

# 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

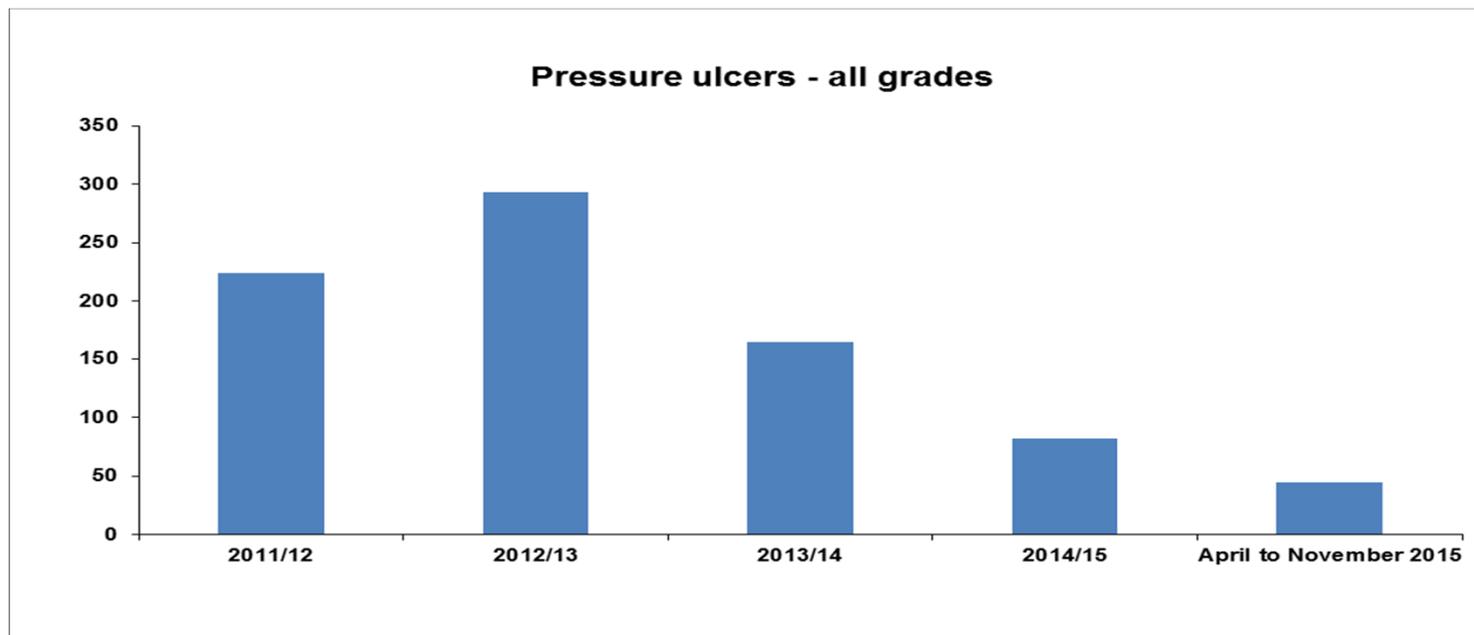
**In 2015 we also developed a local hospital strategy for our CCGs' patients.**

## Clinical quality priorities for 2016/17

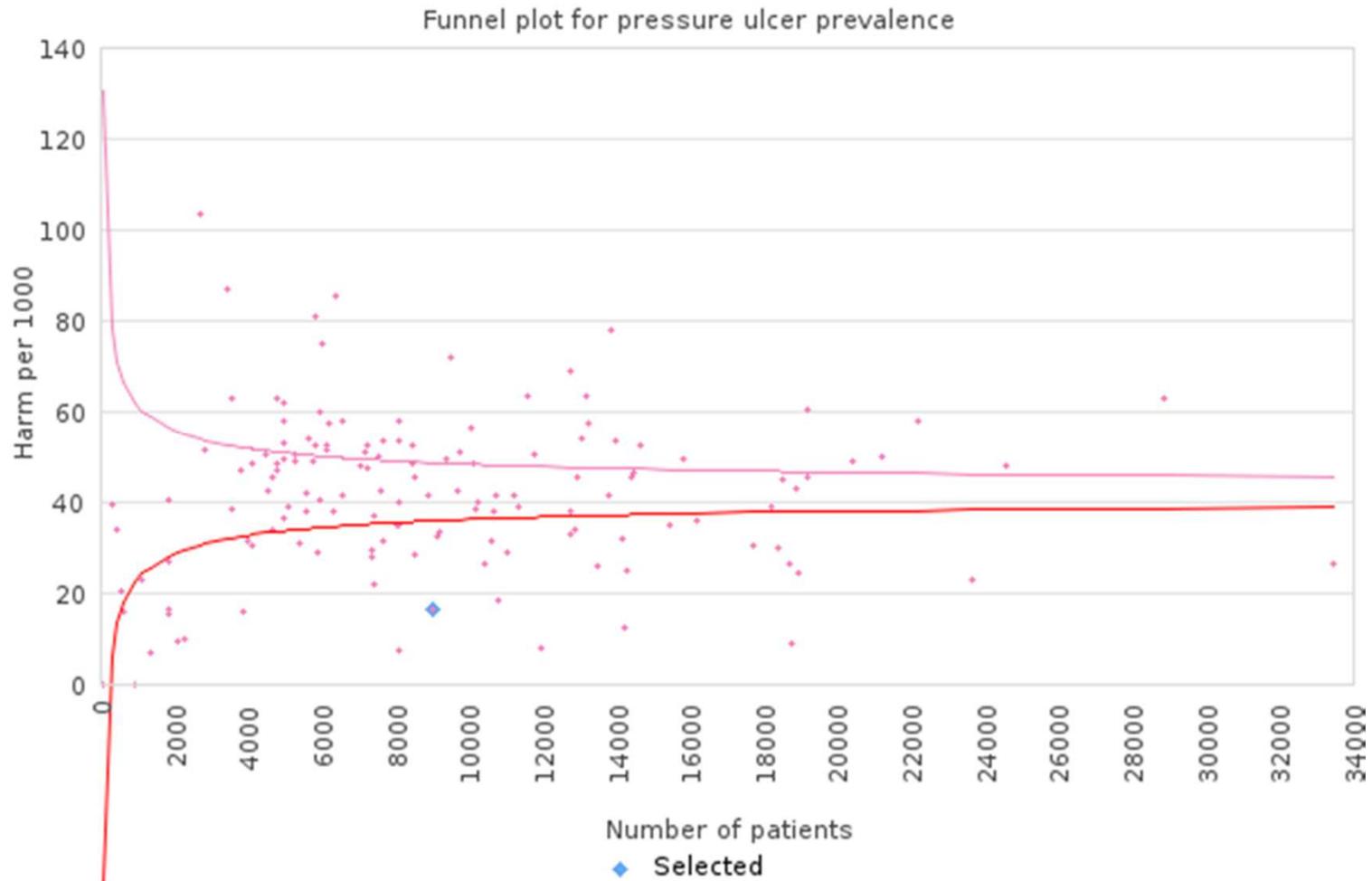
- Reduce hospital acquired pressure ulcers
- Reduce the number of falls within hospital
- Reduce cases of sepsis
- Reduce number of cardiac arrests / cases where we haven't detected deterioration in the patient's condition
- Reduce medication errors
- Reduce hospital acquired infection
- Reduce cases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

