

University College London Hospitals NHS
Foundation Trust

Update on performance for Islington HSC

Simon Knight, Director of Planning and Performance

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



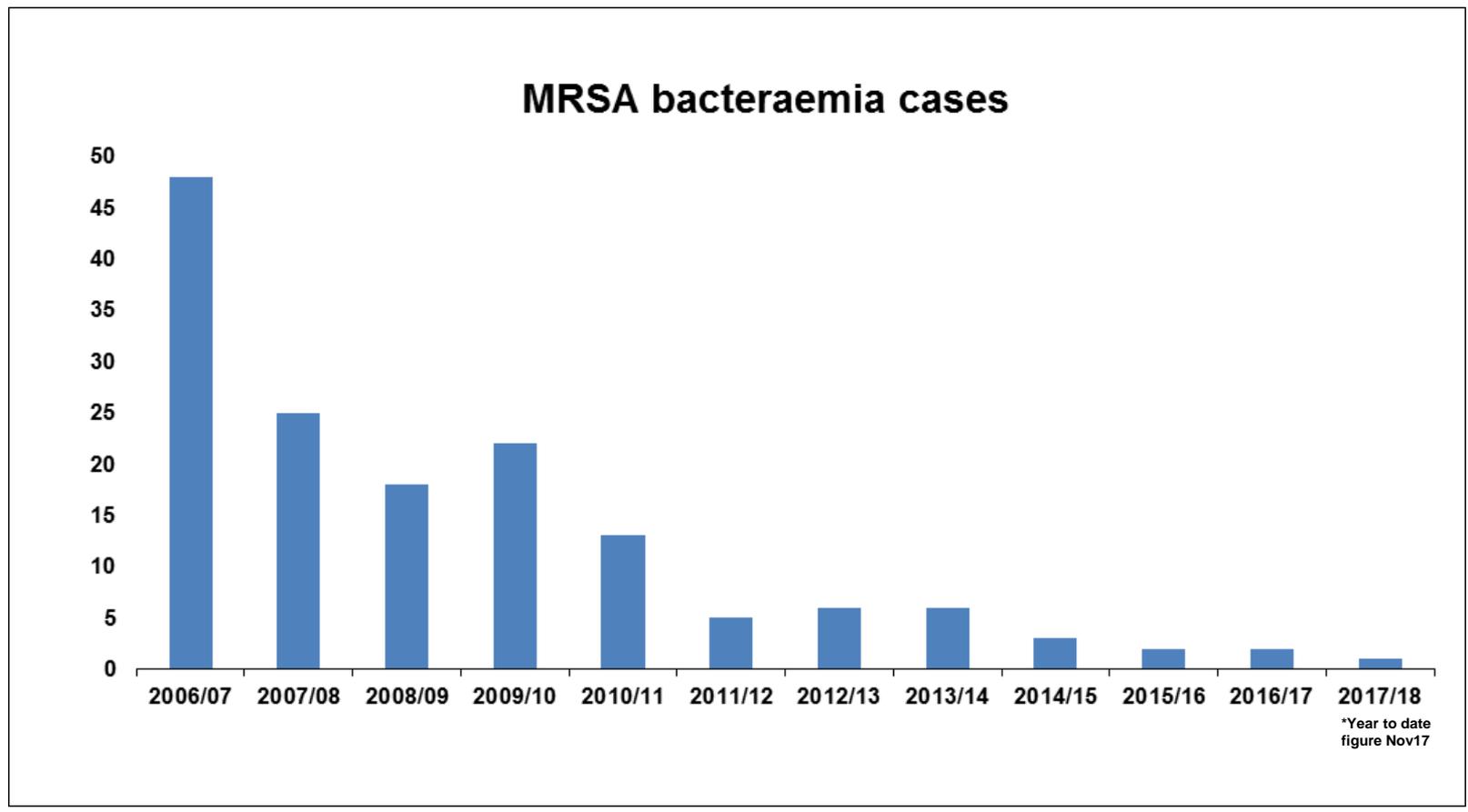
Royal London Hospital for Integrated Medicine



