203)**	**(6,539)**	614	(3,909)	(3,295)

The notes on pages 7 to 40 form part of these accounts.

		Charitable Funds 31 March 2021	Foundation Trust 31 March 2021	Group 31 March 2021	Charitable Funds 31 March 2020	Foundation Trust 31 March 2020	Group 31 March 2020
		£000	**£000**	**£000**	£000	£000	£000
Reported Trust financial performance position (adjusted for impairments)							
Retained Surplus / (Deficit) for the Year		**1,664**	**(7,213)**	**(6,087)**	614	(6,292)	(5,605)
Add back: Impairments (excluding IFRIC 12 impairments included above)	15	**-**	**5,980**	**5,980**	-	6,684	6,684
Retain impact of DEL I&E impairments		**-**	**(110)**	**(110)**			
Remove capital donations/ grants I&E		**-**	**(1,357)**	**(1,357)**			
Remove net impact of DHSC centrally procured inventories		**-**	**(431)**	**(431)**			
Reported NHS financial performance position: adjusted retained surplus / (deficit)		**1,664**	**(3,131)**	**(2,005)**	614	392	1,079
Add back: Inter-company Income / Expenditure eliminated on consolidation (Donation from Charity to Trust capital expenditure)		**(539)**	**539**	**-**	(845)	845	**-**
Total Reported Surplus/ (Deficit)		**1,125**	**(2,592)**	**(2,005)**	(231)	1,237	1,079

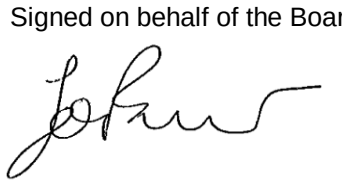
NOTE: The Trust's reported NHS financial performance position is derived from its retained surplus, adjusted for impairments to non-current assets. An impairment charge arising from valuation is not considered part of the Trust's operating position. The Trust's £2,592k deficit reported above is comprised of the excess of annual leave accrual costs over available funding (2,639k), which forms an allowable variance against the Trust's control total. Adjusting for this, reported position would be £47k favourable.

STATEMENT OF FINANCIAL POSITION AS AT 31st MARCH 2021

		Charitable Funds 31 March 2021	**Foundation Trust 31 March 2021**	**Group 31 March 2021**	Charitable Funds 31 March 2020	Foundation Trust 31 March 2020	Group 31 March 2020
		£000	**£000**	**£000**	£000	£000	£000
Non-current Assets							
Property, Plant and Equipment	13	**-**	**161,735**	**161,735**	-	148,173	148,173
Intangible Assets	14	**-**	**19,119**	**19,119**	-	15,969	15,969
Trade and Other Receivables	18	**-**	**1,750**	**1,750**	-	7,290	7,290
Other assets	32.2	**2,585**	**-**	**2,585**	2,487	0	2,487
Total Non-current Assets		**2,585**	**182,604**	**185,189**	2,487	171,432	173,919
Current Assets							
Inventories	17	**-**	**2,855**	**2,855**	-	1,969	1,969
Trade and Other Receivables	18	**58**	**22,531**	**22,589**	48	24,812	24,860
Cash and Cash Equivalents	19	**2,689**	**46,989**	**49,678**	1,663	14,690	16,353
Total Current Assets		**2,747**	**72,375**	**75,122**	1,711	41,471	43,182
Total Assets		**5,332**	**254,979**	**260,311**	4,198	212,903	217,101
Current Liabilities							
Trade and Other Payables: Current	20	**(95)**	**(69,708)**	**(69,803)**	(86)	(37,823)	(37,909)
Borrowings	21	**-**	**(2,804)**	**(2,804)**	-	(39,634)	(39,634)
Other Liabilities	24	**-**	**(1,077)**	**(1,077)**	-	(2,730)	(2,730)
Provisions	25	**-**	**(1,549)**	**(1,549)**	-	(1,315)	(1,315)
Total Current Liabilities		**(95)**	**(75,138)**	**(75,233)**	(86)	(81,502)	(81,588)
Total Assets less Current Liabilities		**5,237**	**179,841**	**185,078**	4,112	131,401	135,513
Non-Current Liabilities							
Borrowings	21	**-**	**(38,034)**	**(38,034)**	-	(35,781)	(35,781)
Provisions	25	**-**	**(1,231)**	**(1,231)**	-	(1,419)	(1,419)
Total Non-Current Liabilities		-	**(39,265)**	**(39,265)**	0	(37,200)	(37,200)
Total Assets Employed		**5,237**	**140,576**	**145,813**	4,112	94,201	98,313
Financed by Taxpayers' Equity							
Public Dividend Capital	33	**-**	**119,434**	**119,434**	-	65,395	65,395
Income and Expenditure Reserve		**-**	**946**	**946**	-	7,620	7,620
Revaluation Reserve		**-**	**20,196**	**20,196**	-	21,186	21,186
Charitable Funds Reserve	32	**5,237**	-	**5,237**	4,112	0	4,112
Total Taxpayers' Equity		**5,237**	**140,576**	**145,813**	4,112	94,201	98,313

Public Dividend Capital was issued as follows: conversion of loans to PDC £37.4M; capital projects in response to the Covid pandemic £3.7M; other strategic capital projects £12.9M

Signed on behalf of the Board by:



Jo Farrar
Chief Executive Officer
16 June 2021

Note : Group accounts are net of inter-company transactions.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY AS AT 31st MARCH 2021

