Kingston Hospital **NHS**
NHS Foundation Trust

Quality Report 2013-14

Living our values *everyday*

CARING SAFE RESPONSIBLE VALUE EACH OTHER

Quality Report 2013-14

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Quality Report 2013/14

1. Introduction from the Chief Executive

I am delighted to introduce the fifth Quality Report for Kingston Hospital NHS Foundation Trust. The Quality Report provides information on quality achievements in the last year and identifies our quality priorities for the year ahead.

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. Quality Reports aim to increase public accountability and drive quality improvement within NHS organisations. They do this 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 about how those improvements will be made and monitored over the next year.

Kingston Hospital focuses on three areas that help us to deliver high quality services:

- Patient safety

- How well the care provided works (clinical effectiveness)

- How patients experience the care they receive (patient experience)
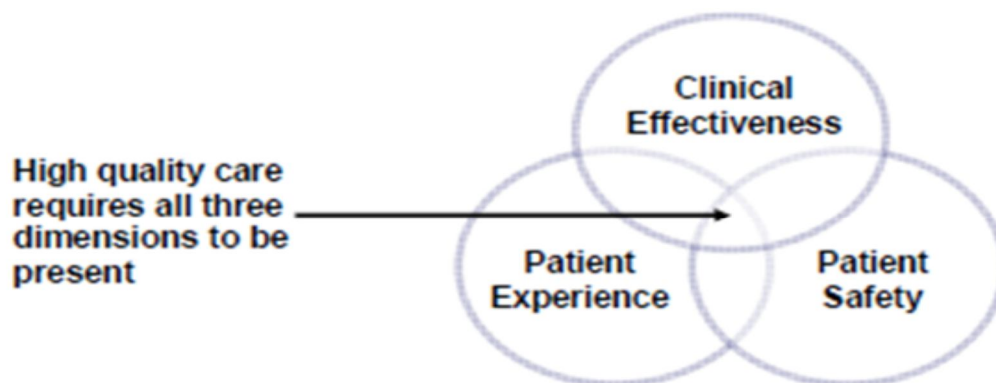
Some of the information in a Quality Report is mandatory but more is decided by patients and carers, Foundation Trust Governors, staff, commissioners, regulators and our partner organisations.

In the last year we saw over 113,000 patients in A&E, undertook 355,000 outpatient appointments and cared for 65,000 admitted patients with consistently low mortality rates. The Trust has a popular maternity unit delivering nearly 6,000 babies per annum and rated best in London by mothers again this year in the CQC maternity survey. As well as delivering services from the main hospital base, the Trust delivers outpatient and diagnostic services at a range of community locations in partnership with GPs and community providers.

The last year has been a very busy one for the Trust, becoming a Foundation Trust in May 2013, appointing a new Chair in June 2013, launching our dementia and volunteering strategies in January 2014, to mention just a few highlights.

Over the coming pages we will describe our progress on the areas we agreed with you that we would want to improve over the last year, and also provides us with the opportunity to demonstrate our commitment to continuously reviewing, measuring and improving the services we offer. We have aimed to provide an honest account of our performance, sharing our successes but also the details of where improvements are still required.

We recognise the value of involving our local community in decisions about our services and priorities for improvement and always listen to the feedback we receive when things have gone well and when we could have done better. This feedback has played a key role in setting our priorities for 2013/14.

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

Kate Grimes
Chief Executive

2. What is a Quality Report?

All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. This is called the Quality Report. Quality Reports aim to increase public accountability and drive quality improvement within NHS organisations. They do this 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 about how those improvements will be made and monitored over the next year.

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Scope and structure of the Quality Report

This report summarises how well we did against the quality priorities and goals we agreed with you for the last year and if we have not achieved what we set out to do, we have explained why and what we are going to do to make improvements. It also sets out the priorities we have agreed with you for the coming year and how we intend to achieve them and track progress throughout the year.

One of the most important parts of reviewing quality and setting quality priorities is to seek the views of our patients, staff and key stakeholders (such as the Clinical Commissioning Groups, Council of Governors, Healthwatch Groups). The Quality Report includes statements of assurance relating to the quality of 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 contribute to quality and comments from our external stakeholders.

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

If you have any feedback or suggestions on how we might improve our Quality Report, please do let us know either by emailing:

Lisa Ward, Head of Communications at lisa.ward@kingstonhospital.nhs.uk or Fergus Keegan, Deputy Director of Nursing at fergus.keegan@kingstonhospital.nhs.uk or in writing to our Patient Advice Liaison Service (PALS) at:

Kingston Hospital NHS Foundation Trust, Galsworthy Road, Kingston upon Thames, Surrey, KT2 7QB.

3. 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 not understand them. In this section we have provided explanations for some of the common words or phrases we use in this report. A more detailed glossary can be found at the back of the report.

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 Trust's 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.

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. Since the first year of the CQUIN framework (2009/10), many CQUIN schemes have been developed and agreed.

Cardiac Arrest: cardiac arrest happens when your heart stops pumping blood around the body. The most common cause of a cardiac arrest is a life threatening abnormal heart rhythm called ventricular fibrillation (VF). Ventricular fibrillation occurs when the electrical activity of the heart becomes so chaotic that the heart stops pumping and quivers or 'fibrillates' instead. This is a cardiac arrest. It can sometimes be corrected by giving an electric shock through the chest wall, using a device called a defibrillator.

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*

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.

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.

E. coli: E. coli is short for Escherichia coli -- bacteria (germs) that cause severe cramps and diarrhoea. E. coli is a leading cause of bloody diarrhoea. The symptoms are worse in children and older people, and especially in people who have another illness.

Elective admission: A patient admitted for a planned procedure or operation.

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.

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.

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-Sensitive Staphylococcus Aureus (MSSA): MSSA is a type of bacteria (germ) which lives harmlessly on the skin and in the noses, in about one third of people. People who have MSSA on their bodies or in their noses are said to be colonised. However MSSA colonisation usually causes them no problems, but can cause an infection when it gets the opportunity to enter the body. This is more likely to happen in people who are already unwell. MSSA can cause local infections such as abscesses or boils and it can infect any wound that has caused a break in the skin e.g. grazes, surgical wounds.

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).

National Patient Safety Agency (NPSA): Patient safety is an aim to reduce risks to patients receiving NHS care and improve safety. The NPSA is an arm's length body of the Department of Health and through its divisions cover the UK health service. The NPSA leads and contributes to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.

Non-Elective admission: A patient admitted as an emergency.

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.

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.*

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.*

4. Looking Back at 2013 – 14

Each year we agree three quality improvement priorities that are monitored by the Trust. One focuses on patient experience, one on clinical effectiveness and one on patient safety.

As in previous years, we sought the views of our patients, staff and local community to help set our three quality improvement objectives for 2013/14. We invited representatives from our commissioners, local Health watch and staff to help us to select the areas of additional focus.

We asked for input from our clinical teams and our governors. We asked our members to participate in an online survey and many gave their opinion of what our quality priorities should be. The Trust Board then considered the responses we received and agreed the following four priorities for 2013/14. We found that the feedback received indicated that two areas of patient safety were very important, so we picked them both.

Domain	Priority
Patient Safety	Reduce the number of patient falls
Patient Safety	Reduce the number of clostridium difficile infections (C diff.)
Clinical Effectiveness	Improve staff engagement (involvement)
Patient Experience	Improve waiting times in outpatients

Over the last few years the publication of Quality Reports has become established as an important tool to demonstrate and communicate improvements in the quality of patient care. Initially there was an emphasis on ensuring that Trusts adhered to the regulatory elements of reporting. As that aspect has become more embedded, we are now beginning to focus our attention on improving the readability and the ease of understanding of our Quality Report. We see this as the next critical step in the development of our report: moving from compliance to becoming a core instrument in improving accountability to the public.

Priority 1 – Patient Safety: Reduce the number of patient falls $\quad$ NOT ACHIEVED

Goal	Measure	Actual Performance (March 2014)	KHT Data Available	Benchmarked/ Comparison
Prevent Harm	Number of Patient Falls per 1,000 bed days	5.9 to year end Annual Target <=4.8	Yes	Yes

Why did we choose this?

Patient falls are among the most common incidents reported in hospitals and are a leading cause of death in people aged 65 years or older. Of those who fall, as many as half may suffer moderate to severe injuries that reduce mobility and independence, and increase the risk of premature death. At Kingston Hospital, 48% of our inpatients over the age of 75 have confirmed or suspected dementia, double the national average, with a corresponding increased risk of falling. Falls can also adversely affect family members and carers and are estimated to cost the NHS more than £2.3 billion per year (College of Optometrists/ British Geriatrics Society, 2011). Thus it can be seen that falling has an impact on quality of life, health and healthcare costs.

Following several incidents of serious harm from falls in in 2012/13, and an increase in the overall level of falls during the winter months of that year the Trust decided to make this a safety priority again in 2013/14. This table shows our monthly rate of falls per 1,000 bed days over the past 3 years. Our overall rate is calculated from the full year data.
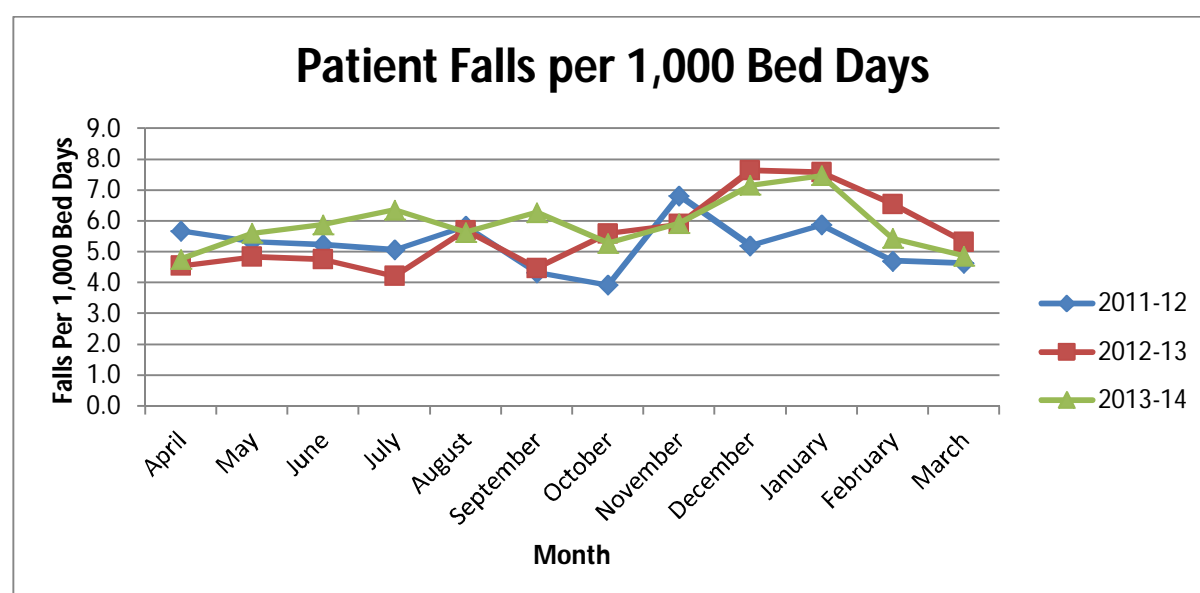
Benchmarking falls: NHS hospitals vary greatly in size and activity according to the populations they serve. Currently the reported number of falls per 1,000 bed days is regarded as the best way to compare falls rates with other NHS organisations. It is acknowledged however that actual rates of falls may differ from reported rates; this is influenced by a number of factors, such as local reporting requirements, staff diligence in

reporting, variations in the populations served and the types of services and treatments provided.

What we said we were going to do?
Our aim for 2013/14 was to reduce the number of patient falls to below 4.8 per 1,000 bed days by December 2013.

How did we do?
We did not meet our objective to reduce the number of patient falls to below 4.8 per 1,000 bed days. The overall rate of 5.9 falls per 1,000 bed days in 2013/ 14 compared to 5.6 per 1,000 bed days in the previous year. This equates to a total of 770 falls out of 18,284 inpatient admissions during 2013/14.

A clear increase can be seen each year during the winter months, when the hospital works at a greater capacity. While this upward trend may be an indication of increased falls it could also reflect the increased amount of patients in the hospital and heightened staff awareness of the need to report such incidents as a response to our continued focus in this area.

The Trust continues to have slightly higher than the national average for inpatient falls per 1,000 bed days; this is thought be partly due to the different types of patient we treat here described above.

There were 9 serious incidents arising from falls in the past year. A serious incident is an incident which leads to an unexpected or avoidable death, or serious harm like a broken bone. All incidents are reported using our Ulysses system, a web-based reporting and risk management system, and followed up by the Ward Sister or Charge Nurse. A root cause analysis is undertaken for all serious incidents.

Although the increase in falls is disappointing, it should be recognised that a considerable amount of work has taken place to analyse and understand the various pre-disposing factors and to develop and implement measures to reverse the trend, particularly in medical and elderly care wards. Progress against this priority has been achieved largely as a result of the efforts of the Trust Falls Group, which was reconvened under the chairmanship of the Director of Nursing & Patient Experience in March 2013. The group has strong multi-disciplinary representation from medicine, nursing and professions allied to medicine, community services, and meets every month to review all falls data, consider any learning and recommendations and to develop strategy and put actions in place to reduce the number and severity of falls in inpatient areas.

In another initiative linked to this priority, the Falls Co-ordinator post was created from March 2014 for a fixed period. The key functions of the role are summarised here:

- Enhanced leadership of the falls reduction programme
- Daily review of incident reports with expert follow-up advice provided personally to ward teams
- Collation of data and analysis of themes and trends
- Spot checks to monitor on correct and appropriate use of nursing records

- Ward-based education on specific needs for different patient populations
- Night time visits to monitor falls prevention "out of hours"
- Evaluation of effectiveness of new interventions

A number of initiatives have been introduced by the Trust Falls Group with the involvement and leadership of the Falls Co-ordinator, a summary follows:

Revised Falls Care Bundle
Nursing staff record the care planned for patients in a document called a care bundle. The review of incidents highlighted that improved risk assessments and a reduction in size would make it easier for staff to complete thus releasing nursing staff time for observation and implementation of preventative measures.

