



HEALTH AND CARE SCRUTINY COMMITTEE

18 January 2016

SECOND DESPATCH

Please find enclosed the following items:

Item 11	Presentation UCLH Performance - to follow	1 - 34
Item 13	Margaret Pyke Centre - Update - to follow	35 - 40

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University College London Hospitals NHS Foundation Trust

Update for Islington Health Scrutiny Committee

Cathy Mooney, Deputy Director Quality & Safety

Simon Knight, Director of Planning and Performance

- An overview of performance in the past year
- A view on key priorities in the coming 1-3 years

Our Hospitals

University College Hospital



Royal National Throat, Nose and Ear Hospital



Elizabeth Garrett Anderson Wing (maternity services)



University College Hospital Macmillan Cancer Centre



National Hospital for Neurology and Neurosurgery



Hospital for Tropical Diseases



Institute of Sport, Exercise and Health



Westmoreland Street



Eastman Dental Hospital



Royal London Hospital for Integrated Medicine



The UCLH Clinical Strategy and Overview

We developed our strategy in 2014, the key strategic priorities for providing specialist care continue to be...

- Cancer
- Neurosciences
- Women's Health

With a strong and high quality foundation in...

- Acute & emergency medicine
- Surgery
- Critical care

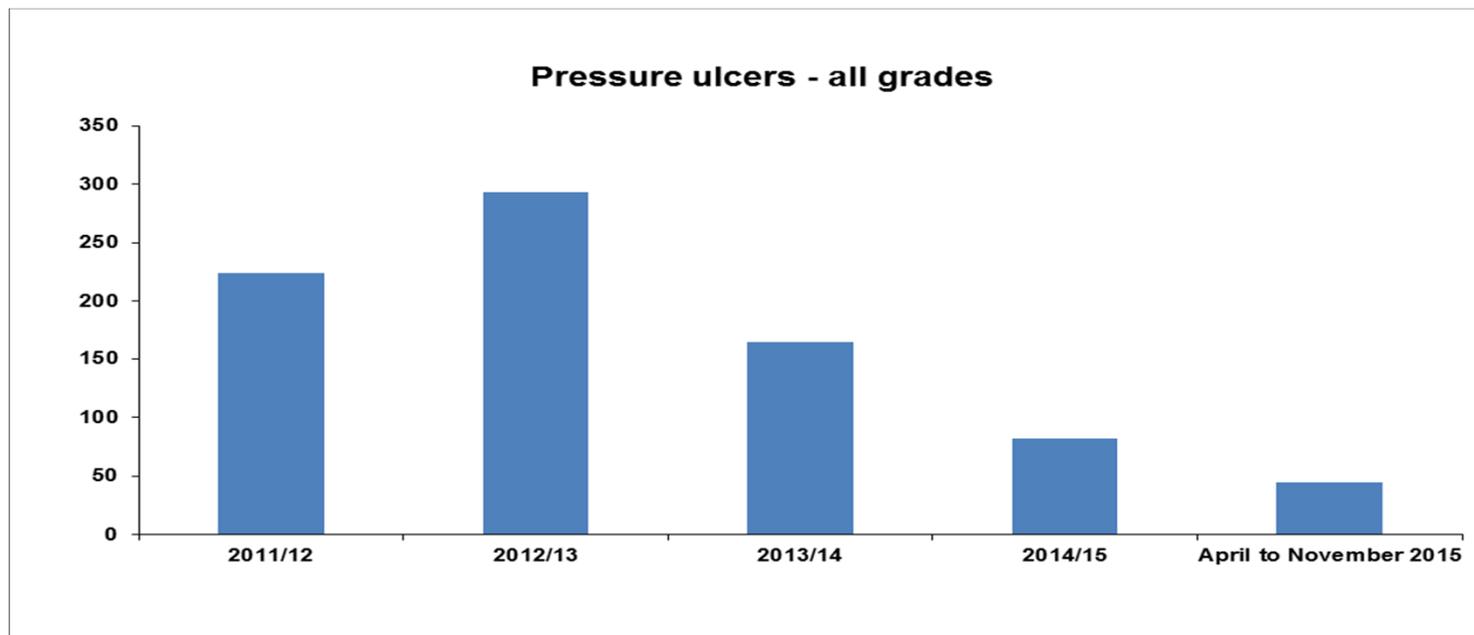
In 2015 we also developed a local hospital strategy for our CCGs' patients.

Clinical quality priorities for 2016/17

- Reduce hospital acquired pressure ulcers
- Reduce the number of falls within hospital
- Reduce cases of sepsis
- Reduce number of cardiac arrests / cases where we haven't detected deterioration in the patient's condition
- Reduce medication errors
- Reduce hospital acquired infection
- Reduce cases of harm in theatres

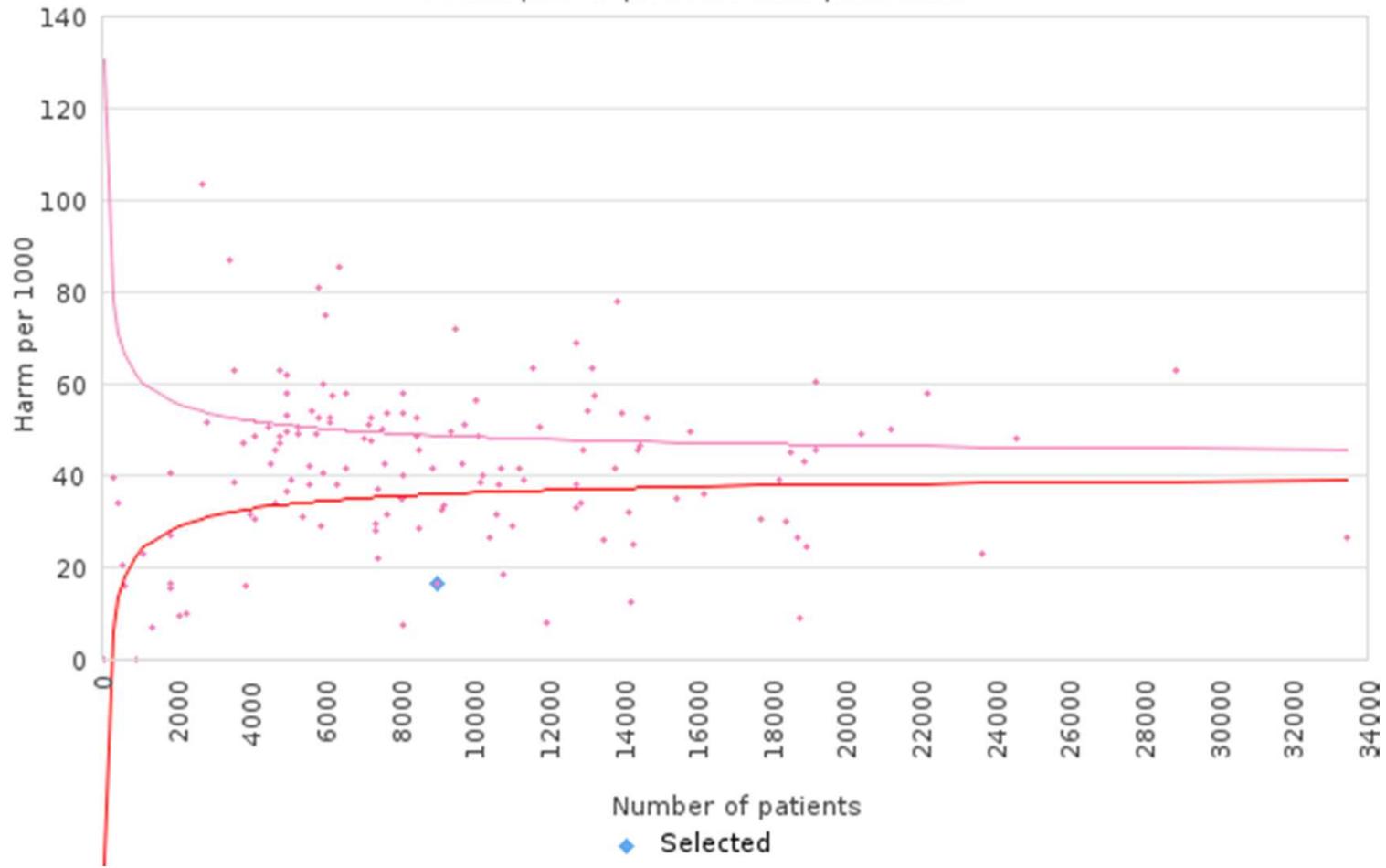
Pressure ulcer management

- Reduction in pressure ulcers over the last year.
- HAPU Matron appointed in April 2013 and SSKIN champion training commenced helping to drive improvement in 2013/14.
- Executive team led 48hr rapid reviews and Tissue Viability Nurse educator has helped to maintain improvement



