

uclh

University College London Hospitals NHS
Foundation Trust

Update on performance for Islington HSC

Charles House, Medical Director

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)



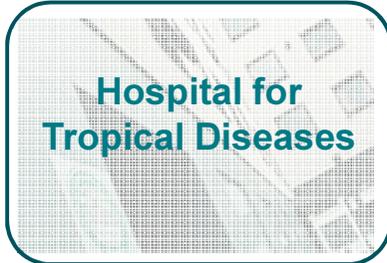
University College Hospital Macmillan Cancer Centre



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



The UCLH Clinical Strategy and Overview

We will continue to develop our specialist services and research in:

- Specialist cancer
- Neurosciences
- Women's Health

We will also work with STP partners across NCL to develop local services. Key areas of focus are:

- Improving emergency and urgent care pathways
- Optimising elective pathways

We are leading the cancer vanguard across North Central and North East London. This will deliver:

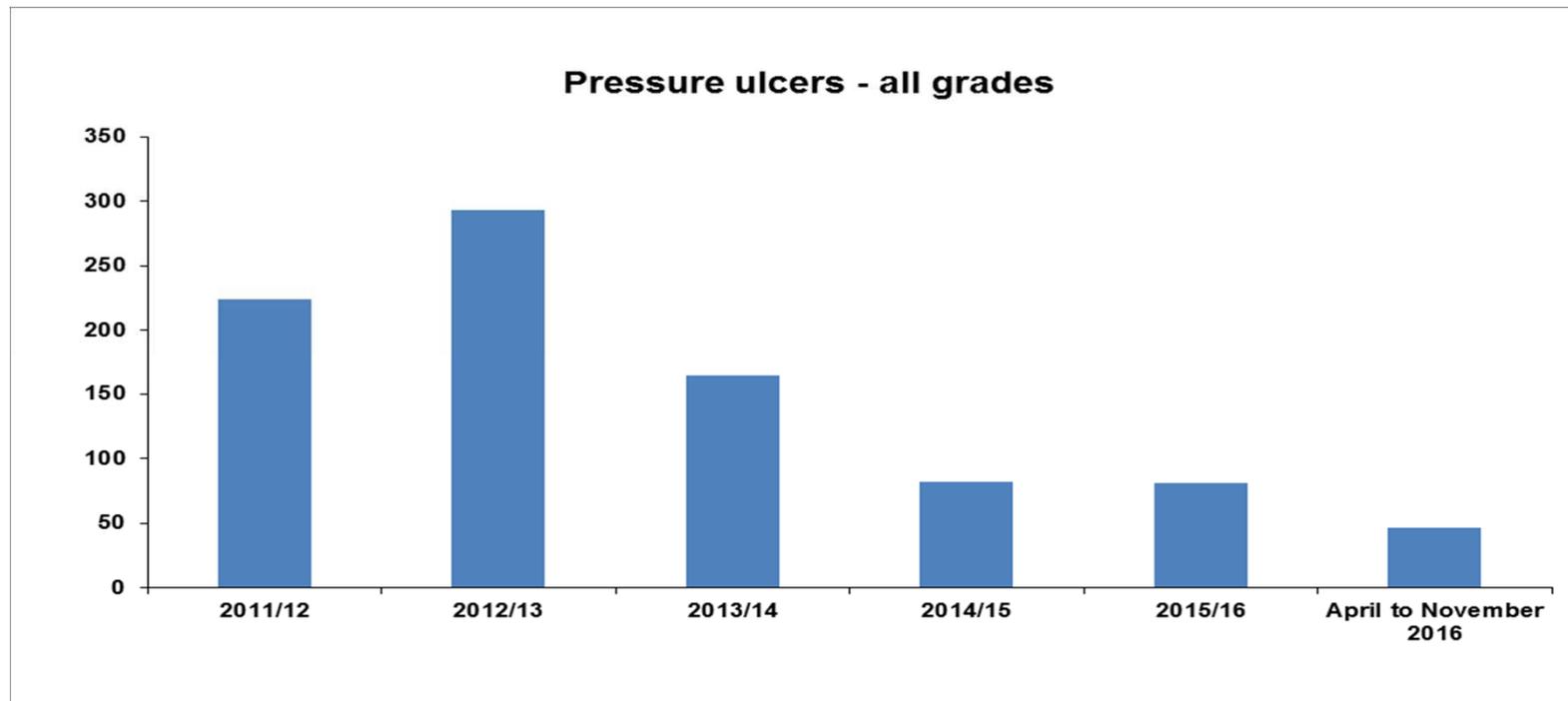
- Improved access to local diagnostics faster diagnosis for patients
- Standardised provision of chemotherapy
- Radiotherapy delivered through a network

