King's College Hospital NHS
NHS Foundation Trust

Report to Southwark HOSC

24 March 2014

King's College Hospital NHS Foundation Trust Update

Contents

1. Update – Denmark Hill

The Denmark Hill site has not been negatively impacted by the acquisition of the PRUH, although Denmark Hill has its own problems. These are primarily around the pressures of emergency admissions and we are currently exploring ways in which we can relieve these pressures, by working in different ways. We are currently working on a detailed plan. We are meeting with commissioners next week to start discussing the options and will meet with you in the near future to share the plan. .

2. Update – PRUH

After the break-up of South London Healthcare Trust King's acquired the Princess Royal University Hospital, Orpington Hospital and services based at Queen Mary's Hospital and Beckenham Beacon. The inherited problems were numerous. Areas of key concern were poor performance, the PRUH Emergency Department, infection control rates, waiting times, demoralised staff and low patient satisfaction. Since 1 October we have been working hard to address these problems, but whole system change cannot happen overnight. We are making steady progress and will continue to do so. Some examples of where we are already making a difference across the Trust are detailed later in this document.

Orpington Hospital

Orpington Hospital was originally due to be closed and sold. King's made a case for its continued use and took over on 1 October 2013. There have been significant developments across the Orpington site since we took over management in October. Essential works have been completed including replacing the roof and refurbishing second and first floor wards.

One of the most significant improvements is the establishment of an elective orthopaedic centre. The centre comprises three theatres, two wards and an admissions lounge. Orthopaedic surgery specialisms include: hip, knee, foot, ankle shoulder, elbow and hand/wrist procedures. Patients previously treated at the PRUH and QMH sites are already

having orthopaedic procedures done at Orpington Hospital and Denmark Hill patients are offered the choice to have their procedures done at this dedicated elective centre.

We are also redeveloping other areas within Orpington Hospital with the aim of reducing pressure on the acute sites.

2.1 Productivity improvements

2.1.1 Better, Safer Hospital Week

The Trust has carried out two exercises under the 'Better, Safer Hospitals Week' banner. The first was at Denmark Hill and took place in January and the second has just taken place at the PRUH in March. These exercises were planned, internal incidents designed to establish an enhanced response to managing the emergency patient pathways andto review and learn where the pathway and processes are failing and understand the systems that do work.

During the exercise the improvements we saw in the care offered to our patients was significant. Patients on an emergency pathway into the hospital were seen and looked after much quicker than previously, and in a more appropriate setting. For example, opinions from consultants in various specialities were given in the emergency department, which helped to avoid inappropriate admissions. An impact was also seen in terms of no planned care was cancelled and patients were able to come into the hospital for treatment as arranged.

We saw a fantastic response from all service areas within the Trust and beyond, either through social services, or our referring hospitals. This meant that our teams were able to focus on providing care, rather than dealing with capacity issues.

These were whole system exercises, working in collaboration with local commissioners and other providers, such as clinical commissioners, local GPs and community services.

We learnt a great deal from both these exercises and a comprehensive review and action plan will follow both the Safer Faster Hospital weeks.

Exercises like these are used by many trusts to help identify a hospital's strengths and weaknesses so that improvements can be made. The launch of Safer, Faster Hospital was not in response to any untoward incident; rather, it was a deliberately planned week of heightened activity for the purpose of learning.

2.1.2 Other productivity improvements

There are a number of productivity improvement programmes currently running at the PRUH including:

- Improving the efficiency of theatres, extending hours and more effective scheduling
- Increasing the clinical availability of consultants
- A review of outpatient activity
- Length of stay – working with other healthcare providers to ensure earlier discharge from hospital
- Medical records – improving access to, and accuracy of medical records
- ICT – plans to introduce King's IT systems across all new sites, including electronic patient records

2.1.3 Elective gynae inpatient service

Since submitting the trigger template for the elective gynae inpatient service the position has changed. We are now looking at this service as part of a much wider plan for the entire Trust. Currently, we are operating a pilot programme, which affects a small number of patients: five patients per week in Southwark, four in Lambeth and three in Lewisham. We will use patient feedback form this pilot to inform future planning around this service.

The Trust-wide proposal, which will incorporate elective inpatient gynae services will be brought back to the HOSC and discussed in detail once fully formulated.

2.1.4 Nurse recruitment/ staffing levels

Vacancy factors on both the Denmark Hill site and at the PRUH are high and there is a dependency on bank and agency. Review of establishments has happened year on year at the DH site and the establishments flexed accordingly. Over the last five years we have increased the number of nurses and midwives employed at Denmark Hill to reflect increasing throughput of patients, and increase in acutely ill patients, but this year we have experienced more difficulty in recruiting nurses locally, which is thought to be due to a shrinking labour market in London.