	Public Dividend Capital	**Income and Expenditure Reserve**	**Revaluation Reserve**	**Charitable funds reserve**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**
Total balance at 1 April 2020	**65,395**	**7,620**	**21,186**	**4,112**	**98,313**
Public Dividend Capital received	54,039	-	-	-	**54,039**
Retained (deficit) for the year	-	(7,213)	-	-	**(7,213)**
Charity surplus for the year	-	-	-	1,126	**1,126**
Impairments and reversals	-	-	(4,591)	-	**(4,591)**
Net gain on revaluation of property, plant and equipment	-	-	3,601	-	**3,601**
Other recognised gains and losses	-	-	-	538	**538**
Other reserve movements: charitable funds consolidation adjustment	-	539	-	(539)	**0**
Net recognised revenue/(expense) for the year	**54,039**	**(6,674)**	**(990)**	**1,125**	**47,500**
Balance at 31 March 2021	**119,434**	**946**	**20,196**	**5,237**	**145,813**

	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 surplus for the year	-	(6,292)	-	-	(6,292)
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)	-
Net recognised (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

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31st MARCH 2021

		Charitable Funds 31 March 2021	Foundation Trust 31 March 2021	Group 31 March 2021	Charitable Funds 31 March 2020	Foundation Trust 31 March 2020	Group 31 March 2020
		£000	**£000**	**£000**	£000	£000	£000
Cash flows from operating activities							
Operating surplus / (deficit)		**526**	**115**	**641**	(240)	1,034	794
Depreciation and amortisation		**-**	**9,889**	**9,889**	**-**	8,426	8,426
Impairments and reversals		**-**	**5,980**	**5,980**	**-**	6,684	6,684
Interest paid		**-**	**(275)**	**(275)**	**-**	(702)	(702)
(Increase) in inventories		**-**	**(886)**	**(886)**	**-**	(66)	(66)
(Increase) / decrease in trade and other receivables		**(10)**	**8,082**	**8,072**	(35)	16,185	16,150
(Decrease) / Increase in trade and other payables		**9**	**26,750**	**26,759**	(3)	4,262	4,259
Income received from capital donations		**-**	**(1,124)**	**(1,124)**	-	(103)	(103)
Other : investments received		**440**	**-**	**440**	(388)	-	(388)
(Decrease) in other current liabilities		**-**	**(1,679)**	**(1,679)**	**-**	372	372
Increase / (Decrease) in Provisions		**-**	**61**	**61**	**-**	1,094	1,094
Net cash inflow / from operating activities		**965**	**46,913**	**47,878**	(666)	37,186	36,520
Cash flows from investing activities							
Interest received		**61**	**4**	**65**	82	124	206
Payments for property, plant and equipment		**-**	**(15,988)**	**(15,988)**	**-**	(19,744)	(19,744)
Receipt of cash donations to purchase non-current assets		**-**	**-**	**0**	**-**	150	150
Payments for intangible assets		**-**	**(6,650)**	**(6,650)**	**-**	(7,863)	(7,863)
Proceeds from sale of Property, Plant and Equipment		**-**	**0**	**0**	**-**	-	-
Net cash inflow / (outflow) from investing activities		**61**	**(22,634)**	**(22,573)**	82	(27,333)	(27,251)
Net cash inflow / (outflow) before financing		**1,026**	**24,279**	**25,305**	(584)	9,853	9,269
Cash flows from financing activities							
Public dividend capital received		**-**	**54,039**	**54,039**	**-**	1,493	1,493
Interim revenue support loans received		**-**	**(7,466)**	**(7,466)**	**-**	-	-
Interim revenue support loans repaid		**-**	**0**	**0**	**-**	(2,527)	(2,527)
Other loans repaid		**-**	**-**	**-**	**-**	-	-
Loans received from the Independent Trust Financing Facility		**-**	**0**	**0**	**-**	8,286	8,286
Loans repaid to the Independent Trust Financing Facility			**(30,441)**	**(30,441)**		(2,156)	(2,156)
PDC dividend paid		**-**	**(3,125)**	**(3,125)**	**-**	(2,923)	(2,923)
Interest on finance leases		**-**	**(338)**	**(338)**	**-**	(266)	(266)
Interest element of PFI		**-**	**(3,176)**	**(3,176)**	**-**	(3,186)	(3,186)
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI		**-**	**(1,473)**	**(1,473)**	**-**	(1,551)	(1,551)
Net cash outflow from financing		**0**	**8,020**	**8,020**	-	(2,830)	(2,830)
Net increase / (decrease) in cash and cash equivalents		**1,026**	**32,299**	**33,325**	(584)	7,023	6,439
Cash and cash equivalents at the beginning of the financial year		**1,663**	**14,690**	**16,353**	2,247	7,667	9,914
Cash and cash equivalents at the end of the financial year	19	**2,689**	**46,989**	**49,678**	1,663	14,690	16,353

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 2020/21 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 2020/21. These standards are still subject to HM Treasury FReM adoption.

● 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 2022. 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 remeasurement 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 2022, 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 2022 for existing finance leases.

For leases commencing in 2022/23, 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 14 *Regulatory Deferral Accounts. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.*

Accounting Policies (continued)

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

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

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 2021 with a valuation date of 31 March 2021.

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.

Accounting Policies (continued)

1.6 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables the Trust 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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. The difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from from its commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated Care System (ICS) level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of actvity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patients. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable, as entitlement to payment for work completed was usually dependent only upon the passage of time.

In 2019/20, The PSF (Provider Sustainability Fund) and FRF (Financial Recovery Fund) enabled providers to earn income linked to the achievement of financial contols and performance targets. Income earned from the funds is accounted for as variable consideration.

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.