Key priorities

- To improve patient experience - measured through friends and family test and local surveys
- To maintain our excellent mortality ratings
- To reduce number of hospital acquired pressure ulcers
- Meet standards for how long patients wait from referral for their treatment
- Shorter waiting times for diagnostic tests
- Shorter waiting times for different stages of cancer pathways
- Shorter waiting times in our emergency department
- Delivering more efficient care so that we deliver our financial targets

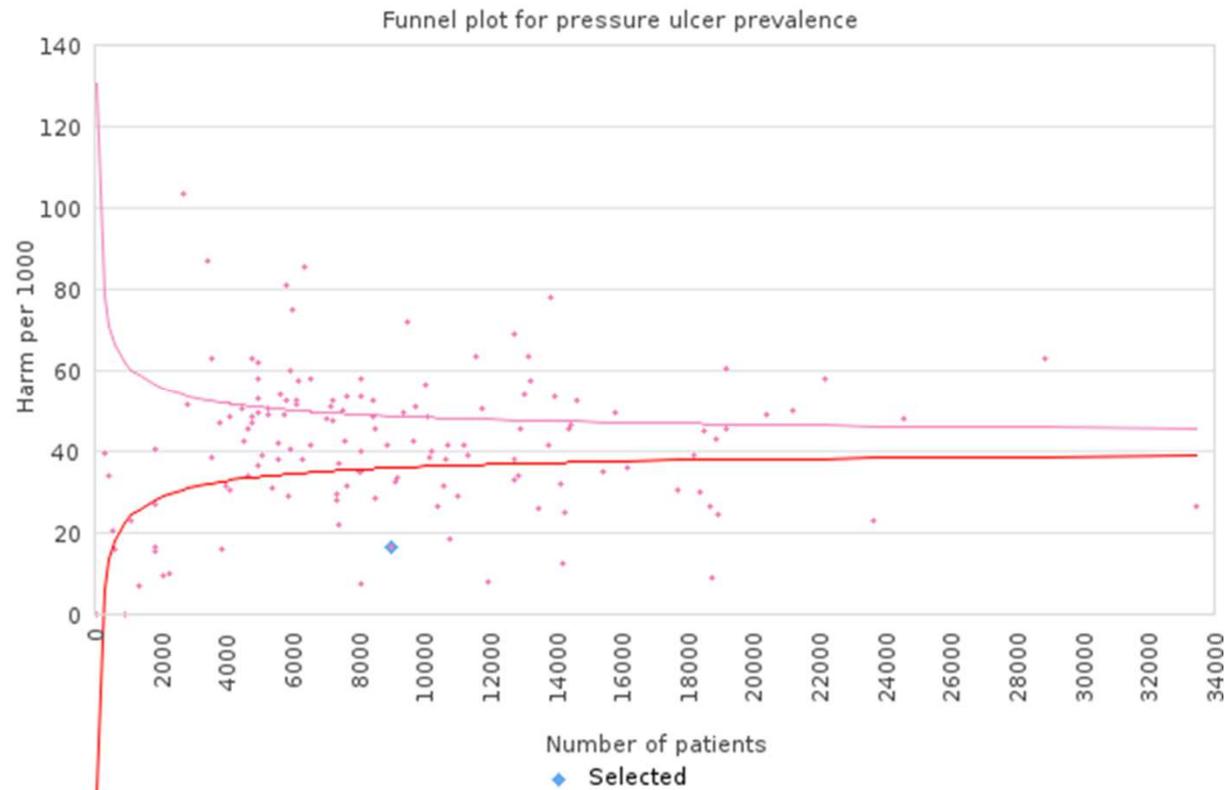
Hospital acquired pressure ulcer (HAPU) management

- Numbers of HAPU are the same as last year, with an average of six HAPU per month.
- Eight Grade 3 HAPUs were reported in the last six months compared to six in the same period last year. One Grade 4 was reported in October 2016.
- Actions the trust has taken include: recruiting a third tissue viability nurse; undertaking a trust-wide audit; improving documentation; and improving the escalation processes.