Performance against key targets

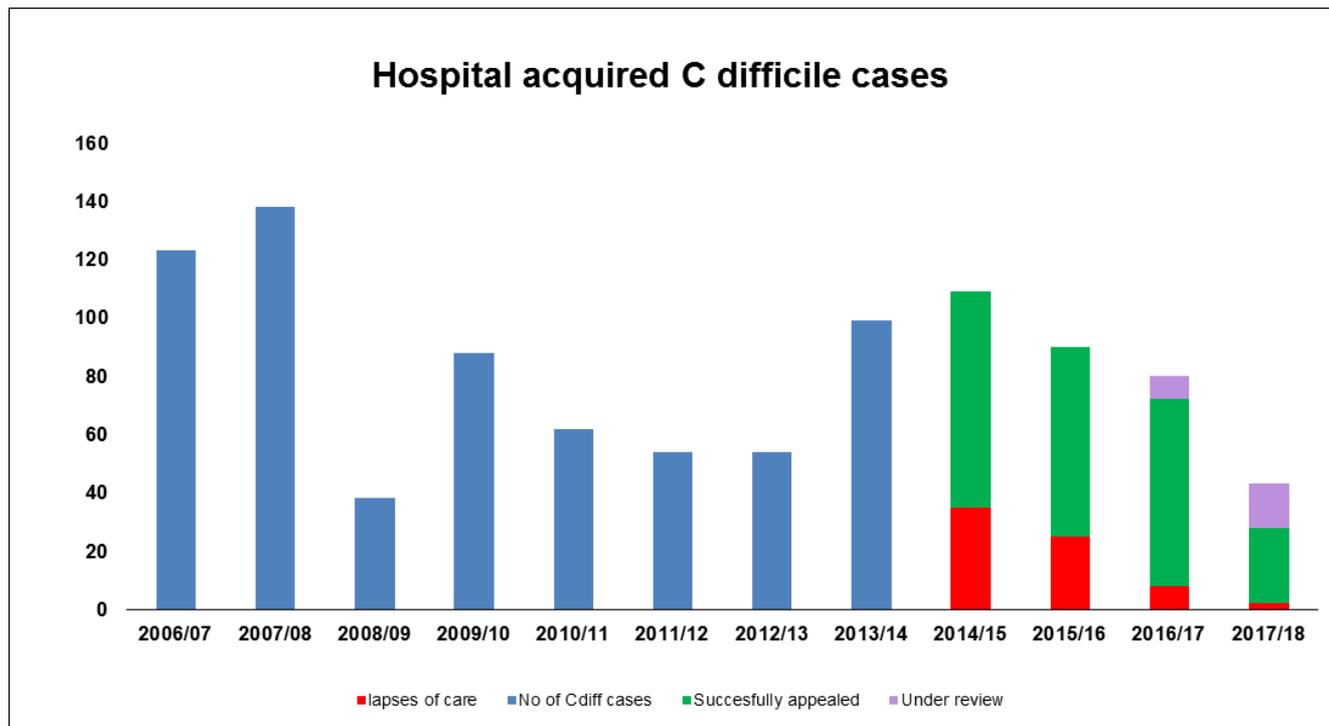
- Infection targets
- Patient surveys
- Referral to treatment times
- Cancer waiting times
- Waiting times in our emergency department
- Delayed transfers of care