Accounting Policies (continued)

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 2020-21 and 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 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

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

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.

Accounting Policies (continued)

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. An index-based 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.

Accounting Policies (continued)

1.11.2 Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.12 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible noncurrent assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Impairments 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. In 20/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls, and from which it is deriving economic benefits, at the year end. 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.

Accounting Policies (continued)

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'

Accounting Policies (continued)

1.16.1 Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'Operating Expenses'.

1.16.2 PFI assets, liabilities and finance costs

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of International Accounting Standards 17. Subsequently, the assets are measured at current value in existing use.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with International Accounting Standard 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

1.16.3 Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.16.4 Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

1.16.5 Other assets contributed by the Trust to the operator

Other assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.17 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. During 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1. Accounting Policies (continued)

1.18 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.19 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate.

Early retirement provisions are discounted using HM Treasury's pension discount rate of [negative 0.95]% (2019-20: negative 0.50%) 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 [negative 0.02]% (2019-20: positive 0.51%) for expected cash flows up to and including 5 years
- A medium term rate of [positive 0.18]% (2019-20: positive 0.55%) for expected cash flows over 5 years up to and including 10 years
- A long term rate of [positive 1.99]% (2019-20: 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 1.23.2 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.

Accounting Policies (continued)

1.24 Value Added Tax (VAT)

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax 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, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhstrust-and-foundation-trusts.

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.

Accounting Policies (continued)

1.29 Research and development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Operating Cost Statement on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.30 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.31 Consolidation

The Trust is the corporate trustee to Kingston Hospital Charitable Fund. The Trust has assessed its relationship to the Charitable Fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31st March in accordance with the UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:
recognise and measure them in accordance with the Trust's accounting policies; and
eliminate intra-group transactions, balances, gains and losses.

The charitable fund's key accounting policies in relation to its funds are as follows:

Funds structure
Incoming resources and resources expended are allocated to particular funds according to their purpose. Transfers between funds may arise where there is an authorised release of restricted or endowment funds, or when charges are made from unrestricted to other funds.

Permanent endowment funds

Funds where the capital is held to generate income for charitable purposes and cannot itself be spent, are accounted for as permanent endowment funds.

Restricted funds
Restricted funds include those receipts which are subject to specific restrictions imposed by the donor or Trust charitable funds procedures, usually in writing.

Unrestricted funds

Unrestricted funds include income received without restriction. Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity. The trustee may earmark unrestricted funds for a particular purpose without restricting or committing the funds legally. Such amounts are known as designated funds.

1.32 Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

The Trust has a contractual joint arrangement between Kingston Hospital NHS Foundation Trust, St Georges Healthcare NHS Foundation Trust, and Croydon Health Services NHS Trust to provide pathology services to primary and secondary acute and non-acute and private sector healthcare providers in London and the South East.

1.33 Revaluation Reserve

The Trust reviews 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 2021

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

4.1 Income from Patient Care (by nature)

	Group 31 March 2021	Group 31 March 2020
	£000	£000
Block contract / system envelope	266,569	239,038
High cost drugs income from commissioners	15,133	15,530
Other NHS clinical income	3,731	3,587
Private patient income	1,440	2,788
Additional pension contribution central funding	7,505	6,905
Other clinical income	5,320	5,727
Total	**299,698**	273,575

4.2 Income from Patient Care Activities

	Group 31 March 2021	Group 31 March 2020
	£000	£000
CCGs and NHS England	**293,483**	264,558
Local Authorities	**3,639**	3,852
Non-NHS:		
- Private patients	**1,440**	2,788
- Overseas patients (non-reciprocal)	**57**	851
- Injury costs recovery	**353**	455
- Other	**726**	1,072
Total	**299,698**	273,575

Injury cost recovery income is subject to a provision for impairment of receivables of 22.43% to reflect expected rates of collection.
Total income from Commissioner Requested Services of £286.9m is included above (2019/20 £259.1m)

The above figures for 2020/21 include the total of £7,505k (2019/20: £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 2021	Group 31 March 2020
	£000	£000
Education & Training	**10,926**	10,603
Reimbursement and top-up funding	**26,991**	-
Donated equipment from NHSE for Covid response	**1,124**	
Donated PPE consumables from DHSC for Covid response	**4,681**	-
Research and Development	**460**	399
Non-patient care services to other bodies	**6,414**	5,888
Sustainability and Transformation Fund	**0**	9,230
Other non-contract operating income		
Car parking income	**147**	1,339
Creche	**652**	725
Other income generation	**4,754**	4,880
Rental revenue	**514**	594
Staff recharge income	**3,672**	2,462
Charitable and other contributions to expenditure	**1,767**	1,183
Total	**62,102**	37,304

Following the change in funding arrangements during 2020/21, made in response to the Covid pandemic, the Sustainability and Transformation funding shown in 2019/20 is discontinued during 2020/21. New funding in the form of Reimbursement and top-up funding, and donated income in respect of DHSC-issued personal protective equipment and medical equipment, form £32,796k of the income shown in 2020/21.

