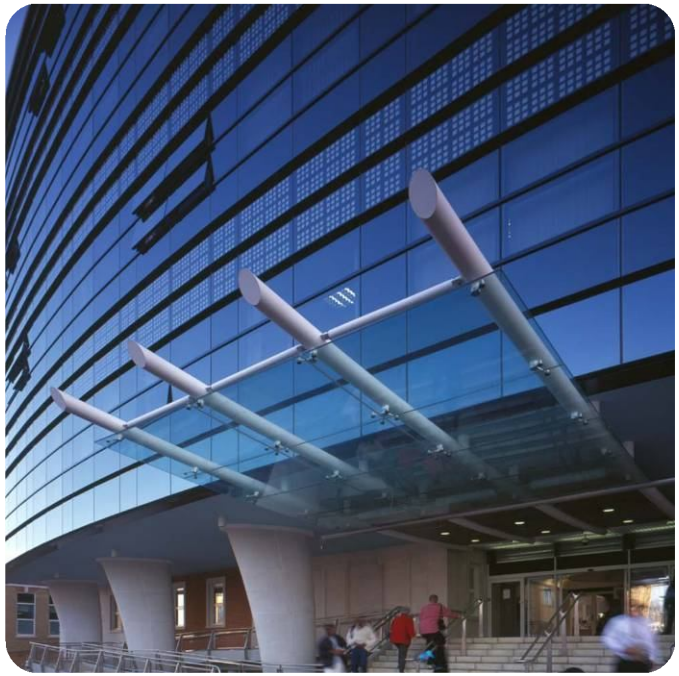
Horizon Enterprise Visibility at KCH

Peter Fry - Assistant Director of Performance and Contracts



King's services

- Major Trauma centre and Hyper Acute Stroke centre
- Regional Neurosciences centre
- Largest Liver transplantation unit in Europe
- Specialist Haemato-oncology centre
- Children's Hospital with 16 bedded Paediatric ITU / 32 bedded NICU
- World class Fetal Medicine dept
- Integrated Cancer Centre with Guy's and St Thomas'
- International Private Patients
- Academic Health Science Centre (one of just 5 in UK)

Trust Overview

- *6900 staff (approx.)*
- *Annual income £542m+*
- *939 inpatient beds*
- *48 wards (all with electronic boards)*
- *8 Clinical Divisions – Divisional Manager/Clinical Director lead*
- *Number of people treated 09/10 :-*
  - *Total outpatient attendances* *550,655*
  - *Total in-patient admissions* *65,336*
  - *Total number of day cases* *40,150*
  - *Total number of patients attended A&E* *118,327*