MRSA management



Clostridium difficile

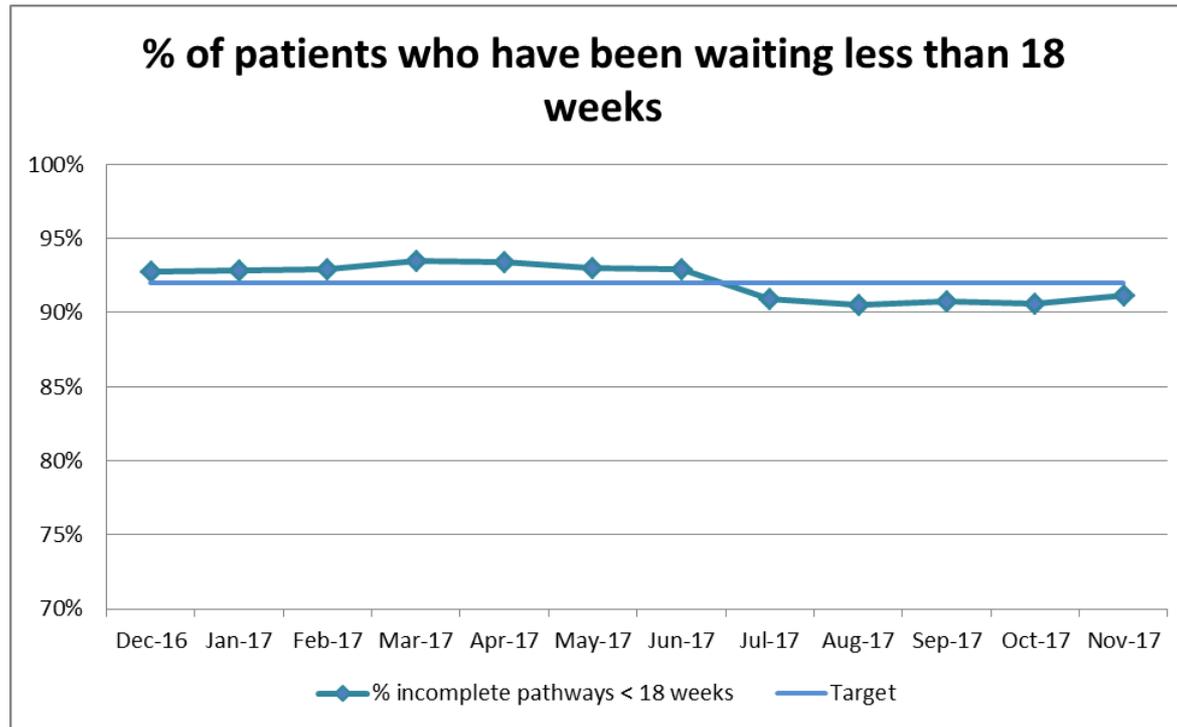
- UCLH have reported 43 cases by the end of November 2017
- Year to date threshold of 62
- Two cases of C diff have been found to be a lapse in care by the Trust. Therefore, our worst case position currently is 17 cases against the November year to date threshold of 62.



