

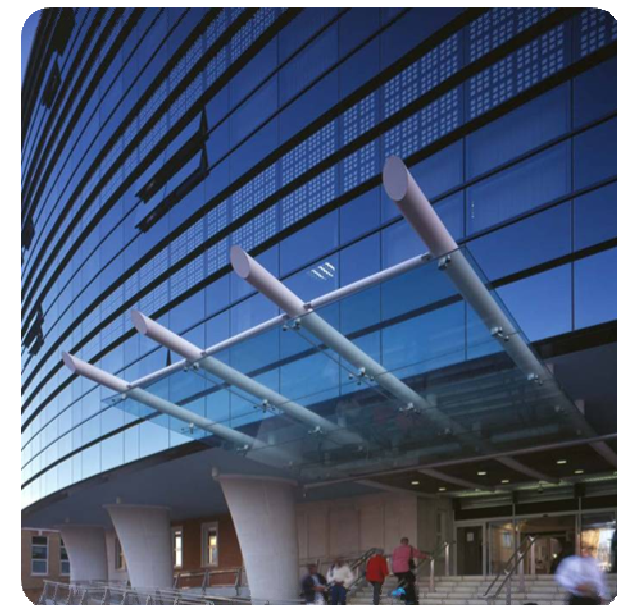
Trust Update

Healthy Communities Scrutiny Sub-Committee

21st February 2017

Colin Gentile
Chief Financial Officer

Dr. Shelley Dolan
Chief Nurse and Executive Director of
Midwifery



KING'S HEALTH PARTNERS



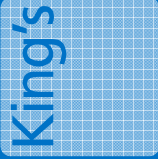
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Trust wide update