5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	Year ended March 31 2021	Year ended March 31 2020
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	**2,730**	2,352

5.2 Transaction price allocated to remaining performance obligations

	Year ended March 31 2021	Year ended March 31 2020
Revenue from existing contracts	**£000**	£000
within one year	**1,077**	2,730
after one year, not later than five years		
after five years		
Total revenue allocated to remaining performance obligations	**1,077**	2,730

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 2021 Total £000	Group 31 March 2020 Total £000
Income recognised this year	**57**	851
Cash payments received in-year (relating to invoices raised in current and previous years)	**61**	594
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	**30**	216
Amounts written off in-year (relating to invoices raised in current and previous years)	**181**	118

7 Operating Expenses	Group 31 March 2021 £000	Group 31 March 2020 £000
Employee benefits excluding Non Executive Board members (included within Note 9.1)	**219,141**	191,631
Charitable Funds Pay costs (included within Note 9.1)	**179**	170
Non Executive Board members	**151**	150
Supplies and services - clinical	**21,308**	20,845
SWL Pathology Supplies and Services - Clinical	**11,627**	11,054
Utilisation of PPE consumables from central issue DHSC	**4,250**	-
Drug inventories consumed	**23,080**	22,395
Supplies and services - general	**6,223**	2,408
Consultancy services	**640**	1,032
Internal audit costs	**60**	50
Establishment	**5,337**	2,846
Transport	**1,780**	1,446
Premises	**28,625**	22,609
Impairments and reversals of receivables	**2,268**	(366)
Change in provisions discount rate(s)	**(12)**	9
Depreciation	**6,389**	5,959
Amortisation	**3,500**	2,467
Impairments and reversals of property, plant and equipment	**5,980**	6,684
Audit services - statutory audit	**60**	50
Audit Related Service	**18**	6
Other auditor's remuneration	**94**	74
Clinical negligence (excess payments associated with NHSLA)	**15,211**	14,375
Research and development (included within Note 9.1)	**398**	361
Education and Training (included within Note 9.1)	**453**	449
Training, courses and conferences	**958**	546
Rentals under operating leases - minimum lease payments	**931**	1,000
Charitable Funds non pay costs	**515**	299
Other	**1,995**	1,536
Total	**361,159**	310,085

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 £7,750 (2019/20 £6,000).

7.1 Net impairments charged to operating surplus/ deficit resulting from:	Group 31 March 2021 £000	Group 31 March 2020 £000
Loss or damage resulting from normal operations	**110**	
Changes in market price of land and buildings, following valuation	**5,870**	6,684
	5,980	6,684

The £110k impairment shown above relates to equipment which was life-expired in advance of the expiry of the life over which it was originally capitalised.

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 2021 £000	Group 31 March 2020 £000
Total Minimum lease payments	931	1,000

8 Operating Leases (continued)

8.1.2 Total future minimum lease payments

	Group 31 March 2021			Group 31 March 2020
	Buildings £000	**Other £000**	**Total £000**	Total £000
Payable:				
Not later than one year	343	285	**628**	629
Between one and five years	1,370	542	**1,912**	2,196
After five years	4,073	0	**4,073**	4,416
Total	**5,786**	**827**	**6,613**	7,241

9 Employee benefits

9.1 Employee benefits

	Group 31 March 2021			Group 31 March 2020
	Permanently employed £000	**Other £000**	**Total £000**	Total £000
Salaries and wages	**160,789**	**8,309**	**169,098**	145,248
Social security costs	**17,994**	**734**	**18,728**	16,989
Apprenticeship levy	**790**		**790**	722
Employer contributions to NHS Pension scheme	**16,212**	**1,005**	**17,217**	16,880
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**7,067**	**438**	**7,505**	6,905
Bank and Agency	**-**	**7,903**	**7,903**	8,227
Charitable Funds	**179**	**-**	**179**	170
Gross employee benefits	**203,031**	**18,389**	**221,420**	195,141
Less: Employee costs capitalised	(924)	(325)	(1,249)	(2,530)
Net employee benefits excluding capitalised costs	**202,107**	**18,064**	**220,171**	192,611

9 Employee Benefits (continued)

9.2 Staff sickness absence

Information relating to staff sickness is published by NHS Digital and may be obtained from the following link:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

9.3 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 2020-21, there were three ill-health retirements at a cost of £82k (in 2019-20 there were two ill health retirements at a cost of £39k).

9.4 Exit packages agreed

	Group 31 March 2021			
	Compulsory redundancies	**Other agreed departures**	**Total**	Group 31 March 2020
	Number	**Number**	**Number**	Number
Less than £10,000	**1**	**1**	**2**	1
£10,001 to £25,000	**1**	**-**	**1**	5
£25,001 to £50,000	**1**	**-**	**1**	1
£50,001 to £100,000	**1**	**-**	**1**	-
£100,001 to £150,000	**-**	**-**	**-**	-
£150,001 to £200,000	**-**	**-**	**-**	1
> £200,001	**-**	**-**	**-**	-
Total	**4**	**1**	**5**	8
	£000	**£000**	**£000**	£000
Total resource cost	**111**	**9**	**120**	296

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%,of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

9.5.3 Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

9 Employee Benefits and Staff Numbers (continued)

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used to replace the Retail Price Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase Additional Voluntary Contributions (AVSs) run by the Scheme’s approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

10 Finance Revenue

	Group 31 March 2021	Group 31 March 2020
	£000	£000
Interest income:		
- Bank interest - Trust	**4**	124
- Bank interest - Charity	**61**	82
Total	**65**	206

Finance revenue represents interest received in the period.

11 Finance Expenditure

	Group 31 March 2021	Group 31 March 2020
	£000	£000
Interest on obligations under finance leases	**338**	277
Provisions - unwinding of discount	**(15)**	1
Interest on:		
Working capital loans	**0**	118
Capital loan from Department of Health	**167**	573
Obligations under PFI contracts:		
- main finance cost	**3,176**	3,168
Total Finance Expenditure	**3,666**	4,137

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

12 Other Gains and Losses

	Group 31 March 2021	Group 31 March 2020
	£000	£000
Loss on disposal of equipment	**(199)**	0

The Trust transferred equipment to an incoming service solution provider. The equipment transferred had a net book value which was £199k in excess of the disposal proceeds.