2016 Inpatient Survey

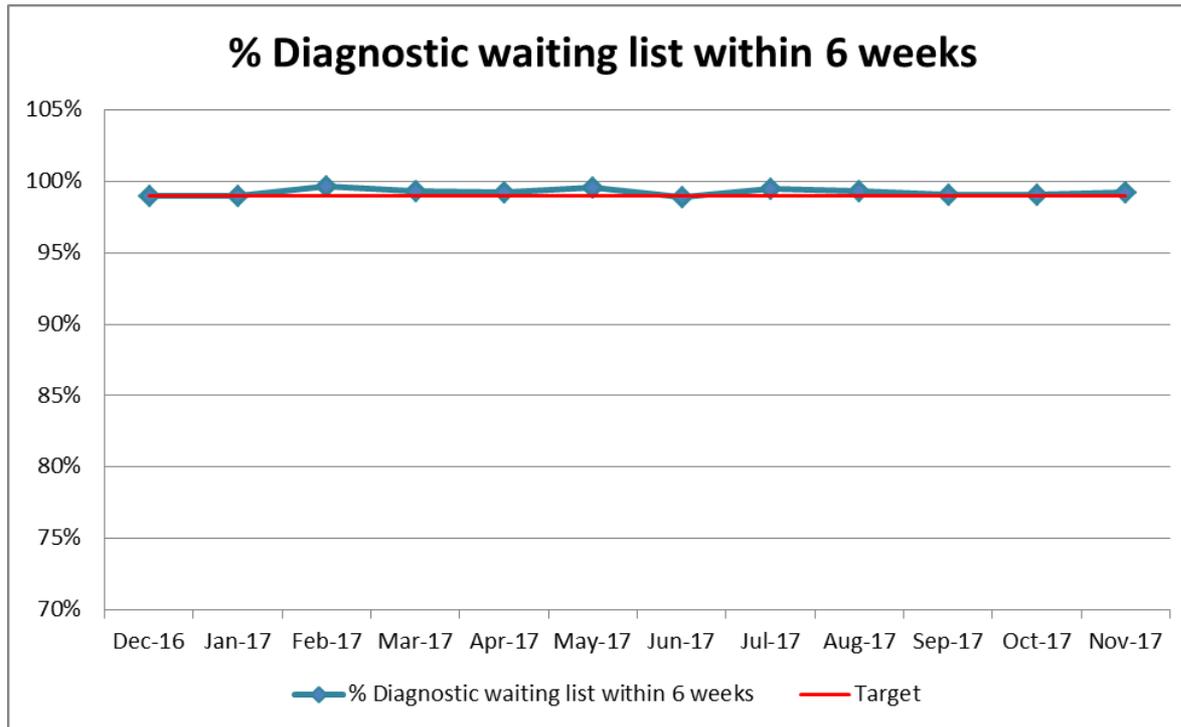
Peer London Teaching Hospital	Position against Peers	Score	2015 Score & Position
UCLH	1	8.4	8.4 (1)
Guys and St Thomas'	2	8.3	8.3 (2)
Royal Free	3	8.2	8.0 (6)
Imperial College	3	8.2	7.9 (7)
St Georges	4	8.1	8.1 (4)
Chelsea & Westminster	4	8.1	8.2 (3)
King's College	5	8.0	8.1 (4)
Barts Health	6	7.7	7.6 (8)

Referral to Treatment Time (RTT)