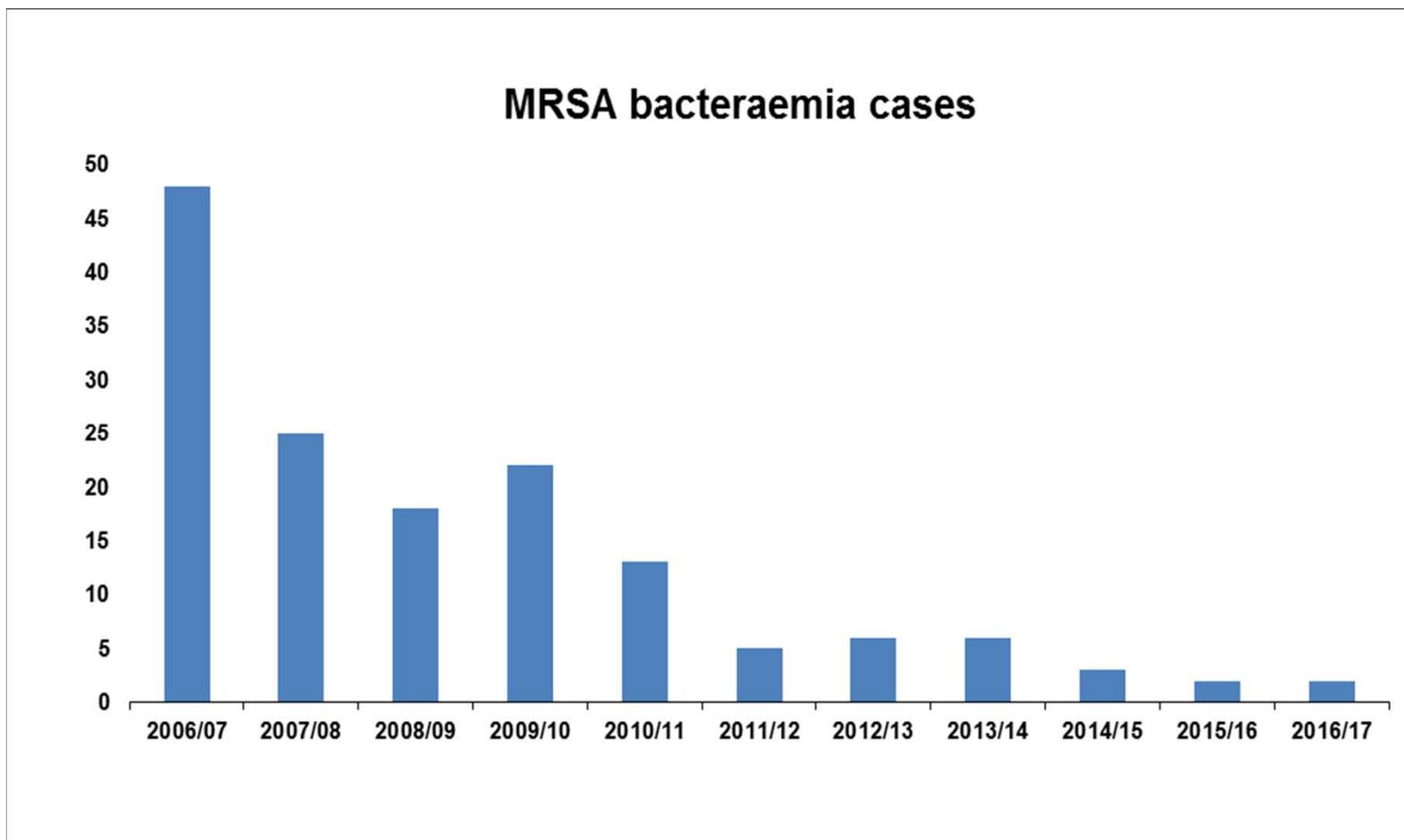


Pressure ulcer management

Compared to other trusts, UCLH performs well, and has one of the lowest incidence of HAPU nationally. The National Safety Thermometer funnel plot below (August 2016) shows UCLH (in blue) compared to other trusts (in red). The funnel between the red lines shows the expected number or prevalence of pressure ulcers. The further below the bottom red line, the better the performance.