We were aware through the clinical due diligence work undertaken for the acquisition, that the nursing establishment was too low at the PRUH, and in addition we have opened further wards at Orpington, and these factors have added to the recruitment challenge. We record the patient to nurse ratios daily at the PRUH aiming for in excess of 1 nurse to 8 patients, which is the ratio recommended for safe patient care.. The gap between vacancy and establishment is met through the use of bank and agency until the recruitment strategies that are in place increase the numbers of substantive staff.

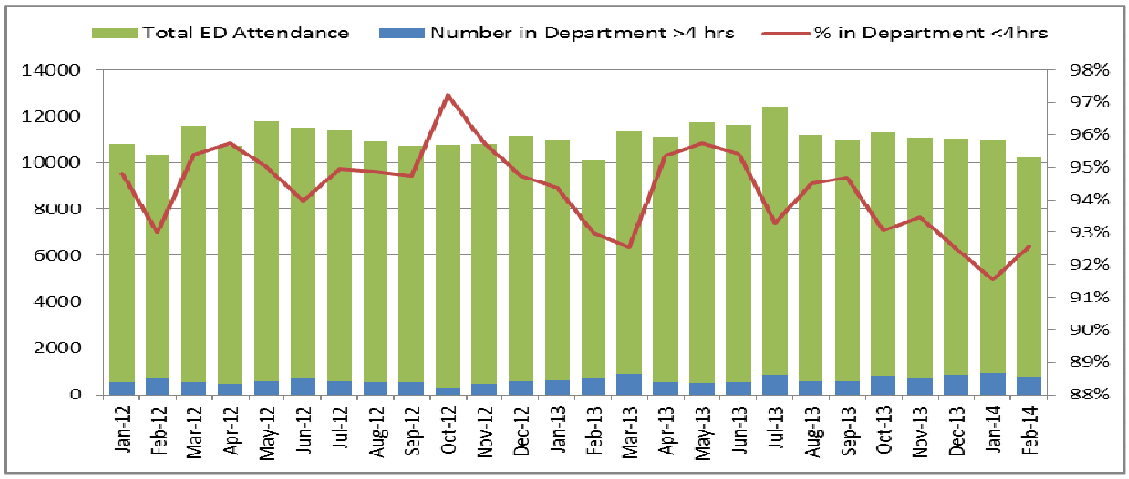
We are currently looking at our staffing demand and recruitment supply, and ways in which we can improve our recruitment systems. The focus of this work will be:

- Increasing the reach and success of our recruitment campaigns, including international recruitment
- Reducing ‘appointment to start date’ times and thereby getting staff into jobs more quickly
- Focusing on ‘hard to recruit to’ areas, such as critical care

In addition we will be establishing tighter controls on temporary staffing, alongside increasing substantive staff and continue to embed escalation of safety concerns pertaining to staffing levels. This particular piece of recruitment work will be completed this year.

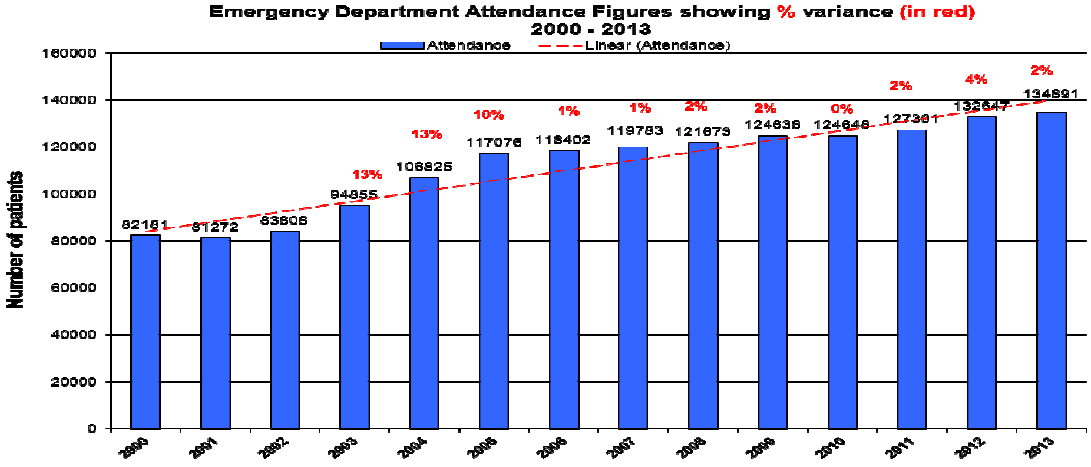
3. Update on Emergency Care performance at Denmark Hill

Performance has been challenged over recent months at the Denmark Hill (DH) site.