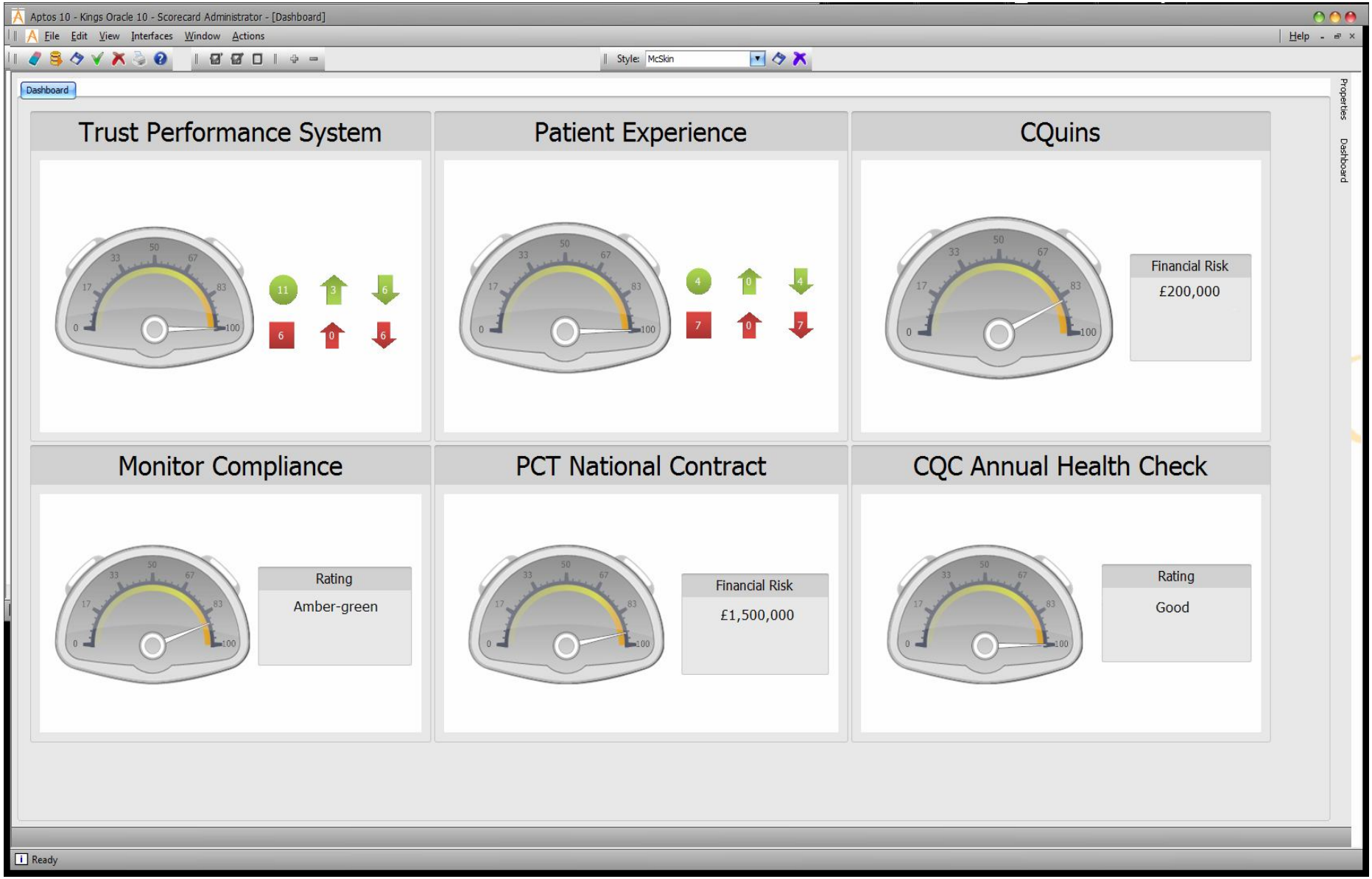
What are the underlying health needs of our local population?

Health Indicator	Lambeth	Southwark	Lewisham	Greenwich	Bromley	Bexley	Croydon
Deprivation							
Children in Poverty							
Homelessness							
GCSE Achievement							
Life expectancy							
Infant Mortality							
Early deaths: cancer, heart disease & stroke							
Deaths from smoking							
Alcohol admissions & drug misuse							
Mental Illness & Violent crime							
Physically active adults							
Binge drinking adults							
Healthy eating adults							
Obese Adults							
Obese Children							
Teenage Pregnancy							
Tuberculosis							

Source: Department of Health – Community Health Profiles

Worse than London average | In line with London average | Better than London average

Developed an in-house performance system to deliver change across the organisation