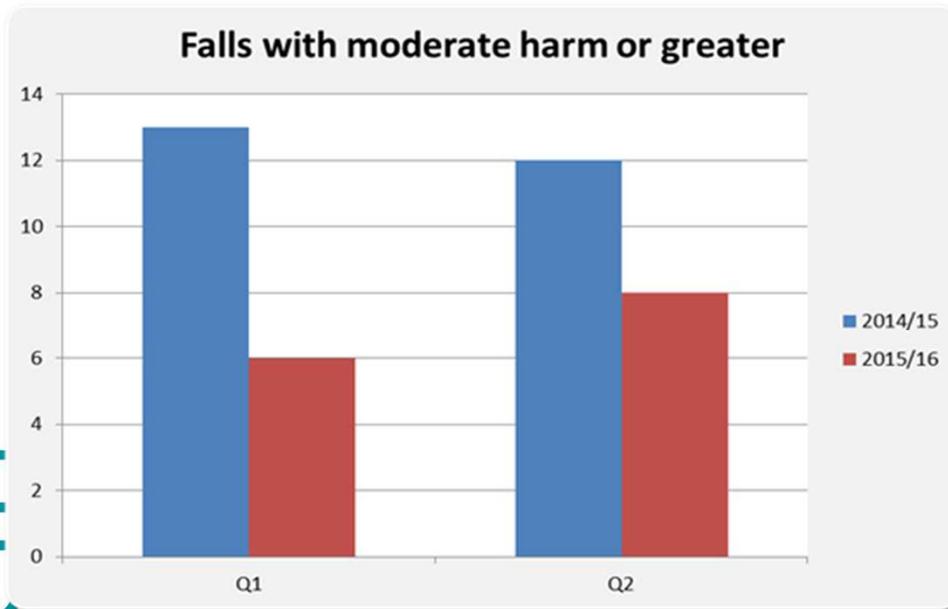


# Pressure ulcer management



## Falls with harm

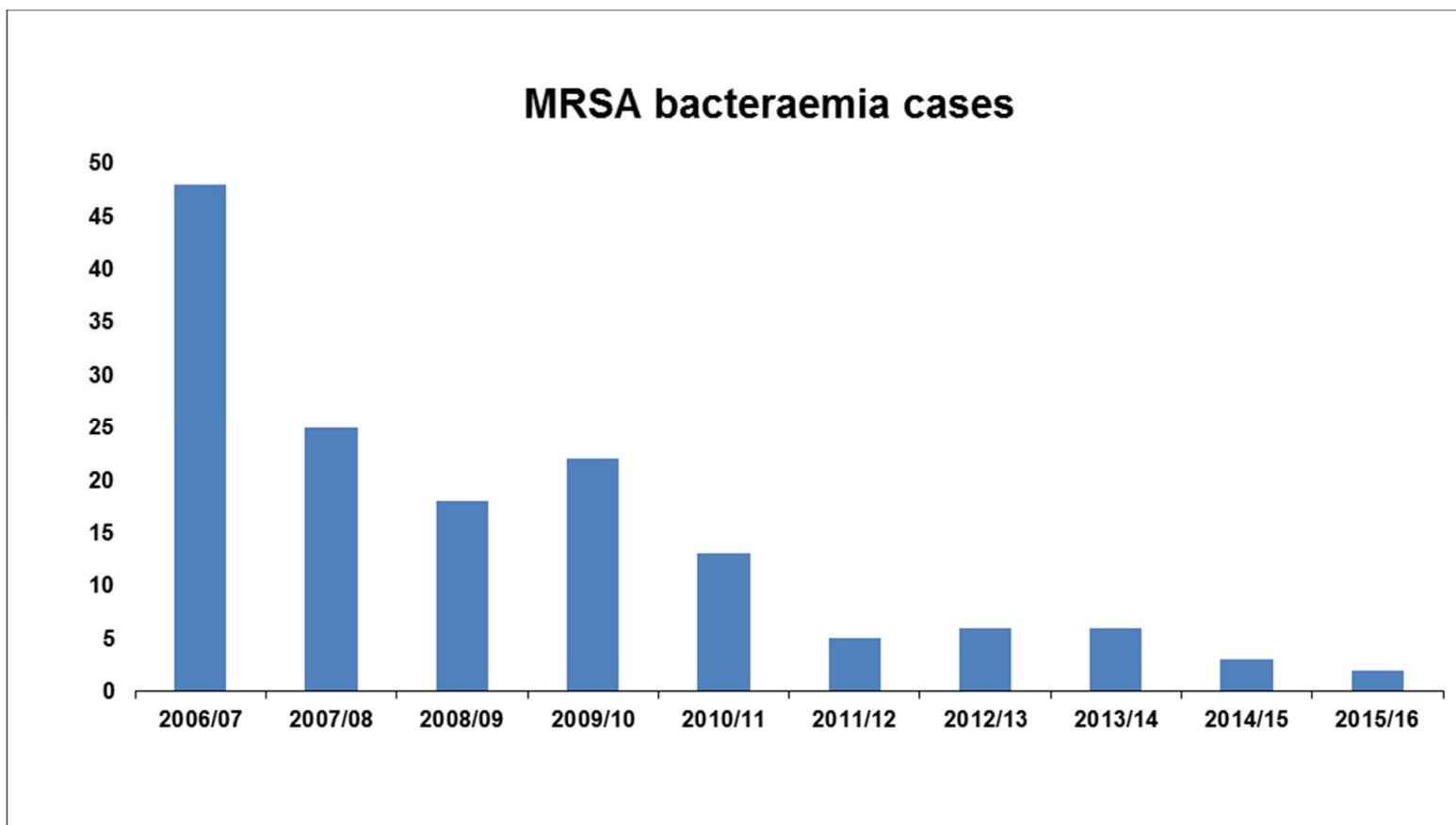
- The national mean for “falls reported per 1,000 occupied bed days” was 5.6 for acute hospitals. UCLH was lower at 3.95
- A lot of work has been undertaken on awareness and minimising harm.
- We have also employed a dedicated falls lead in September who is an invaluable resource.