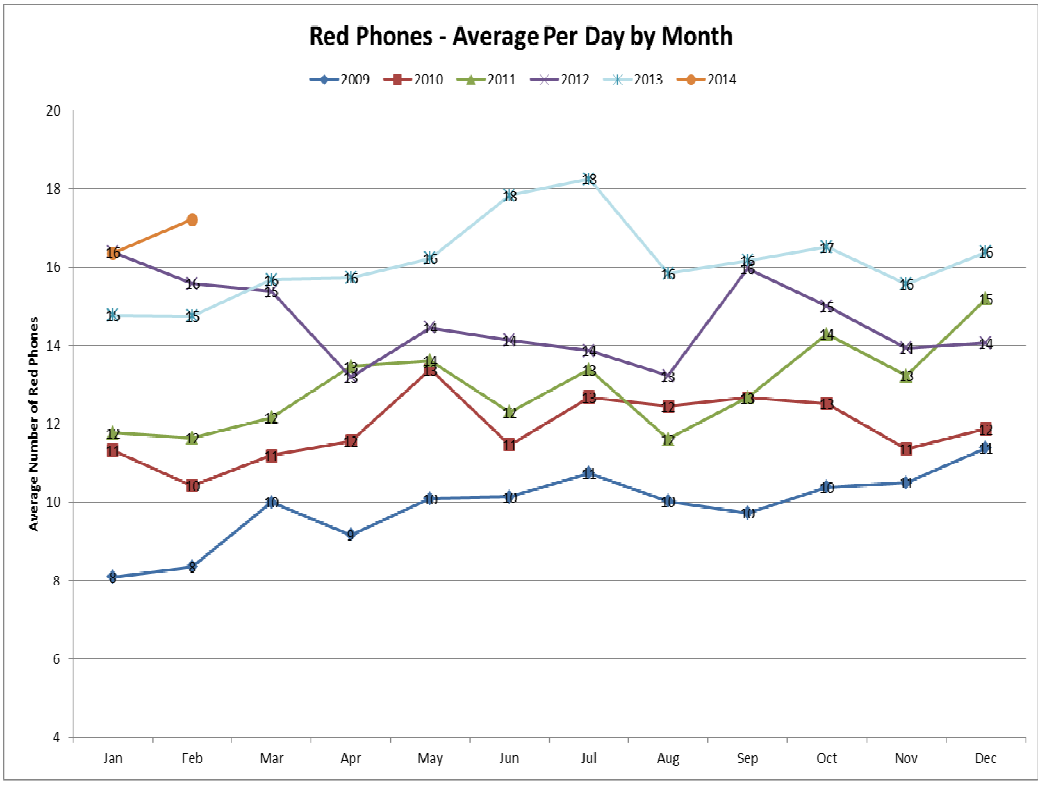


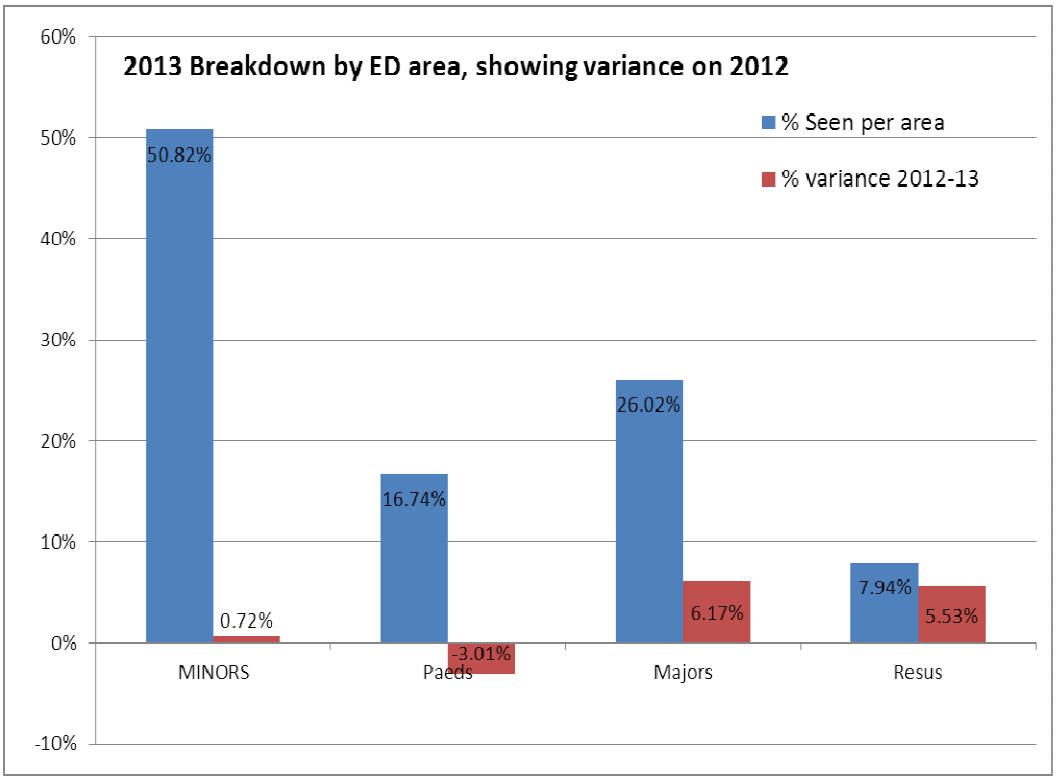
Main drivers have included:

