Enc 2.1.4a

King's College Hospital NHS
NHS Foundation Trust

Board of Governors' Patient Experience & Safety Committee

Time: **12.30**
Date: **28 January 2010**
Venue: **Cutcombe Room**

	Tom Duffy (TD)	Patient Governor (Chair)
	Rashmi Agrawal (RA)	Public Governor
	Tim Mason (TM)	Public Governor
	Pida Ripley (PR)	Patient Governor (12.55pm onwards)
	Michelle Pearce (MP)	Public Governor
	Hedi Argent (HA)	Public Governor (1.25pm to 2.30pm)
	Fiona Hunter (FH)	Staff Governor (to 2.30pm)
	Tony Agosu (TA)	Staff Governor
	Rowenna Hughes (RH)	Staff Support Governor
	Jan Thomas (JT)	Patient Governor
In attendance:	Jane Walters (JW)	Director of Corporate Affairs (12.55pm onwards)
	Jessica Bush (JB)	Head of Patient and Public Involvement
	Josephine Ocloo (JO)	Research Associate, Organisational Governance, PSSQ
	Judith Seddon (JS)	Assistant Director of Governance
	Brady Pohle (BP)	Staff Governor
	Nicky Hayes (NH)	Consultant Nurse for Older People
	Paula Harvey (PH)	Old Peoples Specialist Nurse
	Glain Jones (GJ)	Head of Nursing Neurosciences
	Mark Hazlewood (MH)	Fundraising Marketing Manager
	Jenny Yao	Assistant Director of Quality Improvement
	Ria Vavakis	Committee Assistant (minutes)

Item	Subject	Action
1	**Election of Chair and terms of reference** Following a ballot, Tom Duffy was elected Chair and Michelle Pearce was appointed Deputy Chair (unopposed). TD noted his thanks to Anne Macnaughton for previously chairing the committee. **It was agreed that discussion on the committee's terms of reference be deferred until the next meeting to allow the Chair to meet with JS and discuss CQC requirements.**	**TD / JS** **By 22/04/10**
2	**Apologies** • Michael Mitchell	

3	**Minutes of the meeting held on 21 October 2009** The minutes of the meeting were confirmed, subject to the following: • Delete TD from meeting attendees and note under apologies. TD requested that future minutes be circulated earlier than has been the case in the past. JW proposed that a note of key actions be circulated one week after the meeting (with a draft first going to the Chair). **It was agreed that a note of key actions be circulated one week after each meeting (with a draft first going to the Chair).**	**RV**
4	**Matters arising** In relation to facilities issues (item 4), MP noted that at the meeting on 21 October 2009 several governors had expressed interest in participating in Mini PEAT inspections. MP requested that the Chair take on the role of following up on items in respect of which governors had expressed interest in participating. She commented that it was discouraging for governors who had volunteered to take on particular tasks when they were not contacted about taking those tasks forward. JW confirmed that there was a central list which set out the committees in which each governor was involved as well as other miscellaneous items in respect of which governors had expressed an interest in participating. As expected, the governor involvement list changed from time to time and it should be updated and publicised regularly. **JW agreed to circulate a governor involvement list together with new opportunities for involvement and post it on the "Governors only" part of the KCH website.** JB confirmed that she was the Trust's point of contact for the governors and that she could put governors in touch with the right people so that matters could be taken forward. In relation to the EPSB (item 7) RA asked about co-ordination between the system provider and the Trust and the extent to which the new system was helping to improve patient care. It was noted that new technology always takes time to learn and the rollout across all areas was not yet complete. **FH noted that she would be happy to give a demonstration to the committee at its next meeting as to how the EPSB works and how it is expected to work in the future.** She noted that she could also take governors onto the ward to show them how the EPSB works in practice.	**JW / RV** **FH 22/04/10**

5	**New contract for soft facilities management services** <u>Feedback on selection process</u> TD reported that he had been involved in the selection process (but did not participate in the actual decision to appoint Medirest). In his view, a good selection process had been followed. Medirest was stronger than the other applicants in terms of the way the transition between providers would be managed. Medirest also appeared to put an emphasis on improvement and quality over and above other applicants. <u>Feedback on food/nutrition</u> HA reported that new menus were being rolled out in February in the admissions ward. A tasting had been held, and the food was vastly improved. There are still some unresolved issues around children's menus and children's portions. The way orders are being taken is changing, with a two hour turnaround being the aim. <u>Feedback from mini PEAT inspection</u> PR expressed disappointment that the governor mini PEAT appeared to have been abandoned in favour of go see walkarounds. She queried whether "Go See" audits were carried out in the same depth as the governor mini PEAT and questioned why governors had not been asked to be involved in the Go See audits. JW commented that there were a large number of different initiatives taking place centred around ward inspection (including Quality ward rounds, Dignity initiative, go see visits and Annual PEAT inspections). The wards are therefore being rigorously inspected. PR reiterated that Governors would also like the opportunity to be included in the Go See visits. **It was agreed by the committee that a recommendation that governors be invited on Go See audits be made to the Trust.** **JW confirmed that she would pass on the recommendation to Geraldine Walters.** It was noted that the next PEAT was due to be completed prior to 26 February. The identity of the two PESC members who should attend the annual PEAT inspection was discussed. **TD and JT expressed an interest in attending the next PEAT inspection. This opportunity would, however, be publicised to all Governors.**	**JW** **TD / JT**

6	**Fundraising initiative – patient mailings** Mark Hazlewood presented the report. MH indicated that consideration was being given to the Trust contacting patients on behalf of the KCH charity and inviting them to support the charity. The Trust would make one initial approach only. Patient data would be "cleansed" to remove the deceased, the vulnerable and anyone who has made a complaint about KCH. The aim would be to align a single charity to KCH, rather than having a number of different funds. HA queried how the "cleansing" would work. MH noted that the charity would work in conjunction with Business Intelligence. JW added that the process of data cleansing would need to be further thought through and that the Fundraising Team had been in discussions with Trust staff about this.	
7	**Governor involvement in ward initiatives** NH and PH presented the report. NH noted the "Dignity Toolkit" has been developed to promote consistency across the Trust on dignity issues. It has been embedded in the induction program together with safeguarding. New employees are invited to sign a personal dignity contract to remind them of what is expected at King's. Feedback from "Dignity Month" will be taken forward and examples of good practice shared across the Trust. The "Dignity Toolkit" will be continually updated and expanded. PH will be facilitating a "Champion Network" which will launch on 5 February. Two members of each ward will take on the role of champion. A Champion Network meeting will be held monthly. It is envisaged that "Dignity Month" will be an annual event.	
8	**End of life care** BP presented the paper. He noted that, although he would be continuing to sit on the End of Life Strategy Group in his capacity as a Trust solicitor, it would be beneficial for another governor to become a member of that committee and report back to PESC. MP queried the extent to which the End of Life Strategy Group liaised with the local hospice. FH noted that in the	