Patient Information and Education
A new information leaflet, developed with patients, was launched in March 2014 containing advice for relatives, carers and patients. Concise and easy to read, it offers useful guidance to help them play their part in reducing falls in hospital and provides contact details for community falls services if continuing support is required.

Managing Falls in Bathrooms
Audit of bathroom environments and a review of signage, equipment and furniture in these areas and an improvement programme aimed at minimising hazards and obstructions are taking place.

Future Developments
We have not reduced the level of patient falls that we wanted to see, while much has been achieved in the past year, there remains room for improvement. We are looking at a further range of solutions to help our patients and to see a reduction in our falls rate:

Equipment
Increasing the number of ultra-low beds can help to prevent harm from falls - particularly for patients with delirium who are at risk of falling out of bed, but who cannot be given bedrails as they might try to climb over them. Our bed contract is being reviewed in the coming year and this will provide opportunity to address this issue.

Environment
It is acknowledged that the ward layout and fixtures and fittings can be organised in such a way as to promote safety and minimise the risk of falls; to this end the Estates Department is liaising with the Dementia Team to ensure future ward refurbishments not only enhance the care environment but also take account of the latest innovations. This forms part of our Dementia Strategy objectives.

Documentation
With the introduction of portable electronic devices to access the care records service (CRS), nurses will be able to update documentation at the bedside, thus improving direct observation of at risk patients.

We also anticipate working with dementia activity co-ordinators to involve volunteers in a project to assist with distraction therapy for agitated patients.

Priority 2 - Patient Safety: Reduce the number of clostridium difficile infections (C. diff.), and that this is kept below 15 cases per year.

PART ACHIEVED

Goal	Measure	Actual Performance (March 2014)	KHT Data Available	Benchmarked/ Comparison
Prevent Harm	Clostridium difficile Infections (Hospital Acquired)	22 Cases to year end	Yes	Yes

Why did we choose this?
Clostridium difficile (C.diff) is a bacterium that is present naturally, and harmlessly, in the gut of approximately 20% of healthy adults and 66% of children. However, some antibiotics that are used to treat other health conditions can interfere with the balance of "good" bacteria in the gut which causes C. diff bacteria to multiply and cause symptoms such as diarrhoea and fever.

What we said we were going to do?
Our aim for 2013/14 was to reduce the number of patients acquiring a Clostridium difficile Infection whilst in our care and that this is below 15 cases per year.

How did we do?
We have had 22 cases in the year, one case less than the previous year and only one case in the last four months of the year. This did not however achieve the trajectory set by NHS England of 15 cases within the year. It should be noted that the patient age profile at Kingston Hospital is older than those in the rest of England with 50% more patients aged over 80 being admitted, and within this group there are twice as many patients who are over 90 years old. Many of these vulnerable patients will have complex healthcare needs with a high and increasing incidence of dementia and susceptibility to C.diff.

The table below shows our C.diff rate over the past three years.

Trust Assigned Cases of C.Diff infection
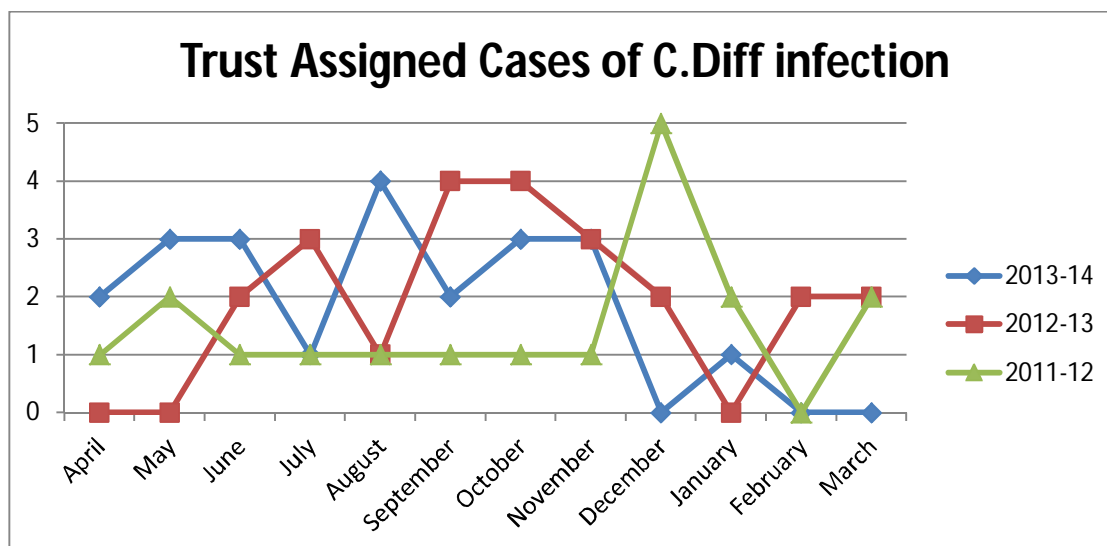
We have performed well in the last four months of 2013/ 14. Our overall rate of C.diff infection compares well with the national average for 2012/ 13, the latest published:

	Kingston Hospital	National Average
Rate per 100,000 bed days for C.diff reported within the Trust	15.8	17.3

A comprehensive action plan to improve practices and procedures in C.diff prevention was put in place following an independent review in December 2012. A further review was commissioned in December 2013 to evaluate subsequent progress. The review team found that the Trust has made significant progress in addressing the issues identified previously and is strongly focused on improvement with many positive changes being made in the past year.

The latest independent review recognised that the Trust has many examples of best practice already in place, in particular:

- Good adherence to national testing and reporting guidance

- Daily antibiotic monitoring ward rounds

- Weekly clinical review of patients on the C. diff ward round undertaken by the Infection Control doctor

- Good working relationships with Public Health England (formerly HPA) team and local CCGs including Kingston and the community infection control teams

Prudent prescribing and antibiotic stewardship
A new streamlined, guideline has been implemented for prescribers which includes specific information on the recommended duration of antibiotic prescriptions.

The review team noted that high levels of compliance are being achieved and were impressed with the clinical leadership and involvement of junior doctors, as well as a dedicated multi-disciplinary teaching programme, observing that the systems developed at Kingston should be promoted and publicised both within the Trust and across the wider NHS. The medical and surgical inpatient teams can demonstrate the reduction in prescribing of antibiotics with a high potential to cause C.diff infection in both the Medical and Surgical wards since April 2012.

Our antimicrobial stewardship lead is working in partnership with local G.P. networks to ensure that the principles of "Smart" prescribing are adopted more widely in order to reduce the incidence of C.diff in the community.

Strengthen and improve cleaning
The cleaning contract specification has been uplifted to the most recent standards using micro-fibre systems, with mops and cloths laundered on site at the end of each shift. The standard achieved is audited weekly in collaboration with the matrons. It was recommended that Chlorclean® (a mixture of detergent and chloride) be used less often for all cleaning, as this causes damage to the environment and equipment. It only needs to be used because of suspected cases of infection for patient isolation areas.

The Infection Prevention team has developed an assessment tool to help nurses to prioritise patients needing isolation according to their symptoms and diagnoses – this will reduce delays in decision-making at this vital stage. Guidance to aid the assessment and management of diarrhoea was developed and more 80% of nursing staff completed an e-learning module on C.diff since its launch on November 2013.

Future Developments
Up to and including 2013/14, NHS organisations have continued to be required to demonstrate stretching year on year reductions in C. difficile cases based on the previous year's trend reduction in C. difficile cases. However, as published data shows, the rate of improvement for C. difficile has slowed over recent years. Infection prevention and control experts from within the NHS and from Public Health England advise that this is likely to be due to a combination of factors including the biology and epidemiology of the C. difficile organism. There are indications that, for some organisations at least, the level of C. Difficile infections may be approaching their irreducible minimum level at which these infections will occur regardless of the quality of care provided. This can occur due to the fact that some people carry C. difficile in their bowel and will develop symptoms due to their underlying clinical conditions or as a consequence of the antibiotics they have to take. Put simply, some infections are a consequence of factors outside the control of the NHS organisation that detected the infection. As a result of this, the previous system of setting objectives for hospitals (and the resultant rapid reductions in infection rates) has been reviewed and thresholds have been re-set for every hospital in the country. In 2014/15 the Trust's threshold has been set at 24 cases. We will continue to work on eliminating hospital acquired cases of C.difficile in 2014/15.

Performance over the last four months of 2013/ 14 has shown that the Trust has made improvement, despite breaching our contracted upper limit of 15 cases in the year. Monitor, the regulator for Foundation Trusts, did not place the Trust into a higher risk rating for this

performance, rather it kept the Trust in its GREEN rating, recognising the work we have done in this area.

Priority 3–Clinical Effectiveness: Improve staff engagement (involvement)

<mark>PART ACHIEVED</mark>

Why did we choose this?
Staff involvement is a measure of staff satisfaction, engagement and motivation at work. Research shows that there is a clear link between satisfied and engaged staff and the quality of patient care they deliver. Not only does the evidence tell us that highly engaged and empowered staff generate better outcomes for patients but that there are further benefits such as: improved quality of services, reduced patient mortality, improved staff health and well-being, lower levels of sickness absence and greater financial efficiencies.

What we said we were going to do?
To improve staff 'engagement' (involvement) to be in the 'Top 20% of Trusts' as measured in the NHS staff survey 2013

How did we do?
Following on from the development of our four core values in 2011 – "Caring, Safe, Responsible and Valuing each other" we have been working to ensure that staff embody the values in everything they do through appraisal, training and development and improved people management (how staff are managed and teams developed).

The Trust's engagement score (an overall indicator of staff satisfaction and engagement ranging between 1 and 5) is now measured four times a year locally and annually in the NHS staff survey where it has improved over the years from 3.61 in 2011 to 3.74 in 2013. Unfortunately we have not yet managed to achieve an average score in the 'top 20%' of Trusts, however we continue to strive for improvement.

The figure below shows how Kingston Hospital NHS Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.74 was average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)   *Scale summary score*

Trust score 2013	3.74
Trust score 2012	3.75
National 2013 average for acute trusts	3.74

Poorly engaged staff — *Highly engaged staff*
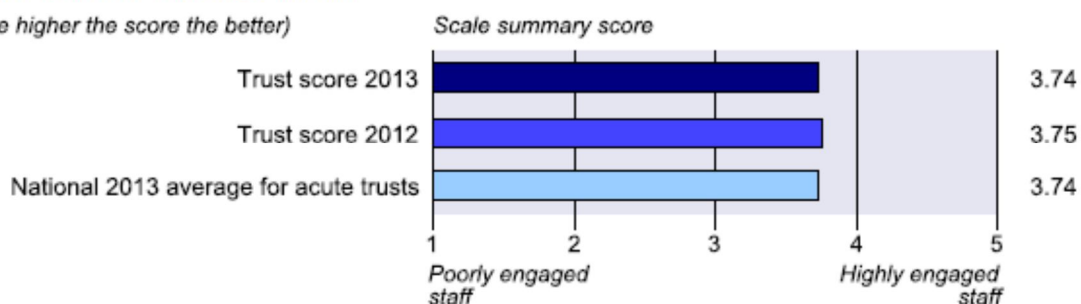
The national staff survey results over the last few years have seen us make significant improvement in staff engagement and then plateau this year, as other Trusts progress with staff engagement initiatives and shape the culture of their organisation. The focus for us, based on the 2013 national staff survey results, has pointed to the relationship between line managers and their staff being the key area for the Trust to improve upon.

To address these issues the Trust has embarked on a journey aimed at developing an evolving culture that meets the needs of staff that are committed to delivering excellent services to our patients. This has led to engagement with staff across the organisation, ensuring that they understand their roles and what good people management looks like. Investment in a structured leadership and management development programme is underway with service lines, corporate and clinical leaders and, separately, in a ward sisters development programme. The focus of the programme is to have a blended approach to learning about good people management practices, with group work, learning sets, coaching and mentoring sessions. These sessions will help build relationships and enhance the level of understanding across the disciplines as well as help to foster a greater appreciation of how different services can interact more effectively.

The appraisal and personal development plans were re-designed to take account of the introduction of the Trust values. In doing this, the Trust introduced manager feedback questionnaires to the appraisal process and based on evidence of what it takes to be a good and engaging manager. In 2013/14 this was successfully carried out for approximately 200 managers in the Trust. The feedback looked at 4 domains namely; teamwork, continuous improvement, support and engagement. These domains are deemed important in shaping our culture as good communication boosts morale and engage hearts and minds, whilst being able to evolve and engage in continuous improvement initiatives that can be embedded through good team work and support. All managers and supervisors continue to receive feedback on their people management skills from their staff as part of their appraisal as this is now embedded and expected as part of the annual cycle.

The Trust has worked with managers and staff to help them feel more engaged and motivated to deliver the best care through improving their knowledge and understanding which in turn has improved their relationships with each other. Some examples include:

- Ensuring staff are briefed on Trust activities and understand the core key performance measures through monthly briefings

- The monthly staff awards, that recognise and reward staff that live our values continuously

- Local staff engagement surveys have been undertaken using a random sample to test the temperature in the organisation and identify any themes. This has proved useful as a tool and it enables the trust to see how it measures against the sample in the national staff survey

- Clinical Divisions have developed local newsletters that inform staff about things that are occurring in their departments or service lines

- The Trust had a summer party in 2013 which was a positive experience for all that attended

- In January 2014 the Trust held its annual health and wellbeing day which was well attended by over 200 staff and encouraged staff to take the time out to think about their own health and wellbeing

- The Trust has also worked with the Trade Union representatives to promote staff understanding of new initiatives, programmes, processes and procedures

We have also worked on improving leadership and making sure that strategies were embedded and translated locally, e.g. teams translating the Trust quality goals locally. The strategy used to improve management skills was to build a "coaching" culture. There is now a programme well underway, which will produce a group of around 30 accredited coaches in the Trust by the end of the first phase.