- High attendance numbers to the Emergency Department (483 patients on Monday 17th March – our highest number ever recorded)



- High acuity of patients


Red Phones - Average Per Day by Month
2009
2010
2011
2012
2013
2014
Average Number of Red Phones
20
18
16
14
12
10
8
6
4
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec


2013 Breakdown by ED area, showing variance on 2012
% Seen per area
% variance 2012-13
60%
50%
40%
30%
20%
10%
0%
-10%
50.82%
0.72%
16.74%
-3.01%
26.02%
6.17%
7.94%
5.53%
MINORS
Paeds
Majors
Resus

- Lack of physical capacity in ED

- Lack of inpatient capacity

Action Plan

We have a detailed Recovery and Improvement Plan that is reviewed weekly at the Denmark Hill Emergency Care Board (ECB). Multiple stakeholders are present at this including commissioners and plans are very transparent and have clear timelines and progress updates.

The action plan is divided to cover 4 different elements of the patient pathway each containing multiple areas of work supported by all areas of the organisation.

A short summary of these are detailed below.

1/ Admission avoidance

- Re-direction at the front door of ED
- GP hot lines to key speciality teams
- Ambulatory emergency care pathways
- Rapid access clinics and theatre lists
- Specific focus on gerontology
- 111 pilot site
- Red Cross service

2/ Journey through the ED

- Live activity screen in waiting room
- Additional consultants and nursing staff
- Additional mental health staffing – consultants and nursing
- Rapid assessment and treatment model introduced – senior clinicians reviewing patients on arrival
- Access to key blood tests in the ED
- Increased Clinical Decision Unit capacity
- Urgent Care and primary care partnerships

3/ Flow within the hospital

- Additional nursing and phlebotomy staffing on the wards
- Mobile critical care team to support patients across the hospital
- Weekly capacity review of all in patients awaiting diagnostics
- Focus on Bed management
- Internal Professional Standards setting out expectations for ward round processes and frequency
- Additional critical care capacity
- Additional in patient capacity
- Elective capacity at Orpington
- Clear escalation pathways