National Falls Audit (October)

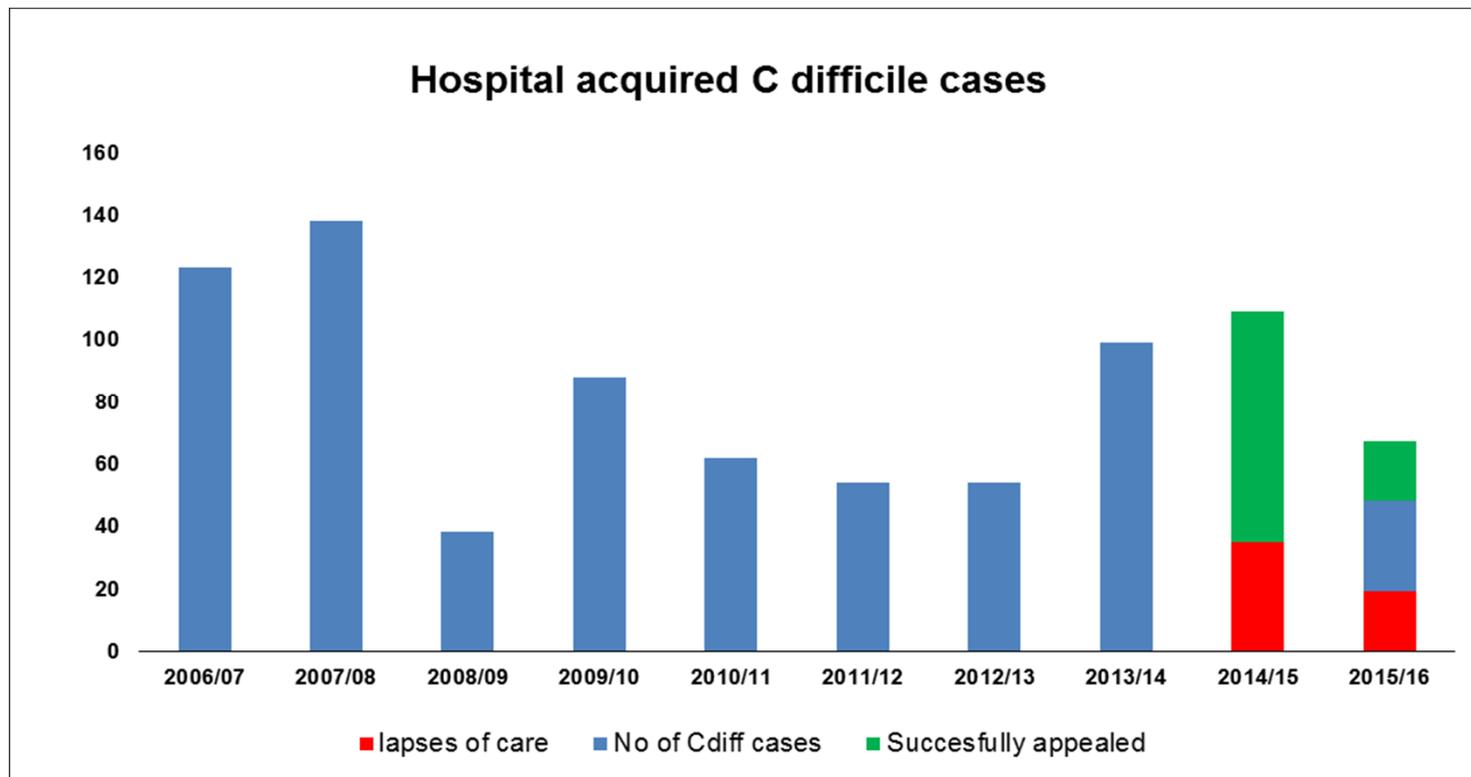
London	Falls resulting in moderate/severe harm or death per 1,000 OBDs	Falls per 1,000 OBDs
Barking Havering and Redbridge University Hospitals NHS Trust	0.11	5.93
Barts Health NHS Trust	0.06	4.38
Croydon Health Services NHS Trust	0.08	5.81
Epsom and St Helier University Hospitals NHS Trust	0.14	6.08
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