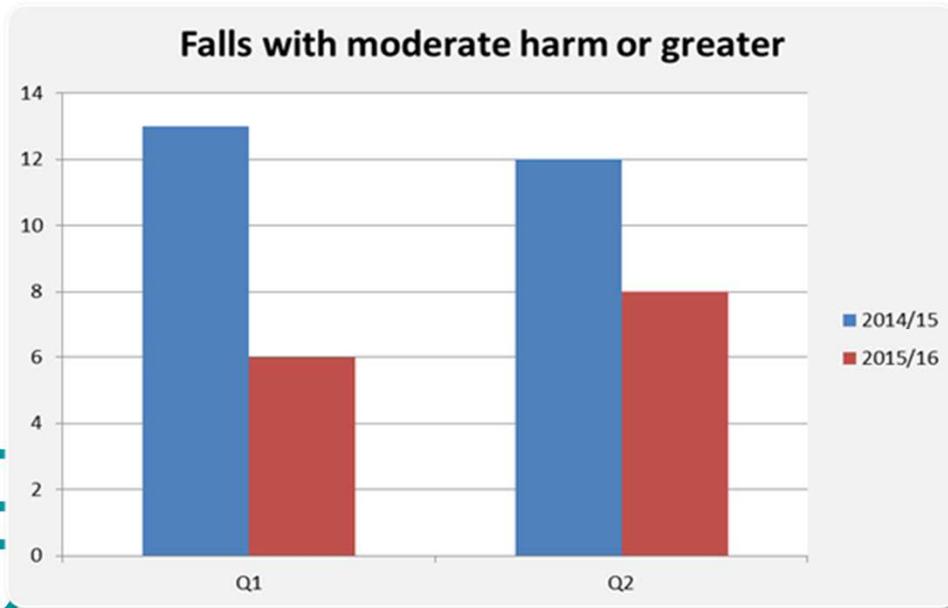
Pressure ulcer management

Funnel plot for pressure ulcer prevalence



Falls with harm

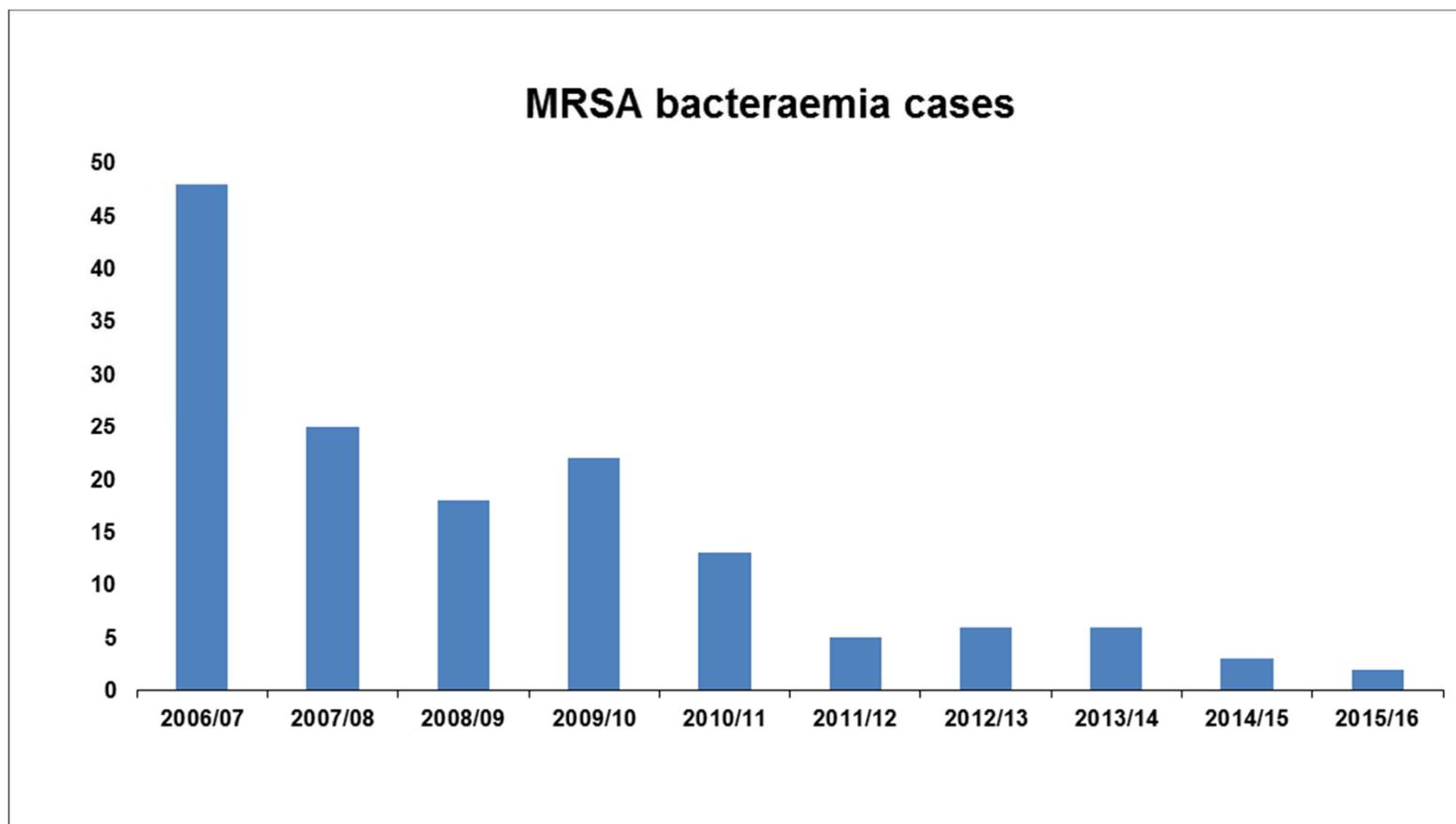
- The national mean for “falls reported per 1,000 occupied bed days” was 5.6 for acute hospitals. UCLH was lower at 3.95
- A lot of work has been undertaken on awareness and minimising harm.
- We have also employed a dedicated falls lead in September who is an invaluable resource.



National Falls Audit (October)