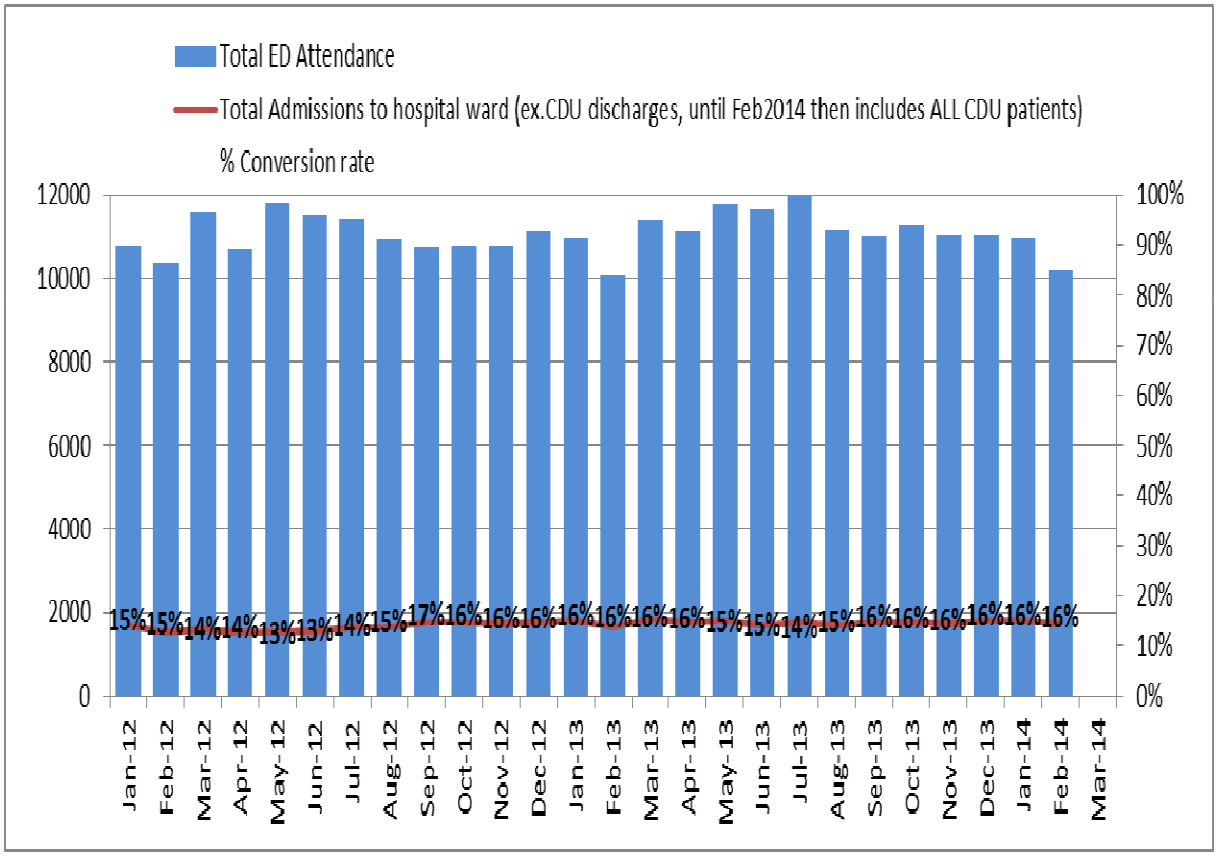
4/ Discharge planning and out of hospital care

- 7/7 working including pharmacy, and therapists
- Escalation processes for patients awaiting repatriation
- Medihome – increased capacity for support at home
- Frequent attendee reviews
- Joint working with community services and social care

Sustaining best practice and high quality care

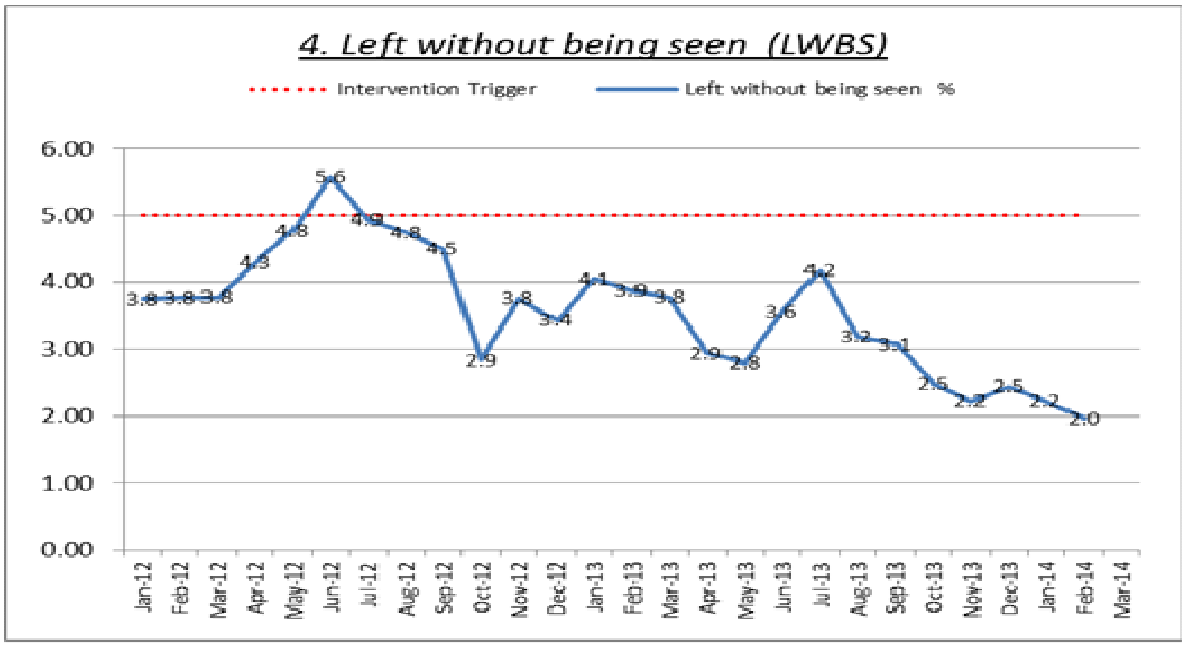
Above all other considerations is that we continue to deliver high quality, safe and effective care to the patients attending the ED at Denmark Hill.