1.Trust strategy

2.Finance and performance

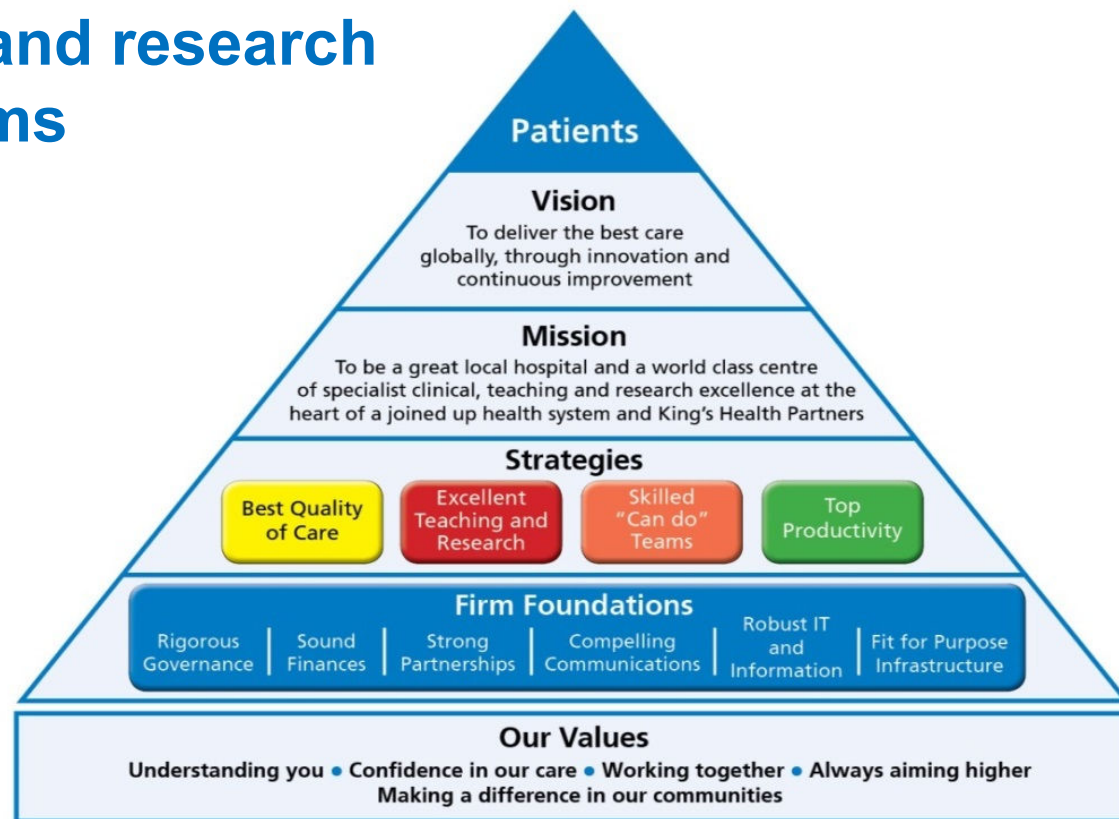
3.Quality



Progress on our strategy – BEST Care Globally

Our Trust strategy is based around BEST principles

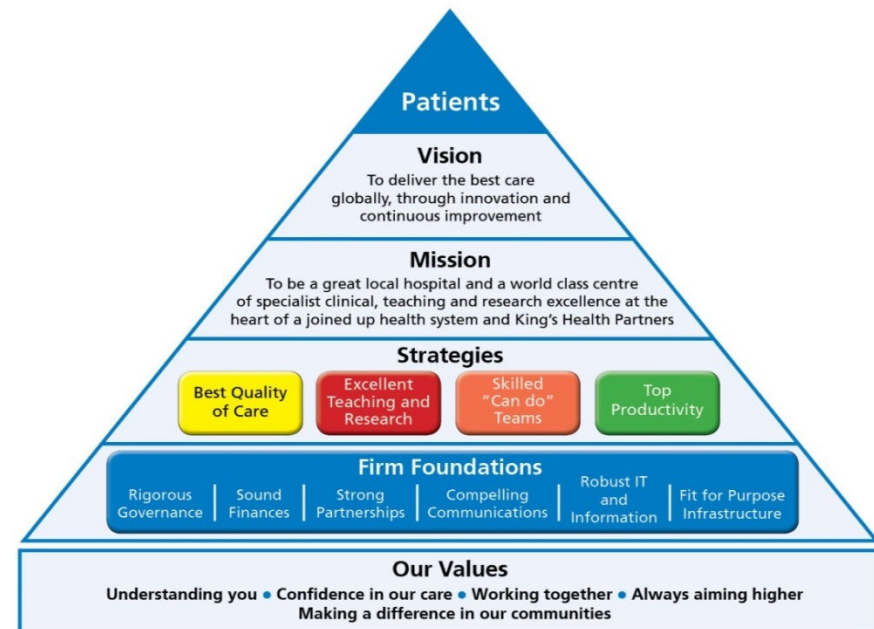
- Best quality of care
- Excellent teaching and research
- Skilled ‘can do’ teams
- Top productivity



Progress on our strategy – BEST Care Globally

Organisational restructure

- Launch of new organisational structure in January 2017
- Implementation of our new organisational arrangements is ongoing
- Focusing on talent and succession



Progress on our strategy – BEST Care Globally: Transformation programme

Clean sheet redesign

- To improve patient experience and ensure our services run as efficiently as possible we are going back to the drawing board and redesigning our services from scratch.

- We are working closely with all departments and service to take this project forward

King's way for wards

- King's Way for Wards is looking specifically at our wards across all sites.