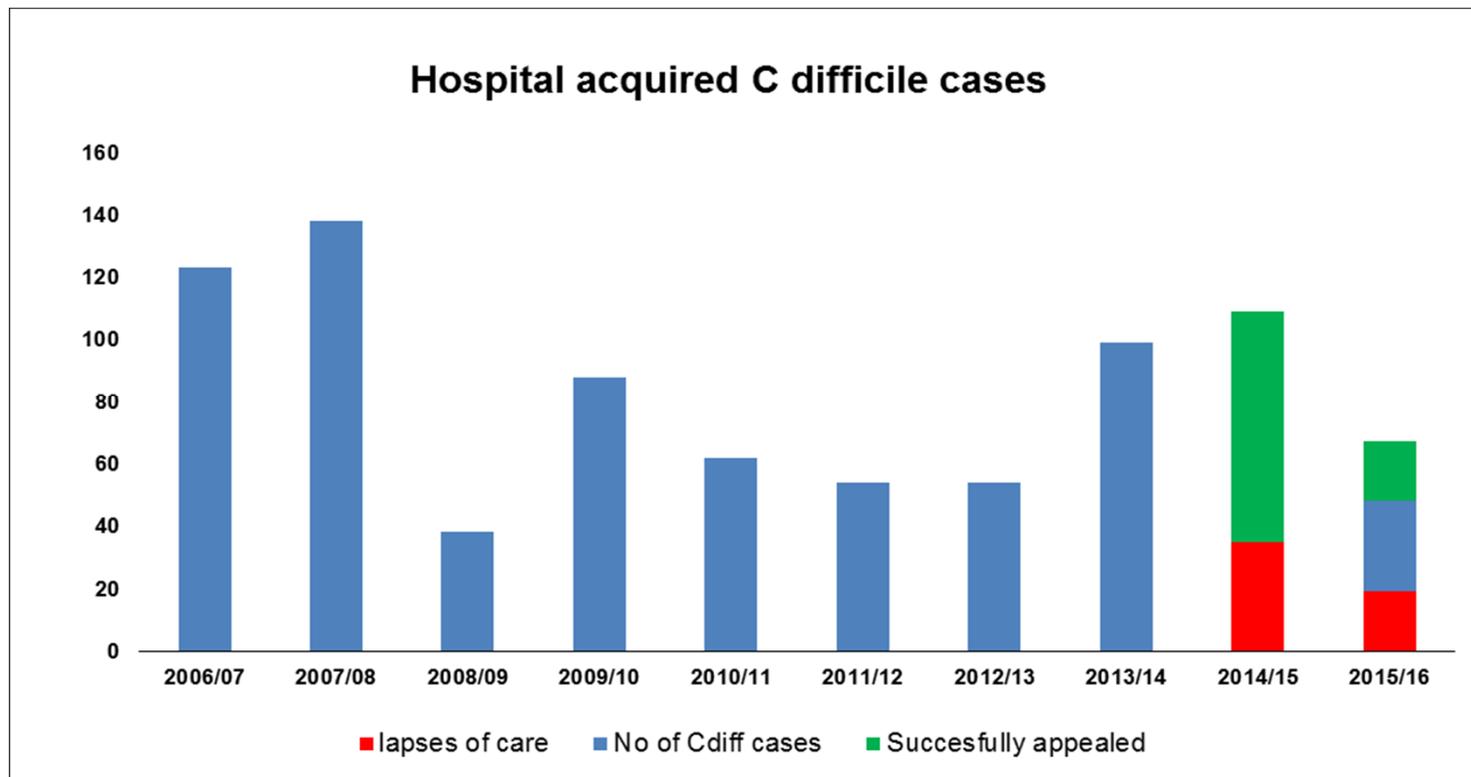
London	Falls resulting in moderate/severe harm or death per 1,000 OBDs	Falls per 1,000 OBDs
Barking Havering and Redbridge University Hospitals NHS Trust	0.11	5.93
Barts Health NHS Trust	0.06	4.38
Croydon Health Services NHS Trust	0.08	5.81
Epsom and St Helier University Hospitals NHS Trust	0.14	6.08
Guy's and St Thomas' NHS Foundation Trust	0.06	3.82
Homerton University Hospital NHS Foundation Trust	0.12	8.10
Imperial College Healthcare NHS Trust	0.05	5.18
King's College Hospital NHS Foundation Trust	0.05	3.11
Kingston Hospital NHS Foundation Trust	0.12	5.60
Lewisham and Greenwich NHS Trust	0.20	6.31
North Middlesex University Hospital NHS Trust	0.10	7.02
Royal Free London NHS Foundation Trust	0.17	4.34
St George's Healthcare NHS Foundation Trust	0.03	6.12
The Hillingdon Hospitals NHS Foundation Trust	0.11	5.37
The Whittington Hospital NHS Trust	0.04	3.23
University College London Hospitals NHS Foundation Trust	0.16	3.95
West Middlesex University Hospital NHS Trust	0.21	4.01

MRSA management



Clostridium difficile

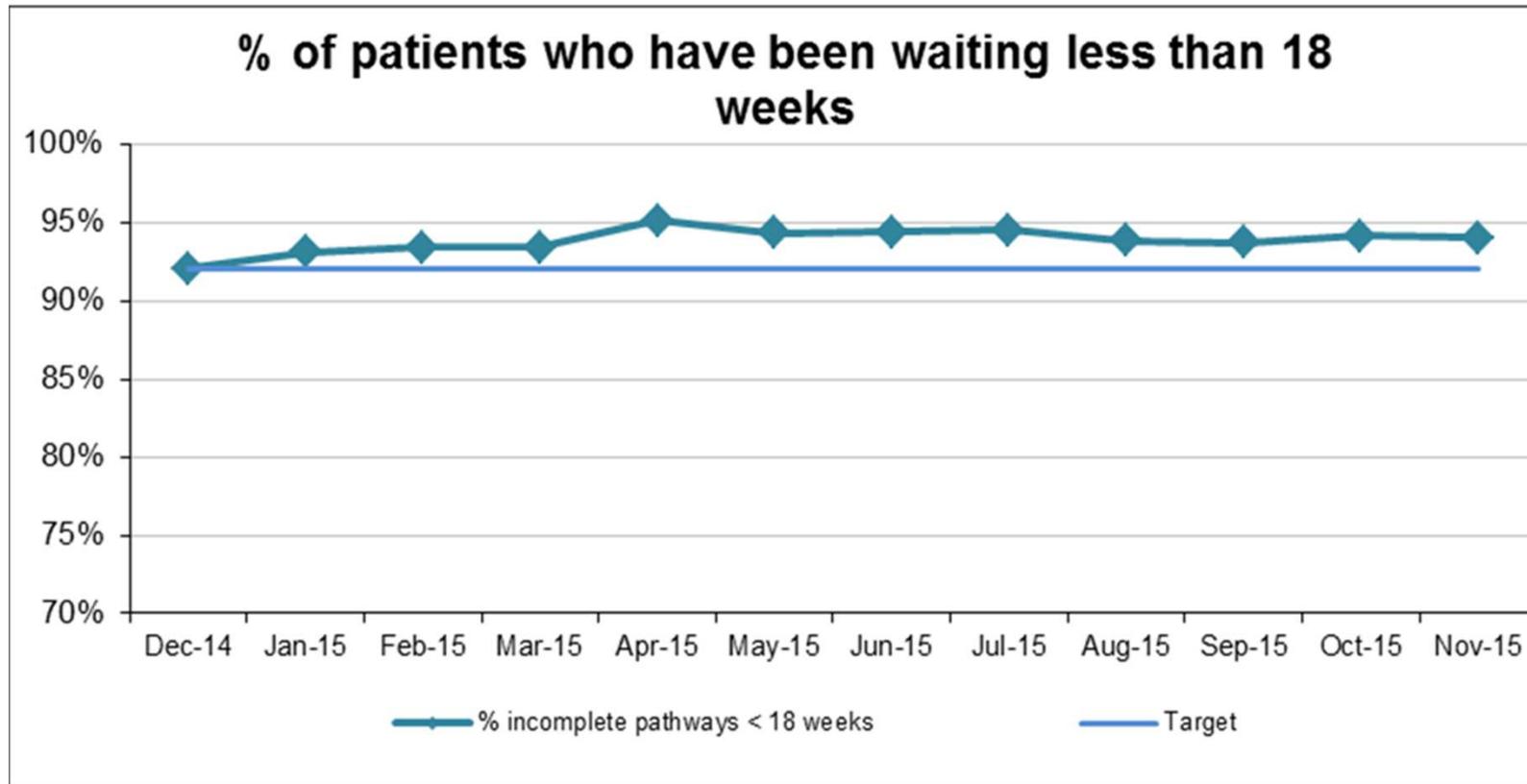
- UCLH have reported 48 cases by the end of November 2015
- 28 of these cases have been determined as not being the result of lapses in care
- 19 cases of C diff have been found to be a lapse in care by the Trust against a year end threshold of 97