Data that can be used as a proxy to demonstrate that despite performance pressures and capacity constraints we are still delivering high quality care to our patients are the conversion to admission rates. These show that despite increased acuity we are continuing to support ambulatory pathways of care, enabling patients to be managed with community input, rapid access clinics, next day surgical lists, medihome, red cross etc to avoid an admission into an acute hospital bed



Another measure we are required to monitor as part of the suite of clinical quality indicators is the percentage of patients who leave the ED without being seen. This has consistently fallen to a rate of 2% compared to a national target of 5% and we believe this corresponds to

the absolute focus we have on patients being seen by an ED clinician within one hour despite the pressures that overcrowding and acuity within the department place upon staff.



Figures on the number of people from outside of the UK who use Denmark Hill ED

We document overseas addresses as part of the registration process and the figures we have for emergency department attendances specifically for a 3 month period are:

- December 2013 = 24 overseas
- January 2014= 30 overseas
- February 2014 = 23 overseas

Any patient who is subsequently admitted to an inpatient bed is cross referenced with the KCH overseas team who review the patient's details to check qualification for NHS treatment and to pursue funding as necessary.

Progress report on Mental Health Suite

Organisational reconfiguration of KCH out patients to support the final phase of the mental health assessment suite and new main entrance opening

Update on Emergency Care performance at PRUH

Inherited position from South London Healthcare Trust

On 1 October 2013, when the management of the Princess Royal Hospital transferred to King's College Hospital NHS Foundation Trust, the Emergency Department had key issues that were of concern. These were highlighted during an earlier Assurance Visit which took place in May 2013. A series of recommendations were made as a result of that visit which highlighted that improvement was needed in various areas including: governance, safeguarding, staffing, quality, and culture. Since the acquisition, various action plans have been formulated and implemented, in order to address these issues.

Position March 2014/ mitigating actions

Post acquisition there was a requirement to prioritise key areas :

Culture

- Safety is paramount and actions to immediately support the delivery of high quality care and manage risk in the Emergency Department have been the priority.
- King's is embedding a culture where staff are actively encouraged to ask for support, identify and report risk.
- A strong and transparent governance structure is being built with adverse incident reporting, mortality reviews and complaint analysis.
- Low morale was evident after a long period of uncertainty and leadership changes. Ensuring staff are supported, listened to and when issues are raised actions are seen to be taken is central to our leadership approach.
- We have invited external support and peer review from multiple sources including – National Intensive Support Team, NHS England, CQC as we believe constructive challenge is vital to improvement.
- King's has an extremely strong level of expertise in safeguarding identifying and supporting both adults and children at risk. This has been transferred to the PRUH
- We have launched 'Internal Professional Standards' across the PRUH to clearly set out the response expected from staff to the ED as well as a set clarifying the process for ward round management – frequency and leadership
- KCH has taken a whole Trust, whole system approach recognising that the ED cannot work in isolation with integrated action plans, regular senior leaders meetings and external partner engagement.