Standard Scorecard across the trust

Trust Scorecard Jul-10

King's College Hospital NHS
NHS Foundation Trust

Metric	Units	Last Year	Last Mnth	This Mnth	Target	Status (R / G)	Trend	Graph
Clinical Effectiveness								
Risk adjusted mortality (YTD)	Index	108	83	81	100	G	---	
Death in low mortality HRG's	Number	0	0	0	0	G	---	
Average Length of Stay - Elective ALoS	Days	5.2	5.3	5.2	4.9	R	Better	1.3
Average Length of Stay - Non - Elective ALoS	Days	7.7	6.2	6.1	6.0	R	Better	1.4
Daycase Rate for BADS Trolley procedures (YTD)	%	91	93	93	92	G	---	
Cancer Waiting list - 2 Week Wait (QTD)	Index	100	100	100	100	G	---	1.8
Cancer Waiting list - 31 Day Target (QTD)	Index	100	100	100	100	G	---	1.9
Cancer Waiting list - 62 Day Target (QTD)	Index	100	100	100	100	G	---	1.10
Unplanned admissions to ICU/HDU	Number	14	28	36	30	R	Worse	1.7
Readmissions within 14 days (YTD)	%	3.1	3.0	3.0	3.0	G	---	1.6
Admitted Patients Treated < 18 weeks	%	93	95	95	90	G	---	1.11
Non-Admitted Patients Treated < 18 weeks	%	96	96	96	95	G	---	1.12
Emergency Care Performance	%	98.8	98.5	98.3	98.0	G	Worse	1.13
ED Conversion Rate	%	--	21.2	22.0	20.2	R	Worse	
Delayed Discharges to Primary/ Social Care	Number	33	14	26	42	G	Worse	1.15
Safety								
Hand Hygiene Audit	%	89	97	97	95	G	---	2.3
Infection Control (YTD)	Cases	87	42	53	46	R	---	2.1
-MRSA (YTD)	Cases	12	4	8	6	R	---	2.1
-VRE (YTD)	Cases	17	8	8	11	G	---	2.1
-CDT (YTD)	Cases	58	30	37	29	R	---	2.1
MRSA Screening - Elective	%	74.0	98.9	99.7	100.0	R	Better	2.2
MRSA Screening - Emergency	%	--	88.1	93.7	100.0	R	Better	
Total Hospital Acquired Alert Organisms (YTD)	Cases	360	294	374	480	G	---	2.8
H&S - reported BBV incidents (YTD)	Number	108	52	70	71	G	---	2.7
Red Adverse Incidents (inc medication errors)	Number	3	2	2	0	R	---	2.5
Slips, Trips & Falls	Number	15	9	17	18	G	Worse	2.4
Pressure Sores - Hospital Acquired	Number	12	12	6	15	G	Better	2.6
Red Shifts	Number	--	76	67	0	R	Better	
Patient Experience								
How are we doing?	%	84	85	84	85	R	Worse	3.1
Care Perceptions	%	87	86	85	87	R	Worse	3.1
Patient Engagement	%	85	87	86	85	G	Worse	3.1
Environment	%	73	75	73	73	G	Worse	3.1
28 Day Cancelled Operation Rule	%	0	0	0	5.0	G	---	
Number of Inpatient Cancellations	Number	9	29	28	16	R	Better	3.2
Outpatient Cancellations - by Hospital	Number	8,310	7,682	7,493	6,447	R	Better	3.3
Number of Complaints	Number	83	46	58	55	R	Worse	3.4
Timely response to complaints	%	69.9	60.9	63.8	80.0	R	Better	
Single Sex Accommodation	Number	--	213	298	0	R	Worse	
Financial & Operational Efficiency								
Financial - Net Variance (YTD)	(000s)	(1,163)	(1,975)	(2,397)	0	R	Worse	4.1
Theatre Utilisation Rate	%	80	80	75	80	R	Worse	4.5
Ethnic Coding (YTD)	%	96	96	96	90	G	---	4.10
DNA Rate	%	12.8	13.7	13.0	12.2	R	Better	4.6
Coding Depth	Ratio	2.8	3.3	3.1	3.1	G	Worse	4.8
Data Quality	%	100	100	100	100	G	---	4.9
Coding Completeness by Cut-off Date	%	98	84	84	90	R	---	4.7
Activity - Electives (YTD)	Spells	19,708	14,051	19,010	19,459	R	---	4.2
-Emergency Inpatients (YTD)	Spells	11,005	6,798	9,161	10,706	R	---	4.2
-Non-Elective Inpatients (YTD)	Spells	7,988	5,939	8,094	8,025	G	---	4.2
-Outpatient Attendances (YTD)	Number	150,036	120,802	163,823	148,547	G	---	4.3
-ED attendances (YTD)	Number	44,262	31,945	42,826	42,116	G	---	4.4
New to Follow Up Ratio	Ratio	2.4	2.4	2.4	2.0	R	---	
Staff Capability								
Vacancy Rate	%	11.1	6.6	7.1	7.0	R	Worse	5.4
Appraisals Complete (YTD)	%	10.7	7.8	9.7	30.0	R	Better	5.1
Sickness & Absence (Rolling YTD)	%	3.2	3.4	3.3	3.0	R	Better	5.2
Voluntary Turnover Rate	%	10.1	9.3	9.3	---		-	
Equality and Diversity Training	%	--	62.2	61.1	75.0	R	Worse	