	past there has been staff rotation with the hospice. JT, PR and RA all expressed interest in becoming a member of the End of Life Strategy Group. **It was agreed that the vacancy on the End of Life Strategy Group would be added to the governor involvement list to be circulated by JW. Once any additional governor interest has been gauged, the additional group member(s) may be proposed.**	**JW / RV**
9	**Quality accounts 2010/2011** JY presented the report. In terms of mortality rate, she noted that there has been a reduction from 100 to 84. Quick wins have been made on the coding front (historically, some primary diagnoses have been incorrect). RA queried the effect that KCH's designation as a trauma centre would have on mortality rates. He noted that the data would have to be risk adjusted. He also raised concerns about the accuracy of statistics and how the underlying data was audited. JY noted that data was independently audited by KPMG. It was noted that "Never Events" were not considered by some Governors to be a particularly robust indicator of quality performance since they do not provide much information about the quality of outcomes when there are none to report but only indicate the absence of one negative. RA noted that he would like further information on the areas in respect of which the Trust is reducing costs.	
10	**CQC Update** JS noted that it was unclear how the CQC would enable feedback from third parties including Boards of Governors to inform the process of registration. PR noted that the Governors might wish to make comment to the CQC as individuals. Such comment could incorporate both the way that the Trust has improved as well as any criticism of Trust performance. TD queried whether PESC should draft a submission to the CQC. **It was agreed that it would be useful for PESC to draft a submission to the CQC. At the next meeting a decision will need to be made as to what will be prepared and who will do the drafting.**	**All**

11	**Any other business** • It was noted that completed NIHR King's Patient Safety and Service Quality Research Centre consent forms should be handed to Josephine Ocloo. • **It was agreed that the start time of the meeting on Thursday, 11 November 2010 be amended to 12 noon (from 12.30pm).** • Committee members expressed disappointment that lunch would no longer be provided by the Trust on days where back-to-back governor meetings took place, particularly having regard to the fact that governors are volunteers and the time commitment they invest in Trust activities.	
12	**Date of next meeting** **Thursday, 22 April 2010, 12.30pm to 2.30pm, Dulwich Room**	

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Actions arising from PESC meeting on 22 April 2010

Issue	Action	Lead
Electronic Patient Status Boards	When system is fully implemented, G Walters will provide Governors with a progress update at the next Directors' Surgery (date tbc)	GW
Terms of reference	Circulate draft terms of reference incorporating suggestions from this meeting. Committee members to forward any further comments and ToR to be presented for approval at next PESC meeting on 08 July. Circulate summary safety information (when available) and Board Assurance Framework to committee.	TD / JS JS
Governor commentary to CQC on Trust's CQC assessment	Working group to identify areas of focus for Governor commentary and agree plan and timetable at July meeting, with aim of reporting to PESC and Board of Governors in November.	TD/MP/RA/ PR/JT/MM
PESC work plan	Invite Governors to participate in nutrition 'Go See' programme. Include update on midwifery-led services in nursing presentation to next meeting. Look at : Nurses' Training Work of PSSQ (Governor reps are TD & PR) PCT role and policies, impact on KCH Impact of KHP CAGs on KCH Outpatients Environmental Audit, Patient Story, etc.	JB GW
Meeting on 11 November 2010	It was agreed that the start time of the meeting on Thursday, 11 November 2010 be amended to 12 noon.	

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King's College Hospital NHS
NHS Foundation Trust

Report to: **Board of Governors**

Date of meeting: **20 May 2010**

By: **Tim Smart, Chief Executive**

Subject: **Chief Executive's Board Report**

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1. Executive Summary

We ended the year with a small deficit, which has occurred because of increased costs of covering new rotas brought about by the European Working Time Directive, and the costs of accommodating a significant over-performance in budgeted activity levels. But everyone in the Trust has responded well to the need to be more efficient and at the same time more safe, and our surplus run rate for the last quarter was very encouraging as we enter a very challenging year when we need to realise efficiencies of 10%.

We have achieved all National Targets, despite the challenges of increased activity, Norovirus and the H1N1 flu strain.

London's Major Trauma Network began on 6 April, and as a Major Trauma Centre, we have seen an increase in the acuity of patients.

Operationally, we continue to be very busy, but I am happy to report that this month has seen the Trust receive unconditional registration with the CQC.

2. Finance – month 12

The Trust recorded a deficit of £1.456m for the financial year 2009/10 which included an impairment loss of £4.318m. The impairment loss relates to the devaluation of property as determined by the District Valuation service (London) and this non-operating expense in the annual accounts is excluded from the Monitor financial risk rating.

Excluding the impairment loss, the Trust achieved a surplus of £2.862m and a risk rating of 3 compared to the planned rating of 4.

3. Performance – month 11

In month 11 the Trust was on target for 3 out of 4 key deliverables. We continue to deliver on the 18 weeks referral to treatment, emergency '4 hour wait' and infection control targets, but remain off trajectory against our length of stay targets. Both the elective and non-elective average length of stay targets remained off target in month 11 due to continued challenges from outbreaks of noro-virus on our wards in January

and February. The Director of Operations, Roland Sinker, is working with divisions to revitalise our intentions on delivering against length of stay reductions.

4. Monitor ratings

For the end of the financial year, I am pleased to report that the Trust achieved ahead of its national expected limit for both MRSA bacteraemias and C-Difficile, consistently achieved against the 18 week targets and delivered above the required 98% of patients being seen within 4 hours of an attendance at the emergency department. In addition to this, we achieved a 'Green' governance rating with Monitor in Q4, following a turn around in our cancer waiting time performance. The Trust also achieved a 'Green' mandatory services rating in Q4.

5. Strategy/King's Health Partners

An important KHP milestone has been reached, with the appointments of Leaders for the first Clinical Academic Groups – Cancer, Haematology, Palliative Care and Therapies (Prof Arnie Parosotham); Cardiovascular (Prof Ajay Shah and Dr Martin Thomas); Diabetes, obesity, endocrinology, ophthalmology and metabolism (Prof Stephanie Amiel and a TBA jobshare partner); and Pharmaceutical Sciences (Prof David Taylor). All 21 CAG leaders will be in place by June 2010, and the CAGs will being developing strategies for improving research, education and clinical care. Frances O'Callaghan has been appointed to the fourth KHP director post, which will support the KHP executive and CAGs in their ongoing development and plan execution.

Consultation is currently underway on updated strategic objectives for the trust, which will inform the Annual Plan to be submitted to Monitor as well as the priorities for a new Transformation Programme to drive service improvement and efficiency across the Trust. Close working continues with KHP colleagues on strategy development, including alignment between the Annual Plans of all 3 FTs.

6. Research

The Trust allocated £1.5 m in 09/10 to a fund for consultant led Research projects. This has been taken up by a significant number of new consultant-researchers. Progress is patchy, but the Trust has decided to allocate the same sum again in 10/11 because it is strategically important to encourage and support research active consultants. The focus of the research is projects that are relevant to the diseases that are characteristic of the local population. I will report quarterly on progress in this area.

7. CQC registration

I am pleased to report that the Trust has been granted CQC registration without conditions. All Trusts in England achieved registration, which is a significant achievement for CQC. 22 Trusts were registered with conditions, of whom 12 were FTs.