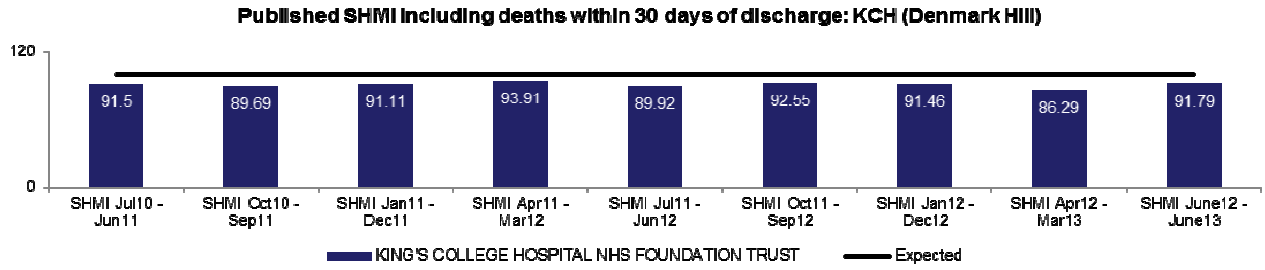
4. Quality Accounts

4.1 Mortality Rates

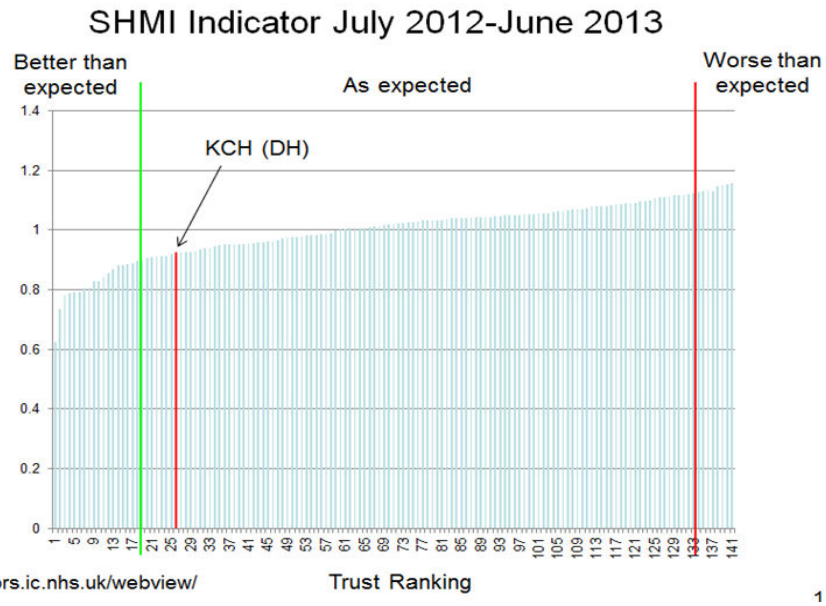
King's College Hospital has a long-established robust mortality monitoring process across the organisation and this approach is currently being rolled out across King's newly-acquired sites, including the Princess Royal University Hospital in Bromley.

As with all hospitals, King's data is sent nationally and run through complicated statistical models to be analysed against the expected level of mortality for our patients, and used to compare King's results against other similar organisations and groups of patients.

The key national measure of mortality is known as the Summary Hospital Mortality Indicator (SHMI) – this is the principal measure used by the Care Quality Commission. It is based on data from all patient deaths within the hospital and up to 30 days following discharge. It is risk-adjusted according to the severity of the patients' conditions and an overall score is derived. A score of 100 means that the same number of patients died who were expected to die. A score of below 100 means that fewer patients died than were expected to die based on the severity of their illness. King's College Hospital has been below 100 since this indicator was developed. Unfortunately, Princess Royal University Hospital data is not yet included, as it is still being disaggregated from South London Healthcare Trust data, so these results are for Denmark Hill only. We anticipate that Princess Royal data will be available late 2014.