2014 Inpatient Survey

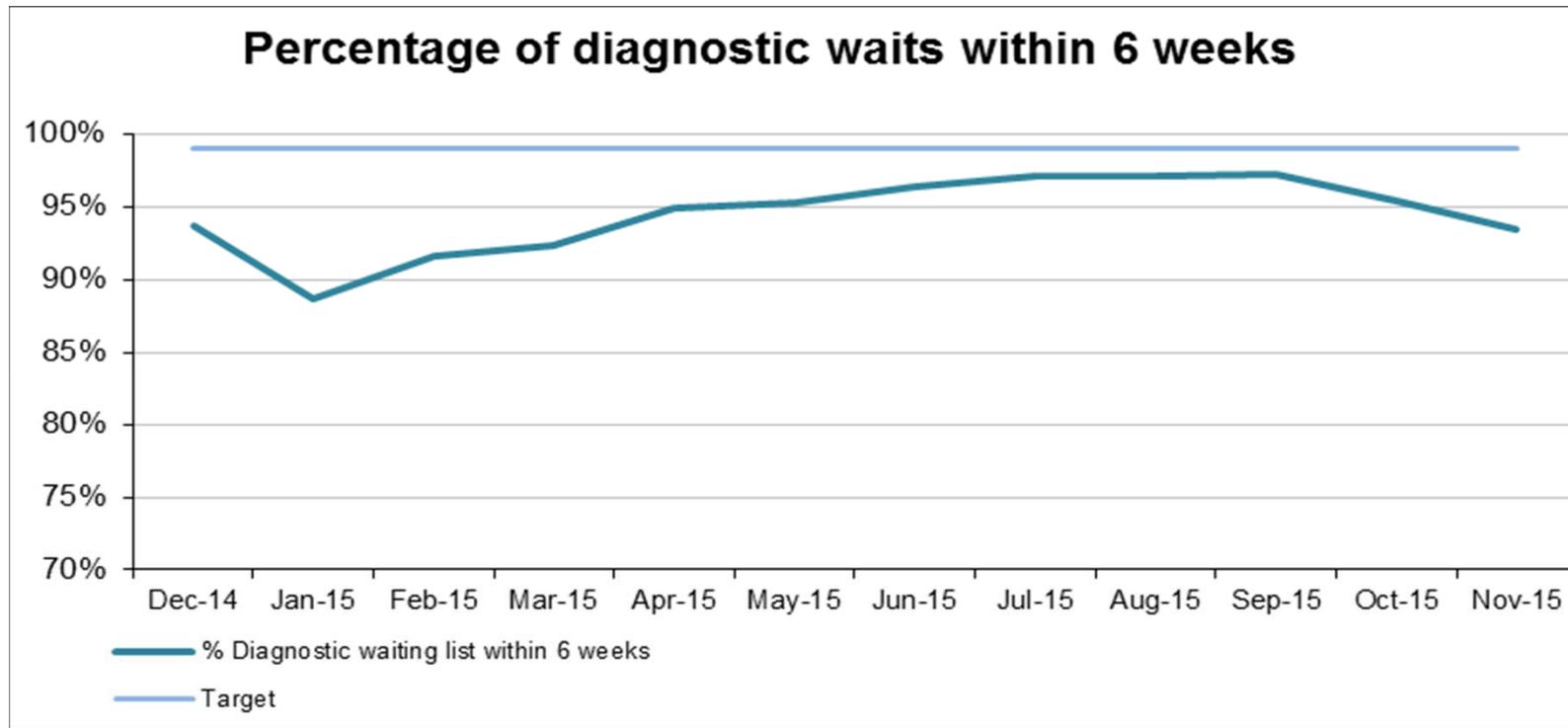
Peer London Teaching Hospital	Position against peers	Score	2013 Score & position
Guy's & St Thomas	1	89.2	81.6 (1)
UCLH	2	86.9	79.5 (2)
Chelsea & Westminster	3	86.3	79.5 (3)
Imperial	3	86.3	77.5 (6)
St George's	5	85.7	77.7 (5)
Royal Free	6	85.4	76.3 (7)
Kings College	7	83.9	78.0 (4)
Bart's Health	8	83.6	76.3 (7)

Referral to Treatment Time (RTT)



- Consistently achieving the standard since November 2014

Diagnostic waits



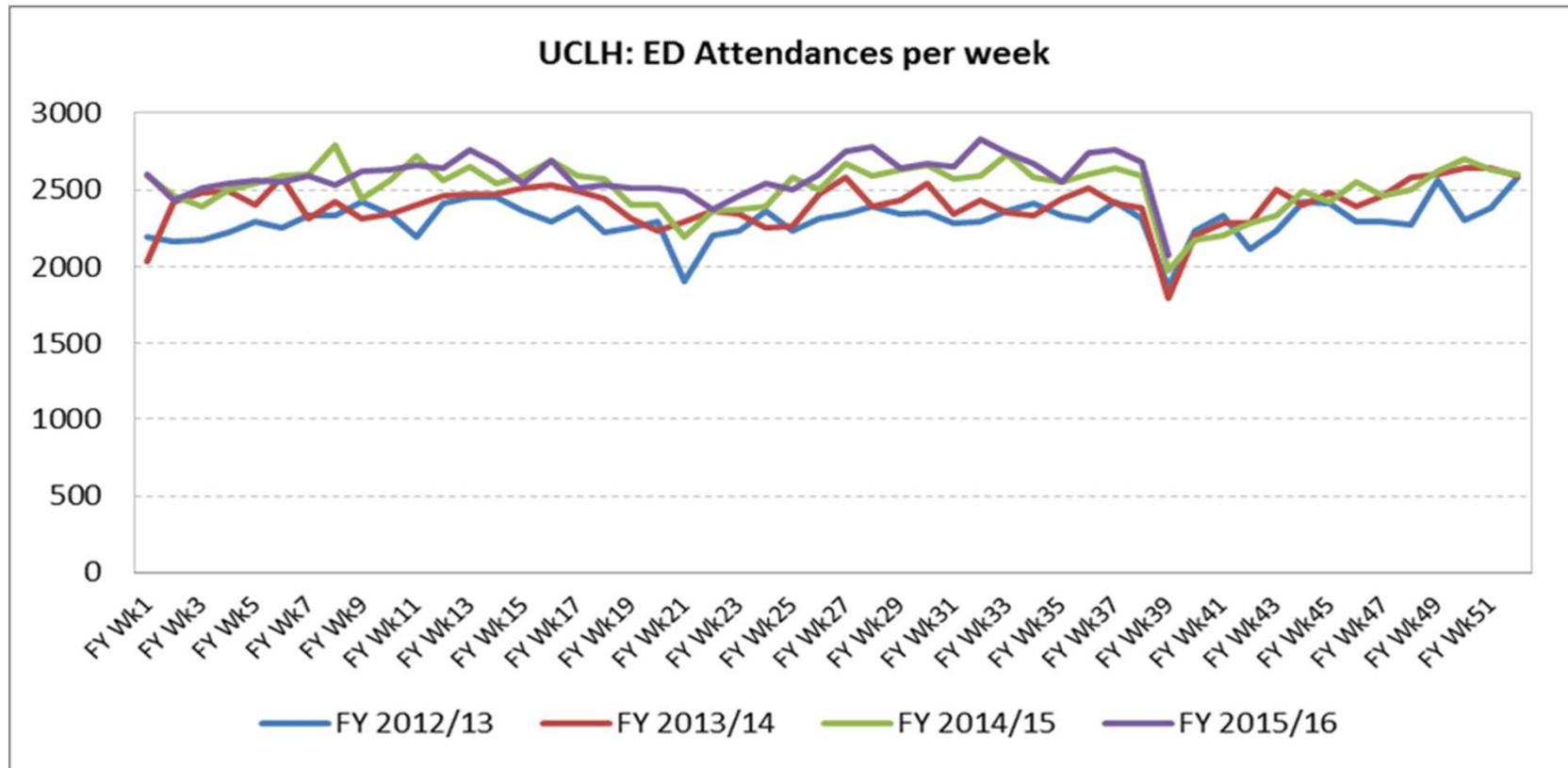
- Diagnostic waits have been too long in MRI and endoscopy
- We are projecting achievement in MRI in January and in endoscopy in February

A&E access times

- We are working closely with the Camden and Islington system resilience groups to address the issues.
- Aim to reach sustainable compliance by mid-February by:
 - Reducing demand on ED by improving primary care provision
 - Improving operational process in ED
 - Freeing up beds in UCH tower
 - Getting patients home or to more appropriate care setting ASAP

Type 1 performance	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
UCLH	95.2%	94.2%	94.0%	95.1%	97.7%	94.9%	91.0% (as of Oct-15)
London	91.6%	91.8%	87.6%	87.9%	91.2%	93.1%	88.9% (as of Oct-15)

A&E Access Times



Access to timely cancer care

- Local and national challenges with cancer waiting times standards
- Have a comprehensive recovery plan in place, actions include:
 - Timed pathways developed and more rapid escalation of delayed pathways
 - Increases in bed and theatre capacity for prostate cancer
 - Late referrals: working with referring trusts to improve pathways and breach reallocation
 - Increasing outpatient capacity to improve our performance against the target to give an appointment within 2 weeks of referral
 - Standardised training for MDT co-ordinators and trackers
- Currently we are not offering a fast enough appointment for patients with breast symptoms / suspected breast cancer. We will be compliant with the two week standard by March. Problem caused by unexpected absence of two key members of the team