8. Trauma

As of the 6 April 2010 the Major Trauma Centre (MTC) at Denmark Hill and the SE London Trauma network went live as one of 3 pan-London Trauma networks (4th MTC to go live from October). This means that all patients experiencing Major Trauma (MT) in SE London will be directed by the LAS central coordination desk to King's unless they are too unstable to transfer to us direct. In these circumstances these patients will be treated, stabilised and then transferred to King's for their specialist trauma care.

To support the MTC, a number of improvements have been made:

- All MT patients' resuscitation care is now consultant led 24/7 by one of our critical care or emergency medicine consultants. This not only improves the initial care provided but also facilitates the rapid safe onward movement of patients to CT scanning and/or definitive treatment in the critical care or operating departments.
- A daily MT round is being held with Consultant representation from all specialities and disciplines involved in MT, at which all patients that presented in the previous 24 hours are reviewed and their individualised ongoing care is agreed.
- A weekly performance group meets to review the impact of the MTC on King's to problem solve any issues regarding capacity or patient management
- Repatriation policy with our network partners is now live facilitating the timely and safe transfer of patients back to their local 'Trauma unit'.

Key developments and milestones over the coming three months are as follows:

- Complete recruitment processes for key medical and AHC professionals to support MT and ensure we can deliver the MT performance criteria.
- Complete the formal consultation for the 24/7 consultant rotas.
- Complete ED CT scanner procurement process and commence installation (operational late Summer) to support both Trauma and Stroke patients.
- Complete business case for the new critical care facilities in the GJW and agree the capital plan and timescales.
- Finalise and commence Clinical Risk & Governance meetings for MT both monthly for KHP and quarterly for the network.
- Revisit from Healthcare for London on the 27 May 2010 to assess our progress and release the next 30% of 2010/11 funding.
- Appointment of KHP as a Vascular Surgery centre, at the conclusion of the Healthcare for London Review of Vascular services in London.

9. Stroke

The Kings Stroke Centre, consisting of 12 HASU (Hyperacute Stroke Unit) and 16 SU (Stroke Unit) beds has now been fully live from February 2010. There have been two external inspections so far; our SU was assessed in December 2009 and our HASU was assessed in March 2010. These assessments determined whether or not we were meeting the A1 standards required to release 70% of the new HfL Stroke Tariff. We were assessed as being fully A1 compliant in both areas.

The second round of assessment against the HfLA2 standards has begun. These require us to provide evidence of the quality of care we provide. The SU will be assessed first, beginning this month followed by the HASU. Passing these assessments will then release the remaining 30% of tariff.

We have been successful with our increasing of staffing establishment to the required levels and more importantly finding staff to fill the new vacant posts. Additional monitors are in place across all the HASU beds; the only outstanding work to be done is some minor structural alterations to the Friends Stroke Unit to accommodate the additional staff and improve the functioning of the Unit.

The current phase of HASU development across London means that we are expected to receive (in conjunction with Guy's and St Thomas) South East sector suspected stroke patients who fall within a certain timescale of onset. From July this year we will be expected to receive, assess, diagnose and potentially treat all patients who have any symptoms of stroke regardless of the timescale of onset. The increase in out-of-area patients is already proving challenging in relation to repatriation, and we are working with the South London Healthcare Trust in Bromley to establish and strengthen their Stroke Unit. The HfL standard is that patients should be repatriated within an average of 3 days but our SE sector partners are not consistently able to meet that target. This is going to be one of the most challenging areas for our service.

10. First Choice

Active work is underway in Neurosurgery and Specialist Medicine to enable a steady flow of elective patients and ensure that all patients receive the care they need – when they need it – while maximising bed capacity, minimising waits and cancellations, and reducing costs.

Multi-disciplinary teams are now leading key pieces of work in each division. Progress to date:

Neurosurgery

- Elective-only ward
  - Admission criteria: Murray Falconer closed to emergency admissions as of 8 April; now admitting only patients from elective surgical list who are MRSA-negative
  - Care pathways: Most common spinal and cranial procedures set with target length of stays (TLOS) and actions necessary by every member of the care team to progress care and prepare for timely discharges
  - Ward reviews: Daily ward rounds are revised and being tested to ensure care plans are in place and actively progressed through timely decisions and actions.
- Admissions lounge
  - Renovation work underway to create the space on Murray Falconer for same-day surgical admissions. Now preparing for 24 May opening.

- Admission and Discharge Planning: Daily meeting in place to balance discharges against admissions, forecast the week ahead, and adjust plans to achieve 100% bed capacity.

- Inventory reduction
  - Stock levels: Reduced quantity on hand for high-cost, seldom-used medical supplies, realising £43k reduction in inventory levels.
  - Stock control: Implemented a concern escalation process to ensure that stock issues that cause disruption to theatres are captured and resolved.

Specialist Medicine

- Pre-Admission
  - Admission criteria: Triage criteria for admission to Derek Mitchell Unit being piloted to ensure it is used as an elective unit for patients receiving bone marrow transplant as a primary procedure.
  - "One-stop" pre-admission clinic: Now established, enabling diagnostic tests such as for heart, lung, kidney function to be performed on the same day for the patient, instead of multiple appointments over separate days.
- Inpatient treatment and Discharge
  - Care pathways: Defined to identify target length of stay for each patient and the key decisions and actions necessary to progress the patient's care plan through discharge
  - Ward reviews: Specialist Registrars are driving regular multidisciplinary discussions to prepare patients for safe and timely discharge from Davidson Ward. Other solutions such as discharge coordination and communications will continue to be tested and refined on the wards.
- Post-transplant Care
  - Phases of post-transplant care have now been defined, and we are building our understanding of the cost base to prepare for negotiating service level agreements with our commissioners and referrers.

11. Media/events (11 March – 10 May)

Press & broadcast:

15 March – BBC News carried a story about Hepatitis C patient Nafeica Wafaquani, who contracted the virus after living a 'high risk' lifestyle. King's Dr Kosh Agarwal, an expert on the condition, is quoted at length in the article about testing and treatment options for viral hepatitis.

23 March – National and local media coverage (BBC News, South London Press) about the Design for Patient Dignity programme, launched in March by the Department of Health and The Design Council. A new hospital gown for patients, created by designer Ben de Lisi, is being trialled at King's, and was the subject of media interest on the day of the launch. Debbie Hutchinson, King's Head of Nursing for Gynaecology, is quoted saying the new gowns will improve dignity for patients.

23 March - King's patient Richard Lane, now President of Diabetes UK, was the subject of a feature article in the Daily Mail about islet cell transplants. Richard, who has type 1 diabetes, was the first person in the UK to undergo the procedure at

King's in 2004. In the article, King's diabetes consultant Professor Stephanie Amiel explains how the procedure was carried out, and the potential it has to improve the quality of life for patients with diabetes.

13 April – The King's diabetic foot service was the subject of a BBC Radio 4 Case Notes programme. The programme featured interviews with Professor Mike Edmonds, clinical lead for the service at King's, as well as patients connected to the clinic. For many patients, intervention by specialists at King's has meant their limbs being saved from amputation, the worst-case scenario for people with the condition.