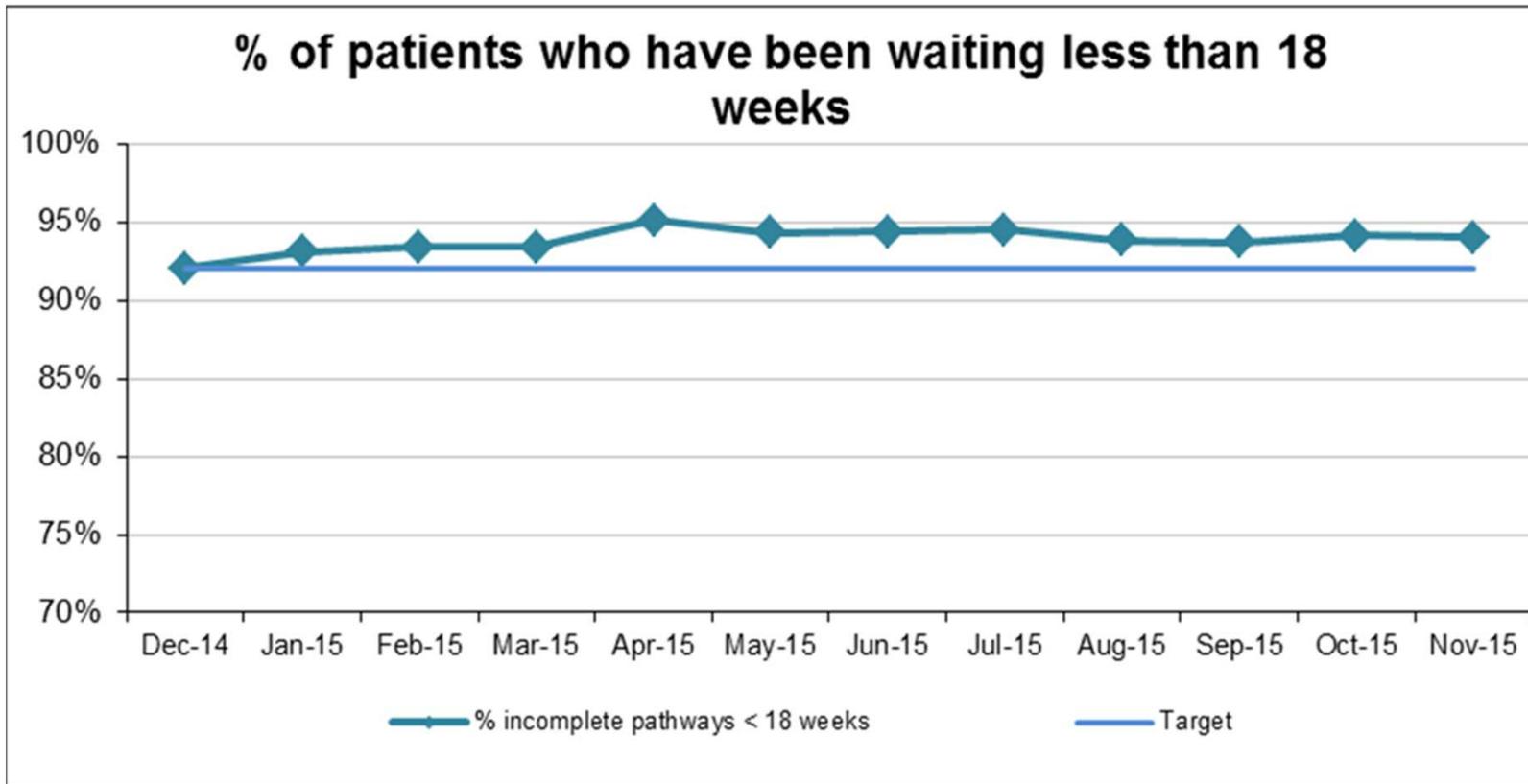
- UCLH have reported 48 cases by the end of November 2015
- 28 of these cases have been determined as not being the result of lapses in care
- 19 cases of C diff have been found to be a lapse in care by the Trust against a year end threshold of 97



## 2014 Inpatient Survey

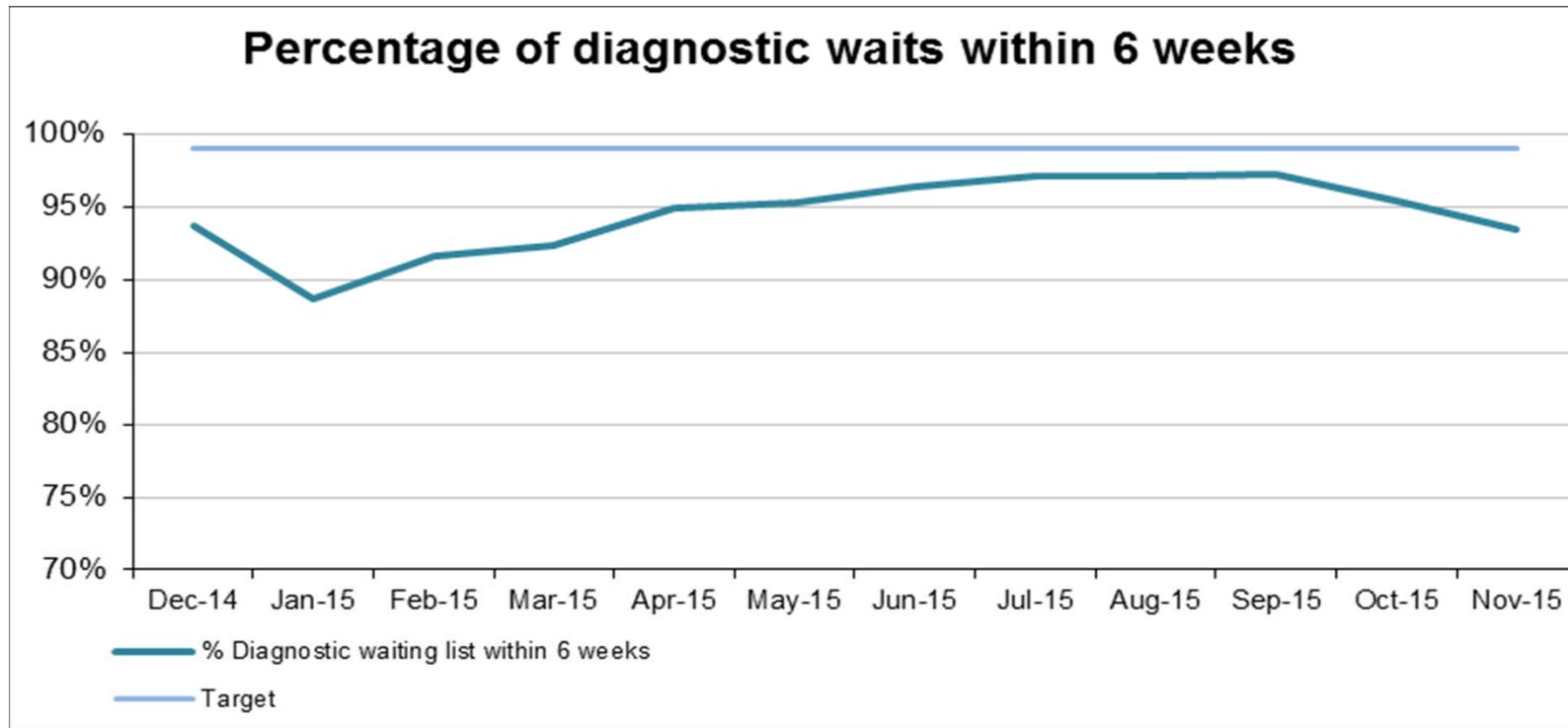
Peer London Teaching Hospital	Position against peers	Score	2013 Score & position
Guy's & St Thomas	1	89.2	81.6 (1)
UCLH	2	86.9	79.5 (2)
Chelsea & Westminster	3	86.3	79.5 (3)
Imperial	3	86.3	77.5 (6)
St George's	5	85.7	77.7 (5)
Royal Free	6	85.4	76.3 (7)
Kings College	7	83.9	78.0 (4)
Bart's Health	8	83.6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