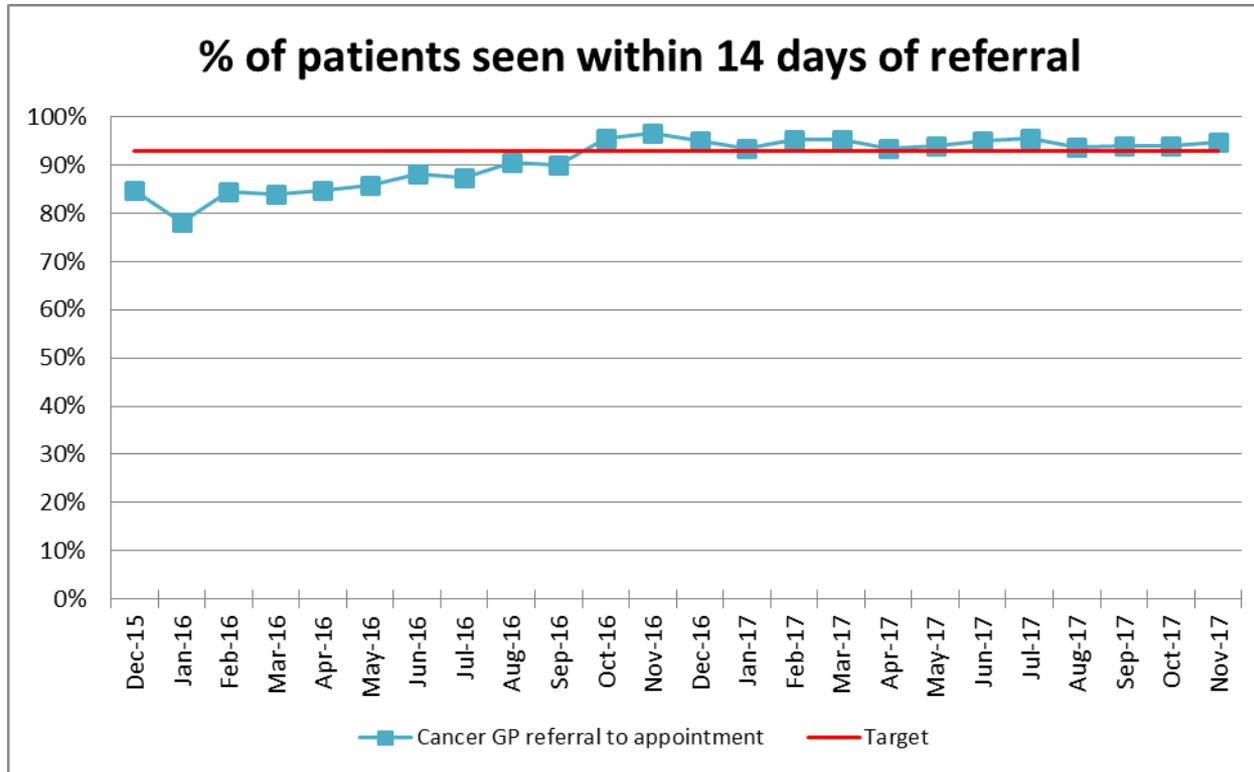
- We did not achieve the standard between July and November, despite strong performance since 2015.
- Decline predominantly driven by increasing volumes of long waits at the RNTNE and Eastman Dental hospitals, and persistent long waits for complex neurosurgery.
- We have a recovery plan in place to achieve the standard overall by March 2018.