13 April – The Nursing Standard reported on news that King's has become the first hospital in the UK to enable specially training nurses to perform surgery for selected patients with kidney disease. Senior Sisters Elaine Bowes and Maxine Keddo have undergone training to carry out the procedure, which enables patients to undergo peritoneal dialysis.

NB: Media activity in April/early May was less than usual because of the pre-election period (known as 'purdah'). Purdah places restrictions on the type of announcements or good news stories public sector organisations like ourselves are able to issue in the run-up to a general election.

1 May – Lambeth Life published an article about a King's scientist who has invented a new device to help doctors interpret scans more accurately. The Gillian Phantom – named after nuclear medical physicist Gillian Clarke – was officially unveiled at a radiology conference in the United States.

11 May – The Nursing Times and the South London Press covered HRH The Princess Royal's visit to King's on May 5 to officially open The Cicely Saunders Institute of Palliative Care (a collaboration between King's College London and Cicely Saunders International – see Events and Visits for more information).

13 May – The Evening Standard reported on news that King's has become the first hospital in London to offer the use of a new one-off drug for patients that helps surgeons carrying out delicate brain surgery distinguish between tumours and healthy tissue. The chemical in the drug is 'taken up' by the cancerous cells in the brain which then show up as bright pink when put under a special light by surgeons. This enables surgeons to more easily distinguish between tumour cells and normal surrounding brain tissue.

<u>Events and visits:</u>

11 March – Ann Keen MP visited The Haven at King's to see how the NHS is helping support victims of sexual assault. The centre is funded jointly by the NHS and the Metropolitan Police Service (MPS) and brings together, under one roof, a dedicated team of specially trained NHS doctors, nurses and other health care professionals to help and support clients through the trauma of a sexual assault.

22 March – Health Minister Ann Keen MP visited King's as part of the Design for Patient Dignity programme, launched by the Department of Health and The Design

Council. The Minister was shown a new hospital gown for patients being trialed at King's, and met staff and patients on Catherine Monk ward.

5 May - the Cicely Saunders Institute of Palliative Care was officially opened by HRH the Princess Royal. Palliative care focuses on relieving symptoms and enhancing quality of life for patients with advanced disease, and on supporting the family and those close to them. The Institute will house our multi-disciplinary palliative care team, and also a Macmillan Information and Support Centre for patients, families and professionals.

12 May – King's staff celebrated International Nurses Day, with awards given out to the Nurse, Midwife and Healthcare Assistant of the Year as nominated by colleagues. The event was attended by over 500 members of staff, with speeches from Tim Smart and Geraldine Walters.

11 - 17 May – the Trust will hold its annual series of Community events. Members of the public will hear about Trust strategy for the coming year, and receive information on our forward plans. This year, there will be presentations on stroke and trauma, and information stands for attendees to visit.

12. Chief Executive's Brief

The April staff briefing is attached for information.

Appendix

Update on current financial position

The financial position at the end of 2008/09 showed a cumulative surplus of £2.9m before exceptional items. Exceptional items of £4.3m due to asset impairments reduced the position to a net loss of £1.4m, which was £7m behind the Foundation Trust Plan, submitted last May. Income was significantly ahead of plan due a combination of additional work required to achieve the 18-week treatment target and very high levels of emergency demand.

The unplanned nature of the additional activity meant that expenditure was also higher than planned, mainly as a result of drugs and clinical supplies required for this additional work, together with the need to perform both out of hours and offsite working to meet waiting time targets.

At the end of Q3, the Trust's position was a deficit of £3.6m, with a year end projection of £6-7 million without corrective action. The Board of Directors instituted a recovery plan to address this position with a target reduction in net expenditure of £1.4 million per month. This plan was overachieved leading to an operating surplus for the year.

The Trust's cash position was ahead of plan, due to agreement being reached with the three main purchasing PCTS to pay outstanding over performance in year, in exchange for a capped level of activity. In fact, the year end outturn activity was broadly in line with this capped figure, so the net effect on the Income and Expenditure account was negligible but it had a positive effect on cashflow.

Capital spend was also broadly in line with the budgeted amount, but there was a cost overrun on the Energy Scheme due to the Trust deciding that additional engineering resilience was required in the project due to experience gained on other projects. This was offset by under-spends on other schemes.

The Trust has recently reached agreement with the LSL Alliance on behalf of all its main commissioners regarding the service contract for 2009/10. Affordability constraints for the PCT together with losses in Market Forces Factor funding, efficiency gains inherent in the tariff and generating sustainable efficiencies to supplement the emergency measures introduced in Q4 will lead to reduced planned surplus levels from 2010/11 onwards despite the Trust setting a 10% Cost Improvement target. This is being monitored as part of stages 2 and 3 of the Trust's Medium Term Financial Strategy.

CHIEF EXECUTIVE'S BRIEF

April 2010 Issue 47

King's

An update from the Chief Executive to all staff at King's College Hospital

Are we getting it right at King's?

At King's our Values declare that we put patients' needs first. So we won't consider cost savings which endanger patient safety. We won't pursue targets without first paying attention to patient safety. We have an open and transparent culture which enables people to express concerns without fear. We always strive to listen to what patients and their families tell us and then act on what we learn.

Well if that is all true, then we need not worry about what happened at Mid Staffordshire NHS Foundation Trust, and what has been recommended in the Francis Report, because it is clear from that report, that none of those things were true at Mid Staffs. The Board was fixated with FT status at the expense of everything else. They did not discuss clinical governance or patient safety issues, and staff either stopped caring or were too frightened to say anything to the Board.

I am putting this as bluntly as I can; far more bluntly than the Francis Report. Because I want us all to ask the question; is it REALLY true that this couldn't happen at King's ? The Board has asked me to ask these questions and report back. We will be doing this in a systematic and analytical way. But anecdotes are equally as valuable. So if what I have said has provoked you into thinking 'I must tell Tim about ….'. Please do so. I promise you that I will protect anyone's anonymity if you wish me to do so.

As we are closing out the financial year, I want to say a huge thank you to everyone who has worked so hard to deliver good results – patient safety, patient experience, and efficiency. The changes we have made and will make are not just about reducing costs. The intent is to make us more effective and faster moving. We continue to have a strong accent on professionalism, teamwork and inclusive discussion about what needs to be done. And we always try to show respect for the individual.

But we cannot afford to be complacent about our achievements or about how we do things. For example, the National Staff Survey shows clearly that we are improving in many regards, including how we respond when staff complain about Bullying and Harassment. But the survey also shows that although there are fewer incidents, staff are still being bullied at work by colleagues. And that is totally unacceptable. I will not be happy until no-one feels they are being bullied at work.

Tim Smart
Chief Executive

Same Sex Accommodation

In January 2009, the Secretary of State announced an intension to all but eliminate mixed sex accommodation across the NHS. We have been working hard to achieve this, but have had to report that, along with many other Trusts nationally , we have not been able to completely comply with this. The problem areas for us remain the high dependency and critical care units as well as day surgery and the clinical decision unit of the Emergency Department. Everywhere else within the Trust patients should only be sharing a room and bathroom and toilet facilities with members of the same sex.