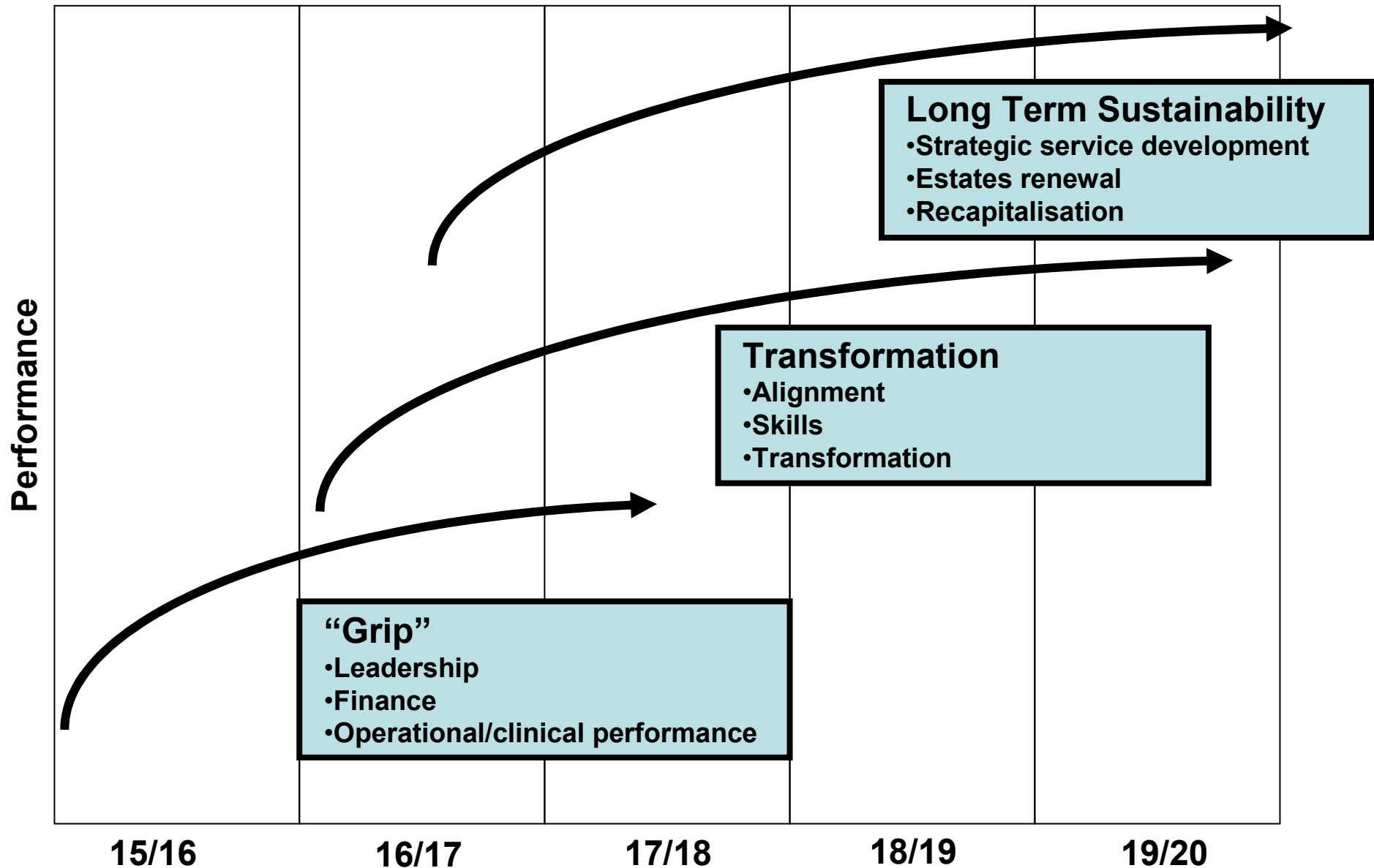
- In planned phases we are working with each team on the wards to make sure they all follow the same processes, they are a pleasant place for patients to be treated and for staff to work, and that they have the skills to be able to solve problems or issues that arise.

King's Academy

- The King's Academy will train staff in how to improve our services and processes from the inside, and give our leaders the right skills.