Significant financial challenges

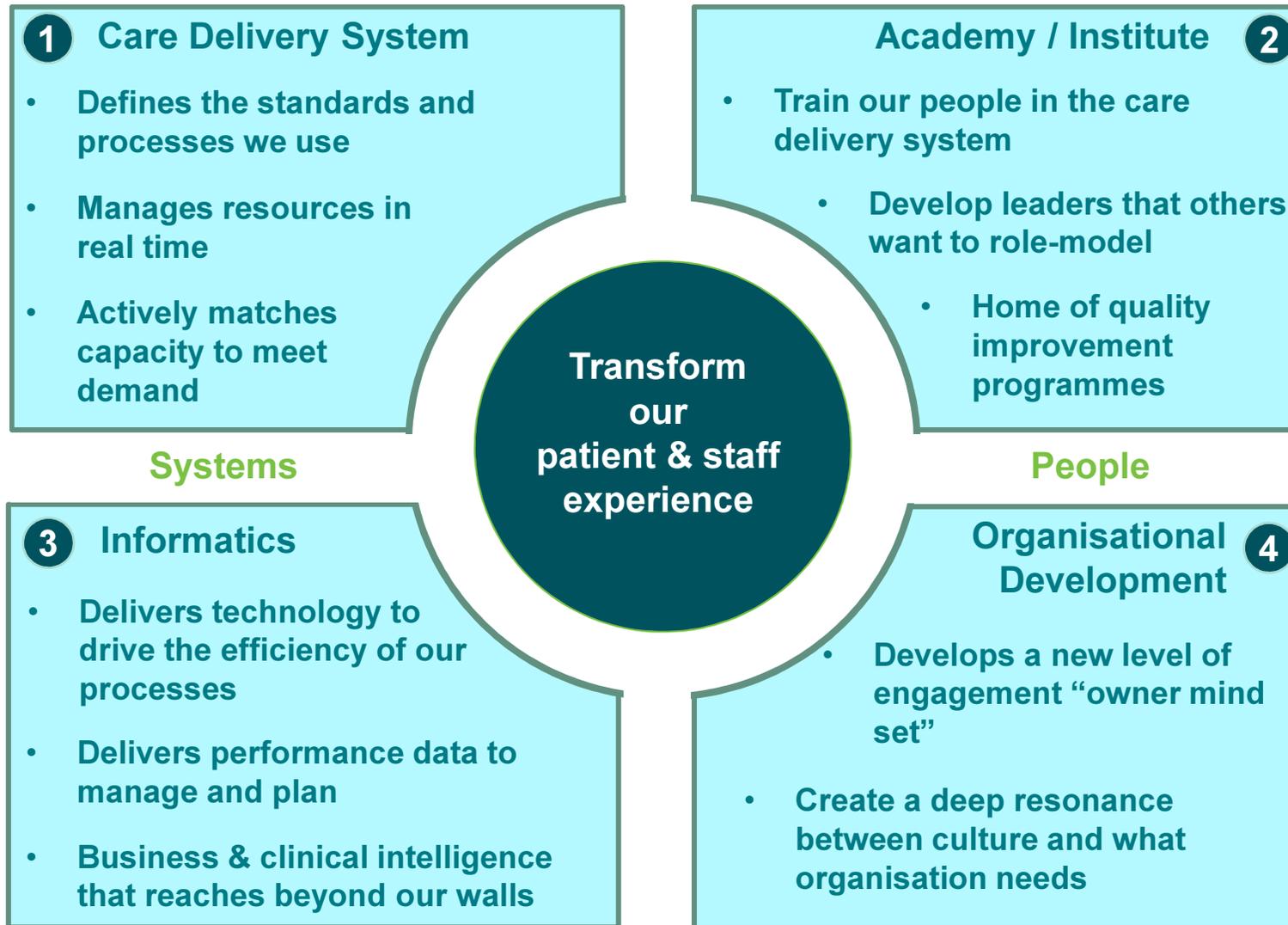
In 2015/16 we forecast a year end deficit of around £32m, owing to:

- § Prices paid to hospitals significantly reduced
- § Specialist commissioners need to make big savings: overspending
- § Withdrawal of national monies to compensate for treating the most complex patients
- § Impact of contract penalties
- § Loss of CQUIN from our contract

The 16/17 tariff is not yet published so we do not know the full financial impact, however, we are estimating a significant efficiency requirement

Planning for the Future

The Four Pillars of Transformation



Integration and working in partnership

- A stronger focus on working closely with our local CCGs and councils to avoid unnecessary admissions to hospital
- Using the principles of the 5 year forward view to drive change and closer working
- Redesigning services to focus on prevention care in community settings
 - Diabetes (adult and children)
 - Chronic obstructive pulmonary disease
 - Musculo-skeletal services

Cancer Vanguard Bid

- **We submitted a bid via the vanguard process to lead the delivery of joined up cancer pathways across NEL and NCL.**
- The aim is to increase early detection and expedite treatment for cancer patients, therefore improving 10 year survival outcomes
- This is through 3 distinct areas:
 1. Implementation of standardised pathways across the sector, with investment in pathway management between trusts
 2. Roll out of proven early diagnostic pathways
 3. Delivery of standardised chemotherapy, delivered closer to home, and delivery of an integrated provider model for radiotherapy.

Maternity services expansion

- **Context:** There has been significant growth in maternity activity and current and future demand for services at UCLH
- Early discussions are underway on a proposed expansion of Phase 2 (Elizabeth Garrett Anderson) building to facilitate increased maternity capacity
- New capacity will create the opportunity for increasing births at UCH to 8,000 per annum (currently around 6,700 per annum)
- This needs to be seen and reviewed in the wider sector context and by working with partners across NCL to determine the best model for maternity capacity growth in the sector
- An opportunity exists for UCLH to play a continued leadership role in the development of the high risk and neonatal intensive care network (progressive discussions are underway with partner providers across the Sector)

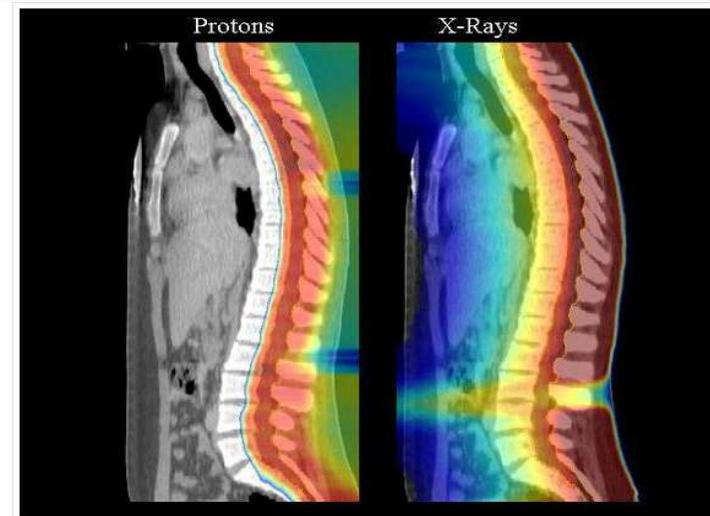
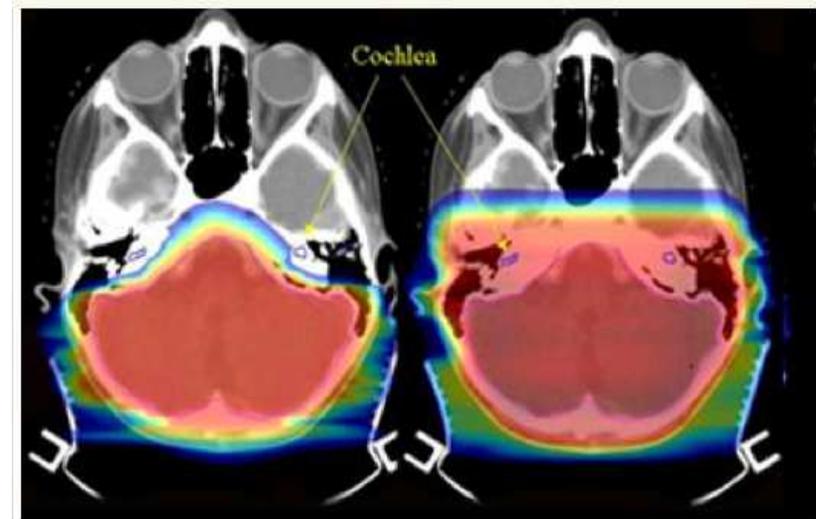
The Emergency Department (ED) Development

- The ED was designed to support around 60,000 attendances per annum. It now sees around 140,000.
- We are already transforming pathways of care and ways of working
- A development scheme (with 9 phases) is now underway to ensure the ED is expanded and developed to enable new models of emergency care to be delivered (i.e. Ambulatory Care and Urgent Treatment)
- The scheme is planned to complete in 2019

Proton Beam Therapy: Better Outcomes and Benefits to Patients

The case for the development of a UK national PBT service is based on key drivers, including:

- Better patient experience
- Wider access to PBT and better clinical outcomes
- Better value for money. Limited capacity overseas
- UCLH and The Christie selected to be one national centre based on two sites



Phase 4 Development: Investment in Cancer

On 21st October 2014, NHS England (London) gave their formal approval of the London Cancer Case for Change and the associated Business Case. Implementation of this strategy is now complete with the exception of brain cancer centralisation (2017).