Our goal is to achieve compliance by April 2011 and we have published on our website a detailed action plan to demonstrate how we will achieve this. Over the course of the next year, as well as implementation plans from Estates and Facilities to ensure the physical space is suitable, we will be monitoring compliance with same sex accommodation in the Trust very closely. This has now been added to the Trust's performance reporting framework and our How Are We Doing patient surveys and will be monitored regularly by the Board whilst we work to achieve full compliance.

Staff Survey Results

King's results in the Annual NHS staff survey show an improvement this year. Staff have rated us in the top 20 percent for 14 of the 40 indicators measured, and we scored above average for 23 indicators. Areas where we did particularly well were staff feeling there were good opportunities for developing their potential and feeling their role made a difference to patients.

Most staff also feel happy to recommend King's as a place to work and to receive treatment. They report that they feel engaged and encouraged to contribute to improvements at work. There is still room for improvement on the indicators for bullying and harassment, though these have improved on last year. More efforts will be concentrated on improving these areas over the next year.

Finance update

Congratulations to all staff on all their efforts in helping us improve our end of year financial position. Our deficit position reduced from £3.7m to £2.8m last month as we continue to make inroads into the cost of bank and agency staff, medical locums, clinical supplies and other operating costs across the Trust. We are still awaiting the final end of year figures, but anticipate that the deficit will be further reduced by this stage.

King's now officially part of new world-class trauma system

This month, we officially became one of three trauma centres for the Capital. King's - together with the Royal London (Whitechapel) and St George's (Tooting) - now make up the London trauma system, which went live on April 6. A fourth centre at St Mary's Hospital (Paddington) is expected to go live in October this year.

Under the new arrangements, patients with life-threatening injuries - such as open skull fractures and the most serious gunshot wounds, or injuries as a result of road traffic accidents - will be brought to King's or one of the other trauma centres by ambulance for specialist care and treatment. Those patients whose injuries are less severe will be cared for at one of a number of local trauma units throughout London. The fact that King's was chosen as one of only three major trauma centres for the Capital reflects the high regard in which the services we provide are held.

A huge amount of hard work has gone into making this possible, and trauma staff should be congratulated for their efforts. For more information about the trauma centre at King's, please contact Helen Peskett on 4636.

Reducing local health inequalities

Two of the key objectives for our local PCTs are the reduction in smokers and in the numbers of teenage pregnancies. Whilst they have their own channels for getting messages out to patients, we are seeing these patients every day and should not miss the opportunity to stress to them the benefits of smoking cessation, and to remind teenagers of the availability of local advice about contraception and pregnancy.

Community Events

All staff are invited to attend the annual community events for an update on the trsut strategy and Annual Plan. This year the events will be held on:

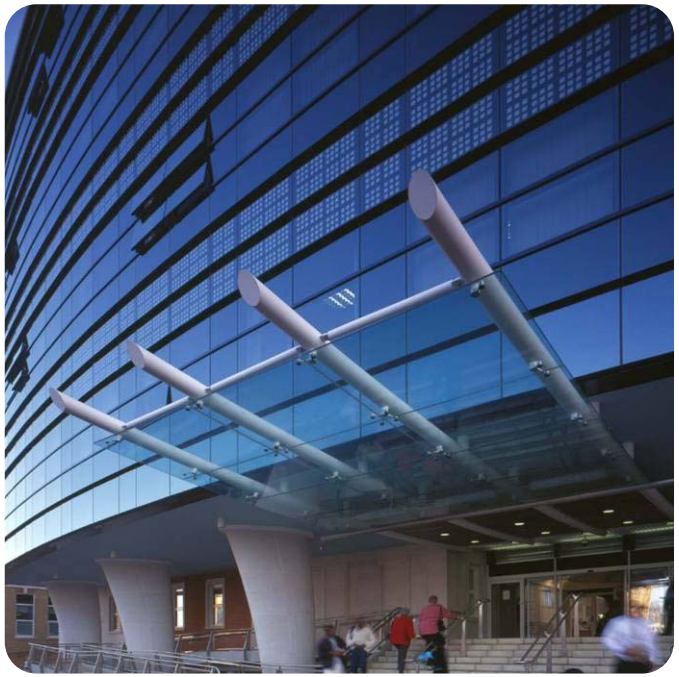
11 May Bromley Central Library 6-8pm
13 May Lambeth Accord, Brixton 6-8pm
17 May Weston Education Centre 6-8pm

Enc 3.3

2009 National Outpatient Survey

Board of Governors

Jessica Bush, Head of
Patient and Public Involvement



National Outpatient Survey 2009 - background

King's College Hospital NHS
NHS Foundation Trust

- CQC National Outpatient Survey
- Allows comparison between 2004, 2007 and 2009 results
- Random sample: 850 outpatients from May 2009
- Response rate of 48% compared to average 53%

Postal questionnaire covering

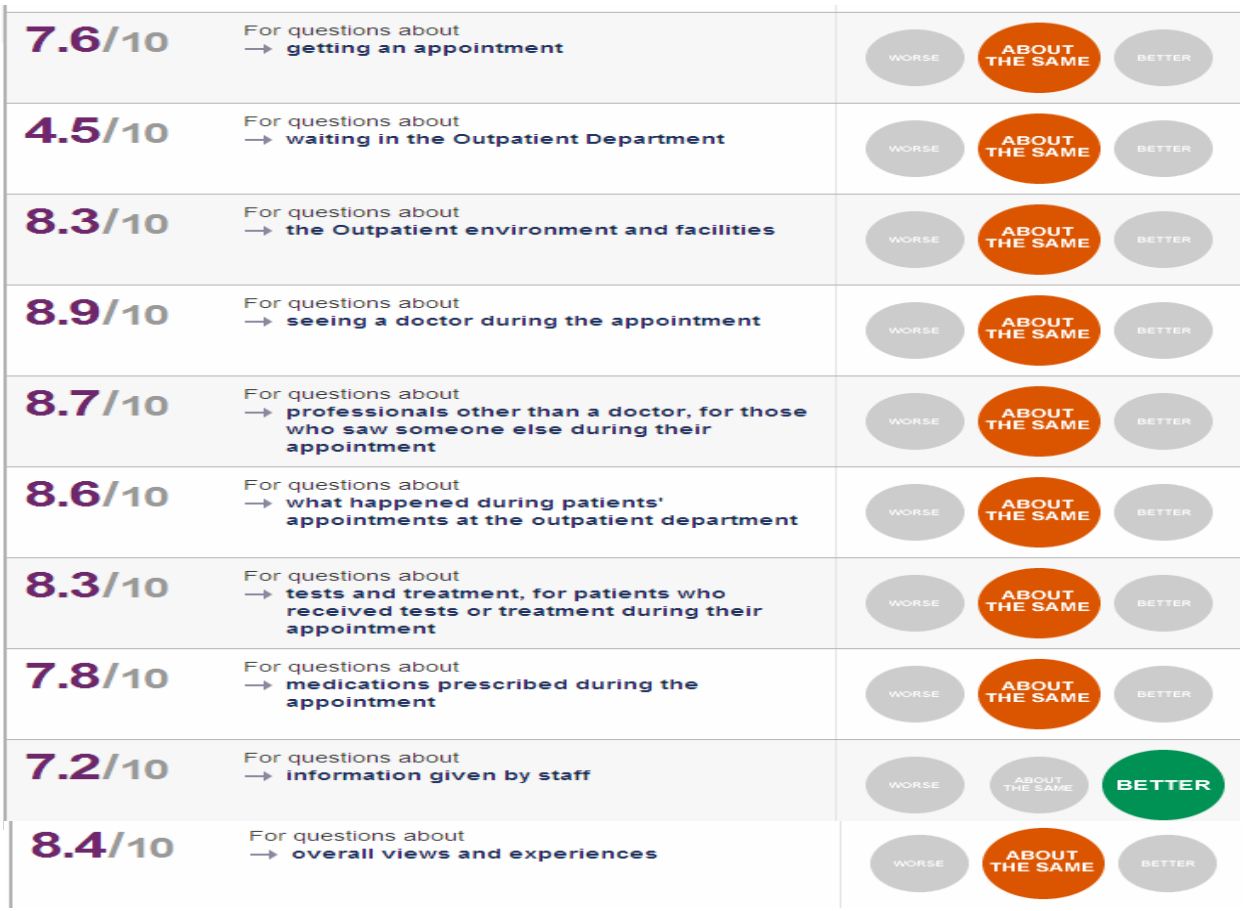
- Reasons for choice of hospital
- Waiting
- Environment and facilities
- Staff
- The appointment
- Tests and treatment
- Leaving Outpatients
- Information
- Overall impressions
- Demographics