Indicators agreed with Divisions and their teams

Ownership of scorecard

Scorecard produced by information team and supplied to Divisions and Teams on a monthly basis.

Enables more time to be spent on reviewing performance

How are we doing? key driver for improvement

- How are we doing? data fully integrated into trust performance structures
- Results included on Trust, Division, Departmental and Ward scorecards – complete ward to Board reporting
- Regular patient feedback informing trust wide and local actions to improve services and continuous data to measure success
- Overall improvement in inpatient satisfaction score of 10 points (March 10) to put King's in the top quartile of its peers in London
- How are we doing? underpinning year on year improvement in national inpatient survey with King's second amongst peers in London
- King's Health Partners, best performing AHSC

King's College Hospital NHS
NHS Foundation Trust

How are we doing?

We are asking all patients to tell us about their experience at King's. We want to know what you think of our services and staff – where things work well and where we need to make improvements.

Please help us by filling out a short questionnaire

By answering these questions you will help us to make changes to improve services for all our patients in the future.

Thank you for your help

How are we doing? King's

PALS
Patient Advice & Liaison Service
If you have an urgent concern or wish to make a complaint, please contact the Patient Advice and Liaison Service.
Telephone:
020 3299 3601
or
020 3299 3625
Textphone:
020 3299 1878

If you need help to complete a questionnaire please contact PALS

Jeśli potrzebujesz pomocy w wypełnieniu formularza, skontaktuj się z PALS (Służbą ds. kontaktu i pomocy pacjentom).

Haddii aad u baahan tahay inaad soo dhammeystirto su'aalo-waydiimaha, fadlan la soo xiriir PALS.

如果您完成问卷调查需要帮助，请联系 PALS。

Se precisar de ajuda para preencher algum questionário, por favor contacte o serviço PALS.

Bir anket doldurmak için yardıma ihtiyacınız varsa, lütfen PALS ile iletişim kurun.

King's

We're listening to you

How are we doing? King's

What makes performance work ?

King's College Hospital NHS
NHS Foundation Trust

Support from

- The Trust Executive
- Human Resources Managers
- Finance Managers
- Information and Performance Analysts

Combined with

- Timely, good quality and reliable data
- Engagement and buy in from all staff
- Challenging targets

We have developed a system that provides information for decision making in a timely manner, **BUT** we have found that poor data entry across the Trust means we never have the full picture.

Challenged by

- Peers
- Executive
- Board of Directors

Why ePSB?