## Referral to Treatment Time (RTT)



- Consistently achieving the standard since November 2014

## Diagnostic waits



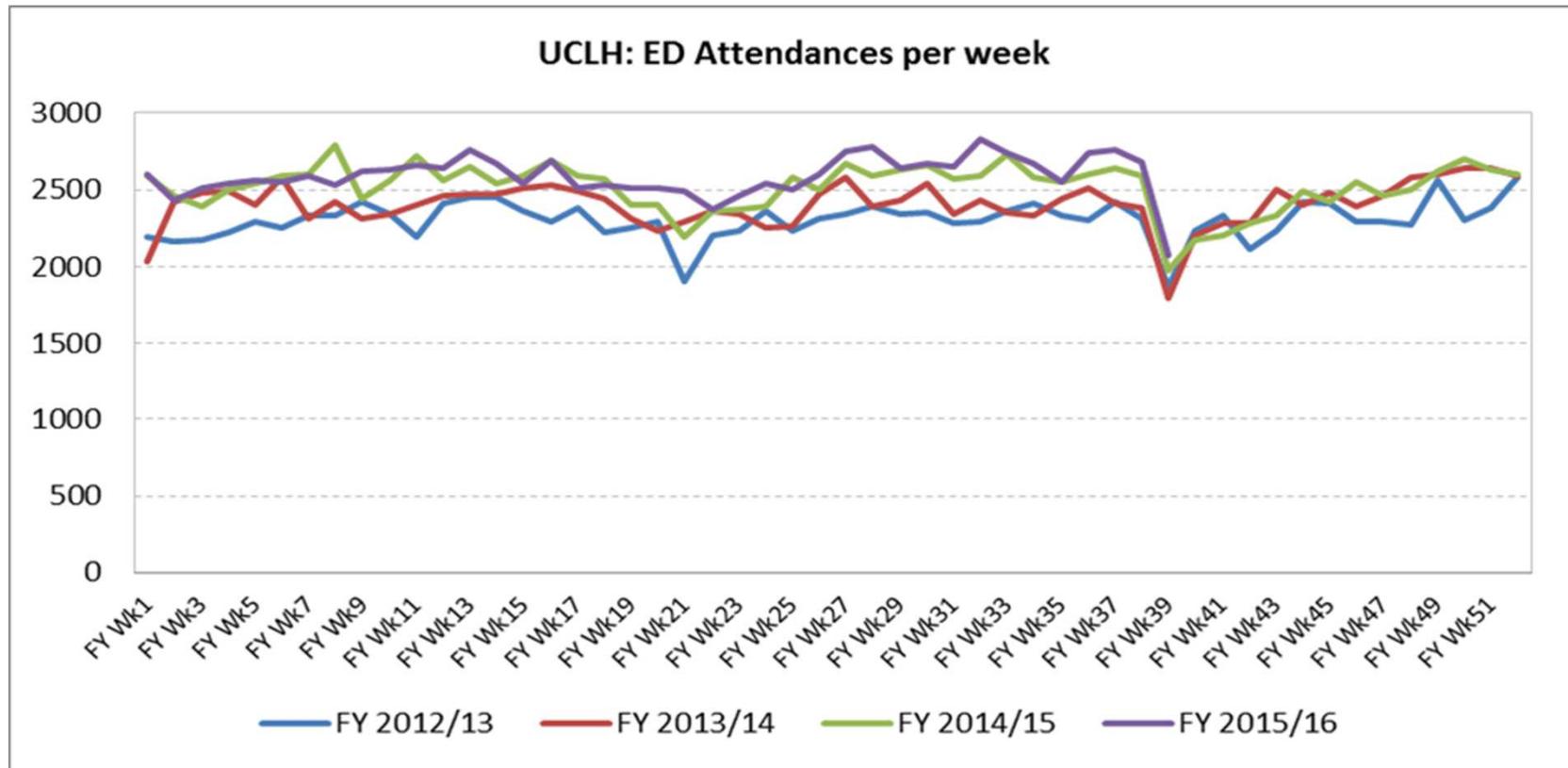
- Diagnostic waits have been too long in MRI and endoscopy
- We are projecting achievement in MRI in January and in endoscopy in February