Moving towards Transformation



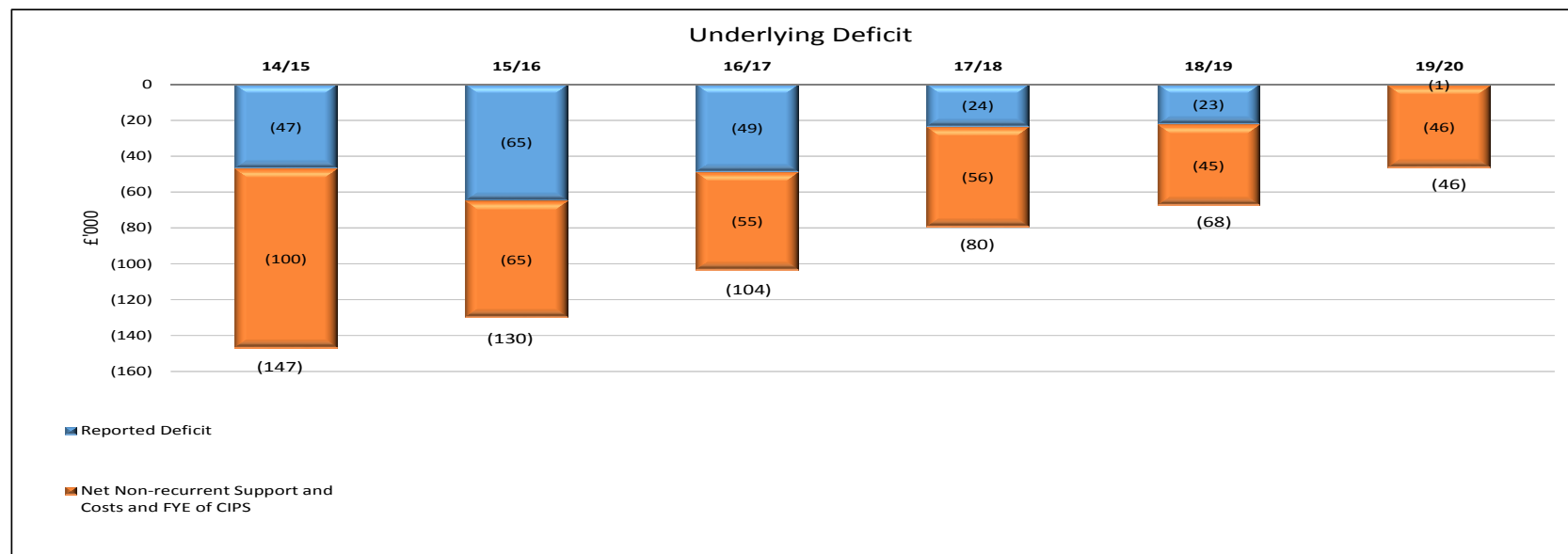
General Context

- The NHS faces significant financial challenge.
- The Acute Sector in particular is struggling to reach 2016/17 financial targets.
- Demand is increasing.

King's Context