Diagnostic waits



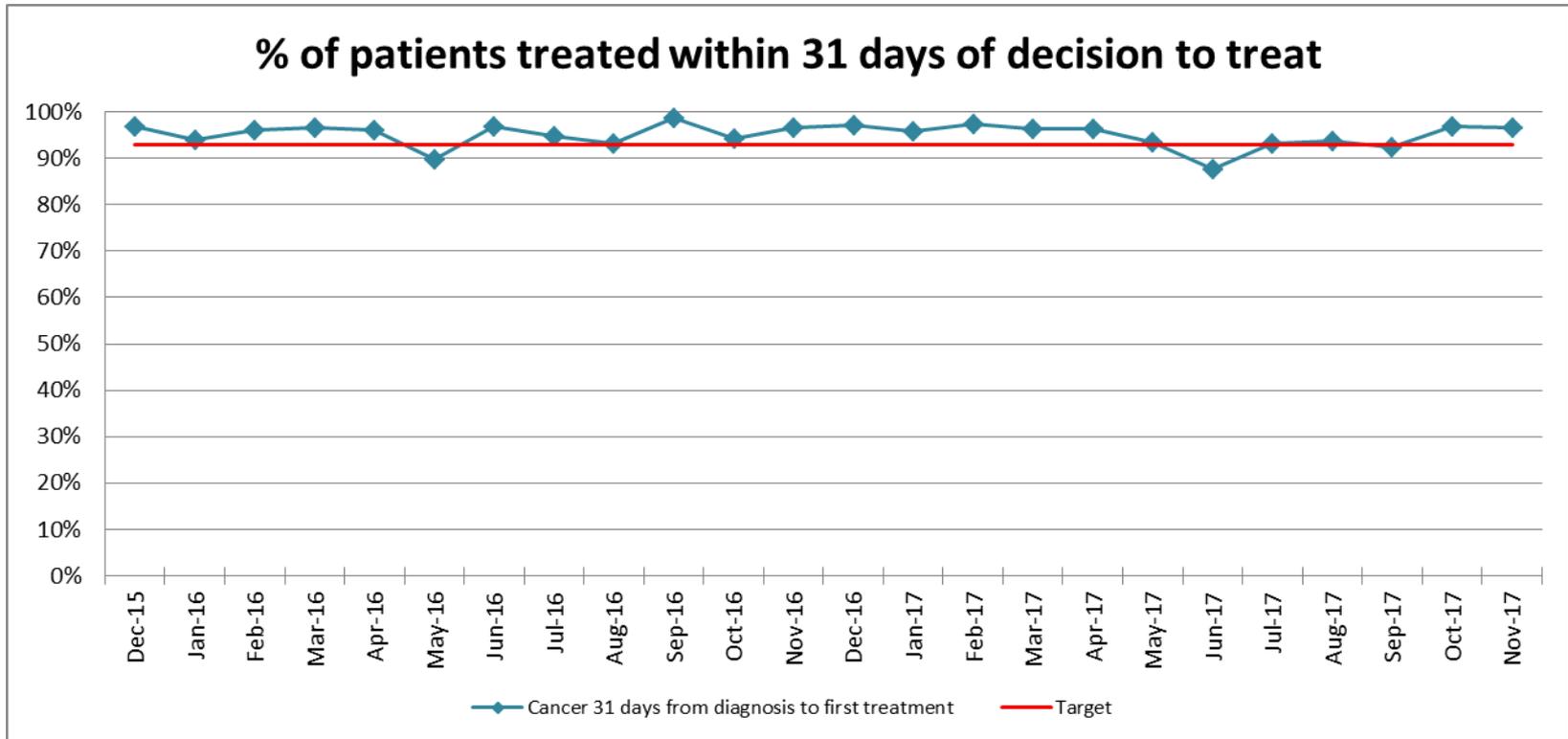
- We achieved the standard achieved in every month, except June where we narrowly missed compliance.