## 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

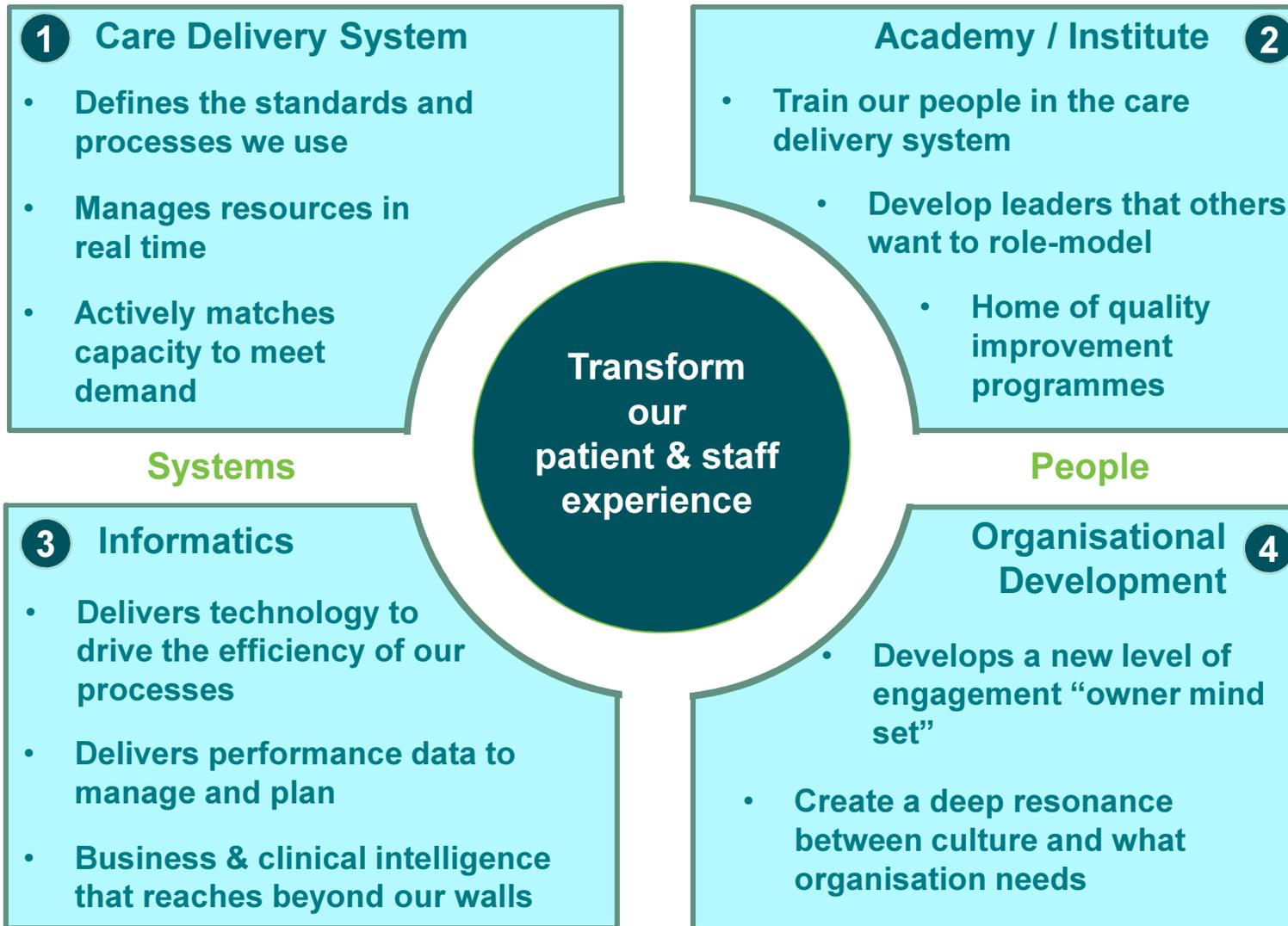
In 2015/16 we forecast a year end deficit of around £32m, owing to:

- § 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)

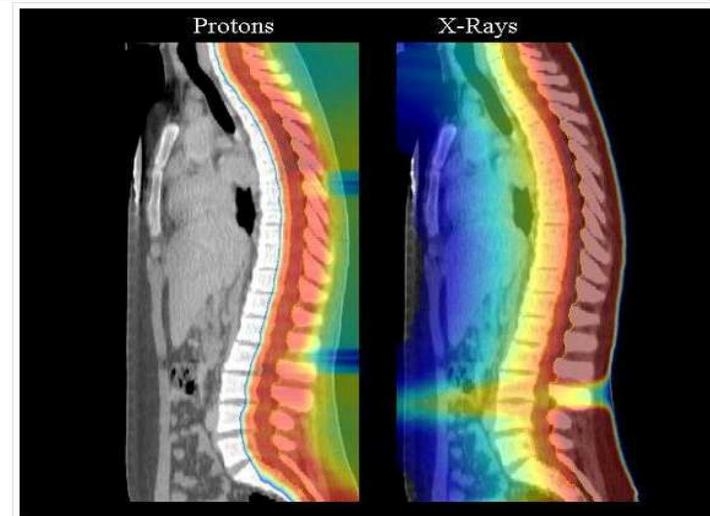
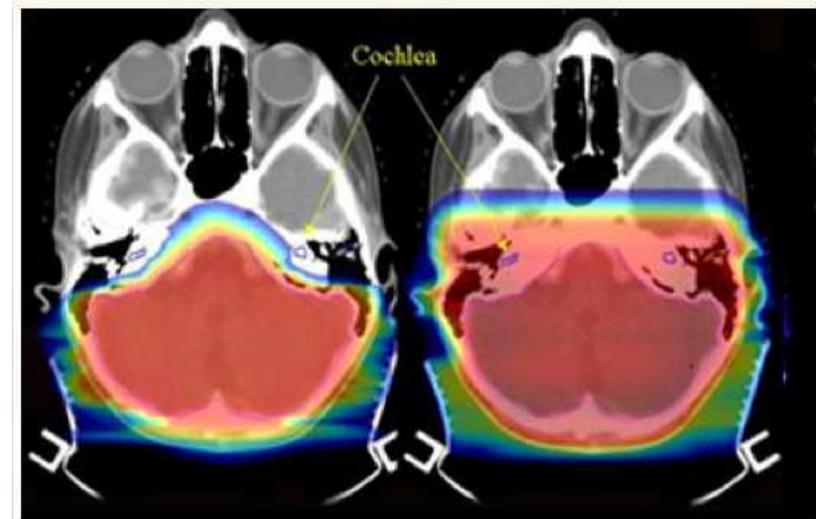
## The Emergency Department (ED) Development