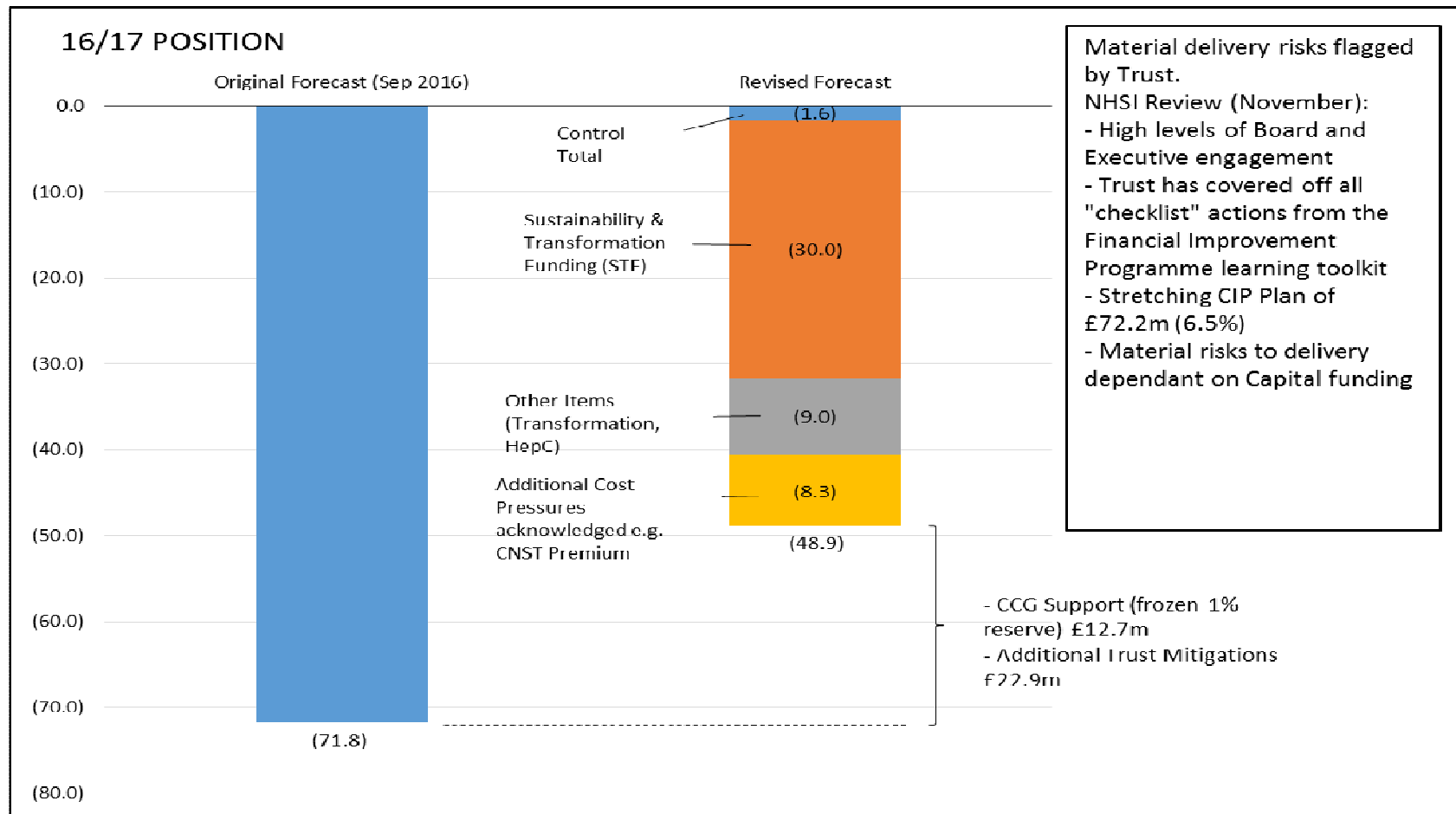
- Seen an increase in demand at King's College Hospital (KCH) at Denmark Hill and the Princess Royal University Hospital
Significant underlying deficit to tackle
- Local CCGs work constructively with the Trust to support recovery
- Intense regulator focus