Future development
We are pleased to report that the Trust is doing well in relation to staff appraisals, training and staff feeling stress and have been rated better than average in all three areas. We have also been rated in the top 20% for communications and staff contributing to improvement; these are great results to build on. However we were rated lower than average in a number of areas where we still need to improve, namely staff motivation and satisfaction, work pressure and bullying.

In the coming year we will be continue to work towards ensuring that all staff have clear objectives, an appraisal and a personal development plan reflecting the Trust's objectives and values.

Priority 4 – Patient Experience: Improve waiting times

Why did we choose this?

How long patients have to wait is seen to be a marker of the quality of service they receive. As a Trust we perform well in delivering the performance targets for waiting times in Accident and Emergency and 18 weeks referral to treatment. Feedback from our patients through the national outpatient survey and through our own net promoter scores told us that the experience of waiting is not as good as it could or should be.

What we said we were going to do?

To improve waiting times for patients in the Outpatient Department (waiting to be seen/ waiting for results of tests)

How did we do?

Feedback from patients reminds us that the key issue with patient waiting is the lack of communication regarding how late clinics are running and when patients can be expected to be seen. Our solution is the full implementation of a patient information and calling system which will be integral to the capital redevelopment of outpatients. Before this happens, immediate actions have been taken to both introduce whiteboards in main outpatients indicating clinic times and doctor attending and also to develop the culture within the team of directly speaking to patients when waiting times escalate.

Patients also become increasingly concerned about parking costs when clinics are delayed and again the out-patients staff are now addressing this by providing exemption notes to patients that prevents them from receiving excess charges for parking.

We are measuring the performance of the service against key patient experience themes using the Friends and Family Test (this is ahead of the national timetable).

Results are shown below for July to December 2013.

Outpatients - Friends and Family Responses - Q2 & Q3

Legend: ■ Outpatients - Positive Responses ■ Outpatients - Negative Responses

Positive values: Be timely 1829, 1016, 814, Show kindness and compassion 650, 606, Care for you as an individual 520, 471, Service general 467, 298, Doctor 196

Negative values: 28, 31, 43, 53, 58, 87, 110, 155, Environment 341, 492
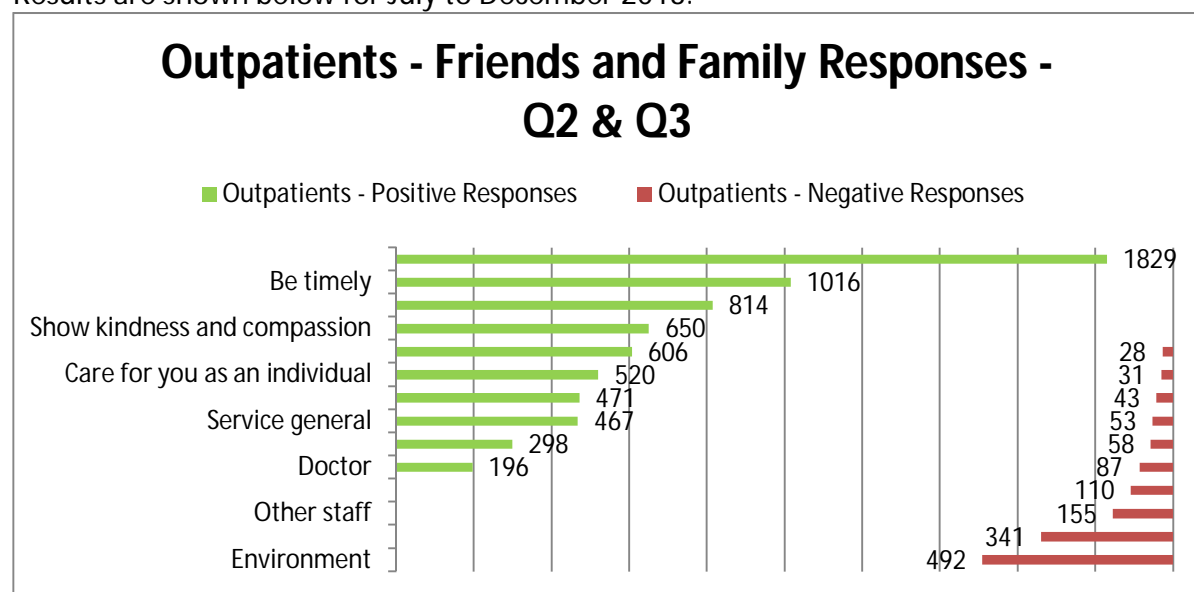
Whilst it is encouraging to see timeliness and regular communication positives outweighing the negative responses our results and complaints analysis indicate much work needs to be done particularly around the waiting times and conditions for two large attendance groups:- phlebotomy and anticoagulation.

In order to immediately address phlebotomy waiting times and extend opening hours for patients we now hold outreach phlebotomy at Raynes Park health Centre and have engaged with colleagues in Richmond to provide practice based services for GPs.

The outpatient environment continues to be a regularly cited negative impact **o**n patient experience and the plan for £2.5million capital redevelopment of outpatients is within the Trust plan for 2014-15. This has been designed in conjunction with patient representatives and will provide comfortable waiting accommodation coupled with clear signage and patient information and calling system. Phase 1 provides relocation of both phlebotomy and anti-coagulation clinics to purpose built areas.

In addition to relocating the anti-coagulation service the service plans to implement a new daily clinic structure which reduces the number of attendances whilst the new accommodation will afford new near patient testing (tests carried out at the point of care with the patient) facilities – again improving responsiveness to patient needs.

In addition to completing plans for the redevelopment of outpatients a new minor procedures suite was opened in June 2013.

There were a range of areas of focus identified in last year's Quality Account and the table below summarises these:

Identified Issue	Actions
Design of Outpatients	• Improve signage, plans are underway to improve signage as part of the outpatient redesign project that will start in 2014 • Address kiosk accessibility & ease of use. The numbers of screens that are displayed when a patient uses a kiosk have been reduced and simplified. These are now more user-friendly and patients can complete these faster. • Improve parking. Plans are underway for a pay-on-exit system as part of the outpatient redesign project that will start in 2014. In the meantime, posters have been put up in the outpatient areas to notify patients that they can alert staff if they are worried about parking – the Car parking Office is then called to extend the parking times.

Listening & informing patients	• Implement information screens within outpatient areas including latest information on wait times. Plans are underway to add this into the hospital-wide system in 2014. In the meantime, staff are reminded of the importance of keeping patients informed re delays and they do their best to communicate this to patients.
	• Implement Friends & Family Test (from current Net Promoter Score) in OPD areas to obtain real time feedback. We have implemented the Friends and Family Test in all of our outpatient areas ahead of the national timetable. The system for patient feedback has been transitioned from using paper cards to tablet computers so that feedback can be acted on in real time. The managers of the different areas are able to log in to see patient feedback and track themes for improvement whenever they want to.
Reduce waits	• Relocate phlebotomy service to improve the flow of patients. Plans are underway for relocating the phlebotomy service as part of the outpatient redesign project that will start in 2014.
	• Patients are now booked in for follow-up appointments at the end of their appointment rather than through letters. This has reduced receptionists' workload, which in turn have cut down reception queues and have reduced waiting times.

5. Other Key Achievements in the last year

We did not fully achieve all of the improvements we had aimed for last year in the Quality Account, but the areas that were focussed on were the key areas of concern. However, we are committed to continuing to make progress in many aspects of quality including preventing falls and pressure ulcers, and improving patient experience during the coming year.

Whilst focussing on the priority areas identified in the Quality Report, the Trust also routinely monitors performance against a much broader range of measures and works on a greater number of quality improvement projects than are set out as Quality Account objectives.

In the course of selecting our priorities each year, we focus on areas where there is improvement required, but in this section we want to highlight some of our other areas of focus and performance.

- Kingston Hospital was again made a CHKS Top 40 Hospital which we have achieved for thirteen years for consistently low mortality rates.

- We are the first Trust in south west London to be licensed as an NHS Foundation Trust.

- Our care during labour was rated as the best in London and in the top 20% of the country in the latest CQC maternity survey, published in December 2013.

- Maternity services at the Trust have achieved the highest levels of safety standards under a robust accreditation scheme for patient safety in maternity. In February 2014, we received a Clinical Negligence Scheme for Trusts (CNST) assessment, which looks at how well the service is organised and governed and how safe the care is. There are four levels and Kingston has been awarded with the highest rating level 3.

- We believe that our patients should be seen by the most senior staff in the Hospital and on the wards seven days a week and during the evening. We have achieved this in maternity and A&E.

- We are one of only four trusts in London to meet the London Standard of 17 hours a day of consultant delivered care and are increasing consultant availability in acute medicine.

- Successfully recruited more than 200 new nurses during 2013, which has improved patient experience and reduced use of temporary staff.

- We provide an increasing number of services at outreach clinics across Kingston, Richmond, Merton and Surrey. In April 2014 we opened outpatient services at Raynes Park.

- In the latest NHS Staff Survey, our staff rated us in the top 20% for the quality of patient care they deliver and job satisfaction and we have an above average score for staff recommending the Hospital as a place to work.

Dementia Strategy

Dementia is a condition that affects Kingston Hospital more than most as we serve an area that has one of the highest life expectancies in the country. As a result, nearly half of our patients over 75 have dementia, which is double the national average. With an increasingly ageing population, we are only going to be caring for more patients with dementia. This means we need to completely rethink the way we care for patients on our wards. In January 2014, the Trust Board approved the Hospital's first ever three year Dementia Strategy, which was developed following an extensive programme of engagement and best practice

research over the course of the year. This strategy is vital to ensuring that we have the right staff, environment, care pathways, support and systems in place to provide our patients and their families and carers with the best experience possible when they are being looked after by Kingston Hospital.

We have listened to, and worked with, many patients, staff, carers, relatives, community organisations and the voluntary sector to develop this strategy and as a result we will be focusing on the things that are the most important and beneficial to patients with dementia and their families and carers.

The five key themes underpinning the strategy are:

- Early diagnosis, excellent clinical care and treatment

- Positive relationships of care

- Involved and supported carers

- Active days and calm nights for all

- Dementia friendly environments of care

Good progress has already been made with 70 trained dementia champions across the Trust, clear identification of patients with dementia through the 'forget me not' scheme and additional funding secured for training.

Volunteering Strategy
Kingston Hospital has benefitted from the support of volunteers for many years and now has around 600 volunteers carrying out a range of roles including Dining Companions, gathering patient feedback and welcoming and orientation for patients and visitors. In addition to supporting our patients and staff, we are also helping our volunteers to learn new skills and for some it can even just help them to feel less lonely and that they are making a difference. What may seem like a little thing done by a volunteer can have a huge impact on the person they are supporting; whether it be providing some company during a meal as our team of dining companions do, a friendly face to greet them in reception when they come in and are feeling worried or nervous as our group of welcomers do, or providing support and a hot drink to anxious patients in A&E as our volunteers who work in the department do.
In January 2014, a new Volunteering Strategy was approved by the Trust Board. The Volunteering Strategy is about maximising the potential of volunteering at Kingston Hospital and making sure that we are utilising the vast array of talent in the local community and doing all we can to bring that into the Trust. We want to see more volunteers working across a range of departments and activities and for Kingston Hospital to become a beacon for NHS volunteering and for our patients and staff to know that they are benefitting from the enhanced support that volunteers can provide. But the strategy is also about measuring the direct impact that our volunteers have on patients and staff and being able to demonstrate the invaluable contributions that they all make.

Leadership Development Programme – Senior Nursing Staff
Excellent ward level leadership is central to improving the quality of care for our patients and during the last year our Senior Sisters/ Charge Nurses and Junior Sisters/ Charge Nurses have taken part in extensive leadership and development programmes. The programme for the senior Sister/ Charge Nurse has focussed on building on leadership and management skills and the junior Sister/ Charge Nurse programme was designed to consolidate and further develop knowledge and skills in managing the ward, understanding the role of the Sister/ Charge Nurse and recognising, assessing and managing the deteriorating patient. Using safe, simulated environments, and independent learning opportunities, staff have been enabled to merge knowledge, practical ability and professional attitudes in promoting high quality, effective patient care.

Nurse Technology Fund
The Trust submitted a bid to the nurse technology scheme and was successful in receiving an award of £70,000 to provide a mobile tablet device to key nursing & midwifery groups in the organisation. This will enable staff to conduct audits electronically and therefore release their time to be more available to patients and staff in the clinical area. The Trust will make a further bid in 2014/15 focusing on releasing staff time and improving patient safety.

Patient and Public Involvement Strategy
Becoming a Foundation Trust means we are more accountable to our local population and we must ensure we listen to the needs of patients and the local community and embrace all the opportunities Patient and Public Involvement (PPI) has to offer. In July 2013, the Trust Board approved the Patient and Public Involvement Strategy, which was jointly produced by the Trust and members of the public, stakeholder groups, the Patient Assembly, the Council of Governors and staff. The strategy sets out our vision for PPI, the structures that will be in place to deliver this vision and the initial actions we will take.

Patient Information Screens
Plasma screens displaying patient information and information about the Hospital have been put in all key patient waiting areas and ward entrances. The screens will provide a channel to ensure the Trust can communicate instant and timely messages and information (infection control, waiting times, quality and safety, news, how to feedback, events, fundraising, membership and volunteering etc.) to patients/ visitors attending the Hospital for appointments and treatment. This initiative is part of the Trust's on-going commitment to enhancing and improving patient experience and openness and transparency of information on our performance.

Visiting Times
In December 2013 the Trust opened up its visiting times to all day in adult inpatient areas.

In addition to offering flexible visiting times throughout the day, the Trust encourages the active involvement of carers and visitors in routine activities, where this is appropriate and helpful to the patient, such as providing assistance at mealtimes. It is also to encourage greater openness for patients and the public. To support this change a new Visitors policy and associated communication campaign were launched in December 2013.