- 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 21<sup>st</sup> 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

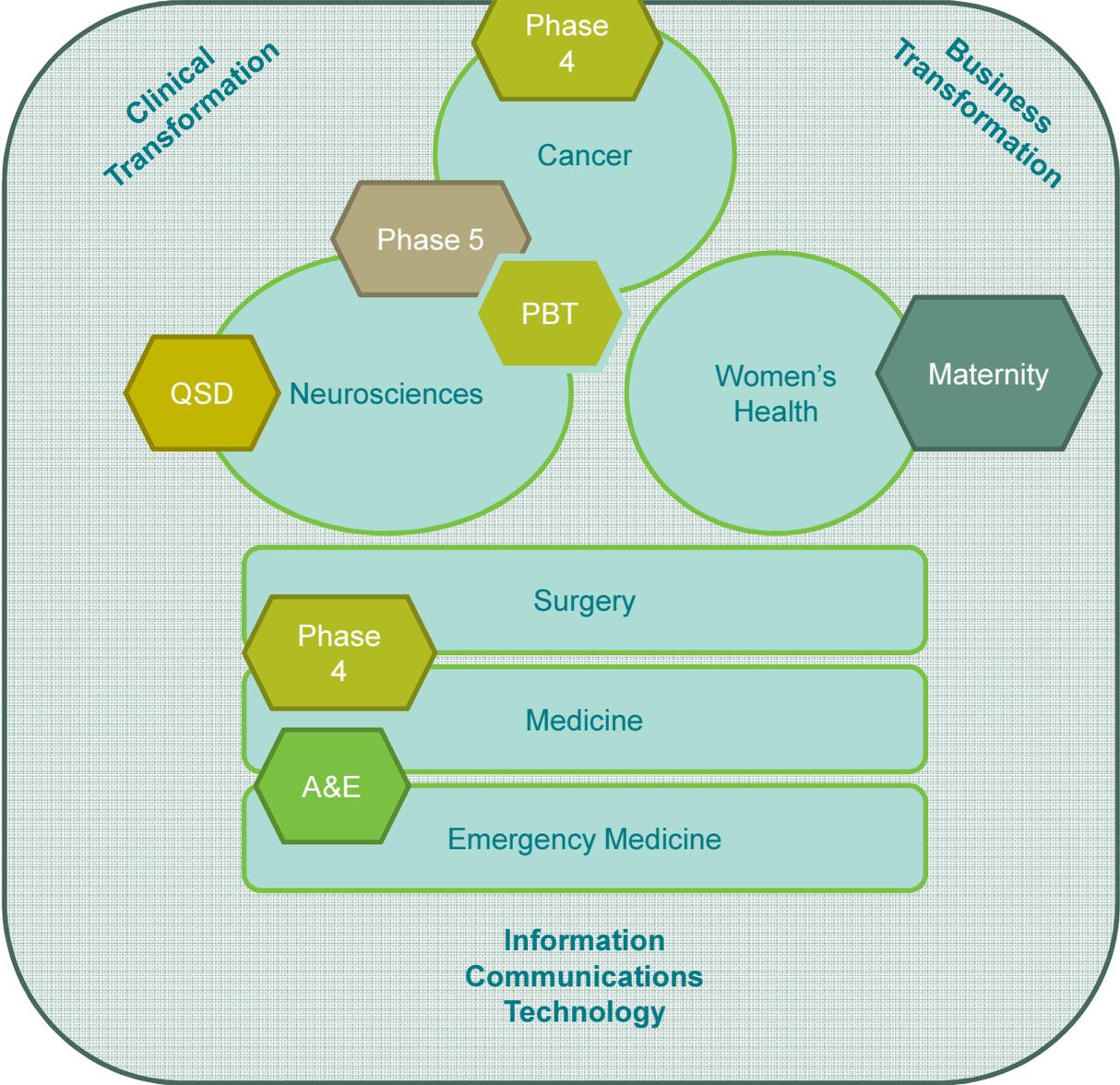
- Ambulatory world leading facility to accommodate all outpatient, diagnostic, dental treatment and minor surgical procedures in the current Royal National Throat, Nose, Ear Hospital and Eastman Dental Hospital.
- Co-location of the following;
  - Ambulatory services delivered at the RNTNEH (excluding 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