What ePSB can deliver

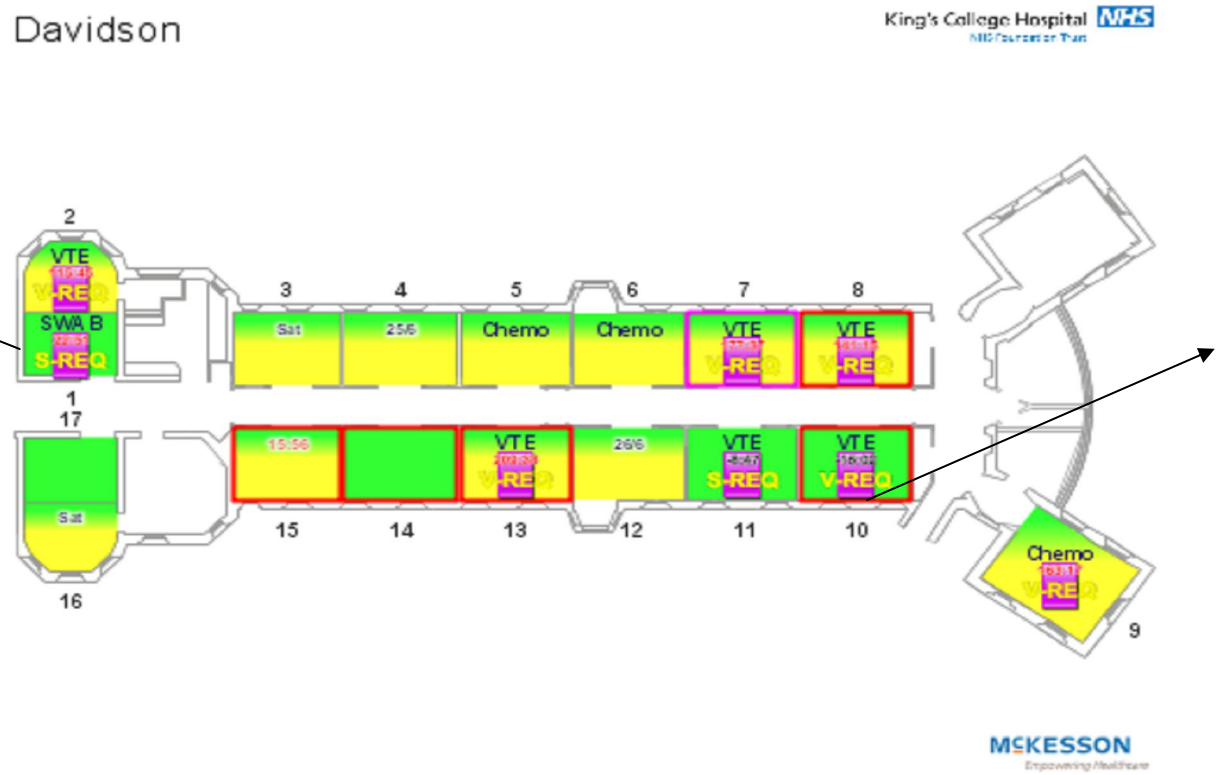
- Improved data quality
- Prevent loss of income (£500k in Q1) – estimated losing £180k a quarter now
- Simple, visual indicators about key points in each patient's care process
- An expanded range of information about each patient – in real time and 'at a glance'
- A view of all inpatient care activity across the Trust

Why it's helpful

- Helps ward teams manage each patient's care in a calm, coordinated, safe and ordered way
- Better, faster routing of each patient to the right bed on admission. Fewer ward outliers.
- Fewer days in treatment during hospital stay (reduced LOS) because:
  - Delays are flagged right away
  - Corrective actions are easy to identify
- More planned discharges – and more patients discharged at planned times.
- More beds available for those waiting
  - in our ED
  - on waiting lists