Access to timely cancer care



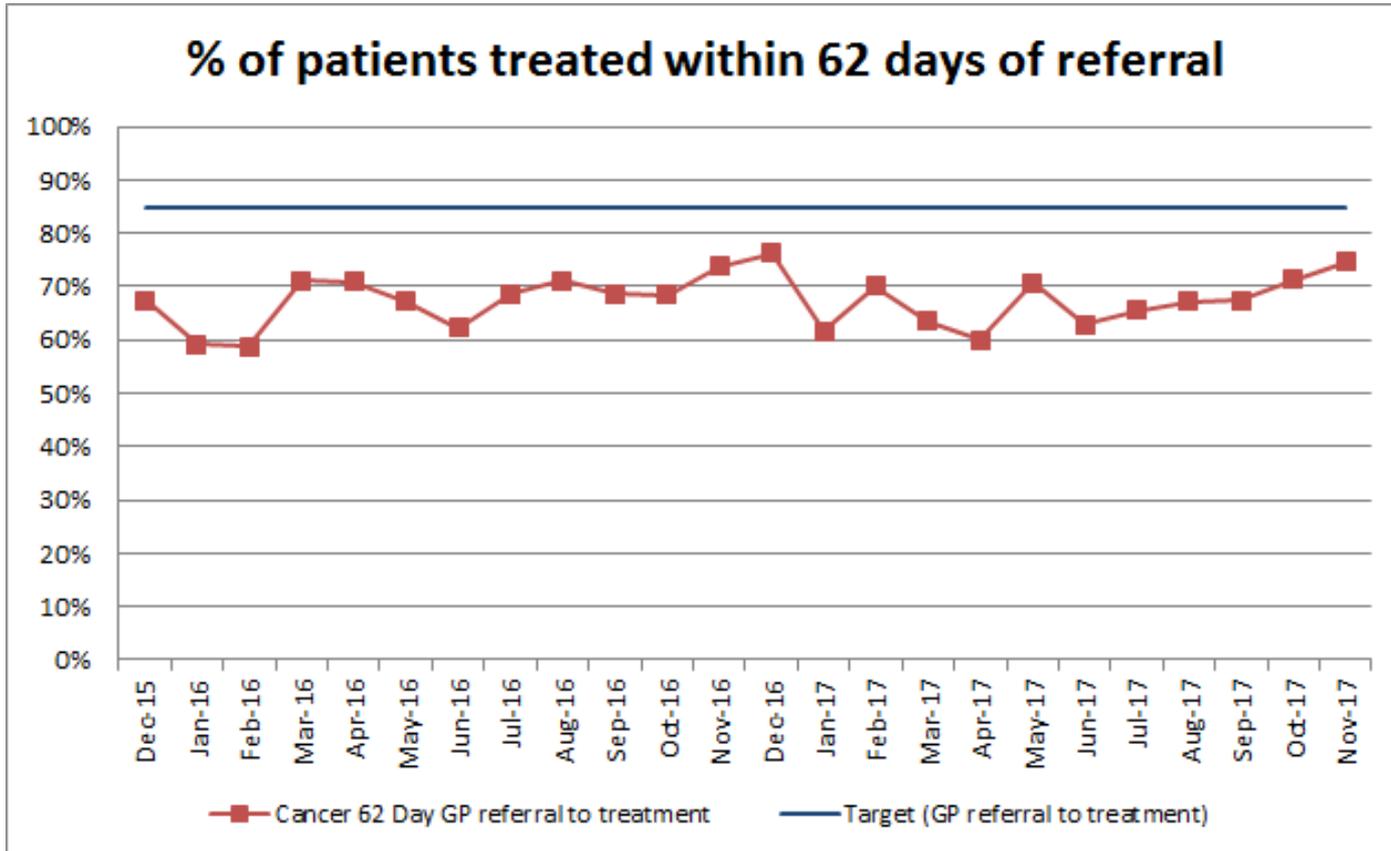
- We sustained performance against the 2 week wait standard.