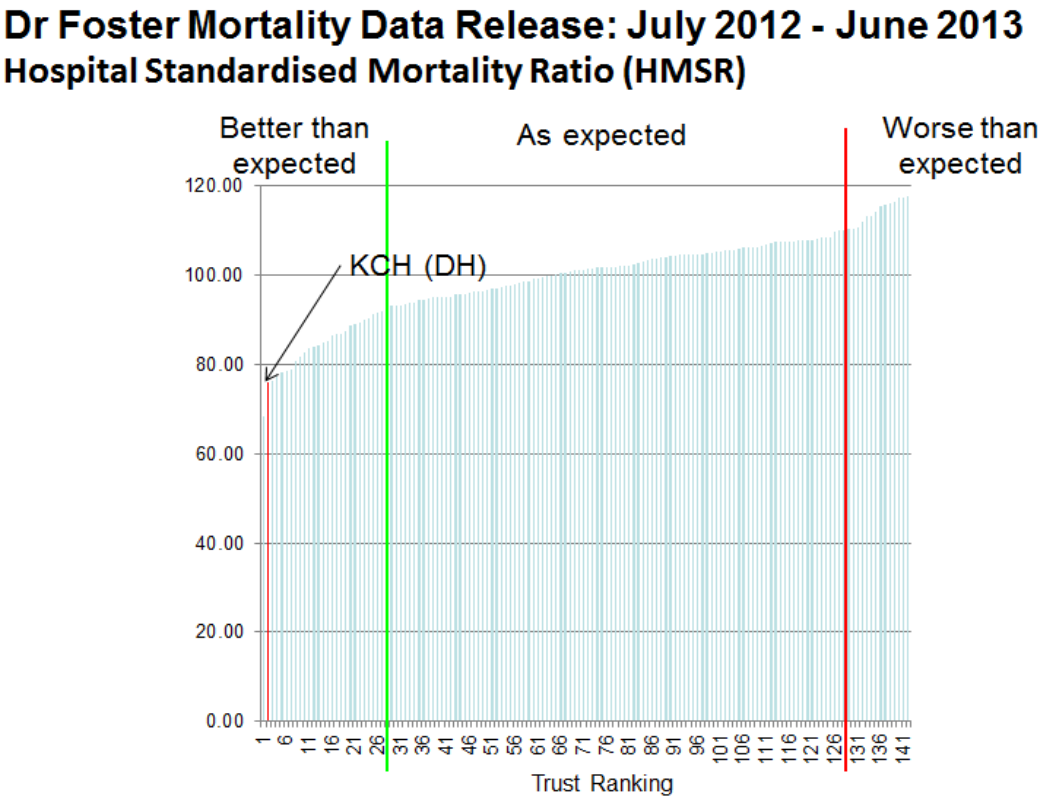


When compared against other Trusts nationally, King's consistently performs well.



https://indicators.ic.nhs.uk/webview/

A second commonly used national comparator measure is the Hospital Standardised Mortality Ratio (HSMR). This is produced by a group called Dr Foster, and is also used by the Care Quality Commission as an indicator of the quality of hospital care. Using this measure it can be seen that King's is one of the best performing Trusts nationally (again, this does not yet incorporate Princess Royal data).



http://drfosterintelligence.co.uk/wp-content/uploads/2014/02/Dr-Foster-mortality-metrics-July-2012-June-2013.xls

4.2 Complaints

The Trust received 179 complaints at Denmark Hill and 74 at the PRUH between October and December 2013.

4.2.1 Denmark Hill

Headlines

- 179 complaints received in Q3, a decrease from Q2 (204), although there has been a rise in January and February

- 54% of complaints relate to inpatient care while 46% relate to outpatients (including ED)
- Outpatient complaints have reduced for a consecutive quarter
- YTD 45% performance in responding to complaints within 25 working days
- The first Serious Complaints Committee met in February 2014 – chaired by Faith Boardman, Non-executive Director. Membership also includes both Executive and Senior Clinical Staff

Complaint themes –Oct-Feb 13/14

- Complaints relating to communication with patients increased between Q2 and Q3
- Despite pressures on beds and cancellations of some elective procedures, numbers of formal complaints about patient cancellation remain relatively low

4.2.2 PRUH and other sites

Headlines

- 74 complaints received between Oct –Dec 13 which is a decrease from the previous two quarters (PRUH – 64; Queen Mary's, Sidcup – 8; Orpington Hospital – 2)
- However since January 14 there has been an increase in complaints in all areas
- 57% of complaints relate to inpatient care; 43% relate to outpatient care
- Since October, the response rate is 35% within 25 working days (previously 25%)
- 74 legacy cases transferred to King's in October 2013, and the majority of these have now been resolved. 13 complaints remain open

Complaint themes

- Complaints were significantly down compared with the previous two quarters but these have increased during January/February 2014
- There has been a particular increase relating to inpatient cancellations due to bed pressures at the PRUH as the result of rising emergency admissions, coupled with delays in opening up full capacity at Orpington Hospital
- It is interesting to note the fall in complaints about outpatient appointments/ cancellations since October, as these are now largely dealt with by the new PALS service

4.2.3 PALS

- A PALS service has been established and has been fully operational from 2 October 2013 based at the Princess Royal University site. The service covers the sites at PRUH, Queen Mary's Sidcup, Orpington and Beckenham Beacon. Oxleas NHS Foundation Trust provide an onsite PALS service at Queen Mary's Sidcup and signpost PALS enquiries to the PRUH team.

- Since October 1,482 PALS contacts have been recorded on Denmark Hill and 1,278 at the PRUH and other sites (although of these the majority relate to the PRUH site). The level of PALS activity at the PRUH is high compared with Denmark Hill.

- For inpatients, the predominant issue at Denmark Hill relates to bed capacity and the knock on effect on waiting list delays and cancellation of elective surgery. At the other sites, there are similar issues, and in particular concerns about waiting times for elective admission for orthopaedics, general surgery and urology.

- For outpatients, at Denmark Hill, neurosciences and ophthalmology have the high numbers of PALS contacts. Outpatient services have been reconfigured across the other Trust sites, and moving across to new systems and ways of working has resulted in a higher number of PALS contacts in some areas, notably in ophthalmology and cardiology.