Eliminating Mixed Sex Accommodation

In 2013/14 the Trust had no breaches of the mixed sex accommodation requirements. This means that patients who are admitted to the hospital will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area. This is a position the Trust has maintained since May 2011.

NHS QUEST

In August 2013 Kingston Hospital was invited to join a small network of acute Foundation Trusts who share an aspiration to achieve a level of excellence in quality and safety which is beyond all current expectations. Being part of the network will bring

- Leadership networks to enable learning and bring knowledge into the Trust

- Benchmarking against a defined set of measures with global comparisons to enable improvement

- Improvement programmes – this year the improvement programme will be focused on safe care for patients and reducing safety incidents (such as falls and pressure ulcers), which is currently an area of interest for the Trust, and

- Improvement training for staff

6. Kingston Hospital Priorities for 2014/15

Working with stakeholders to choose the quality priorities should ensure that the priorities are pertinent and meet their needs. Over the coming pages we will describe why we think this priority is important, what we aim to achieve, what we have done so far and what we plan to do in the coming year.

There has been a change to the number of priorities selected this year, in response to the Monitor Annual Reporting Manual, published in December 2013 (updated March 2014). The indicator set selected must include:

- at least 3 indicators for patient safety;

- at least 3 indicators for clinical effectiveness; and

- at least 3 indicators for patient experience.

The new Quality Report for the coming year sets out our priorities for quality improvement during 2014/15.

In January 2014, an online survey was conducted and over 4,500 Kingston Hospital NHS Foundation Trust Members and 2,200 staff were contacted to express a preference for the priorities for the coming year (patient safety and patient experience). Almost 400 responses were received and these were combined with feedback of the various committees and forums to determine the coming year's priorities.

The response rate is almost 350% higher than last year, and as a Trust we are delighted to have received this level of engagement.

We consulted with local people, local community groups, staff and our partner organisations to reduce our 'long list' of 23 potential priorities to the 9 priorities to be taken forward.

The Trust shared the proposed priorities with the following groups for feedback:

Quality Assurance Committee	8th January 2014
Governors Quality Scrutiny Committee	8th January 2014
Clinical Quality Review Group	15th January 2014
Senior Managers Team Brief	7th February 2014
Kingston Hospital Monthly team brief document	7th February 2014
Nursing and Midwifery Advisory Committee	11th February 2014
Healthwatch Forum	18th February 2014
Healthwatch Forum	13th May 2014
Kingston Health Overview Panel presentation	15th May 2014
Trust Board meeting (public)	20th May 2014

Over the coming section, we will discuss each of indicators selected and where possible we refer to historical data and benchmarked data, to enable readers to understand progress over time and performance compared to other providers.

Domain	Priority
Patient Safety	- Preventing and reducing falls in care of the elderly wards - Reduction of incidences of hospital acquired infection* - Improvements in the inpatient ward environment - more dementia friendly (implementation of coloured crockery/ orientation clocks and calendars, memory boxes)
Clinical Effectiveness	- Displaying safe staffing levels to patients and the public - Safer surgery for the Elderly including medicines

	review and frailty risk assessments
	- Implementation of e-Prescribing/ clinical documentation as part of becoming a paper light organisation
Patient Experience	- Increase patient involvement in decision making (service re-design)
	- Dementia strategy – improvement in experience of patient carers
	- Improvements in experience of hospital food

*Feedback received stated that this should broadened to hospital acquired infections rather than C.diff specifically. (This was the original proposal sent to respondents)

Indicator 1

Goal	Measure	Actual Performance (2013/14)	KHT Data Available	Benchmarked/ Comparison
Safety	Preventing and reducing falls in care of the elderly wards	5.9 falls per 1,000 bed days	Yes	No

Aim: 10% reduction in falls per 1,000 bed days against 2013/14 outturn for care of the elderly wards (which was 5.9 falls per 1,000 bed days).

Reference for data source: **Quality Report**
Governed by standard national definitions?   **No**

Why we chose this indicator?
Our feedback mechanisms for selecting priorities rated this area as the most important of the patient safety proposals.

Falling is the leading cause of injury-related admissions to hospital in the over 65, and costs the NHS an estimated £2.3billion per year. A number of falls occur in hospitals with nearly 209,000 reported between 1 October and 30 September 2012.The National Institute for Clinical Excellence (NICE) has updated its guideline on falls, to help reduce the number of older people who are falling over in hospitals. Certain groups of inpatients are at risk of falling in hospital and these include all patients age 65 or older, and those age 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition such as dementia or stroke.

We did not achieve the target we set for the last year and wish to continue to provide focus on this important aspect of patient safety. We recognise the need to provide additional focus in the care of the elderly wards, where patients are at the greatest risk of falling.

The Trust Board has also set this area as a Corporate Objective for 2014/ 15.

How will progress be measured?
We have developed and reviewed strategies that minimise the risk of patients falling and reduce, where possible, the level of harm sustained as a result of a fall. We will continue to implement our falls action plan throughout 2014/15.

We will review trends in falls incidents and amend our action plan as needed.

We will undertake audit and review performance, making recommendations where indicated.

We will work with other hospitals through NHS QUEST specifically on falls reduction, learning from practice and benchmarking with others.

How will progress be monitored?
Monthly Falls Group Meeting, chaired by the Medical Director
Service Line Performance and Governance meetings
Trust Board Quality Reports

Indicator 2

Goal	Measure	Actual Performance (2013/14)	KHT Data Available	Benchmarked/ Comparison
Safety	Reduction of incidences of hospital acquired infections (C Diff/ MRSA bacteraemia, MSSA/ E Coli)	22 cases 4 MRSA cases 14 MSSA cases No agreed process for E.Coli hospital acquired	Yes	Yes

Aim: 10% reduction across the selected incidences of hospital acquired infections against 2013/ 14 performance (C Diff/ MRSA bacteraemia, MSSA/ E Coli).

Reference for data source: **Public Health England**
Governed by standard national definitions?   **Yes**

Why we chose this indicator?
A "hospital acquired infection" can be defined as: *"An infection acquired in hospital by a patient who was admitted for a reason other than that infection. An infection occurring in a patient in a hospital or other health care facility in whom the infection was not present or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge."*

Despite progress in public health and hospital care, infections continue to develop in hospitalised patients, and may also affect hospital staff. Whilst historically we have reduced hospital acquired infections at Kingston Hospital we recognise we can reduce this further.

Many factors promote infection among hospitalised patients: decreased immunity among patients; the increasing variety of medical procedures and invasive techniques creating potential routes of infection; and the transmission of drug-resistant bacteria among crowded hospital populations.

Their effects vary from discomfort for the patient to prolonged or permanent disability and a small proportion of patient deaths each year are primarily attributable to hospital acquired infections. On page 13 we discuss the change to the limit of C.diff cases that has been set for the Trust in 2014/15.

How will progress be measured?
We have developed and reviewed strategies that minimise the risk of patients acquiring infections in hospital and reduce, where possible, the level of harm sustained as a result of an infection. We will continue to implement our infection control action plan throughout 2014/15.

We will review trends in infection rates and amend our action plan as needed. We will undertake audit and review performance, making recommendations where indicated.

How will progress be monitored?
Quarterly Infection Prevention and Control Group Meeting
Service Line Performance and Governance meetings
Trust Board Quality Reports

Indicator 3

Goal	Measure
Safety	Improvements in the inpatient ward environment - more dementia friendly

Aim: To deliver the commitments identified in the first year of the Dementia Strategy (see bullet points below).

Reference for data source: **Trust Board Papers**
Governed by standard national definitions?   **No**

Why we chose this indicator?
Dementia is a condition that affects Kingston Hospital more than most as we serve an area that has one of the highest life expectancies in the country. As a result, nearly half of our inpatients over 75 have dementia, which is double the national average. With an increasingly ageing population, we are only going to be caring for more patients with dementia.

Someone with dementia may be admitted to a general or specialist hospital ward either as part of a planned procedure, such as a cataract operation, or following an accident, such as a fall. Hospital environments can be disorientating and frightening for a person with dementia and may make them more confused than usual. The person might find the ward loud and unfamiliar, and may not understand why they are there. There is much that can be done to help them adapt to the new environment.

How will progress be measured?
The first year plans contained within the Trust's Dementia Strategy 2014-17 focussing on the environment and set out the following commitments:

- Make available dementia friendly crockery, communal tables and spaces for dining & pictorial menus

- Build staff capacity and skills in dementia friendly hospital design & create design visuals to use for fundraising and improvement

- Establish Environment of Care Advisory Group and agree design principles for wards and departments

- Begin refurbishment programme - A&E with dementia friendly facilities

- De-clutter, develop and begin immediate impact programme for ward areas e.g. orientation clocks, art, use of colour

- Develop plans, identify space and funding opportunities for carers' hub - engage carers and partners in concept

- Establish clear set of fundraising and volunteering options to support planned work programme of improvements

- Develop 'Forget Me Not Garden' space for carers and patients (Volunteer Ground Force event) – Summer 2014

How will progress be monitored?
Dementia and Delirium Group
Clinical Quality Improvement Committee
Trust Board Reports

Indicator 4

Goal	Measure	Actual Performance (2013/14)	KHT Data Available	Benchmarked/ Comparison
Effective	Displaying safe staffing levels to patients and the public	NA	Yes	Yes Autumn 2014

Aim: To ensure that safe staffing levels are published in all wards/ departments and Trust Board reports detailing planned versus actual staffing, with exception reports where there is variation. Twice a year the Trust Board will receive an in depth report in public.

Reference for data source: **Trust Board Papers**
Governed by standard national definitions?   **No**

Why we chose this indicator?
Our feedback mechanisms for selecting priorities rated this area as the most important of the clinical effectiveness proposals.

Nursing, midwifery and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for patients. There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time.

Furthermore, perceptions of patients regarding adequate staffing levels feature within the top 3 areas which patients comment on within the Friends and Family Test.

There is now a national requirement, in the wake of the Francis Enquiry, to publish nursing, midwifery and care staffing information to the public.

How will progress be measured?
The Trust will develop a system which will clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.

Information will be made available to patients and the public that outlines which staff are present and what their role is.

Information displayed will be visible, clear and accurate, and will include the full range of support staff available on the ward during each shift.

How will progress be monitored?
Safer Nursing and Midwifery Care Staffing Group
Clinical Quality Improvement Committee
Trust Board Reports regarding nursing, midwifery and care staffing every six months

Indicator 5

Goal	Measure
Effective	Safer surgery for the Elderly including medicines review and frailty risk assessments

Aim: To improve the level of achievement of the recommendations from the National
Enquiry into Patient Outcome and Death (November 2010) from 50% to 75% in 2014/ 15

Reference for data source: NCEPOD gap analysis
Governed by standard national definitions? Yes

Why we chose this indicator?
Virtually all aspects of healthcare rely on people working together safely and effectively.
Good teamwork is perhaps the most vital defence available for a safer healthcare system.

Recent research allows us to understand more about how errors happen in the operating
theatre. We know that the way teams work together, in terms of leadership,
communication, shared situational understanding and the opportunity to speak up,
contributes significantly to the risk of errors.

Frail older people are likely to have multiple co-morbidities, poly-pharmacy (multiple
medicines), sensory and cognitive impairment - all of which are associated with an increased
incidence of healthcare-associated harm.

This complexity means that there are unique challenges in designing safe systems of care for
frail older people.

How will progress be measured?
We want to improve the support for elderly patient who are undergoing surgery at the
Trust.

Routine daily input from Medicine for the Care of Older People should be available to
elderly patients undergoing surgery and is integral to inpatient care pathways in this
population.

Comorbidity, Disability and Frailty need to be clearly recognised as independent markers of
risk in the elderly. This requires skill and multidisciplinary input including, early involvement
of Medicine for the Care of Older People.

How will progress be monitored?
Clinical Quality Improvement Committee
Indicator 6

Goal	Measure
Effective	Implementation of e-Prescribing/ clinical documentation as part of becoming a paper light organisation

Aim: Implementation of E-prescribing (on a minimum of five wards)
Implementation of clinical documentation (on a minimum of five wards)

Reference for data source: CRS Implementation Plan
Governed by standard national definitions? No

Why we chose this indicator?
At the end of 2009, Kingston Hospital became one of the first acute trusts in London to roll out a new electronic patient record (EPR) based around the Cerner Millennium ® software product. This system is known as the Care Records Service (CRS).

Future CRS developments include getting all our clinical documentation onto CRS, introducing electronic prescribing, and sending all correspondence to GPs electronically so that they can incorporate the information into their systems easily.

This system will allow us to have safer prescribing and administration of patient medicines – all prescriptions will be legible, drug charts are accessible to staff across the Trust reducing delays for patients and records are stored and tracked electronically.

The system allows most nursing and medical records to be stored electronically – patient records are always available and accessible to all appropriate staff groups. Communication between staff in and out of the hospital will be greatly improved.

The overall benefits of the system include reducing the amount of time staff spend on administrative tasks, releasing time for staff to provide improved patient care.

How will progress be measured?
Evaluation of the pilot of the new CRS system in the clinical environment (initially Isabella and Keats wards)

Following the pilot and testing period, we will expand the use of the system in adult inpatient areas, ITU and theatres over the remainder of the year

How will progress be monitored?
CRS Operations meeting
CRS Programme Board

Indicator 7

Goal	Measure
Experience	Increase patient involvement in decision making (service re-design)

Aim: Recruit to 8 x Service Improvement Volunteers
                    Facilitate 2 x Volunteers Forum events
                    Introduce a feedback mechanism for volunteers

Reference for data source: **Patient Experience Committee Report**
Governed by standard national definitions?   **No**

Why we chose this indicator?
Our feedback mechanisms for selecting priorities rated this area as the most important of the patient experience proposals. We want to make sure that we are working in partnership to redesign Trust services to ensure that the patient and public voice drives the delivery of care. The Department of Health's (2009) definition of Patient and Public Involvement: *"Patient and public [involvement] is the active participation of patients, carers, community representatives, community groups and the public in how services are planned, delivered and evaluated. It is broader and deeper than traditional consultation. It involved the ongoing process of developing and sustaining constructive relationships, building strong active partnerships and holding a meaningful dialogue with stakeholders. Effective engagement leads to improvements in health services and is part of everyone's role in the NHS."*

We set Patient and Public Involvement as a key driver of the way in which the Trust works through our Patient and Public Involvement Strategy 2013-15 and our Volunteering Strategy 2013-15.