Tumour Group	Outcome
Haematology – Oncology	Centralisation of intensive haematological cancer services (Intensive Acute leukaemia & HSCT) at UCLH and Barts Health with Queens Hospital Romford continuing to provide intensive treatments for acute leukaemia patients. This coupled with the wider plans below will create the UK’s largest inpatient Haematology facility at UCLH.
Urology (Bladder, Prostate and Kidney) Cancer	Centralisation of bladder and prostate care at one specialist centre at UCLH. Renal cancer surgical services will be consolidated into a single specialist centre at the RFL, collocated with a major nephology centre.
Oesophago-gastric Cancer	Centralisation of Oesophago-gastric cancer services at two specialist centres, one at UCLH and one in outer north-east London, at Queens Hospital Romford.
Head and Neck Cancer	Centralisation of the three head and neck cancer surgical services into one specialist surgical site at UCLH.
Brain Cancer	The National Hospital of Neurology and Neurosciences (Queen Square) becomes the single centre for north east and north central London for Brain Cancer patients.

Phase 4 and use of Westmoreland Street

- Short Stay Surgical Centre in Phase 4 will consolidate day surgery and short stay surgical services at UCLH – greater efficiency and patient satisfaction
- Release UCH theatres for more complex inpatient cancer operations
- Consolidation of all children’s services from the Tower at UCH and the RNTEH and EDH to a dedicated children’s surgical unit
- The old Heart Hospital became vacant in May 2015 with the transfer of cardiac services to Bart's Health. Now operates with 7 operating theatres and 78 beds for urology services. Will continue until late 2018 and the opening of Phase 4.

Phase 5 Development

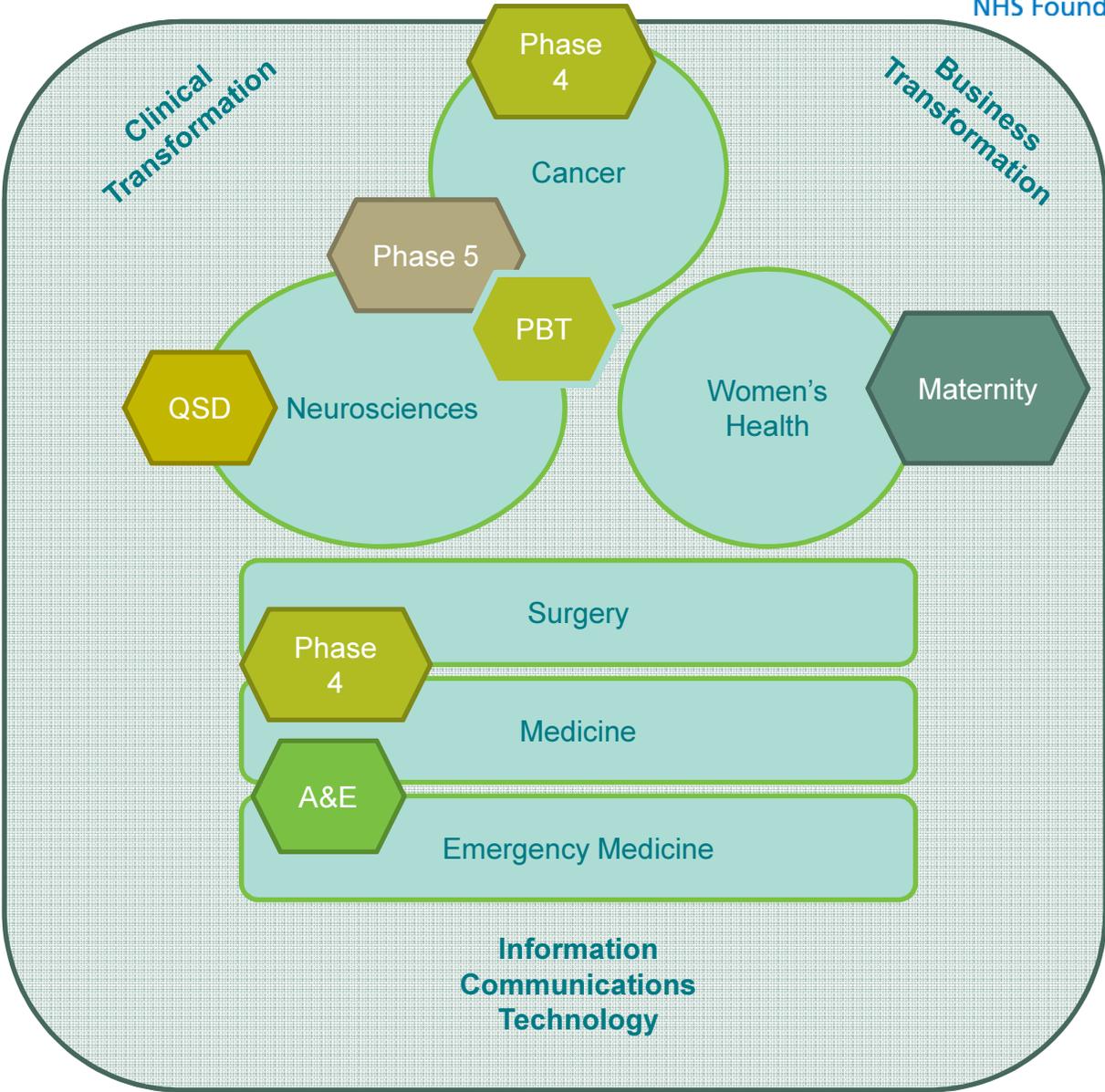
- Ambulatory world leading facility to accommodate all outpatient, diagnostic, dental treatment and minor surgical procedures in the current Royal National Throat, Nose, Ear Hospital and Eastman Dental Hospital.
- Co-location of the following;
 - Ambulatory services delivered at the RNTNEH (excluding surgery)
 - Clinical services delivered at the EDH
 - Some head & neck cancer diagnostic services, appropriate to the facility
 - Adult AVM services delivered at Queen Square
 - Ambulatory sleep services delivered at Queen Square and UCH campus
 - Imaging facilities

Thank you

Questions and thoughts

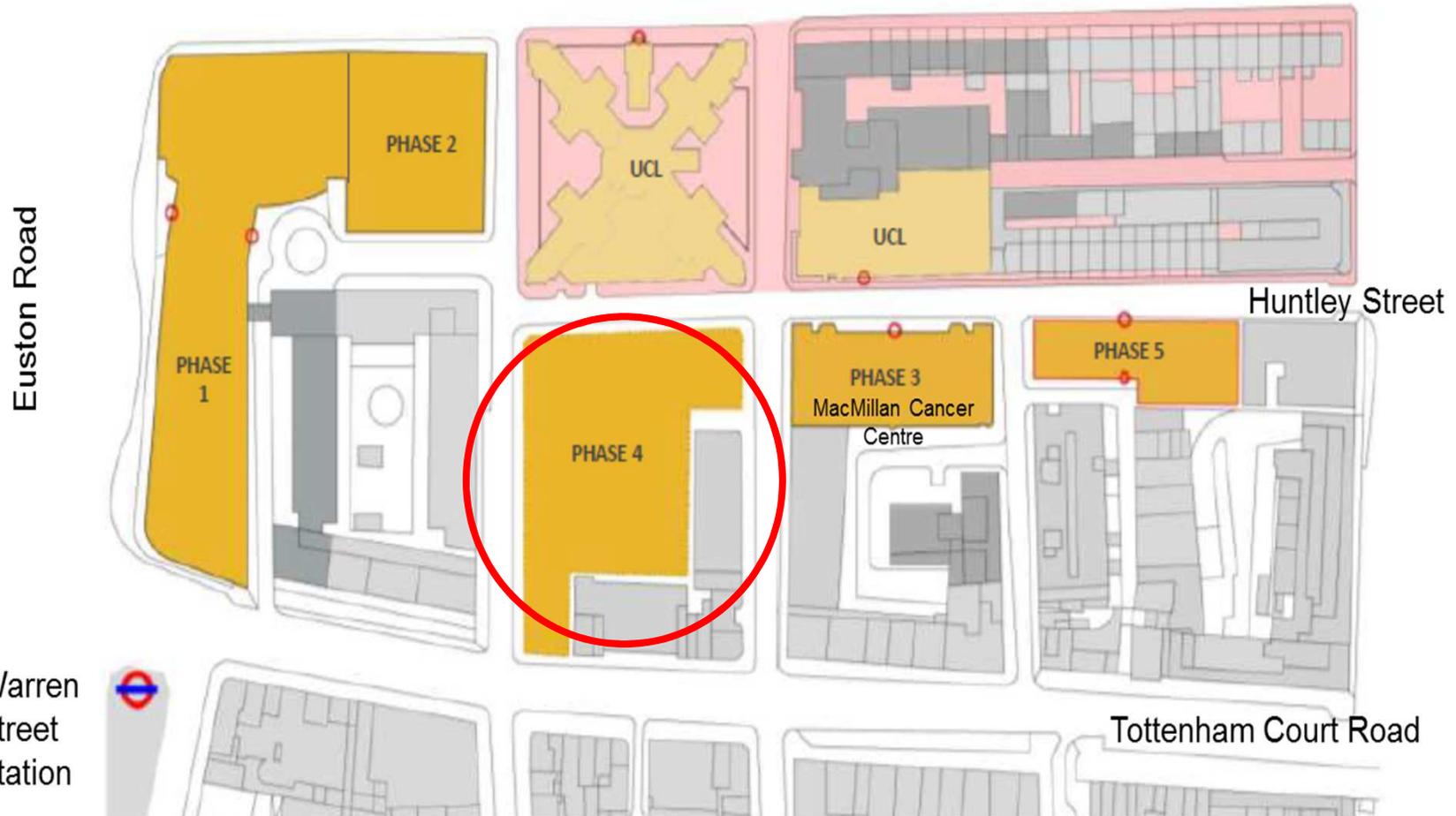
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SUPPORTING MATERIALS