CareQuality Commission

The Care Quality Commission view

King's College Hospital NHS Foundation Trust

- Results are published on the CQC website
- Traffic light system shows section scores as **green** (better than average) **amber** (about the same) and **red** (worse than average)
- King's scores **green** for information and **amber** for all other sections



2009 Outpatient Survey – Comparison with peers

King's College Hospital NHS Foundation Trust

London Acute Teaching Hospitals Rankings	Overall score 2009
King's College Hospital NHS Foundation Trust	80.1
University College London Hospitals NHS Foundation Trust	79.2
Guy's and St Thomas' NHS Foundation Trust	79.0
St George's Healthcare NHS Trust	78.6
Barts and The London NHS Trust	78.3
Royal Free Hampstead NHS Trust	77.1
Chelsea and Westminster Hospital NHS Foundation Trust	76.5
Imperial College Healthcare NHS Trust	76.2

2009 Outpatient Survey – Comparison across London

King's College Hospital NHS Foundation Trust

Rank	Hospital	Overal Scores
1	The Royal Marsden NHS Foundation Trust	86.2
2	Royal Brompton and Harefield NHS Trust	81.1
3	King's College Hospital NHS Foundation Trust	80.1
4	University College London Hospitals NHS Foundation Trust	79.2
5	Guy's and St Thomas' NHS Foundation Trust	79.0
6	St George's Healthcare NHS Trust	78.6
7	Barts and The London NHS Trust	78.3
8	Royal National Orthopaedic Hospital NHS Trust	78.1
9	South London Healthcare NHS Trusts	77.5
10	Royal Free Hampstead NHS Trust	77.1
11	West Middlesex University Hospital NHS Trust	77.0
12	Mayday Healthcare NHS Trust	76.7
13	Epsom and St. Helier University Hospitals NHS Trust	76.6
14	Chelsea and Westminster Hospital NHS Foundation Trust	76.5
15	Imperial College Healthcare NHS Trust	76.2
16	Kingston Hospital NHS Trust	76.1
17	The Hillingdon Hospital NHS Trust	76.0
18	The Whittington Hospital NHS Trust	75.6
19	Whipps Cross University Hospital NHS Trust	75.4
20	Homerton University Hospital NHS Foundation Trust	75.2
21	North Middlesex University Hospital NHS Trust	75.0
22	Barnet and Chase Farm Hospitals NHS Trust	74.6
23	The Lewisham Hospital NHS Trust	73.7
24	North West London Hospitals NHS Trust	73.6
25	Ealing Hospital NHS Trust	73.1
26	Barking, Havering and Redbridge Hospitals NHS Trust	72.6

	King's Health Partners
	UCL Partners
	Imperial Healthcare

2009 Outpatient Survey – Comparison with GSTT

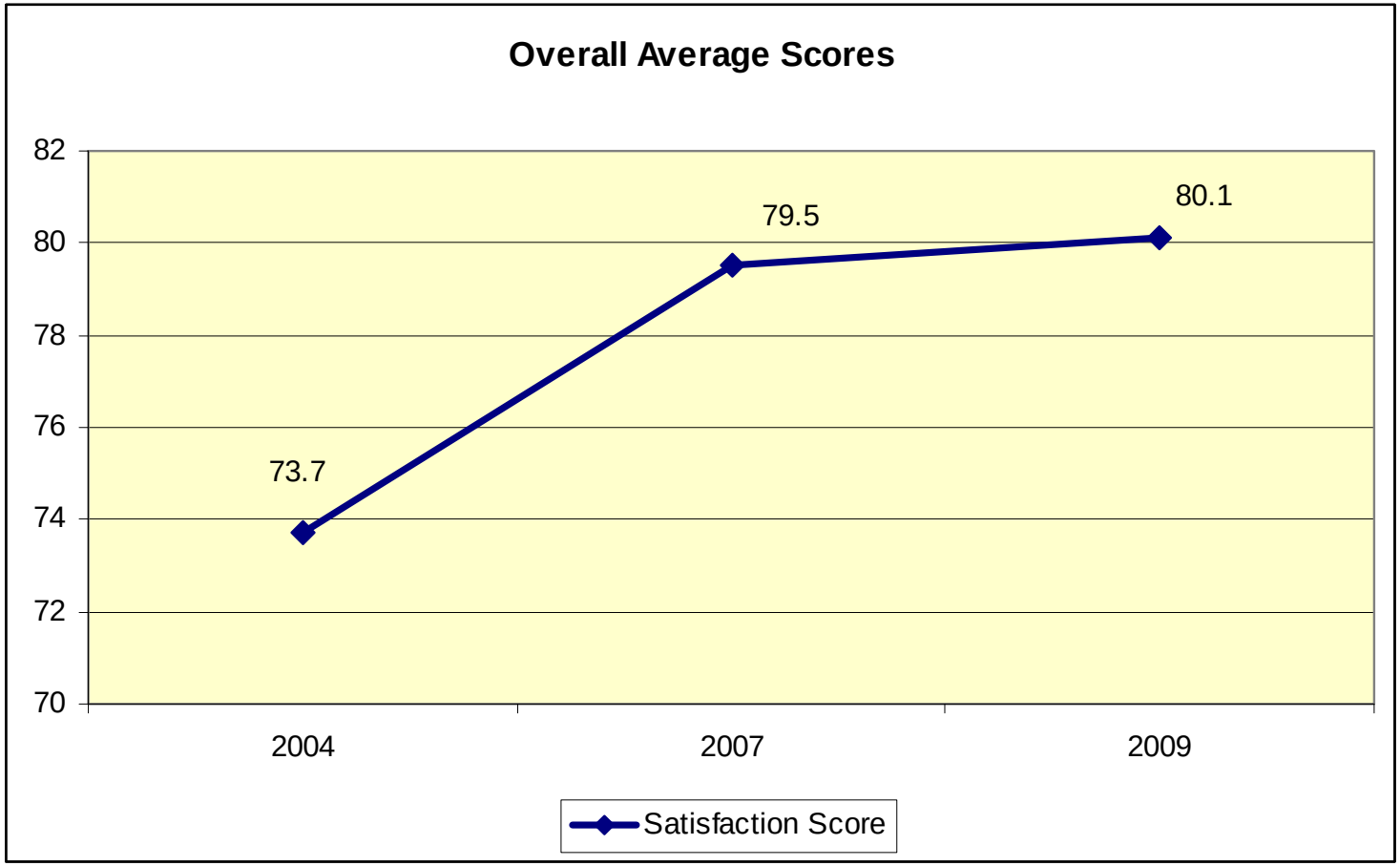
King's College Hospital NHS
NHS Foundation Trust