13 Property, Plant and Equipment

13.1 At 31 March 2021

	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 2020	19,100	101,269	9,637	35,730	11,254	2,008	**178,999**
Additions purchased	-	463	14,823	4,886	1,498	-	**21,670**
Additions - leased	-	1,789	-	1,998	-	-	**3,787**
Additions donated	-	-	199	340	-	-	**539**
Additions: equipment donated from NHSE for Covid response				1,124			**1,124**
Reclassifications		13,743	(13,743)				**0**
Impairments charged to operating expenses	0	(5,870)		(110)	-	-	**(5,980)**
Upward revaluation gains	1,350	2,251	-	-	-	-	**3,601**
Impairments charged to reserves	-	(4,591)	-	-	-	-	**(4,591)**
Disposals/derecognition	-	-	-	(414)	-	-	**(414)**
Cost or valuation at 31 March 2021	**20,450**	**109,054**	**10,916**	**43,554**	**12,752**	**2,008**	**198,735**
Depreciation at 1 April 2020	-	-	-	20,746	8,343	1,737	**30,826**
Charged during the year	-	2,988	-	2,701	668	32	**6,389**
Disposals/derecognition				(215)			**(215)**
Depreciation at 31 March 2021	**-**	**2,988**	**-**	**23,232**	**9,011**	**1,769**	**37,000**
Net book value at 31 March 2021	**20,450**	**106,066**	**10,916**	**20,322**	**3,742**	**239**	**161,735**
Asset financing							
Owned	20,450	81,183	10,916	13,554	3,742	239	**130,084**
Donated	0	4,573	0	0	0	0	**4,573**
Held on finance lease	0	2,246	0	6,768	0	0	**9,014**
Private finance initiative	0	18,064	0	0	0	0	**18,064**
Net book value at 31 March 2021	**20,450**	**106,066**	**10,916**	**20,322**	**3,742**	**239**	**161,735**

13 Property, Plant and Equipment

13.2 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	87,895	*	8,463	30,713	10,288	1,956	**159,735**
Additions purchased	-	16,028		1,174	3,106	913	52	21,273
Additions - leased	-	2,770		0	1,428	0	-	4,198
Additions donated	-	339		-	483	53	-	875
Impairments charged to operating expenses	(1,320)	(5,364)		-	-	-	-	(6,684)
Upward revaluation gains	-	3,999	*	-	-	-	-	3,999
Impairments charged to reserves	-	(4,398)		-	-	-	-	(4,398)
Cost or valuation at 31 March 2020	**19,100**	**101,269**		**9,637**	**35,730**	**11,254**	**2,008**	**178,999**
Depreciation at 1 April 2019	-	-		-	18,556	7,390	1,703	**27,649**
Charged during the year	-	2,782		-	2,190	953	34	**5,959**
Depreciation written out as revaluation		(2,782)	*					**(2,782)**
Depreciation at 31 March 2020	**-**	**-**		**-**	**20,746**	**8,343**	**1,737**	**30,826**
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	-	5,607		-	0	-	-	**5,607**
Held on finance lease	-	1,185		-	4,017	-	-	**5,202**
Private finance initiative	-	18,968		-	-	-	-	**18,968**
Net book value at 31 March 2020	**19,100**	**101,269**		**9,637**	**14,984**	**2,912**	**271**	**148,173**

* the presentation of accumulated depreciation for the Trust's buildings has been amended from that previously published in the 2019/20 Accounts as follows: Valuation at 1 April 2019 is restated as £87,895k (formerly shown as £102,563k). The cumulative depreciation adjustment following revaluation (formerly shown as £14,668k) no longer appears. Depreciation written out as revaluation now appears as a negative for the in-year depreciation charged for 2019-20. This is a disclosure change only; the net book value of the Trust's buildings remains unchanged from the total formerly published.

13 Property, Plant and Equipment (continued)

13.3 Donated assets

Kingston Hospital NHS Foundation Trust General Charitable Fund contributed a total £540k during the year ended 31 March 2021 in respect of seventeen capital projects. DHSC donated £1,124k of medical equipment in response to the Covid pandemic.

13.4 Property revaluation

An index-based valuation was undertaken for the Trust's freehold properties as at 31 March 2021 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	3	89
Plant and machinery	1	7
Information technology	5	10
Furniture and fittings	1	10

14 Intangible Assets	Total
	£000
Cost or valuation at 1 April 2020	**29,901**
Additions purchased	**6,650**
Cost or valuation at 31 March 2021	**36,551**
Amortisation at 1 April 2020	**13,932**
Charged during the year	**3,500**
Amortisation at 31 March 2021	**17,432**
Net book value at 31 March 2021	**19,119**
Net book value at 1 April 2020	15,969
Net book value at 31 March 2021	**19,119**

	£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 1 April 2019	10,618
Net book value at 31 March 2020	15,969

14.1 Economic lives	Minimum Life Years	Maximum Life Years
Computer software - purchased	5	15

15 Analysis of Impairments and Reversals

	Group 31 March 2021	Group 31 March 2020
	£000	£000
Total impairments and reversals charged to the statement of comprehensive income	5,980	6,684
Total impairments and reversals charged to the revaluation reserve	4,591	4,398
Total Impairments	**10,571**	11,082

16 Commitments

16.1 Capital commitments

Capital commitments as at 31 March 2021 totalled £5.8m (2019/20 £3.5m). Significant commitments included: clinical modular buildings £4,049k, software licences £1,254k, electronic document management £1,110k and £301k of laptops.