Underlying Deficit

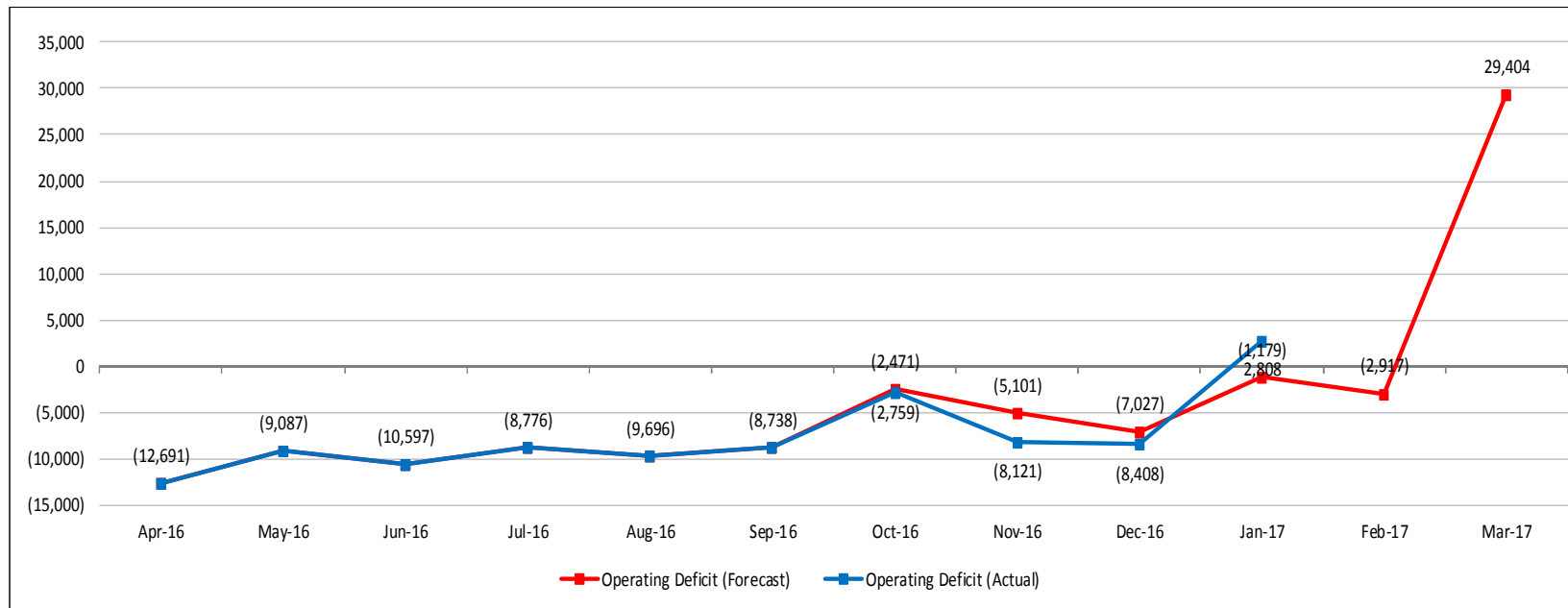


	14/15	15/16	16/17	17/18	18/19	19/20
Actual/Planned deficit	(47.0)	(65.0)	(49.0)	(23.8)	(22.5)	(0.7)
Efficiency total	8.2	56.5	50.0	50.0	50.0	50.0
Recurrent	8.0	48.4	35.0	50.0	50.0	50.0
Non-recurrent	0.2	8.1	15.0	0.0	0.0	0.0
Other Non recurrences	99.8	56.9	39.6	55.7	45.0	45.8
Underlying Deficit	(147.0)	(130.0)	(103.6)	(79.5)	(67.5)	(46.5)

Summary of the Financial Challenge In-year



Position at Month 10 April 16 to Jan 17



Year to Date		
Forecast	Actual	Diff
£'000	£'000	£'000
763,846	759,814	(4,032)
124,189	131,626	7,437
888,035	891,440	3,404
(545,425)	(546,739)	(1,314)
(472,607)	(479,348)	(6,741)
11,992	12,376	384
32,996	25,611	(7,385)
33	0	(33)
1,035	12,016	10,981
46,056	50,003	3,947
(83,942)	(84,645)	(703)
8,583	8,583	0
(75,359)	(76,061)	(703)


Dec-16	Jan-17	Feb-17	Mar-17	Cumulative
Forecast	Forecast	Forecast	Forecast	
£'000	£'000	£'000	£'000	£'000
74,609	77,542	76,501	80,101	920,447
12,461	12,561	12,561	13,248	149,998
87,070	90,103	89,061	93,348	1,070,445
(54,327)	(54,327)	(54,327)	(54,327)	(654,080)
(46,204)	(46,204)	(46,204)	(46,204)	(565,016)
526	437	387	1,589	13,968
5,050	6,886	6,240	9,277	48,513
0	33	33	5,117	5,182
0	1,035	1,035	19,747	21,818
(7,885)	(2,037)	(3,775)	28,546	(59,170)
858	858	858	858	10,296
(7,027)	(1,179)	(2,917)	29,404	(48,874)

Next Steps - Outlook

1. Focus on delivery of the 2016/17 position
2. Negotiate a reasonable 2017/18 control total
3. Deliver a credible plan for 2017/18
4. Very challenging

Performance

- ED performance against 95% target across the Trust remains challenged due to multiple capacity and demand related factors. Trust four hour target in ED – around 79% in November, 75% in December.
- RTT continues to be a priority improvement area for the Trust. There were 129 patients waiting 52+ weeks at the end of December 2016, just below the 156 patients waiting at the end of November. RTT incomplete pathways performance was at 77.1% in December down from 78.3% in November.
- We continue to do well for cancer waiting time targets. E.g. 93% in Q3 against 85% target for 62-day GP referrals.
- Diagnostic waiting time performance has greatly improved. We are exceeding the national target of 1% as we achieved 0.98% in December.



Quality

- Overall performance in patient outcomes remains good
- Last Care Quality Commission (CQC) visit in 2016, awaiting feedback
- We have set ambitious patient safety objectives through our Quality Strategy

We have a focus on staff engagement around patient safety issues for example:

- Launching a positive reporting system – in December 2016
- Safety improvement project in investigations for Senior Registrars has been developed
- Junior staff represented at Trust-wide safety meetings
- Cross site events for staff
- Patient stories at Board meetings

BEST Quality of Care: Patient outcomes

Patient outcomes are defined as: **'the results people care about most when seeking treatment, including longer life, symptom relief, quicker recovery and the ability to live normal, productive lives.'**

Ensuring outcomes as good as the best in the NHS and globally is identified as one of the Trust's 'BEST' goals and is a key measure of Trust performance.

Indicators rated green: 88%
Third quarter of 2016/17

This means that for 88% of the indicators, outcomes were better than expected, better than our peers and/or within the expected range.