How will progress be measured?
We are investing in volunteering at Kingston Hospital and developing a specific volunteering role related to service improvement.

We will ensure that when service redesigns are identified, patient and public involvement is considered and addressed before commencement of meaningful activity as they are integral to the discussion and planning.

We will ensure that key groups within the PPI structure are kept informed of Trust priorities which are likely to result in service redesign.

Feedback received from the newly established Volunteers Forum.

The Volunteering Project Manager and Business Intelligence Systems teams will undertake a monthly analysis for a pilot of three months to examine the relationship between volunteering and patient experience. We will also explore causal links between a positive or

negative experience of volunteers and other factors, including patient perceptions of staffing, food, hospital cleanliness and other themes.

How will progress be monitored?
Volunteers Forum
Patient Experience Committee

Indicator 8

Goal	Measure
Experience	Dementia strategy – improvement in experience of patient carers

Aim: To deliver the commitments identified in the first year of the Dementia Strategy (see bullet points below).
We will establish a baseline in Quarter 1 for Friends and Family Test scores from carers aim to deliver a 20% improvement by Quarter 4.

Reference for data source: Trust Board progress report
Governed by standard national definitions?   No

Why we chose this indicator?
As previously stated, dementia is a condition that affects Kingston Hospital more than most as we serve an area that has one of the highest life expectancies in the country. Dementia not only affects the person with the condition but their families and friends as well.

For care to be effective we need to learn about the person with dementia and how they function in everyday life. This means learning from families and carers who have been support the person with dementia at home, usually for some time, and involving them as partners in assessment, care planning and decision making.

It's important to recognise that carers themselves may feel vulnerable and in need and their needs often go unrecognised. Actively supporting carers is at the heart of our approach to providing consistently excellent dementia care.

How will progress be measured?
We will monitor our progress with completing the first year plans contained within Dementia Strategy focussing on the patient's carers are:

- Ratified operational carers policy in place by Feb 2014 and available to the public

- Establish set of KPI's to monitor carers experience and set baselines for improvement Promote available existing carer support mechanisms – First Contact, Carer Passports, "Important things about me"

- Review and improve 24/ 7 facilities for carers in care of the elderly wards

- Redesign information and support leaflet;

- Develop professional 'Forget Me Not Pack';

- Design 'carers hub', identify space, pursue sources of funding and partnerships to support, delivery model & outcomes

- Identify a visible area close to patients whereby existing patient and carer information from dementia charities is available and maintained

How will progress be monitored?
Dementia and Delirium Group
Reports to Clinical Quality Improvement Committee
Trust Board progress report

Indicator 9

Goal	Measure	Actual Performance (2013/14)	KHT Data Available	Benchmarked/ Comparison
Experience	Improvements in experience of hospital food	8.9% of comments suggest improvements regarding food, in Friends and Family Test	Yes	no

Aim: To reduce the frequency of food (as a comment suggesting improvement) by 25% in the analysis of Friends and Family Test feedback

Reference for data source: **Friends and Family test**
Governed by standard national definitions?   **No**

Why we chose this indicator?
The delivery of adequate and appropriate nutrition to hospital patients is a key issue for all staff, including caterers, nurses and dieticians.

Intake of nutritious food is crucial for patients who are recovering from the effects of medical or surgical procedures. Patients who receive good nutrition may have shorter hospital stays, fewer post-operative complications and less need for drugs and other interventions.
In order to ensure the effective delivery of good nutrition in healthcare facilities a team-based approach is essential. Caterers, kitchen staff, dieticians, nurses, doctors, ward housekeepers and porters all have an important part to play.
We receive feedback in a number of ways from our patients.

We have analysed the data from the Friends and Family test and other surveys and identified that concerns around food is a recurring theme and the most commented on

issue. This is also reflected in our feedback from volunteer dining companions and our inpatient survey results.

Ensuring every patient receives palatable food and has a positive experience at mealtimes, as well as the best nutritional care is fundamental to what we do. We have in place a dining companion programme of support for patients at meal times which we will continue to expand.

How will progress be measured?
FFT scores will be reviewed and analysed
Feedback from dining companions
Food quality audits and analysis of results
Assistance for patients regarding food choices
Development of a new Food and Nutrition Group

How will progress be monitored?
Patient Experience Committee

Note: The format, content and wording of the following sections of the Quality Report is mandated and cannot be changed by the Trust.

7. Overview of Services

During 2013/14 the Trust provided and/ or subcontracted four NHS services, for adults and children as follows:

• Admitted patient care for planned and emergency treatment;

• Non-admitted patient care;

• Accident and Emergency; and,

• Critical Care.

The Trust has reviewed all the data available to it on the quality of care in 43 of these relevant health services.

These services covered the following specialities:

• Accident and Emergency

• Assisted Conception

• Cancer

• Cardiology

• Care of the Elderly

• Clinical Support Services – therapies related to an inpatient episode of care and/or referral for outpatient treatment(s)

• Ear, Nose and Throat

• Gastroenterology

• General Medicine

• Genito Urinary Medicine

• General Surgery

• Gynaecology

• HIV

• Neonatal Care

- Community Midwifery
- Community Paediatrics
- Critical Care
- Diabetes and Endocrinology
- Diagnostics (imaging and pathology)
- Dietetics
- Digital Hearing Aids
- Direct Access – Pathology
- Direct Access – Blood Transfusion
- Direct Access – Cytology (gynaecology)
- Direct Access – Cytology (non-gynaecology)
- Direct Access – Haematology
- Direct Access – Histopathology
- Direct Access – Immunology
- Direct Access – Microbiology
- Direct Access – Radiology/Imaging

- Obstetrics
- Ophthalmology
- Oral and Dental Services
- Orthopaedics
- Paediatrics
- Pain Management
- Parent Craft
- Patient Transport
- Physiotherapy outpatient
- Respiratory Medicine
- Rheumatology
- Surgical Appliances
- Urology

The income generated by these health services represents 89.1% of the total income for the Trust 2013/14 under all contracts, agreements and arrangements held by the Trust for the provision of, or sub-contracting of, NHS services.

8. Monitor Risk Assessment Framework

Monitor is the regulator for Foundation Trust health services in England. They exercise a range of powers granted by Parliament which include setting and enforcing a framework of rules for providers and commissioners, implemented in part through licences they issue to NHS-funded providers.

As part of their role, Monitor has an assessment process which is called a Risk assessment framework. The purpose of the framework is to show through a rating system when there is poor governance at an NHS foundation trust.

Target or Indicator	Threshold or Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
Referral to treatment time, 18 weeks in aggregate, admitted patients	>90%	94.4%	92.3%	91.9%	90.5%	92.6%
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	>95%	97.6%	97.6%	97.5%	96.5%	97.3%
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	>92%	95.1%	94.9%	93.1%	93.3%	93.3%
A&E Clinical Quality- Total Time in A&E under 4 hours	>95%	96.0%	96.1%	95.4%	95.2%	95.7%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	>85%	93.0%	85.6%	89.5%	85.4%	88.8%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	>90%	100.0%	100.0%	100.0%	82.9%	91.4%
Cancer 31 day wait for second or subsequent treatment - surgery	>94%	96.3%	100.0%	100.0%	94.1%	96.7%
Cancer 31 day wait for second or subsequent treatment - drug treatments	>98%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer 31 day wait for second or subsequent treatment - radiotherapy	>94%	INDICATOR NOT APPLICABLE TO TRUST				
Cancer 31 day wait from diagnosis to first treatment	>96%	99.0%	97.3%	99.0%	96.6%	98.1%
Cancer 2 week (all cancers)	>93%	97.8%	97.2%	96.1%	94.3%	96.6%
Cancer 2 week (breast symptoms)	>93%	98.4%	91.1%	97.0%	91.7%	94.8%
Care Programme Approach (CPA) follow up within 7 days of discharge	>95%	INDICATORS NOT APPLICABLE TO TRUST				
Care Programme Approach (CPA) formal review within 12 months	>95%					
Admissions had access to crisis resolution / home treatment teams	>95%					
Meeting commitment to serve new psychosis cases by early intervention teams	>95%					
Ambulance Category A 8 Minute Response Time - Red 1 Calls	>75%					
Ambulance Category A 8 Minute Response Time - Red 2 Calls	>75%					
Ambulance Category A 19 Minute Transportation Time	>95%					
Clostridium Difficile -meeting the C.Diff objective	15	8.0	7.0	6.0	1.0	22
MRSA - meeting the MRSA objective	1	0.0	1.0	NO LONGER ASSESSED IN RAF		
Minimising MH delayed transfers of care	<=7.5%	INDICATORS NOT APPLICABLE TO TRUST				

Data completeness, MH: identifiers	>97%					
Data completeness, MH: outcomes	>50%					
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	Met	Met	Met	Met	Met
Community care - referral to treatment information completeness	>50%					
Community care - referral information completeness	>50%	**INDICATORS NOT APPLICABLE TO TRUST**				
Community care - activity information completeness	>50%					

9. 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.

National and local clinical audit results are used by Kingston Hospital to both assure itself of the quality of patient care and improve care where gaps are found. Four examples of how clinical audit results have provided assurance and improved care during 2013/14 are given in the boxes below.

Clinical audit providing assurance	
National audit The results of national audits of Hip and Knee Surgery, Bowel Cancer and Removal of kidney (Nephrectomy) all showed that Kingston Hospital is in line with, or better than, the expected mortality rate for these procedures. The patient outcomes from these audits are now made publicly available.	**Local clinical audit** Many clinical audits of maternity processes and procedures were undertaken in 2013/14 as part of the Maternity Department's Clinical Negligence Scheme for Trusts (CNST) assessment. Assurance from the clinical audits helped the Maternity Department gain the top assessment level (level 3).
Clinical audit driving improvement	
National audit Kingston Hospital has participated in two national audits examining the prescribing of	**Local clinical audit** Clinical audit work carried out in Endoscopy Services has included requesting patient

oxygen in hospitals. The results showed that many hospitals, including Kingston, sometimes gave oxygen to patients without prescription. An improvement project to ensure oxygen is consistently prescribed is now in place.	views of their experience. Patient feedback has resulted in increased toilet facilities, bringing the ward area closer to the endoscopy rooms and extending pain relief options.

During 2013/14, 29 national clinical audits* and 4 national confidential enquiry programmes covered NHS services that Kingston Hospital NHS Trust provides. During that period Kingston Hospital NHS Trust participated in 100 per cent of national clinical audits and 100 per cent of national confidential enquiry programmes of the national clinical audits and national confidential enquiry programmes (Appendix A) which it was eligible to participate in, a slight increase in percentage to last year.

*The list of clinical audits for inclusion in the Quality Account 2013/14 contains 46 national audits. Kingston Hospital participated in 29 of these and will participate in three others when they start (ophthalmology, dementia and prostate cancer). Eleven were not applicable for participation and three were removed from the list by the Department of Health after it had been published (audits of pneumonia, bronchiectasis and non-invasive ventilation).

The national clinical audits and national confidential enquiries that Kingston Hospital NHS Trust was eligible to participate in during 2013/14, and for which the data collection was completed during 2013/14, are listed in Appendix 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 21 national clinical audits, applicable to Kingston Hospital, were published during 2013/14 and of these 15 were formally reviewed during 2013/14. The actions we intend to take to improve the quality of healthcare are included in Appendix C.

The reports of 150 local clinical audits were reviewed by Kingston Hospital NHS Foundation Trust in 2013 /14. Examples of actions that we intend to take, as a result of these, are listed in Appendix D with the whole list available in our Clinical Audit and Effectiveness Annual Report.

Clinical audit results are discussed at clinical meetings in local departments and at wider meetings such as the Trust's annual Clinical Audit Seminar. The results of both national and local clinical audits are used to drive local quality improvement. More detailed information about the actions we have taken from clinical audit will be available in our Clinical Audit and Effectiveness Annual Report, via the Medical Director's department, from July 2014.

Participation in Clinical Research
The number of patients receiving NHS services provided or sub-contracted by the Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 104 (portfolio studies only).

The Trust was involved in conducting 44 clinical research studies during 2013/14.

There was 44 clinical staff participating in research approved by a research ethics committee at the Trust during 2013/14. These staff participated in research covering 15 specialities.

10. Use of the CQUIN Payment Framework

A proportion of income for Kingston Hospital NHS Foundation Trust in 2013/14 was conditional on meeting quality improvement and innovation goals. These are objectives agreed between the Trust and its commissioners, Clinical Commissioning Groups, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

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 2013/14 the Trust had a contract value of £4,377,946.00 for CQUIN activity. The table below illustrates how the Trust performed against the CQUIN schemes.