Phase 4 & PBT Site: UCH Campus

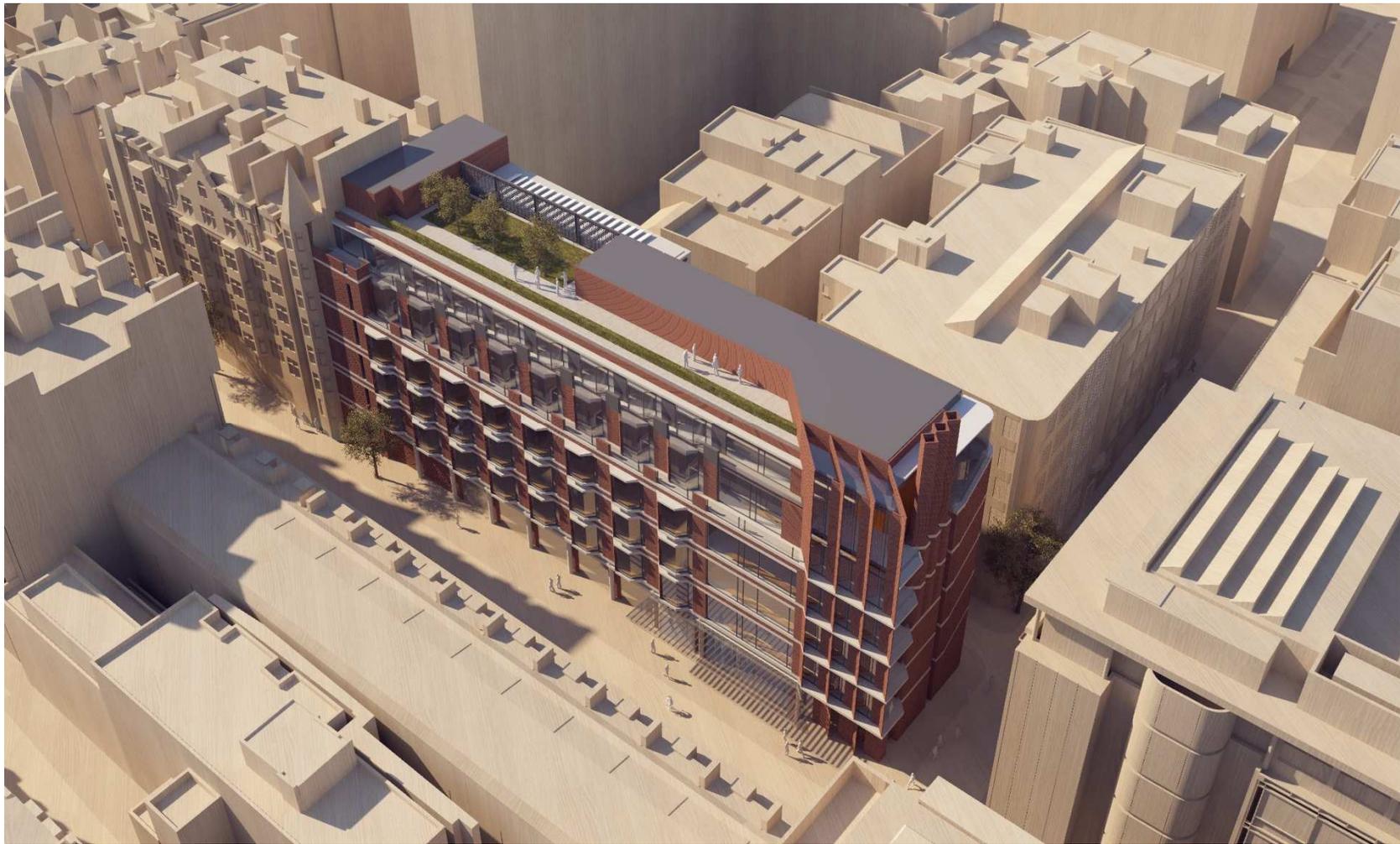


P4 - Summary

- Increased surgical capacity in the Tower (a new operating theatre and further development to a second theatre within the T2 unit - with a focus on paediatric surgery but with service flexibility)

Inpatient and surgical capacity in Phase 4;

- 135 adult inpatient beds (85 NHS and around 50 Private - 31 of which will transfer from UCH Tower -)
- 8 shorter stay operating theatres (adult only) (1 Private/7 NHS)
- 20 short stay surgical beds (adult only)
- 10 bedded adult critical care unit (including PACU)
- Imaging facilities (adult only)
- PBT Centre (3 gantries, one accelerator and one 'spare bunker)
- Retail facility on the ground floor (Tottenham Court Road)



Phase 5 – Completion date 2019

Phase 5





Report of: Director of Public Health

Health and Care Scrutiny Committee	Date: 18 January 2016	Ward(s): ALL
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SUBJECT: SEXUAL HEALTH SERVICES CONSULTATION BY CENTRAL AND NORTH WEST LONDON FOUNDATION NHS TRUST (CNWL): BRIEFING ON PLANS FOR ENGAGEMENT

1. Synopsis

1.1 At the Health and Social Care Scrutiny Committee meeting on 23rd November 2015, a briefing on CNWL’s proposed engagement activities with stakeholders on sexual health services, and specifically for the Margaret Pyke Centre, was requested. CNWL launched a three month consultation on 30th December. The attached briefing from CNWL sets out the trust’s approach.

2. Recommendations

- The Health and Care Scrutiny Committee is asked to:
 - (a) Note the briefing on engagement from Central and North West NHS Foundation Trust;
 - (b) Comment on the approach being taken.

3. Background

3.1 This paper is intended to act as a cover note to a briefing report provided by Central and North West London NHS Foundation Trust (CNWL) outlining its engagement plans during the consultation on its sexual health services.

3.2 CNWL's sexual health services are open access (which means they are open to anyone in the area, regardless of residence and without the need for a referral from a GP or other health professional). The services operate across three major sites in Islington and Camden: the Archway Sexual Health Centre (providing Genito-Urinary Medicine (GUM) and contraceptive services) in Islington, the Mortimer Market Centre (GUM and Human Immunodeficiency Virus (HIV) services) in Camden and the Margaret Pyke Centre (contraceptive services) in Camden. Additionally, there are 'satellite' clinics providing contraceptive services in three health centres: Finsbury in Islington, and Belsize Priory and Crowndale in Camden. It is a major centre for teaching and training in all three clinical areas, and a major national and international research centre. The Care Quality Commission rated CNWL's sexual health services as Outstanding in its 2015 inspection of the trust.