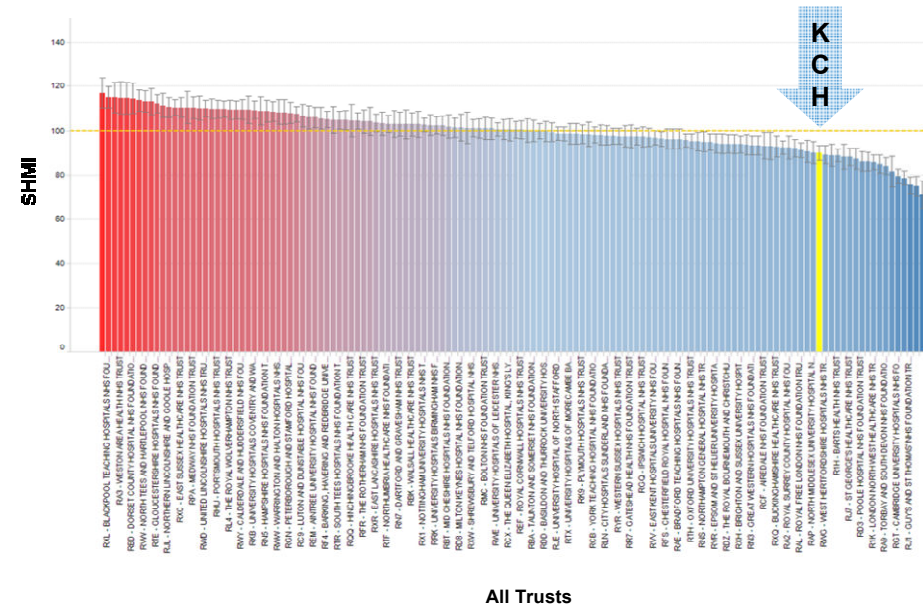
No indicators were red for this quarter.

BEST Quality of Care: Patient outcomes

Mortality rates at both our sites - King's College Hospital, Denmark Hill and the Princess Royal University Hospital remain in the best performing quartile nationally.

Mortality (Summary Hospital-level Mortality Indicator (SHMI)) is **below expected** for:

- Patients admitted on weekdays and weekends
- Elective and non-elective cases
- Most deprived and most affluent patient groups
- Patients aged over 75.



We are performing better in relation to peers or the national average for major trauma, stroke, hip fracture and adult liver transplants. Relative risk of readmission is better than expected.

- **Major trauma** rates of survival are **better than all London peer Trusts**.
- **Mortality following stroke** is below national average on both sites.

Relative risk of readmission (overall) is below expected (see below age 75+) and below peer (Shelford Group).

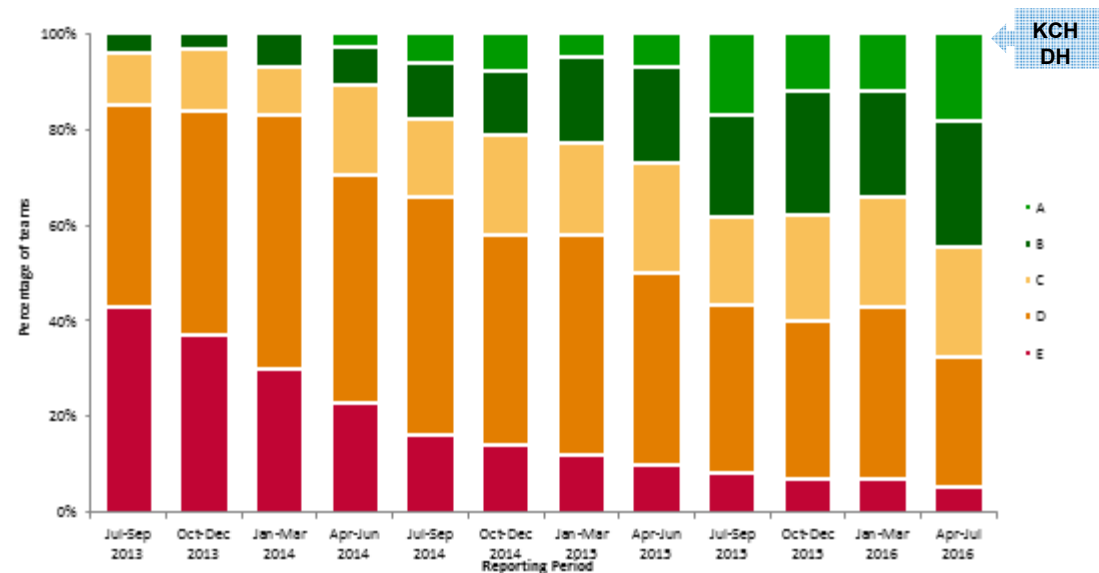
Hyper Acute Stroke Unit and Stroke Unit at KCH, Denmark Hill

both achieve overall audit scores
(based on 70+ indicators)
above peers.