National CQUIN Achievement				**65%**
Local CQUIN Achievement				**93%**
GRAND TOTAL		**4,377,946**	**3,820,249**	**87.3%**

The table below summarises the different schemes that the Trust engaged in:

Theme	Aim
National CQUIN Friends and Family Test	Deliver nationally agreed roll out plan to national timetable Increase response rate and increase the score of the Friends and Family Test question within the staff survey
National CQUIN NHS Safety Thermometer	Reduction of Urinary Tract Infections associated with catheter care provision (20-30%)
Local CQUIN Dementia	Find, Assess, Investigate & Refer patients Engage Clinical Leadership Supporting Carers of People with Dementia
National CQUIN VTE	VTE Risk Assessment and Root Cause Analyses
Local CQUIN Whole Systems integration (Frail Elderly Care)	Integrated working and quality care Reduce unscheduled care in frail elderly Reduce length of stay and improve discharge planning
Local CQUIN Clinical Quality, patient experience & Francis Report	Jointly review the way in which the Trust collects feedback from service users, carers and others Audits to be completed in 13/ 14 (include audit of Discharge Policy, GP notification of patient death, C.Diff and delayed transfer of care) Agree an implementation plan with outcomes and timescales for delivery of early recommendations of the Francis Report Implement walk through of agreed patient pathways across the

	Health Economy
Local CQUIN Patient Navigation	Reduce non-value-added outpatient follow up
Local CQUIN End of Life Care	Increase the roll-out of Co-ordinate My Care on inpatient wards. Achieve a high level of training to enable clinicians to identify and care for patients in the last year of life
Local CQUIN Health Promotion	Raising staff awareness of the value of health promotion Health Promotion in pre-assessment and Pharmacists training in referral for Nicotine Replacement Therapy
Local CQUIN London Cancer Programme	Compliance with the lung/ breast/ colorectal best practice commissioning pathway
NHS England CQUIN HIV - Registration and communication with GPs re of HIV Patients	Proportion of patients diagnosed with HIV registered with and disclosed to their GP Annual (at least) communication with GPs about the care of HIV patients who are registered with and disclosed to a GP.
NHS England CQUIN NICU - Improved access to breast milk preterm infants	Increase the percentage of low birth weight babies <33 weeks who are exclusively fed on mother's breast milk at final discharge from the neonatal unit.
NHS England CQUIN NICU - Timely administration of total parenteral nutrition in preterm infants (TPN)	To improve the proportion of preterm babies who start TPN by day 2 of life.

Further detail on the agreed CQUIN goals for 2013/14 (and their achievement) and for the goals in 2014/ 15 can be obtained by contacting the Director of Finance at the Trust.

11. Statement regarding the Care Quality Commission - Care Quality Commission (CQC) 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.

We are registered with the CQC - every hospital has to be. This means that we are doing everything we should to keep patients safe and to provide good care. The CQC carries out regular checks to make sure that hospitals are meeting important government standards.

Full Unannounced Inspection – July 2013
A CQC inspection team visited the Trust in July 2013 to carry out a full compliance visit as part of their routine schedule of planned reviews.

The inspection team spent time speaking with patients, staff and stakeholders and observing the running of the hospital. Whilst on site, they reviewed the Trust's compliance with 8 of the 16 essential standards of quality and safety. The Trust was found to be fully compliant with 6 of the 7 outcomes reviewed and 1 required improvement.

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 - Care and welfare of people who use services, was not being fully met. On the medical wards, the care, treatment and support for patients was not consistently meeting their individual needs. Regulation 9 (1) (b) (i).

A range of actions were agreed and a weekly monitoring meeting chaired by the Chief Executive or an Executive Director oversaw delivery of the action plan and measures to monitor impact of the actions undertaken.

Unannounced Inspection – February 2014
A further unannounced inspection of the Trust took place in February 2014. This was to revisit the area of non-compliance from July 2013 and also to assess the Trust's care of patients with dementia (as part of a national programme of around 150 organisations).

The Trust was found to be fully compliant with four outcomes inspected. This included Outcome 4 – care and welfare of people who use services – on the medical wards and therefore the Trust has no outstanding non-compliance with standards.

In addition, the review of dementia care at the Trust was recognised by the CQC as extremely positive and we were very pleased to have the work we are doing to support patients with dementia highlighted.

Registration
The Trust is registered with the CQC with no conditions attached to the registration and there has been no enforcement action during the reporting period.

The Quality Report is prepared each year by the Deputy Director of Nursing and overseen by the Quality Assurance Committee. This group is chaired by a Non – Executive and attended by the Chief Executive. Any guidance issued by the Secretary of State related to the Health Act (2009) is reviewed in the 6 months leading up to the publication of the Quality Report. Such guidance would be appropriately incorporated into the Quality Report prior to finalisation.

12. Trust Response to the Francis Report

Following an extensive inquiry into failings at Mid-Staffordshire NHS Foundation Trust, the final report by Robert Francis QC was published in February 2013. The inquiry highlighted widespread failures of hospital systems which should have had checks and balances in place, and working, to ensure that patients were treated with dignity, and suffered no harm. The report set out 290 recommendations for the health service in England and called for a renewed emphasis on patient centred services to ensure that this does not happen again. The Government responded in full to these recommendations in November 2013.

Following the publication of the reports the Trust undertook and series of engagement events, which included holding open listening sessions with staff and a joint Board and Council of Governors away day session on the Francis Report. A gap analysis was undertaken and an action plan was developed and is being regularly reviewed to track progress. The key themes are staff (levels and skill), leadership, learning from complaints, use of information, external relationships and fundamental care standards (dignity, continence and nutrition). Of the 37 areas for action identified in the plan, 28 have been completed and plans are in place to deliver the remainder by July 2014.

13. Data Quality

The Trust has a five year Data Quality Strategy, of which 2013/14 was the fourth year. The strategy has a three themed approach to improving data quality in the Trust:

- People
- Reporting
- Systems

Progress against Strategy - 2013/14
During 2013/14 there have been a number of key actions undertaken toward improving data quality. The positive impact of some of these actions – particularly the system hardening and the self-service reporting of 18 weeks - is demonstrated in the KPI Dashboard.

Data Quality – NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The following table shows the percentages of data that have valid NHS number and General Medical Practice code:

DQ Indicator		KHT 2013/14 (to M11 – Feb)	KHT 2012/13 (to M11 – Feb)	National 2013/14 (to M11 – Feb)
Admitted Patient Care	% with Valid NHS number	99.2%	99.2%	99.1%
	% with General Medical Practice Code	100%	100.0%	99.9%
Out Patient Care	% with Valid NHS number	99.4%	99.3%	99.3%
	% with General Medical Practice Code	100%	100.0%	99.9%
Accident & Emergency Care	% with Valid NHS number	97%	97.1%	94.9%
	% with General Medical Practice Code	100%	100.0%	99.7%
Maternity - Births	% with Valid NHS number	99.7%	99.9%	99.6%
	% with General Medical Practice Code	100%	100.0%	99.3%
Maternity – Deliveries	% with Valid NHS number	99.8%	99.8%	99.4%
	% with General Medical Practice Code	100%	100.0%	100.0%

14. Clinical Coding

Clinical coding is the translation of medical terminology written by clinicians and health care professionals on patient conditions, complaints or reason for seeking medical attention, into a nationally and internationally recognised coded format. During the process of coding all clinical coders follow national standards, rules and conventions, in order to achieve accurate, reliable and comparable data across time and sources.

Clinically coded data is the basis for Payment by Results (PbR) and reference costs. It secures the recovery of the resources used to provide high quality patient care. It rewards efficiency, supports patient choice and diversity and encourages activity for sustainable waiting time reductions.

The Trust has a high level of accuracy in clinical coding. This was last audited nationally in 2012/13 where it was found that the Trust had 2.5% of spells (3 spells) with an error that affected the price. This compares to the national average of 8% of spells with such errors.

These errors could be either clinical coding or a data entry error (or both). The Trust is in the best performing 25% of acute NHS Hospitals and Foundation Trusts. It should be noted that the results of this audit should not be extrapolated further than the actual sample audited and the services within the sample.

The 2012/13 PbR assurance programme also audited A&E data. The Trust had 12.0% of attendances with a coding error that affected price compared to the national average of 16.4%. These errors resulted in Commissioners being charged the incorrect price for the attendance.

In 2013/14 the PbR assurance programme only audited 50 Trusts – Kingston Hospital NHS Foundation Trust was not included in that sample. However we have provided feedback on the recommendations that were made at the time of the audit. These included:

- Refresher Training sessions in Clinical Coding with regard to appropriate coding of comorbidities

- Raising awareness of the updates to the CRS system in A&E to ensure all treatments are appropriately recorded and can therefore be charged

During 2013/14 a number of audits have been undertaken as part of the Clinical Coding team's internal audit programme. These have shown the Trust has maintained meeting IG Toolkit requirement level 3 (95% of primary procedures and diagnoses codes are accurate and 90% of secondary procedures and diagnoses codes are accurate).

Information Governance Toolkit Attainment Levels

The Information Governance 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 organisation's Information Governance Toolkit assessments

The Trust's Information Governance Toolkit Assessment Report overall score for 2013/14 was [82%] (2012/13 was 82%; Green-Satisfactory) and was graded Green – Satisfactory across all six assurances.

The 2013/14 result is from version 11 of the Information Governance Toolkit.

As in previous years the evidence has been rolled over from previous versions to which we have added any new or revised policies and in-year evidence to support monitoring and compliance.

The requirements have changed only slightly between versions.

There are currently 45 requirements for Acute Trusts.

The results by assurance level were as follows:

Assurance	2012/13 (V10)	2013/14 (V11)	Level 0	Level 1	Level 2	Level 3
Information Governance Management	86%	86%	0/5	0/5	2/5	3/5
Confidentiality and Data Protection Assurance	81%	81%	0/9	0/9	5/9	4/9
Information Security Assurance	73%	73%	0/15	0/15	12/15	3/15
Clinical Information Assurance	86%	86%	0/5	0/5	2/5	3/5
Secondary Use Assurance	100%	100%	0/8	0/8	0/8	8/8
Corporate Information Assurance	77%	77%	0/3	0/3	2/3	1/3
OVERALL TOTAL	82%	82%	0/45	0/45	23/45	22/45

15. National Data from the Health and Social Care Information Centre

This is a new requirement for the 2013/14 Quality Report. The tables below represent Kingston Hospital's performance across a range of indicators (as published on the Information Centre Website www.hscic.gov.uk). Many of these are also reported monthly at the public Trust Board meeting as part of the Clinical Quality Report. The data shown is correct as 22nd April 2014 and the Trust will update these tables in the final publication of the Quality Report by 30th June 2014 if there are any changes at the Information Centre website.

Indicator	Trust	National	Minimum	Maximum	Comment
Summary Hospital-level Mortality Indicator (SHMI) July 2012 – June 2013	0.9275	1	0.6259	1.1563	We are below national average. Lower number is better
Summary Hospital-level Mortality Indicator (SHMI) July 2011 – June 2012	0.8627	1	0.7108	1.2559	We are below national average. Lower number is better
Summary Hospital-level Mortality	0.8544	1	0.6783	1.2138	We are below national average.

Indicator (SHMI) July 2010 – June 2011					Lower number is better
Latest Data Published	July 2012 – June 2013				

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

The Kingston Hospital NHS Foundation Trust has taken the following action to improve this indicator and so the quality of its services - enhanced medical leadership at Service Line level.

Indicator	Trust	National	Minimum	Maximum	Comment
Percentage of deaths with palliative care coded	24.3%	20.65%	0%	44%	We are above national average. Higher number is better.
Latest Data Published	July 2012 – June 2013				

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

The Kingston Hospital NHS Foundation Trust has taken the following action to improve this percentage and so the quality of its services – provision of a good palliative care specialist supports team and training for staff.

Indicator	Trust	National	Minimum	Maximum	Comment
Readmissions within 28 days *April 2013 – March 2014*	5.2%	6.3%	2.43%	9.28%	We are below the national average. Lower number is better.
Readmissions within 28 days *April 2013 – March 2013*	5.4%	6.6%	2.97%	9.22%	We were below the national average. Lower number is better.
Latest Data Published	April 2013 – March 2014				

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

The Kingston Hospital NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services - by working in partnership with our community colleagues.

Indicator	Trust	National	Minimum	Maximum	Comment
Trusts responsiveness to the personal needs of its patients *April 2012 – March 2013*	69.8%	68.1%	57.4%	84.3%	We are above the national average. Higher number is better.
Trusts responsiveness to the personal needs of its patients *April 2011 – March 2012*	64.2%	67.4%	56.5%	85%	We were below the national average. Higher number is better.
Trusts responsiveness to the personal needs of its patients *April 2010 – March 2011*	64.5%	67.3%	56.7%	82.6%	We were below the national average. Higher number is better.
Latest Data Published	**April 2012 – March 2013**				

Indicator	Trust	National	Minimum	Maximum	Comment
Staff who would recommend Trust as a provider to friends and family *Staff Survey 2013*	62	65 – All Organisations 67 – Acute Trusts	40 – Acute Trusts	94 – Acute Trusts	We are below the national average. Higher number is better.
Staff who would recommend Trust as a provider to friends and family *Staff Survey 2012*	65	63 – All Organisations 65 – Acute Trusts	35 – Acute Trusts	94 – Acute Trusts	We were above the national average. Higher number is better.
Latest Data Published	**Staff Survey 2013**				

The Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons – nationally collected and reported data set.

The Kingston Hospital NHS Foundation Trust intends to take the following actions to improve this score and so the quality of its services:

- By delivering the quality account priorities and corporate objectives.

- By improving staff engagement and delivering our workforce strategy.

Indicator	Trust	National	Minimum	Maximum	Comment
% of patients admitted that were risk assessed for VTE *January 2014*	89.5%	95.7%	69.38%	100%	We are below the national average. Higher number is better.
% of patients admitted that were risk assessed for VTE *November 2013*	79.94%	95.9%	70.54%	100%	We were below the national average. Higher number is better.
Latest Data Published	April 2013 - March 2014				

The Kingston Hospital NHS Foundation Trust considers that this data is as described for the following reasons – nationally submitted data process.

The Kingston Hospital NHS Foundation Trust intends to take the following action to improve this percentage and so the quality of its services - by making improvements to our record keeping of VTE assessments

Indicator	Trust	National	Minimum	Maximum	Comment
Rate per 100,000 bed days for C.diff reported within the Trust for patients >2 years old *April 2012 – March 2013*	15.8	17.3	0.0	30.76	We are below the national average. Lower number is better.
Rate per 100,000 bed days for C.diff reported within the Trust for patients >2 years old *April 2011 – March 2012*	12.0	22.2	0.0	58.2	We were below the national average. Lower number is better.
Latest Data Published	April 2012 – March 2013				

The 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.