Survey section	KCH	GSTT
Before the appointment	7.62	7.68
Waiting	4.55	4.21
Hospital environment and facilities	8.29	8.44
Seeing a doctor	8.93	8.82
Seeing another professional	8.75	8.34
During the appointment	8.57	8.44
Tests and treatments	8.33	8.35
Medication	7.75	7.78
Information	7.19	6.63
Overall impression	8.43	8.38
Overall score	8.01	7.90

2009 Outpatient Survey – KCH comparisons

King's College Hospital NHS Foundation Trust

- Continuous improvement
- Overall improvement of 9.7% from 2004-2009
- Smaller improvement of 1.2% from 2007-2009



2009 Outpatient Survey – Top 20% nationally for 9 questions

- **Seeing a doctor**
  - Did you have enough time to discuss your health or medical problem with the doctor?
  - Did the doctor listen to what you had to say?
  - If you had important questions to ask the doctor, did you get answers that you could understand?
  - Did you have confidence and trust in the doctor examining and treating you?
- **Overall about the appointment**
  - How much information about your condition or treatment was given to you?
  - Did the staff treating and examining you introduce themselves?

2009 Outpatient Survey – Top 20% nationally for 9 questions

- **Tests and Treatment**
  - Did a member of staff tell you how you would find out the results of your test (s)? Overall about the appointment
- **Leaving the outpatients department**
  - Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?
  - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

2009 Outpatient Survey – Bottom 20% nationally for 6 questions

King's College Hospital NHS Foundation Trust

- **Before the appointment**
  - From the time you were first told you needed an appointment, how long did you wait?
  - Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?
- **Waiting**
  - How long after the stated appointment time did the appointment start?
- **Overall about the appointment**
  - Did doctors and/or other staff talk in front of you as if you weren't there?
  - Were you given enough privacy when being examined or treated?
  - Did a member of staff say one thing and another say something different?

2009 Outpatient Survey – next steps

- Trust wide dissemination of results
- Action planning for improvement
- Roll-out of How are we doing? outpatient survey
  - Launched in Suite 3 February 2010
  - Neurosciences and Cardiac April 2010
  - Women's and Children's next in line
  - All main OP Suites and ED by October 2010
  - All outpatient areas including specialist services and satellite units by mid 2011

Full CQC report for KCH on the X Drive

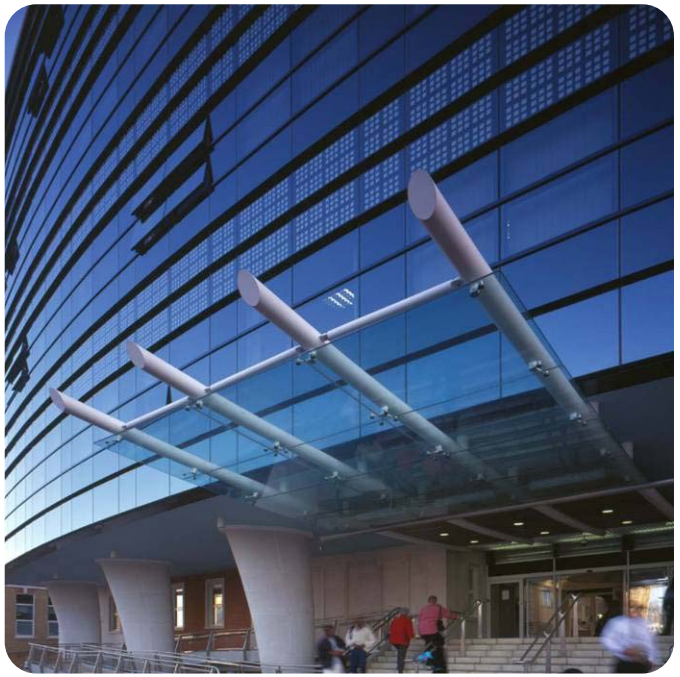
X:\Patient & Public Involvement\National Survey Programme\Outpatient Surveys\2009

Enc 3.5

Board of Governors

Away Days
2007, 2009, 2010

Action Tracker



Actions from 2007 workshop

RECOMMENDATION	ACTION	STATUS
1. Establish Directors' Surgeries	Implemented from November 2007 onwards	√
2. Governors to arrange a rota to attend BoD meetings	Outstanding	?
3. Trust to clarify role of Senior Independent Director in relation to Governors	Report to BoG November 2007	√
4. Governors to agree on ways of increasing level of interaction outside of formal Board meetings	Outstanding	?
5. Governors to provide biogs for King's website	Completed	√

Actions from 2007 workshop

RECOMMENDATION	ACTION	STATUS
6. Member's News to include feature on individual Governors	Implemented from Spring 2008	√ and ongoing
7. Produce guidance for Governors on dealing with complaints	Guidance produced December 2007 (in Governor Information Pack)	√
8. Develop agreements on: **-'Principles of Engagement'** **-Dissemination of information** **-Roles and responsibilities**	-'Working Together' document approved by both Boards 2008 -2009 workshop identified need for mechanism to track actions -Governors' Extranet launched in 2008 for sharing of documents and discussion forum	√ √ √

Actions from 2009 workshop

RECOMMENDATION	ACTION	STATUS
9. Review Progress against the workshop action plan	Establish tracking mechanisms for all agreed workshop actions	√
10. Clarify channels of communication between the Boards	Existing channels: • Reciprocal attendance at Board meetings • Directors' Surgeries • Annual Board to Board Workshop • Annual Community Events • Induction	√
11. Formal introductions for new Governors to Directors	To be included in new Governor induction going forward	√ and ongoing

Actions from 2009 workshop

RECOMMENDATION	ACTION	STATUS
12. Hold Governor away day	1 February 2010 and annual thereafter	√ and ongoing
13. Establish Lead Governor role	Established and appointment made March 2010	√
14. Clarify channels of communication between Governors	See 4 and 8 above	√ ?
15. Governor induction and training	• Governor Information Toolkit • Governor Induction programme • Directors Surgeries to continue	√ and ongoing
16. Governor 'shadowing' and buddying	To be offered for new Governors after next election Autumn 2011	?