Women with diabetes are
better prepared for pregnancy
(folic acid and HbA1c) and
have 50% fewer 'heavy'
babies than national average.

Patients receive primary **percutaneous coronary interventions (PCI)** within 90 minutes
(national target) of arrival.

Overall Stroke (SSNAP) score, published Nov-16



BEST Quality of Care: Patient infection control

Reducing avoidable infections is one of our main objectives for 2016/17

2015/2016

There were 82 C-difficile cases across the Trust in 2015/16, against target of 72 N.B. only 1 lapse in care.

At KCH, Denmark Hill

- C-difficile – 60 against target of 53
- MRSA – 4 cases

Where we are now

Infection control remains a challenging area for the Trust.

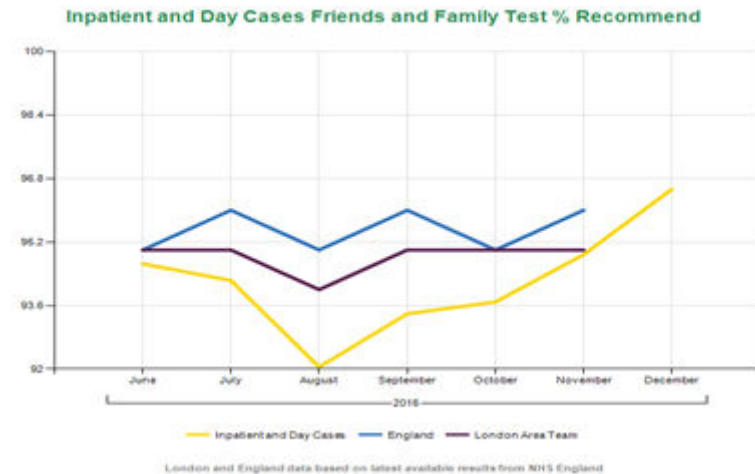
The Trust has needed to deal with new emerging multi-resistant organisms as well as the now resident pathogens seen in most large hospital environments.

King's led a national seminar in December 2016 on C.Auris and was praised for its openness and effective management of the outbreak.

The Chief Nurse / DIPC chairs a well attended MDT 2 weekly focused on C.Auris and other multi-resistant pathogens – Public Health England (PHE) also regularly attend.

BEST Quality of Care: Patient Experience

Recent feedback from our patients in December 2016 shows high levels of satisfaction for our Child Health and Liver inpatient wards with an overall satisfaction score of 95 and, in outpatients from Trauma, Emergency and Acute Medicine, Therapies and Renal. Overall the majority of comments received from patients (86%) were positive. Areas where we could improve our performance included politeness, communication, comfort and feeling safe.



Inpatients: Satisfaction for inpatients measured by the Friends and Family Test has continued to improve with December seeing the highest satisfaction rate since June 2016. The recommendation rate for Denmark Hill was 96%.

Emergency Departments / Acute Dental: Satisfaction with the KCH Emergency Department and Acute Dental Service continues to struggle with capacity issues impacting adversely on patient experience with FFT scores remaining below the national average. 75% of comments received from patients visiting the Emergency Departments were positive but there were a number of negative comments about feeling safe and about lack of comfort were negative.

Outpatients: Performance in outpatients at KCH is variable with some areas providing excellent patient experience but overall, there needs to be improvement. Satisfaction is higher for questions about involving patients in their care and treating them with respect but, remain well below target on questions relating to appointments, delays in clinic and not being informed of delays. A new King's Way transformation project launched in January and this will include work to improve patient experience. Patients are being involved at an early point in the project and we've held discussion groups with patients about their experience of outpatients and what they expect from an outpatient service in the future.