Access to timely cancer care



- Regained compliance since October 17.
- The previous underperformance driven by high volume of late prostate referrals from another trust who has been reducing their waiting list.
- Urology commissioned a second robot to provide resilience for future referral surges.

Access to timely cancer care



Access to timely cancer care

- In response to local and national challenges with cancer waiting time standards, we have:
 - jointly commissioned externally led review of cancer waiting times with NHS Improvement.
 - undertaken a series of bi-lateral meetings with other trusts where we share cancer pathways to produce joint action plans.
- We refreshed our 62 day recovery plan to include recommendations and milestones. Key actions include:
 - Implementing tighter management and escalation of pathways (internal and shared) based on key criteria that enable us to respond to potential delays as early as possible
 - Review of the MDT co-ordinator resource to ensure optimum tracking
 - Strengthened clinical leadership in relation to cancer waits across all tumour sites
- We are aiming to deliver the standard overall from July 2018.

A&E access times

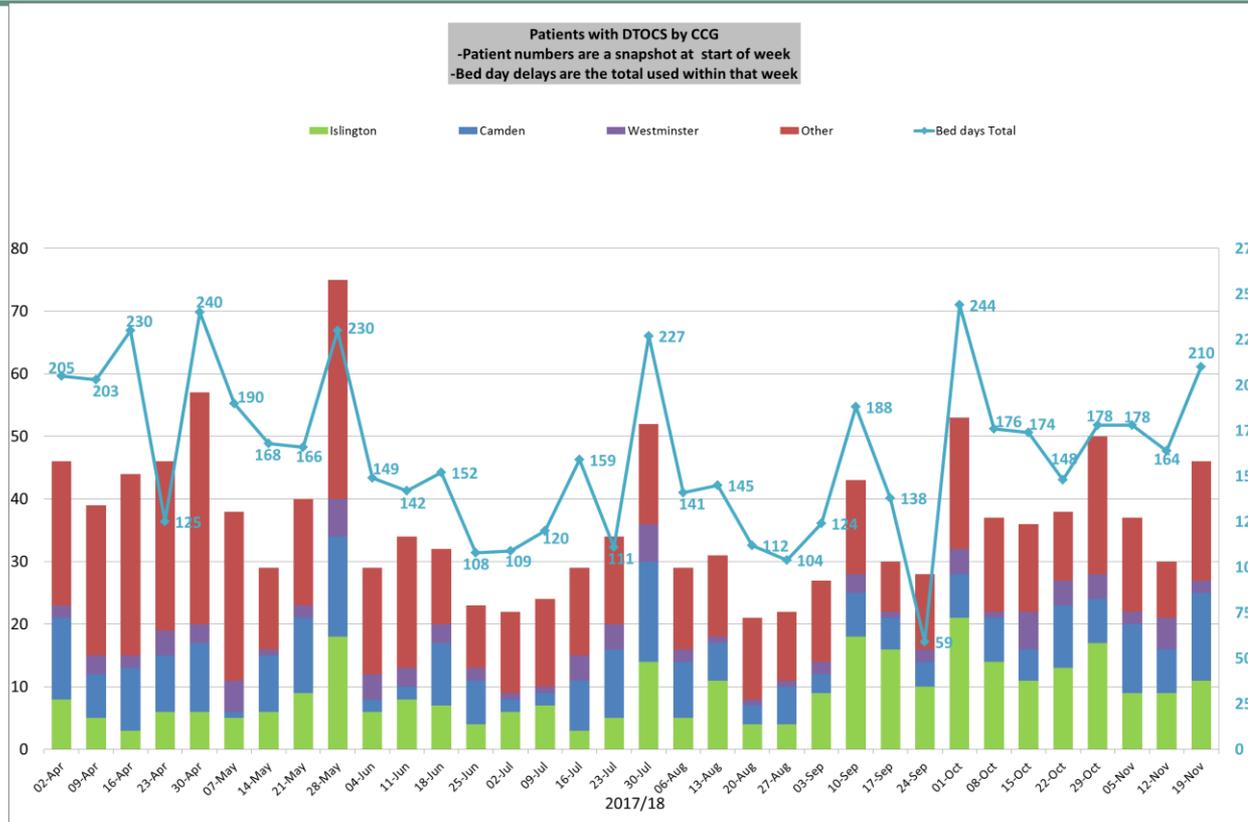
Type 1 performance	Q4 15-16	Q1 16-17	Q2 16-17	Q3 16-17	Q4 16-17	Q1 17-18	Q2 17-18	Q3 17-18
UCLH	86.9%	89.4%	89.1%	86.0%	88.4%	91.1%	88.3%	86.9% (as of Nov-17)
London	82.2%	84.5%	86.7%	81.4%	80.6%	84.8%	85.1%	83.9% (as of Nov-17)

- Waiting times in A&E continue to be challenged, as has been the case for many trusts
- We continue to work closely with the Camden and Islington emergency care boards to address the issues.
- We have refreshed our recovery action plan to prioritise actions that will have maximum impact on improving flow through UCH, discharges and processes within the Emergency Department.

Key actions include:

- Launch of an electronic co-ordination centre to provide real-time information on patient movement through hospital
- Implementation of an electronic tool to identify and manage patients who are medically fit for discharge but have had their discharge delayed
- Working with partners across NCL to implement improved discharge pathways for patients requiring ongoing care. These include a model whereby patients are discharged to receive care assessments in their homes rather than as inpatients.
- Completion of the ED site redevelopment to increase and enable optimal use of space to support admission avoidance.

Delayed transfers of care in 2017



- Good joint working through the STP on discharge to assess pathways
- Work to improve specific clinical pathways, for example the stroke pathway
- Much closer working with Camden and Islington colleagues on helping with patients in acute beds when they don't need to be

Significant financial challenges

In 2017/18 the Trust is forecasting a year-end surplus of around £10m, in line with the target set by our regulator. This represents an improvement on the previous year when the equivalent figure was a £5.8m deficit.

In 2018/19 the Trust is required to plan for a surplus position of £9.8m again.

This is within the context of significant financial challenges- including:

- Current year underlying position – we have met our target this year with the help of a number of one-off transactions
- 2% efficiency built into the income we are paid
- Loss of £3.1m of undergraduate training funding
- £9.3m loss of cardiac transition funding
- £1.9m increase in PFI costs

This makes the target next year extremely challenging and we are currently working through a plan to be able to deliver this.

At the same time the Trust remains in further discussion with our regulator to try to obtain some relief (through a reduced target) to reflect some of our funding losses.