The Kingston Hospital NHS Foundation Trust intends to take the following action to improve this rate, and so the quality of its services - by delivering its infection control action plan.

Indicator		Trust	National	Minimum	Maximum	Comment
Number and % of patient safety incidents *April 2012 – March 2013*	Number	2632		99	11,495	We are below the national average. Lower number is better.
	Rate per 100 admissions	3.9%	7.1%	1.7%	31%	
Number and % of patient safety incidents *April 2011 – March 2012*	Number	1747		154	17,239	We were the best scoring Trust in this period.
	Rate per 100 admissions	2.6%	6.5%	2.6%	20.8%	
Number and % of patient safety incidents that result in severe harm or death *April 2012 – March 2013*	Number	21		0	334	We are below the national average. Lower number is better.
	Rate per 100 admissions	0.03%	0.05%	0.00%	3.5%	
Number and % of patient safety incidents that result in severe harm or death	Number	14		0	254	We were below the national average. Lower number
	Rate per 100 admissions	0.02%	0.05%	0.00%	4.3%	

						is better.
April 2011 – March 2012						
Latest Data Published		**April 2012 – March 2013**				

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

The Kingston Hospital NHS Foundation Trust intends to take the following action to improve this response rate and so the quality of its services, by promoting to staff the importance of completing incident reports.

Indicator		Trust	National	Minimum	Maximum	Comment
Patient Reported Outcome Measures (PROMS) **Groin Hernia**	**Participation rates for the first questionnaire**	31.5%	60.7%	0.0%	133.0%	We are below the national average. Higher score is better.
	Participation rates for the second questionnaire	75.2%	72.9%	0.0%	84.1%	We are above the national average. Higher score is better.
	Health Gain (EQ-5D)	0.092	0.087	0.013	0.223	We are above the national average. Higher score is better.
	Health Gain (EQ-VAS)	0.967	-0.437	-4.757	5.6	We are above the national average. Higher score is better.
Latest Data Published		**April 2013 – September 2013**				

The 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.

The Kingston Hospital NHS Foundation Trust intends to take the following actions to improve this response rate and so the quality of its services, by promoting the PROMS survey to patients.

Indicator		Trust	National	Minimum	Maximum	Comment
Patient Reported Outcome Measures (PROMS) Varicose Vein surgery	Participation rates for the first questionnaire	78.7%	49.0%	0.0%	112.9%	We are above the national average. Higher score is better.
	Participation rates for the second questionnaire	66.2%	64.2%	0.0%	83.3%	We are above the national average. Higher score is better.
	Health Gain (EQ-5D)	0.072	0.095	-0.134	0.24	We are above the national average. Higher score is better.
	Health Gain (EQ-VAS)	-4.625	0.076	-10.818	10.571	We are below the national average. Higher score is better.
	Health Gain Aberdeen Score	-7.46	-7.896	-14.773	-1.128	We are above the national average. Higher score is better.
Latest Data Published		April 2013 – September 2013				

The 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.

The Kingston Hospital NHS Foundation Trust intends to take the following actions to improve this response rate and so the quality of its services, by promoting the PROMS survey to patients.

16. Stakeholder Feedback

Where we have received direct comments back from patient representatives (outside of the formal response from stakeholders) we have endeavoured to include these in the final version of the Quality Report.

Kingston Hospital NHS Trust – Commissioner Feedback

KHT Healthcare NHS Foundation Trust Quality Report for 2013/14-Commissioner Feedback
The Commissioners have reviewed the Trust's Quality Report for 2013/4 and acknowledge that the Trust has worked hard to improve the quality of care it provides to our patients. This is evident from the Trust's performance across the quality priorities that they agreed to focus on, namely;
- Patient safety
- How well the care provided works (clinical effectiveness) and
- How patients experience the care they receive (patient experience)

Commissioners welcome the Trust's identification of areas for improvement and are confident of further improvements in 2014/15. Commissioners look forward to working with the Trust over the coming year.

The Trust is grateful for the feedback received from our commissioners and looks forward to working closely with them in the coming year to improve the services we provide to the people of Kingston.

Healthwatch Kingston feedback on the Kingston Hospital Quality Report 2014/15

Healthwatch Kingston very much welcomes the opportunity to comment on Kingston Hospital's Quality Account.

In the past year, much has changed for Healthwatch Kingston. In April 2013 it transformed from the Local Involvement Network (LINk) to a local Healthwatch. As well as continuing the LINk's work to engage with patients and service users on health and social care issues, it now has statutory powers to hold health and social care providers to account.
It can do this through Enter & View (visiting a service and observing what takes place), write reports about evidence we receive and make recommendations to service providers and by reporting services to its commissioners or a body such as the CQC.

As a user-led organisation, Healthwatch Kingston represents the voice of local people, and focuses on patient experience. It offers service providers the opportunity to get meaningful feedback to help improve and change their services to meet the need of patients and service users.

Our relationship with Kingston Hospital has strengthened in the past year and we are pleased to be part of the Healthwatch Forum which allows us an opportunity to be involved with the hospital and offer our input in the development of services. We have recently undertaken our first Enter & View visit of Kingston Hospital which has provided us with a better understanding of how the hospital works and given us a snapshot of how patients feel they are being treated. Feedback was mostly positive and the visit has contributed to a better working relationship between Kingston Hospital and Healthwatch Kingston.

Priority 1

The number of falls is not yet meeting the target of 4.8 per 1000 bed day and is therefore still a concern. Given that Kingston Hospital has a higher rate of older patients, it is paramount that the right measures are put in place. However, we have noted that Kingston Hospital is below the national average and that a plan is in place to reduce falls further. A staff member the Enter & View team met spoke to us in detail about the importance of fall assessments.

Priority 2

The number of cases of C. Diff is still higher than the target figure but we recognise that much has been done to reduce these cases, and we did note that there was only one case recorded in the last four months of the year which is encouraging.

Priority 3

We very much applaud the hospital's work around staff engagement. Much of the evidence we receive about hospitals (in South West London) is around the fact that members of staff do not engage effectively with patients and that they are often unaware of what others are doing within their own department, let alone on other wards. It is therefore key that staff feel they are included in decisions, that they can feed back about the service provided to help make improvements and that they have ownership of their role and work. This will have a positive influence on the quality of service delivered, which can only benefit the patients.
Whilst the Hospital has not yet made the top 20% of Trusts in terms of staff engagement, the engagement score has improved and Healthwatch Kingston has seen evidence of this in practice.

Priority 4

We are concerned that "the experience of waiting is not as good as it could or should be" at Kingston Hospital and hope that the lack of communication will be addressed.
We noted that patients were concerned about parking charges when clinics are delayed and we are pleased that exemption notes have been handed out to reduce costs to the patient.

Other key achievements in the past year

We are pleased that Kingston Hospital has achieved good results in other areas, notably Maternity Services, Dementia Strategy and an increase in outreach clinics in Kingston, Merton, Richmond and Surrey which means that hospital services are becoming more accessible.

Priorities for 2014-15

It is reassuring that there is an ongoing commitment to improving the three domains and although there is an increase in priorities, we feel that these are vital to monitor progress and ensure that improvements are made on an ongoing basis.
We are particularly pleased to see that patient experience is given greater focus. We hope that as a local Healthwatch we can contribute to this work, and provide Kingston Hospital with valuable feedback and input to ensure that services are designed around the patient.

Response:

The Trust is grateful for the feedback received from Healthwatch Kingston and looks forward to working closely with them in the coming year to improve the services we provide to the people of Kingston.

Healthwatch Richmond upon Thames response to the Kingston Hospital Quality Account

The Quality Account is a fair and transparent account of Kingston Hospital and clearly details where the Trust's successes and failures have been, with comparisons to performance nationally against other Trusts.

The Trust has been open in presenting its failure to meet the targets for reducing patient falls, suffering an increase on the previous year's analysis. We are pleased to see that this has been prioritised for the coming year, with a clear strategy for improvements. The Trust are clearly committed to providing resources in this area, and we look forward to seeing a reduction over the next year to achieve the target set.

We appreciate the difficulties faced by the Trust in reaching the target of reducing C.diff. Despite not meeting this target, the rationale for this is clearly explained. It is encouraging that there has been a reduction in cases over the final four months and that a lot of work has been put in to reduce the number of cases, with commitment to continuing this in the next year. We are pleased to see that Kingston Hospital has expanded its future priority into reducing other Hospital Acquired Infections as this was something we had requested in our feedback.

We welcome the honesty and transparency shown by the Trust in identifying the link between engaging with staff and the quality of care. It is of concern that staff rated the Trust below average in scores for motivation and satisfaction, work pressure and bullying. However we were pleased to see that the coming year will see a continuation of the improvements made this year, although we would have liked to see this more explicitly incorporated into a future priority. With only a partially achieved waiting times target, we were happy to see the Trust's ongoing commitment to make overall improvements to the outpatient clinics.

The Account shows that a number of last year's priorities were not met. It also describes additional improvements that impact positively on quality, but were not directly related to achieving targets set last year. The good results in these areas should make the Trust's services more accessible and demonstrate the Trust's commitment to improving standards of care and the values placed on patient, public and staff opinions.

The Trust's commitment to improving services for dementia patients is encouraging and we look forward to witnessing the transformation across services. However, we would like to see better outlines for targets of the other future priorities; whilst we acknowledge the importance of improving experiences of hospital food, there is little to indicate the actions which will be taken to ensure this priority is tackled, beyond the mention of the dining companion programme.

We support the dedication to working in partnership with patients and the local community. There is however a lack of clarity on how this priority will be measured beyond the volunteers' forum which would not be sufficient by itself. Our experience of Kingston Hospital's patient and public involvement so far has demonstrated challenges; it would be beneficial to

experience improvements in timely communication with the trusts stakeholders. Nevertheless, along with other local Healthwatch, we are keen to assist in achieving greater public involvement as it develops as a Foundation Trust.

Response:
The Trust is grateful for the feedback received from Healthwatch Richmond upon Thames and looks forward to working closely with them in the coming year to improve the services we provide to the people of Richmond.

Comments from Kingston Health Overview Panel, Royal Borough of Kingston upon Thames

Kingston Hospital NHS Foundation Trust Quality Account 2013/14 and Objectives for 2014/15: Comments from Kingston Health Overview Panel, Royal Borough of Kingston upon Thames

We are pleased to submit our comments on the Kingston Hospital NHS Foundation Trust Quality report for 2013/14 and proposals for 2014/15 objectives.

Cllr Neil Houston, Chair of LB Kingston's Health Overview met with Fergus Keegan, Deputy Director of Nursing on 14 May to discuss the report. We were very pleased to learn that Kingston Hospital is fully compliant with the requirements of the Care Quality Commission (CQC) as this provides reassurance to local people that the hospital meets the latest care standards. We also noted that there had been no significant outbreak of Norovirus over the 2013/14 winter period.

Falls
We explored this important area in detail recognising the impact of falls on patients in terms of their own self confidence and independence plus increased hospital stays to recover from injury, which can include fractures. We discussed the process for investigating falls and ensuring any learning points are identified and acted on. We also asked about the nine serious falls incidents and whether these could have been prevented. We heard that these patients tended to be those with dementia and associated behavioural difficulties.

In relation to preventative actions we learned that wards, corridors and bathroom areas have brightly coloured grab rails for support and soft mats are placed at bedside to reduce the impact of falls. Beds can also be adjusted to low level. We also learned that all patients are risk assessed so that additional help and support can be given to those with higher needs such as when patients have osteoporosis or other fragility. We asked about polypharmacy – which can lead to increased risk of falling - and were assured that patients' medication is thoroughly reviewed during their stay in hospital. We were particularly encouraged to learn about the Community Falls Service which contributes to the discharge process and to ensuring appropriate support at home.

Suggestion: Falls data – Whilst the number of falls per 1000 bed days is helpful to enable comparisons between Hospitals, we suggested it would be more meaning for general readers of the report to see the total number of falls in a year plus the total number of inpatient episodes of care.

Hospital Acquired Infections

We noted that the hospital target for c.diff has been raised from 15 to 24 cases per year which is higher than the 22 cases you had in 2014/15. Whilst this could be interpreted negatively, we accept that this is probably more realistic especially as the organism can be present within a patient on admission. However, the Health Overview Panel expects to see the number of cases of c.diff as being well within the target of 24 cases i.e. less than 22 cases.

We discussed the rigour of ensuring cleanliness and learned that whilst cleaning is sub contracted, the workforce is stable and cleaning is now undertaken to a higher standard. We noted that representatives of HealthWatch and the Learning Disability Parliament had recently undertaken an inspection of hospital areas, including toilet and bathroom areas, and the findings were satisfactory.

Suggestions
• Visitors are politely and routinely requested by staff to confirm whether they have used the alcohol hand rub
• Consideration is given to the provision of "shelving" or racking/basketing to enable patients to place personal clothing and belongings off the floor and away from splashes in shower/toilet areas

Clinical Effectiveness
Staffing:
We were pleased to learn that there is a corporate objective to decrease reliance on agency nursing staff and that the average staff to patient ratios are 6 : 1 for day time and 8 : 1 at night, which is higher than the general average of 10: 1 and 15: 1, respectively, in hospitals.

Waiting times in clinics
Car parking is often an issue at hospitals and it is good to see that KHT is responsive and flexible and can enable parking charge exemption for delays in clinics. We learned that a new system of payment on exit will be introduced shortly and there are longer term plans to increase capacity at the multi-storey car park which require planning permission and finance.

Patient experience
We were pleased to learn about the improvements to outpatient areas and more streamlined arrangements for booking follow up appointments at the end of an appointment.
Suggestion: could consideration be given to how appointment time slots/guidance can be given to patients particularly in the warfarin clinic where patients can attend for 9.00 but not be seen until midday.

Other achievements

Dementia
Following on from the Panel's presentation and discussion on the Dementia Strategy at the March meeting we were very pleased to learn that the CQC has highly commended the Trust's approach as the best seen. The Panel looks forward to exploring Dementia approaches in the Community later in the year and we hope the Trust can work with other local providers to share and encourage good practice across health and social care and especially to enable a common approach where possible.