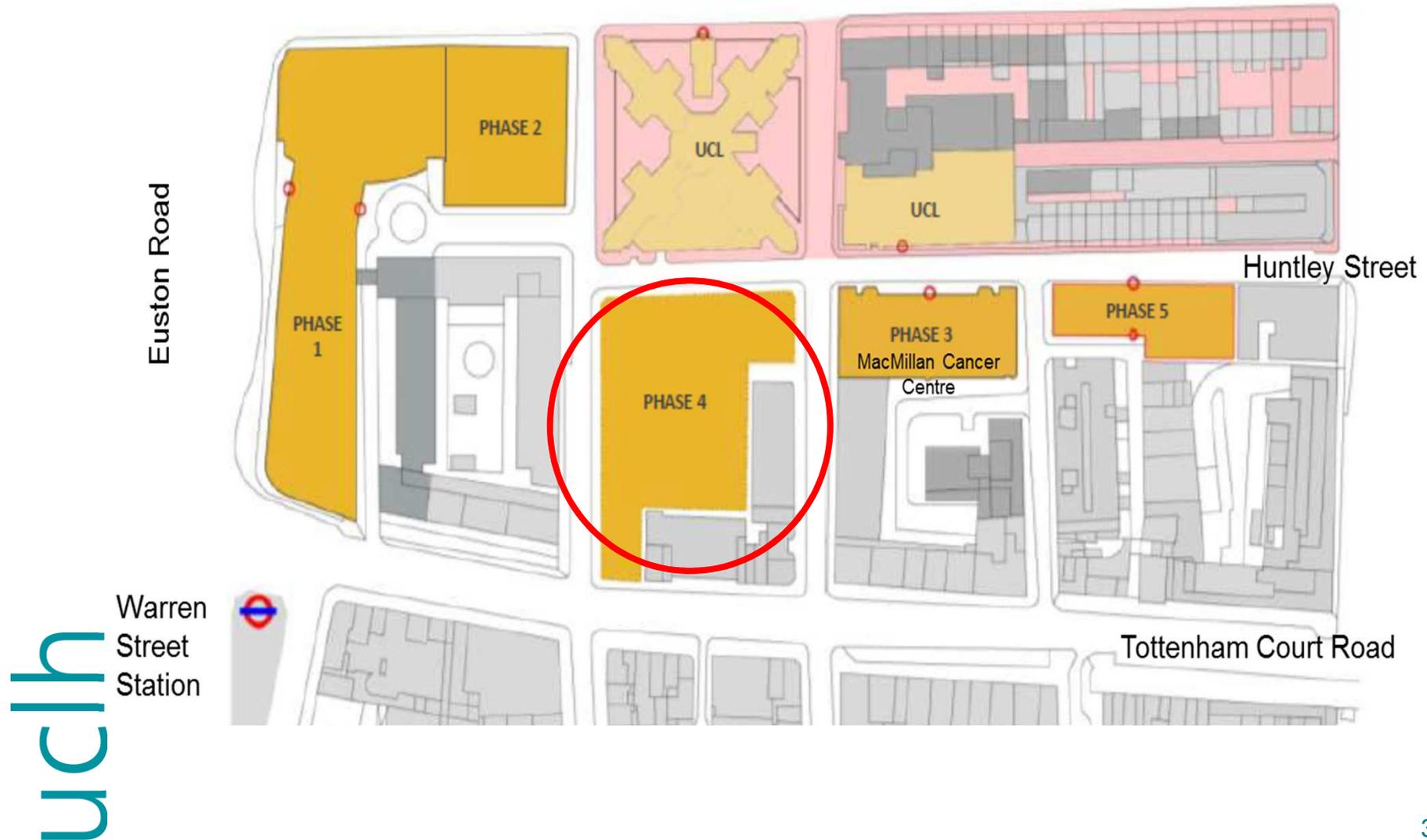




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**Phase 4 – Completion date 2019**

# Phase 4 & PBT Site: UCH Campus

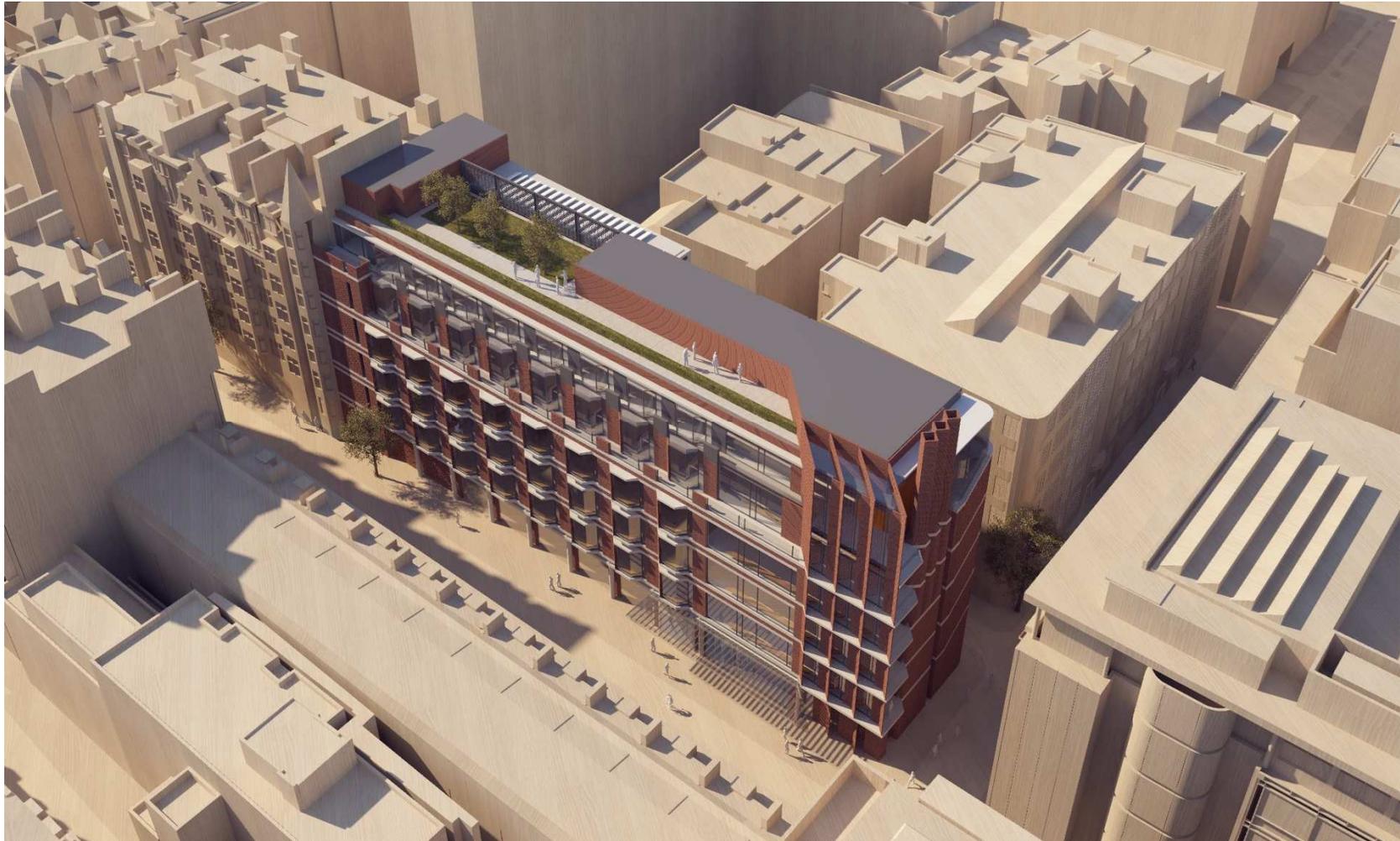


## P4 - Summary

- 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