Actions from 2009 workshop

RECOMMENDATION	ACTION	STATUS
17. Governor development	• Annual development day for BoG to be held – February 2010 and annually thereafter • FTGA events • FTN events • KCH staff events • Monthly Members' Seminars • KHP Governor events • King's Fund, etc. • Directors Surgeries • other development as requested	√ and ongoing
18. Improve transparency of which Governors are asked to do what role/task	• Current involvement programme to be circulated together with new opportunities for involvement (circulated February 2010) • New opportunitiesto be circulated as they arise	√ and ongoing

Actions from 2009 workshop

RECOMMENDATION	ACTION	STATUS
19. Change current format. Move from 'communication of information' to arena where Governors bring creativity, work collaboratively and have constructive discussions on pertinent issues	Format changed 2009 To be kept under review Governors invited to contribute to BoG agenda from May 2010 onwards	√ and ongoing √ and ongoing
20. Action points from each meeting circulated	Agreed and implemented from Nov 2009 BoG	√ and ongoing
21. Close the loop on actions	Introduce action tracker	√ and ongoing

Actions from 2009 workshop

RECOMMENDATION	ACTION	STATUS
22. Increase Governors' accountability to Members	Membership Committee discussion January 2010. Evaluate effectiveness of community meetings after current round in May 2010	√ and ongoing ongoing
23. Agree Lead Governor role – Jane to do report for BoG re next steps	Completed and appointment made	√

Actions from February 2010 Development Day

RECOMMENDATION	ACTION	STATUS
24. Improve forward planning of BoG agendas. Circulate future agendas in draft to Governors inviting them to send suggested agenda items to Michael and Jane	See 19 above	√
25. Chair to close down discussions at Governor meetings and move them on	With effect from Feb 2010	√ and ongoing
26. Agree mechanism for getting support from Board of Directors. Invite Directors to participate in Governor Committees/Working Groups	• Executive Directors attend all Governor Committee meetings • Requests to be made as required via Director of Corporate Affairs	√ and ongoing ongoing

Actions from February 2010 Development Day

RECOMMENDATION	ACTION	STATUS
27. Change room set up for meeting and remove tables	With effect from next meeting	To be agreed at May meeting
28. Set up a further development day for BoG	See 17 above Annual event in February. Date for 2011 to be circulated	√ and ongoing
29. Arrange KCH Board to Board event	Annual event – October. Date to be circulated for 2010. 3 KHP Governor events to be held in 2010. Second event 26 May 2010 at St Thomas'	√ and ongoing √ and ongoing

Actions from February 2010 Development Day

RECOMMENDATION	ACTION	STATUS
30. Arrange more informal meetings	To be discussed further by Governors	?
31. Continue with Directors Surgeries	3 Surgeries to be held annually	√ and ongoing

Name of Governor			Constituency	04-Dec-08	12-Feb-09	24-Apr	30-Jul	05-Nov
Mr	Anthony	Agosu	Staff - Nurses and Midwives	✓	✓	✓	✓	x P
Mr	Rashmi	Agrawal	Lambeth Central	✓	✓	✓	✓	✓
Mr	Andy	Alatise	Southwark Central	✓	✓	✓	✓	✓
Ms	Hedi	Argent	Southwark Central	✓	✓	✓	✓	✓
Mr	Kevin	Barton	Lambeth PCT	x P	x P	x I	x I	x I
Mr	Stuart	Bell	SLAM	✓	✓	✓	✓	x W
Cllr	Marcia	Cameron	Lambeth Council	n/a	n/a	n/a	n/a	n/a
Mr	Paul	Corben	Patient	✓	✓	x P	✓	✓
Mr	Thomas	Duffy	Patient	✓	✓	✓	✓	✓
Cllr	Betty	Evans-Jacas	Lambeth Council	✓	✓	✓	x I	n/a
Ms	Cherry	Forster	Lambeth Central	✓	✓	✓	✓	✓
Prof Sir	Lawrence	Freedman	King's College London	✓	✓	x P	n/a	n/a
Ms	Anne	Garvey	London South Bank University	n/a	n/a	n/a	✓	x P
Mr	Andy	Glyn	Patient	x P	✓	✓	✓	✓
Prof	Bruce	Hendry	Medical & Dentistry	✓	✓	✓	✓	✓
Ms	Caroline	Hewitt	Lambeth PCT	n/a	n/a	n/a	n/a	n/a
Mr	Tom	Hoffman	Southwark North	x P	✓	✓	✓	✓
Mrs	Rowenna	Hughes	Support Staff	✓	✓	✓	✓	✓
Mrs	Fiona	Hunter	Nursing and Midwifery	✓	✓	✓	✓	✓
Ms	Saleha	Jaffer	Lambeth South	x I	✓	✓	✓	x P
Mrs	Anne	Macnaughton	Southwark North	✓	x P	✓	✓	x I
Mr	Timothy	Mason	Lambeth South	x P	✓	x P	✓	✓
Mr	Michael	Mitchell	Southwark South	✓	✓	✓	✓	✓
Dr	Mark	Monaghan	Allied Health Professionals	✓	✓	x W	✓	✓
Mr	Chris	Mottershead	King's College London	n/a	n/a	n/a	n/a	n/a
Mrs	Ann	Mullins	Lambeth North	✓	✓	✓	✓	✓
Ms	Mee Ling	Ng	Southwark Primary Care Trust	x W	✓	✓	✓	✓
Cllr	David	Noakes	Southwark Council	✓	✓	✓	✓	✓
Mrs	Christiana	Okoli	Lambeth North	✓	✓	✓	✓	x I
Ms	Michelle	Pearce	Southwark South	✓	x P	x P	✓	✓
Mr	Brady	Pohle	Staff - Admin, Clerical & Management	✓	✓	x P	✓	✓
Ms	Pida	Ripley	Patient	✓	✓	✓	✓	x U
Prof	David	Sines	London South Bank University	✓	✓	x W	✓	✓
Mrs	Jan	Thomas	Patient	x P	✓	✓	✓	✓
Mr	Frank	Wood	Joint Staff Committee	✓	✓	✓	✓	✓
Ms	Sue	Yoxall	Patient	✓	✓	✓	✓	✓

Meetings are scheduled unless otherwise indicated.
Reason for absence: W = Work Commitment P = Personal Commitment (e.g. family business, annual leave) I = Illness O = Other U = unspecified

11-Feb-10
✓
✓
✓
✓
n/a
✓
x W
✓
✓
n/a
x I
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✓
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