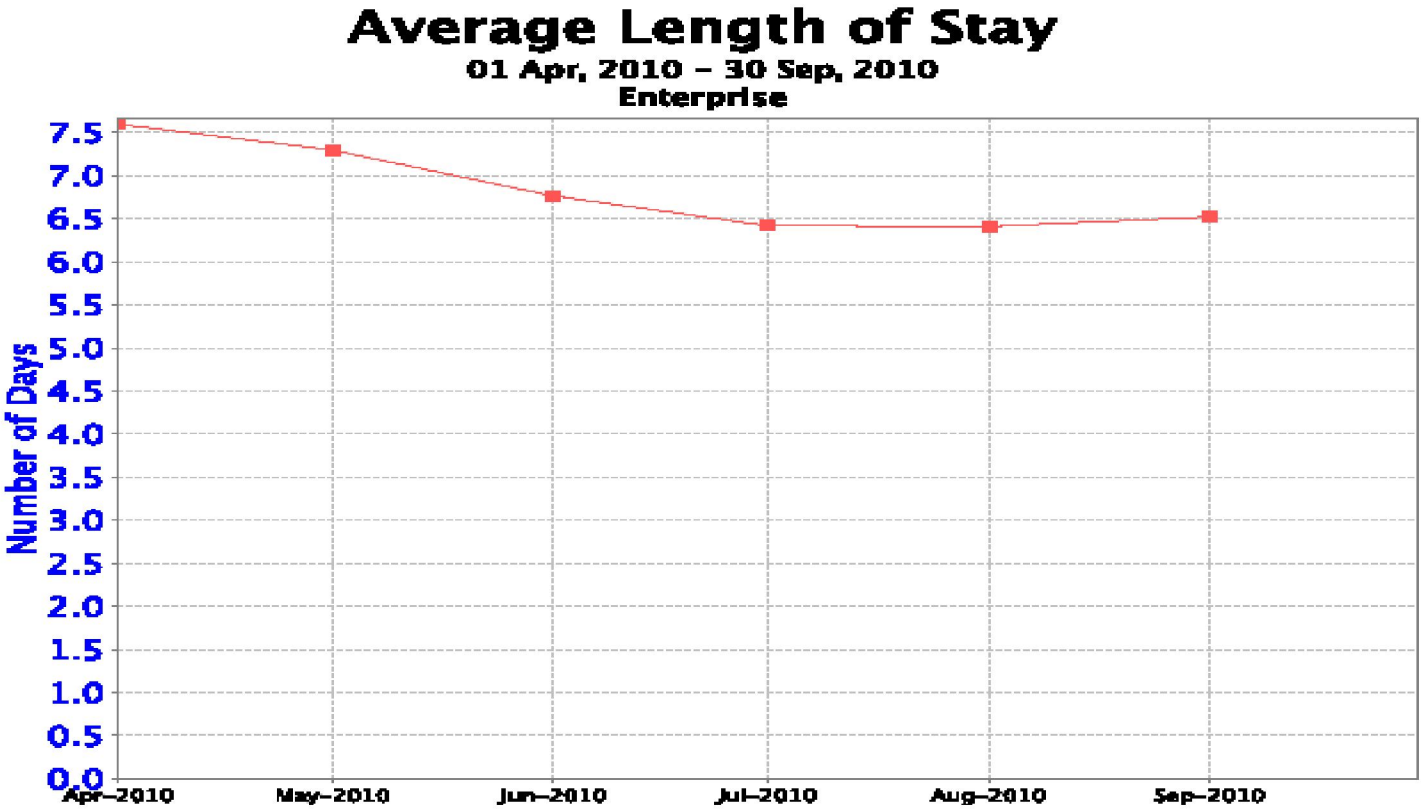
Capturing key quality metrics and acting upon them in 'Real Time'

MRSA Screening compliance



VTE assessment compliance

ePSB delivering a reduction in Trust length of stay



In the last year we have closed circa 100 beds across the organisation, but are still working with the same activity levels. This is supporting the Trusts £50m saving plan in 2010/11.

Using E-psb reporting tools to track daily/weekly/monthly..

Assurance

Using E-PsB to enable us to track:

- Single sex accommodation
- VTE Assessment
- Emergency/Elective MRSA screening
- Strategic compliance of wards, ie 48 hour stay patients on Medical Assessment Unit

Moving performance to the next level …….

Challenges

Getting staff to move away from manual Boards to using electronic Boards – culture shift.

Piloted work in Specialist medicine – manual white Boards now removed from wards.

Next Steps

Use the successful piloted wards to champion in other areas of the Trust

Use performance reports to drive reductions in length of stay to support a £50m savings programme in 2010/11.

ANY QUESTIONS ?