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 2021.

17 Inventories

	Group 31 March 2021					Group 31 March 2020
	Drugs	**Consumables**	**Consumables donated from DHSC group bodies**	**Energy**	**Total**	Total
	£000	**£000**	**£000**	**£000**	**£000**	£000
Balance at 1st April	749	1,016	0	204	**1,969**	1,903
Additions	22,854	4,069	4,681	0	**31,604**	26,614
Inventories recognised as an expense in the period	(22,525)	(3,943)	(4,250)	0	**(30,718)**	(26,548)
Balance at 31 March	1,078	1,142	431	204	**2,855**	1,969

During the 2020-21 financial year, the Department of Health and Social Care provided PPE of £4,681k to the Trust, in response to the Covid pandemic. £431k of this remained as inventory at 31st March 2021.

18 Trade and Other Receivables

	Current	Current	**Non-current**	Non-current
	Group 31 March 2021	Group 31 March 2020	**Group 31 March 2021**	Group 31 March 2020
	£000	£000	**£000**	£000
NHS Contract receivables: invoiced	**10,363**	9,537	**0**	0
NHS Contract receivables: not yet invoiced	**1,644**	7,080	**0**	0
Non-NHS Contract receivables: invoiced	**8,160**	4,414	**0**	5,500
Non-NHS Contract receivables: not yet invoiced	**4,587**	3,463	**875**	821
Provision for the impairment of receivables	**(4,146)**	(1,989)	**(40)**	(62)
Clinician pension tax provision reimbursement funding from NHSE			**736**	746
VAT	**420**	833	**0**	0
Other receivables	**1,561**	1,522	**179**	285
Total	**22,589**	24,860	**1,750**	7,290

	Group 31 March 2021	Group 31 March 2020
	£000	£000
Total Current and Non-current Receivables	**24,339**	32,150

18.1 Allowances for credit losses 2020/21

	Group Contract receivables and contract assets	Group All other receivables
	£000	£000
Allowances as at 1 April 2020 brought forward	**2,051**	0
New allowances arising	**2,275**	0
Changes in the calculation of existing allowances	**(7)**	
Reversals of allowances	**0**	0
Utilisation of allowances	**(133)**	0
Allowances as at 31st March 2021	**4,186**	0

18.2 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

19 Cash and Cash Equivalents

	Group 31 March 2021	Group 31 March 2020
	£000	£000
Balance at 1 April 2020	**16,353**	9,914
Balance at 31 March 2021	**49,678**	16,353
Made up of		
Cash with Government Banking Services	**46,450**	14,671
Commercial banks	**539**	19
Charity cash held in commercial banks	**2,689**	1,663
Cash and cash equivalents as in the Statement of Financial Position and in the Statement of Cash Flows	**49,678**	16,353

20 Trade and Other Payables: Current

	Group 31st March 2021	Group 31st March 2020
	£000	£000
NHS payables - revenue	**537**	53
NHS accruals	**6,394**	4,409
Non-NHS trade payables - revenue	**4,663**	5,187
Non-NHS trade payables - capital	**12,676**	8,577
Non-NHS accruals	**31,150**	11,867
Annual leave	**7,700**	975
Social security costs	**2,993**	2,703
Tax	**2,398**	2,039
PDC dividend payable	**-**	-
NHS charitable funds: Trade and other payables	**25**	41
Other	**1,267**	2,058
Total Current Trade and Other Payables	**69,803**	37,909

21 Borrowings

	Current		Non-current	
	Group 31 March 2021	Group 31 March 2020	**Group 31 March 2021**	Group 31 March 2020
	£000	£000	**£000**	£000
PFI liabilities				
- Main liability	**1,058**	871	**20,132**	21,203
Capital loan from the Department of Health	**540**	30,514	**6,760**	7,300
Finance lease liabilities	**1,206**	748	**11,142**	7,278
Other: working capital loan	**0**	7,501	**0**	0
Total	**2,804**	39,634	**38,034**	35,781

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	**40,838**	75,415

	Capital loan DoH	Other	**Total**
	£000	£000	**£000**
Repayment of principal falling due:			
Within one year	540	2,264	**2,804**
Between one and two years	540	2,264	**2,804**
Between two and five years	1,620	6,792	**8,412**
After five years	4,600	22,218	**26,818**
Total	7,300	33,538	**40,838**

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 2021	Minimum lease payments Group 31 March 2020
	£000	£000
Within one year	**1,206**	748
Between one and five years	**4,823**	2,989
After five years	**6,319**	4,289
Less future finance charges	**-**	-
Present value of minimum lease payments	**12,348**	8,026

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 2021.

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.

23 Private Finance Initiative Contracts (continued)

Veolia are obligated to provide the plant and machinery for the boiler house. On the expiry date of this contract the funded new equipment shall vest in the Trust provided the Trust has paid Veolia any payment due to it under the project agreement.

Significant terms of the agreement include:

- The party claiming relief under Force Majeure shall be relived of its liability under the project agreement to the extent that by reason of the force majeure it is not able to perform its obligations under this Agreement provided that the Trust shall continue to pay the Operating Element to Veolia notwithstanding the occurrence of an event of Force Majeure.

- On the occurrence of a Veolia Event of Default referred to in clauses 35.1.2, 35.1.3 (a), 35.1.4, 35.1.5, 35.1.6, 35.1.8 the Trust may terminate the agreement in its entirety by notice in writing having immediate effect.