3.3 CNWL's consultation sets out two options: continuing to operate services from the three major buildings, or moving the Margaret Pyke Centre out of the current Wicklow Street site primarily into the Mortimer Market site. The consultation document, Standing Up for Outstanding Sexual Health Services, can be accessed at: http://www.cnwl.nhs.uk/wp-content/uploads/Standing-Up-for-Our-Outstanding-Sexual-Health-Services-A-Public-Consultation_30.12.15_FINAL.pdf

4. Implications

4.1 Financial implications

Responsibilities for sexual health services for contraception and sexually transmitted infections passed from the NHS and were mandated to councils in April 2013, as part of changes under the Health and Social Care Act 2012.

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The total funding for 2014/15 is £25.429m, which has been cut by £1.7 million in-year. The budget for GUM and SRH services in 2014/15 is £6.9 million in total.

Sexual health services, including Genito-Urinary Medicine (GUM) and Community Contraceptive Services, are mandatory open access services within Sexual Health that are demand-led, with increasing levels of activity in GUM services in recent years. Islington has an obligation to pay for activity irrespective of whether a contract is in place or not and tariffs exist for these purposes. This contract should not create a budget pressure for the Council. Although there is a contract in place there is still a risk of a pressure based on an increase in activity.

The current Islington budget earmarked for the Sexual and Reproductive Health service is £1.225 million per annum. It is funded through a block contract, agreed annually.

The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this.

4.2 Legal

The council has a duty to improve public health under the Health and Social Care Act 2012, section 12. The council must take such steps as it considers appropriate

for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) as well as providing services or facilities for the prevention, diagnosis or treatment of illness (National Health Service Act 2006, section 2B, as amended by Health and Social Care Act 2012, section 12 and Regulation 2013/351 made under the National Health Service Act 2006, section 6C). Therefore the council may provide specialist sexual health services as described in this report. . The council may enter into contracts with providers of such services under section 1 of the Local Government (Contracts) Act 1997.

4.3 **Environmental Implications**

Any proposed changes to estates would need to be accompanied by an assessment of environmental impacts.

4.4 **Resident Impact Assessment:**

Equality impact assessment will need to be carried out by CNWL for any proposed changes on estates. Analysis from local needs assessment particularly highlight the importance of gender, age, ethnicity, sexuality and deprivation in local sexual health needs.

5. **CONCLUSIONS: REASONS FOR RECOMMENDATIONS / DECISIONS**

- 5.1 CNWL is consulting on its sexual health services. The appendix to this document sets out the engagement activities planned. The Scrutiny Committee is asked to note and comment on the approach being taken by CNWL.

Signed by:



Director Public Health

Date: 13 January 20

Appendix

- Islington Health and Care Scrutiny Committee – CNWL Sexual Health Service Briefing

Report Author: Jonathan O'Sullivan
Tel: 020 7527 1220
Email: Jonathan.O'Sullivan@islington.gov.uk

Appendix: Briefing Note from Central and North West London Foundation NHS Trust (CNWL) on engagement planned as part of its three month consultation on Sexual Health Services

Central and North West London Foundation NHS Trust (CNWL) launched a public consultation on the configuration of its Sexual Health Services on 30th December 2015. The consultation will run for 3 months until the 23rd March 2016. The results of the consultation will be analysed and a recommendation will be presented to the CNWL Board at its meeting in May 2016.

CNWL has engaged a specialist independent agency called Verve to coordinate the Public Consultation process. At the end of the consultation Verve will develop a report to go to the CNWL Board to support the decision making process. This document will also be made available to the public.

CNWL Sexual Health Services have to face the reality of the financial environment in addition to historical funding discrepancies; current reduction in tariff; reduction in activity and the requirement to deliver savings through cost improvement programmes (CIPs). The priority is to maintain quality of service, provide the right levels of service, and retain access to services and to make the required savings.

The service is required to make a saving of £2.7m in 2016-17. This is exacerbated by a historical underfunding of £2m for its Contraceptive/SRH Services in Camden and Islington. The services provided by the Margaret Pyke Centre are impacted by this significant level of underfunding. Historically the GUM/Sexual Health Service subsidised the Contraceptive/SRH Services, but that income is reducing due to a reduction in Local Authority tariff and a reduction in activity from councils across London.

A £2.7m saving equates to a reduction of between 45-60 whole time staff. With such a reduction in workforce CNWL cannot sustain the current levels of provision from its 3 major sites in Central and North London. CNWL is therefore recommending a reduction down to 2 major sites, with the continuation of the current activity from the fewer sites. This is a consultation concerning the re-provision of services, not a removal or restriction in service access for patients.

Recommended Options

The choices we are faced with will have an impact across all of our services. Some services will be more impacted than others, but our intention is to continue to provide all our current services but they may be in different locations. Our proposed options put us in the fortunate position of not having to close any services or restrict patient activity. It allows the continuation of the outstanding services.

We have been pragmatic in our choice of options, by thinking about the patient and what they might want. We have offered choices that we can provide given the funding that we receive. We believe that a patient, when faced with an option that keeps all centres open, but significantly reduces appointments (potentially halving the number of contraceptive appointments, due to the historical underfunding) and offers limited opening times, would rather choose the alternative option, which is fewer centres with the same number of appointments spread across the two remaining sites, offering the current range of services with more evening and weekend services. The purpose of this consultation is to allow us to check whether our assumptions about those decisions are correct.

Arriving at the recommendation was an extensive process where all the major centres and services were evaluated. Patient access and financial resources were considered in great detail. From this only one practical and affordable recommendation emerged, that is described below in Option 2.

CNWL is consulting on a proposal that allows for the continuation of outstanding services from two instead of three main bases.

In summary, the options are:

- **Option 1: No service transfer, save money while maintaining all sites**
Due to necessity to save £2.7m, this is the option that has the largest impact on patients and staff. It will result in approximately a 20% reduction in workforce as a whole, the majority of these will be contraceptive service staff and it will have the greatest impact in terms of reducing the number of appointments we can provide. This could result in a halving in the number of contraceptive appointments available.
- **Option 2: Re-provision of services from the Margaret Pyke Centre**
The Trust has looked into all options of service re-provision. The only viable option allowing service provision to be maintained, no reduction to the quality of service, the fewest cuts to staff numbers and a significant cost saving is to re-locate the services from the Margaret Pyke Centre. This option would involve relocating 21,680 patients to the Mortimer Market Centre and the Archway Centre, impacting mainly on Sexual and Reproductive Health (SRH/Contraceptive) patients. The Margaret Pyke Centre sees the smallest number of patients compared to the Archway Centre (35,900) and Mortimer Market (67,378). If services are to be re-provided, this is the only viable option.

Engagement and Consultation

CNWL is keen to hear what patients, local people and stakeholders think of options presented in this document. We are holding a public consultation from 30 December 2015 to 23 March 2016. During this time we will be holding public meetings and events and stakeholder meetings which will be publicised on our website.

CNWL welcomes comments on the proposals in the following ways:

- 2 large-scale public and stakeholder events are planned beginning in mid-February. There will be a Deliberative Event which will allow in-depth table-based discussions around the proposals, to allow for the generation of ideas to feed into future service delivery. There will also be a Drop-in session to allow for interested people to meet with CNWL staff to have detailed one-to-one conversations. Both sessions will be noted and this will feed into the consultation report.
- 1 GP/Trainee/Research consultation event. This will focus on stakeholders who have particular interest in service referral, the maintenance of training for medical and nursing staff, including in primary care, and the continuation of the research associated with the current Wicklow Street location.
- Patients attending all our centres will be asked to complete a questionnaire based on the proposals.
- CNWL will work with Healthwatch Camden to develop a series of targeted focus groups aimed at “hard-to-reach” groups. For example, a proposed event would be for Bengali women, who we know are currently under-represented at the Margaret Pyke Centre.

- Staff consultation will be vital to understanding how we capture and continue to deliver the amount and the quality of care. Events will be held throughout the consultation period, currently we have completed two sessions with many more planned.

- Transformation work programme will ensure that the models developed will be co-produced with staff and patients. This is an extensive process reporting into the CNWL Transformation Board and supported by the CNWL Transformation Team.

- The public is being asked to complete a questionnaire on the proposals either online or by post sent to:

CNWL Sexual Health Consultation
Freepost RSTJ-LART-UBYA
CNWL NHS Foundation Trust
Stephenson House
75 Hampstead Road
London NW1 2PL

Email comments to consultationscnwl@nhs.net

As mentioned previously at the end of the consultation period a report will be created that will detail all the consultation feedback, develop actionable suggestions and make a recommendation.

Mark Maguire
Service Director
January 2016