Volunteering strategy

We welcome the volunteering strategy and invite the Trust to showcase this at a future meeting of the HOP to raise awareness and encourage volunteers to come forward if this would be helpful.

Audits

We would expect to receive timely feedback during our regular "Updates" to the Panel from Kingston Hospital to assure us that the actions identified from both national and local clinical audits have been undertaken and that services have been re-audited to confirm that performance has improved.

National data from the HSCIC

We are concerned to note that a lower proportion of your staff would recommend the Trust as a provider to their friends and family than the national average and we suggest that there is engagement with staff to explore why this might be. We are also concerned to see the low performance on the percentage of patients admitted that were risk assessed for VTE and we seek assurance that the Trust is investigating this and we request an update to the Panel on this issue.

Objectives 14/15

We are happy to see the continuing work on a number of objectives including falls, hospital acquired infections and some new areas including Safer Surgery for the Elderly and particularly welcome the intention to make improvements to hospital food, especially now that feeding is better supported via the volunteer programme.

The indicators identified as priorities for 2014/15 are well chosen and we are pleased with the engagement undertaken by the Trust with a range of stakeholders.

21 May 2014
Marian Morrison
Democratic Support Officer
Royal Borough of Kingston upon Thames
020 8547 4623
Marian.morrison@kingston.gov.uk

Response:

The Trust is grateful for the feedback received from Kingston Health Overview Panel and looks forward to working closely with them in the coming year to improve the services we provide to the people of Kingston.

We have included the total number of falls for the year as proposed. We note the other suggestions and will keep the panel updated throughout the coming year with our progress.

17. Statement of Directors' Responsibilities in respect of the Quality Report

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

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

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

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;

- the content of the quality report is not inconsistent with internal and external sources of information including:

    - board minutes and papers for the period April 2013 to May 2014

    - papers relating to Quality reported to the Board over the period April 2013 to May 2014

    - feedback from commissioners dated 23rd May 2014

    - feedback from governors dated January 2014

    - feedback from local Healthwatch organisations dated 22nd May 2014

    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 21st July 2013

    - 2013 national patient survey, published 8th April 2014

    - 2013 national staff survey published April 2014

    - the head of internal audit's annual opinion over the trust's control environment dated 15th May 2014

    - CQC quality and risk profiles dated 13th March 2014

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;

- the performance information in the quality report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

Sian Bates
Chairman
29 May 2014

Kate Grimes
Chief Executive
29 May 2014

18. **Independent Auditor's Limited Assurance Report to the Council of Governors of Kingston NHS Foundation Trust on the Quality Report**

We have been engaged by the Council of Governors of Kingston NHS Foundation Trust to perform an independent limited assurance engagement in respect of Kingston NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter
The indicators for the year ended 31 March 2014 subject to limited assurance consist of those national priority indicators mandated by Monitor:

- C.difficile, reported on page 14 of the Quality Report
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported on page 42 of the Quality Report

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and Auditors
The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 2013/14 Detailed Guidance for External Assurance on Quality Reports; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to 29 May 2014;
- Papers relating to quality reported to the Board over the period April 2013 to 29 May

2014; Feedback from the Commissioners dated May 2014;

- Feedback from local Healthwatch organisations dated May 2014;
- Kingston NHS Foundation Trust's complaints report published under regulation 18 of the Local
- Authority Social Services and NHS Complaints Regulations 2009;
- The latest national patient survey for 2013/14; The latest national staff survey for 2013/14;
- Care Quality Commission quality and risk profiles;
- The Head of Internal Audit's annual opinion over Kingston NHS Foundation Trust's control environment dated May 2014; and
- Any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or
material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Kingston NHS Foundation Trust as a body, to assist the Council of Governors in reporting Kingston NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within Kingston NHS Foundation Trust's Annual Report for the year ended 31 March 2014, to enable
the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Kingston NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed
We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Testing key management controls
- Limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report

- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Kingston NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified above, and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

Grant Thornton UK LLP

Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

29 May 2014

Appendix A: National Confidential Enquiries

Programme type	Participated?	Number of cases submitted
Child Health Programme:	No	Child Health programme is currently undergoing procurement.
Medical and Surgical: Tracheostomy care	Yes	Data submitted on 4 cases. Detailed information sent on 4/4 cases (100%) Organisational questionnaire submitted.
Hospital treatment following a subarachnoid haemorrhage	Yes	Data submitted on 11 cases. Detailed information sent on 1/1 case (100%). Organisational questionnaire submitted.
Alcoholic liver disease	Yes	Data submitted on 9 cases. Detailed information sent on 3/3 cases (100%). Organisational questionnaire submitted.
Lower limb amputation	Yes	No cases in study period. Organisational questionnaire out-standing.
Maternal, Infant and Perinatal: MBRRACE-UK	Yes	35/35 (100%)
Congenital diaphragmatic hernia	Not applicable	Kingston Hospital had no cases during the study period
Maternal sepsis	Our data was available if required	No case data was requested from Kingston Hospital
Mental Health	Not applicable	
Other: National Review of Asthma Deaths	Yes	Awaiting report – due April 2014
Children's Head Injury Project	Yes	Awaiting report – due April 2014

Appendix B: Eligible National Clinical Audits 2013/14 – Participation rates

Shaded areas indicate national clinical audits where deadlines are after April 2014 and therefore the number of cases submitted is not yet available.

National Clinical Audit	Participated?	Number of cases submitted
Acute Care		
Emergency use of oxygen	Yes	10 (minimum of 1 required) (1000%)
Trauma Audit and Research Network (TARN)	Yes	57/239 (24%)
Paracetamol overdose	Yes	30/50 (60%)
Severe sepsis and septic shock	Yes	50/50 (100%)
Seizure management (NASH)	Yes	30/30 (100%)
Hip, knee and ankle replacement (National Joint Registry)	Yes	2/19 (11%)
Emergency laparotomy	Yes	Still submitting data. Deadline Dec 2014
Adult Critical Care (ICNARC)	Yes	Still submitting data. Deadline June 2014
Blood transfusion		
National Comparative Audit of Blood Transfusion audit: 1) Use of Anti-D	Yes	42/56 listed (75%)
2) Patient information and consent	Yes	Still submitting data. Deadline 30.4.14
Cancer		
Lung cancer (NLCA)	Yes	2013 submission – 72/115 (63%) Still submitting data for 2014. Deadline June 2014
Bowel cancer (NBOCAP)	Yes	147/156 (94%)
Oesophago- gastric cancer (NAOGC)	Yes	2013 submission – 37/37 (100%) Still submitting data for 2014. Deadline Oct 2014
Heart		
Acute myocardial infarction & other ACS (MINAP)	Yes	Still submitting data. Deadline June 2014
Heart Failure	Yes	Still submitting data. Deadline June 2014
Cardiac Rhythm Management	Yes	114/150 (76%)
Cardiac Arrest	Yes	55/193 (28%)
Coronary angioplasty (Cardiac Interventions)	Yes	1/1 (100%) organisational audit
Long Term Conditions		
Diabetes: 1) National diabetes audit 2) National in-patient diabetes	Yes Yes	140/200 (70%) 50/50 (100%)

Inflammatory bowel disease: 1) Inflammatory bowel disease 2) Biologics	Yes Yes	15/15 (100% 23/33 (73%) No minimum requirement.
Paediatric Diabetes	Yes	Still submitting data. Deadline July 2014
Chronic obstructive pulmonary disease (COPD)	Yes	Still submitting data. Deadline May 2014
Rheumatoid and early inflammatory arthritis	Yes	Data collection in progress. Deadline not yet known.
Older People		
Falls and Fragility Fractures Audit Programme – National Hip Fracture database	Yes	288/350 (82%)
Acute stroke SINAP and SSNAP	Yes	58/59 (98%)
Other		
PROMS – Hernia and varicose veins only	Yes	See page 53/ 54
Women and Children		
Paediatric epilepsy (Epilepsy 12)	Yes	18/21 (86%)
Paediatric asthma (British Thoracic Society)	Yes	50 (minimum of 5 required) (1000%)
Moderate or severe asthma in children (College of Emergency Medicine)	Yes	50/50 (100%)
Neonatal intensive and special care (NNAP)	Yes	424/424 (100%)

Appendix C: Actions to be taken following completed national clinical audits

National audit reports published in 2013/14	Date Report Issued	Report discussed during 2013/14	Actions Identified
Acute Care			
Community acquired pneumonia	July 2013	Yes	Use of the pneumonia 'bundle' was highlighted to staff and antibiotic guidelines revised.
Non-invasive ventilation	July 2013	Yes	Implementation of non-invasive ventilation prescription chart.
National joint registry	Sept 2013	Yes	The process for data collection and submission is being reviewed.
Emergency use of oxygen	Jan 2014	Yes	A comprehensive quality improvement project is underway including training for nurses and doctors, implementation of a new policy and improvement to the process for prescribing oxygen.
Seizure management	Feb 2014	No	Due for discussion by Emergency Department in May 2014.
Trauma (TARN)	Self-generated as required	Yes	A new process for collecting data has been proposed to improve case ascertainment levels. A process is being instigated to regularly review clinical data at specific trauma meetings.
Blood transfusion			
Potential donor	Aug 2013	Yes	During the past year, the Hospital Organ Donation team has ensured compliance with NICE guideline 135 on Organ Donation, has improved the consent form process and is working towards increasing referral rates of potential donors.
Blood transfusion – sample, collection and labelling	Oct 2013	Yes	The trust's policy has been revised to ensure that all patients have at least two blood samples taken before they receive a blood transfusion, as per national recommendations.
Cancer			
Bowel cancer	June 2013	Yes	The data is reviewed quarterly as part of multidisciplinary team meetings. No specific actions are required at this time.
Oesophago-gastric	June 2013	No	The national recommendations mainly

cancer			involve the specialist centre, rather than Kingston Hospital. Due for discussion May 2014.
Lung cancer	Dec 2013	No	Due for discussion at Respiratory Clinical Governance meeting in May 2014.
Heart			
Myocardial infarction	Oct 2013	Yes	Various actions are currently being discussed including nurse specialist support and clinical pathway.
Heart failure	Oct 2013	No	Due for discussion in forthcoming Cardiology meeting.
Long term conditions			
Bronchiectasis	July 2013	Yes	The need for local guidelines and a specific outpatient clinic proforma has been identified.
Adult asthma	Aug 2013	Yes	The Respiratory team has identified improvements to be made on patient discharge including advice on inhaler technique in accordance with NICE guidelines.
Paediatric diabetes	Dec 2013	Yes	Bespoke computer software has been purchased to facilitate data entry to this national audit.
Adult diabetes: in-patients	Mar 2014	No	Due for discussion May 2014.
Older People			
Dementia	July 2013	Yes	The Dementia and Delirium Group oversees a rolling programme of actions to improve dementia care. The Trust has published a Dementia Strategy during 2013/14.
Hip fracture database	Sept 2013	Yes	There are no areas of concern currently.
Stroke (SSNAP)	Quarterly reports	Yes	A Psychologist for stroke care was appointed in January 2014.
Women and Children			
Neonatal intensive and special care	Aug 2013	Yes	The results were disseminated to staff and staff reminded about good documentation.

Appendix D: Local Clinical Audit Examples

Local examples	Actions identified
Clinical Support Services	
Trans rectal ultrasonography of the prostate	Diagnosis of prostate cancer, which is a common cancer for men, requires an ultrasound guided biopsy of the prostate. The most significant complication of this procedure is infection and patients are routinely treated with antibiotics to prevent infection from occurring. This local audit reviewed the biopsies undertaken and treatment of any resulting infections. A multidisciplinary team of doctors – Radiologists, Urologists and Microbiologists – approved the addition of the use of a further antibiotic to ensure that the risk of infection to patients stays low.
Emergency Services	
Spinal trauma management	A local audit examined the care of patients with spinal trauma where this was not severe enough to require transfer to a specialist centre. The results indicated that documentation of neurological examination could be improved. The trust has therefore adopted the British Orthopaedic Standards for Trauma (BOAST) and the American Spinal Injury Association (ASIA) tool for objectively measuring and recording this examination to ensure that patient care is of the highest standard.
Discharge from hospital	This audit reviewed concerns received from community staff following a patient's discharge from hospital. Concerns are reported into the hospital where they are then investigated. The number received compared to the total number of patients discharged is small (0.3%). The most commonly occurring are those regarding communication of information from hospital to community care staff and issues surrounding patients' medication. Whilst the majority of concerns received by the hospital were investigated and an action plan implemented, to improve this further, the 'Concerns' process is being revised and improved. Other actions proposed as a result of this audit include amending the hospital's Discharge Policy, improving the clarity of discharge information that is sent out with the patient, reviewing the process for the supply of medication to take home and improving communication between community and hospital staff.
Specialist Services	
Diabetic foot ulcers	Diabetic foot ulcers are a common problem with 60,000 diabetic patients in the UK suffering from an ulcer and treatment costing the NHS many millions. This clinical audit set out to assess practice against the National Institute for Health and Care Excellence (NICE) standards and to standardise the care and treatment provided by the diabetes multidisciplinary team. In the first audit, whilst patients always received correct wound management, some other aspects of the NICE guidelines, such as documenting vascular risks factors and diabetic control and giving podiatry care, were not consistent for all patients. A simple proforma was then introduced into the diabetic foot care clinic in line with NICE guidelines. The re-audit showed that the team has greatly improved compliance with NICE standards and improved overall care for patients.
Immediate care	This local audit reviewed the management of babies born through meconium

of the new born baby	stained amniotic fluid (MSAF) and provided evidence of compliance with local guidelines. [Meconium is an early stool which normally remains in the baby's bowel until after birth but can be expelled into the amniotic fluid]. Actions taken from the audit include provision of training for maternity support workers on the documentation of meconium observations and referral of anomalies, paediatric junior doctor training in management of babies born through MSAF and amendment of the hospital's clinical guideline.