- On the occurrence of a Veolia Event of Default referred to in clauses 35.1.3(b), 35.1.3 (c), 35.1.3 (d) and 35.1.7, the Trust may serve notice giving Veolia the option to remedy the default within 20 business days, or put forward a reasonable plan within 20 business days to remedy the default.

- In the case of any Event of Default referred to in clause 35.1.7, if Veolia is awarded one or more warning notices in the following contract month, the Trust can issue notice in writing which terminates the agreement with immediate effect.

- The Trust is entitled to terminate the project agreement any time on 6 months written notice to Veolia.

There is a 2.5% RPI built into the scheme with a base date of 1 September 2005. Actual RPI is calculated on an annual basis.

23.3 On-SoFP PFI, LIFT or other service concession arrangement obligations (finance lease element)	**Group 31 March 2021 £000**	Group 31 March 2020 £000
Within one year	**4,354**	4,087
Between one and five years	**15,522**	15,972
After five years	**54,316**	57,121
Sub total	**74,192**	77,180
Less: interest element	**(53,002)**	(55,106)
Total	**21,190**	22,074

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 £12.6m. 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 2021**	Group 31 March 2020
	£000	£000
Within one year	**12,617**	13,159
Between one and five years	**52,471**	44,377
After five years	**178,431**	208,151
Total	**243,519**	265,687

24 Deferred Income

	Group 31 March 2021	Group 31 March 2020
	£000	**£000**
Balance at 31 March all: current	**1,077**	**2,730**

25 Provisions

Group 31st March 2021	Pensions-Early departure costs £000	Pensions-Injury Benefits £000	Legal claims £000	Clinician Pension Tax Reimbursement £000	Other £000	Total £000
At 1 April 2020	**691**	**109**	**181**	**746**	**1,007**	**2,734**
Arising during the year	0	0	79	-	326	**405**
Used during the year	(121)	(27)	(135)	0	-	**(283)**
Reversed unused	0	0	(49)	0	0	**(49)**
Unwinding of discount	(7)	- 1	-	(7)	0	**(15)**
Change in discount rate	(3)	-	-	(3)	- 6	**(12)**
At 31 March 2021	**560**	**81**	**76**	**736**	**1,327**	**2,780**
Expected timing of cash flows:						
Within one year	124	22	76	0	1,327	**1,549**
Between one and five years	436	59	-	736	-	**1,231**
After five years	-	-	0	-	- 0	**0**
	560	**81**	**76**	**736**	**1,327**	**2,780**
Group 31st March 2020						
At 1 April 2019	796	135	75	-	633	1,639
Arising during the year	-	0	132	746	376	1,254
Used during the year	(117)	(26)	(26)	-	0	(169)
Reversed unused	-	-	-	-	-	0
Unwinding of discount	5	0	-	-	(4)	1
Change in discount rate	7	-	-	-	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	-	1,007	1,315
Between one and five years	585	88	-	-	-	673
After five years	0	-	0	746	- 0	746
	691	109	181	746	1,007	2,734

The Other provision comprises VAT £1,140k, pending the outcome of an outstanding issue; and £187k relating to business processes change. 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.

£276m is included in the provision of NHS Resolution under legal claims in respect of clinical negligence liabilities of the Trust (£264m at 31st March 2020)

26 Financial Instruments

26.1 Carrying value and fair value of financial assets

	Group 31 March 2021	Group 31 March 2020
	Loans and receivables £000	Loans and receivables £000
Trade and other receivables	**19,021**	26,511
Kingston Hospital Charity financial assets	**5,332**	4,198
Cash and cash equivalents	**46,989**	14,690
Total at 31 March	**71,342**	45,399

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	7,300	0	**7,300**
Trade and other payables	6,931	-	**6,931**
Non-NHS payables	49,755	-	**49,755**
PFI and finance lease obligations	33,538	-	**33,538**
Total at 31 March 2021	**97,524**	**-**	**97,524**

	At amortised cost £000	Other £000	Total £000
Department of Health and Social Care Loans	45,315	-	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

26.3 Maturity of Financial Liabilities

	Group 31 March 2021	Group 31 March 2020
In one year of less	**66,301**	75,976
In more than one but not more than five years	**22,505**	21,121
In more than five years	**65,235**	66,550
Total financial liabilities	**154,041**	163,647

Carrying value is a reasonable approximation of fair value for financial assets and liabilities.

For trade and other receivables the carrying value is a reasonable approximation to fair value as, in general, such receivables are expected to settled within 30 days.

For trade and other payables the carrying value is a reasonable approximation to fair value as, in general, the payment is expected to be released within 30 days of recognition of the payable.

For borrowings the chargeable interest rate has been compared to the interest rates available as at the end of the financial year for loans with similar characteristics. As the difference in interest rates are minimal the carrying value for borrowings is a reasonable approximation to fair value.

For PFI and finance lease obligations carrying value is a reasonable approximation to fair value, at the end of the financial year.

26 Financial Instruments (continued)

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

The Board of Kingston Hospital, which also forms the Corporate Trustee of the Charity has agreed to the transfer of trusteeship of the Surbiton Hospital Fund, the Tolworth Hospital Fund and the Kingston PCT Charitable Fund, which will initially be treated as linked funds of Kingston Hospital Charity.

As at the date of signing, SWL CCG have transferred a total of £864k to Kingston Hospital Charity (£650k in April 2021 and £214k in June 2021).

28 Losses and Special Payments

There were 168 cases (2019-20 213 cases) of losses and special payments totalling £229,000 (2019-20 £308,000) incurred during 2020-21 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.

29 Related Party Transactions (continued)

The Department of Health and Social Care, as the parent of Kingston Hospital NHS Foundation Trust, is regarded as a related party. During the year the Foundation Trust has had a significant number of material transactions with the other entities listed below for which the Department of Health and Social Care is regarded as the parent.

Group 31 March 2021
Group 31 March 2021
Guy's & St Thomas' NHS Foundation Trust
St George's University Hospitals NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
Croydon Health Services NHS Trust
Epsom and St Helier University Hospitals NHS Trust
Health Education England
NHS England
NHS Hammersmith and Fulham CCG
NHS Hounslow CCG
NHS South East London CCG
NHS South West London CCG
NHS Surrey Heartlands CCG
NHS Resolution

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:
Kingston upon Thames Council (Royal Borough of)
Merton Borough Council
Richmond upon Thames Borough Council
Surrey County Council

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 2021 which relates to monies held by the Trust on behalf of patients.

31 IFRIC 12 Adjustment

		Group 31 March 2021 £000	Group 31 March 2020 £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	**387**	396
	Interest expense	**3,176**	3,168
	Other expenditure	**12,596**	12,272
	Impact on Public Dividend Capital dividend payable	**538**	538
	Total IFRS expenditure	**16,697**	16,374
	Revenue consequences of PFI schemes under UK GAAP (net of any sub-leasing income)	**(16,636)**	(15,856)
	Net IFRS change	**61**	518

32 Charitable Funds

FRS102 Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2020	**57**	**2,166**	**1,385**	**3,608**
Surplus/ (Deficit) for the year	0	(241)	512	271
Closing balance 31 March 2021	**57**	**1,925**	**1,897**	**3,879**

Adjustment: FRS102 to IFRS Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2020	**-**	**161**	**343**	**504**
Surplus/ (Deficit) for the year	-	452	402	854
Closing balance 31 March 2021	**0**	**613**	**745**	**1,358**

IFRS Basis:	Endowment Reserve £000	Unrestricted Funds £000	Restricted Funds £000	Total £000
Opening balance 1 April 2020	**57**	**2,327**	**1,728**	**4,112**
Surplus/ (Deficit) for the year	-	211	914	1,125
Closing balance 31 March 2021	**57**	**2,538**	**2,642**	**5,237**

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
COVID-19 / Staff Support	To be used towards the provision of enhanced welfare and additional facilities for the Hospital's staff as they provide care to patients through the COVID pandemic
REU, Paediatric Oncology Unit Appeal	To be used towards the cost building an extension on the Hospital's estate to house an expansion of Eye Unit facilities and a new Paediatric Oncology Unit

Unrestricted funds

The unrestricted funds are available to be spent for any of the purposes of the Charity

On 14th March 2021, the Board of Kingston Hospital NHS Foundation Trust agreed to accept trusteeship of the three charities held by Kingston CCG: Tolworth Hospital fund, Surbiton hospital fund and Kingston Primary Care Trust Charitable Fund. The funds, including investments, are valued at approximately £806k. They will transfer to Kingston Hospital Charity once approval has been obtained from the Charity Commission for this transfer to take place.

32.2 Other Assets

£2,585k relates to the funds that the Charity has invested with its appointed fund managers CCLA. The values shown are as valued by the fund managers at 31st March 2021.

33 Movement in Public Dividend Capital (PDC)

	Group 31 March 2021 £000	Group 31 March 2020 £000
Opening balance	**65,395**	63,902
Drawn down for Covid-related capital projects	3,686	-
Drawn down for other strategic capital projects	12,986	1,493
DHSC loans converted to PDC	37,367	-
Closing balance	**119,434**	65,395

Independent auditor's report to the Council of Governors of Kingston Hospital NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion on financial statements

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 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

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 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; 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, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

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 2020 to 2021 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and the

Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

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.

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 in April 2020 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 comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2020/21 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.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 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, 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 an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, 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, 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 2020/21, 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 services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the group and 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.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).
- We enquired of management and the Audit Committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined the principal risks were in relation to journals:
  - Using data analytics, we considered all journal entries for fraud and set specific criteria to identify the entries we considered to be high risk. Such criteria included journals with unusual values; journals posted after the year end; journals with a material impact on the surplus/deficit for the year; and journals created by senior managers.
- Our audit procedures involved:
  - evaluation of the design effectiveness of management controls over journals;
  - journal entry testing, with a focus on the journals deemed to be high risk**;**
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of property, plant and equipment valuations**;** and
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to property, plant and equipment valuations and the annual leave accrual.
- Assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team included consideration of the engagement team's;
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation;
  - knowledge of the health sector and economy in which the group and Trust operates; and
  - understanding of the legal and regulatory requirements specific to the group and Trust including:
    - the provisions of the applicable legislation;
    - NHS Improvement's rules and related guidance; and
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – 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 – the 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 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

Responsibilities of the Accounting Officer

The Chief Executive, as 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. 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 undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Kingston Hospital NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources and completed the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the Trust for the year ended 31 March 2021. We are

satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2021.

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

16 June 2021

Independent auditor's report to the Council of Governors of Kingston Hospital NHS Foundation Trust

In our auditor's report issued on 16 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2021, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

- Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.
- Completed the work necessary to issue our Whole of Government Accounts (WGA) Component Assurance statement for the year ended 31 March 2021. We have now completed this work.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 16 June 2021 we reported that, 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 2021 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 accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - 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 – the 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 2021.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as 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. 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 issued by the Comptroller and Auditor General in April 2021. This guidance sets out the

arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Kingston Hospital NHS Foundation Trust for the year ended 31 March 2021 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
10 September 2021