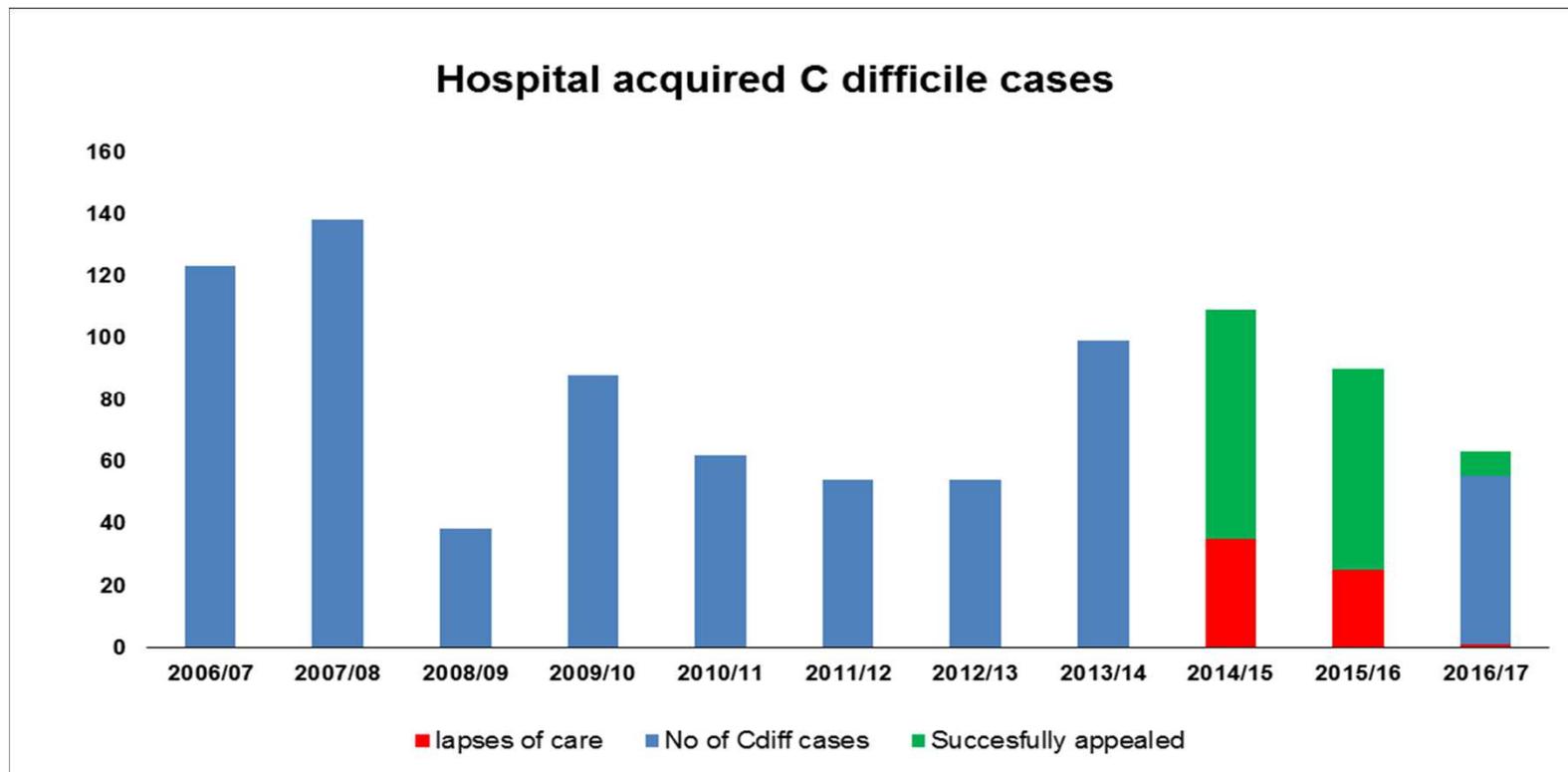


MRSA management



Clostridium difficile

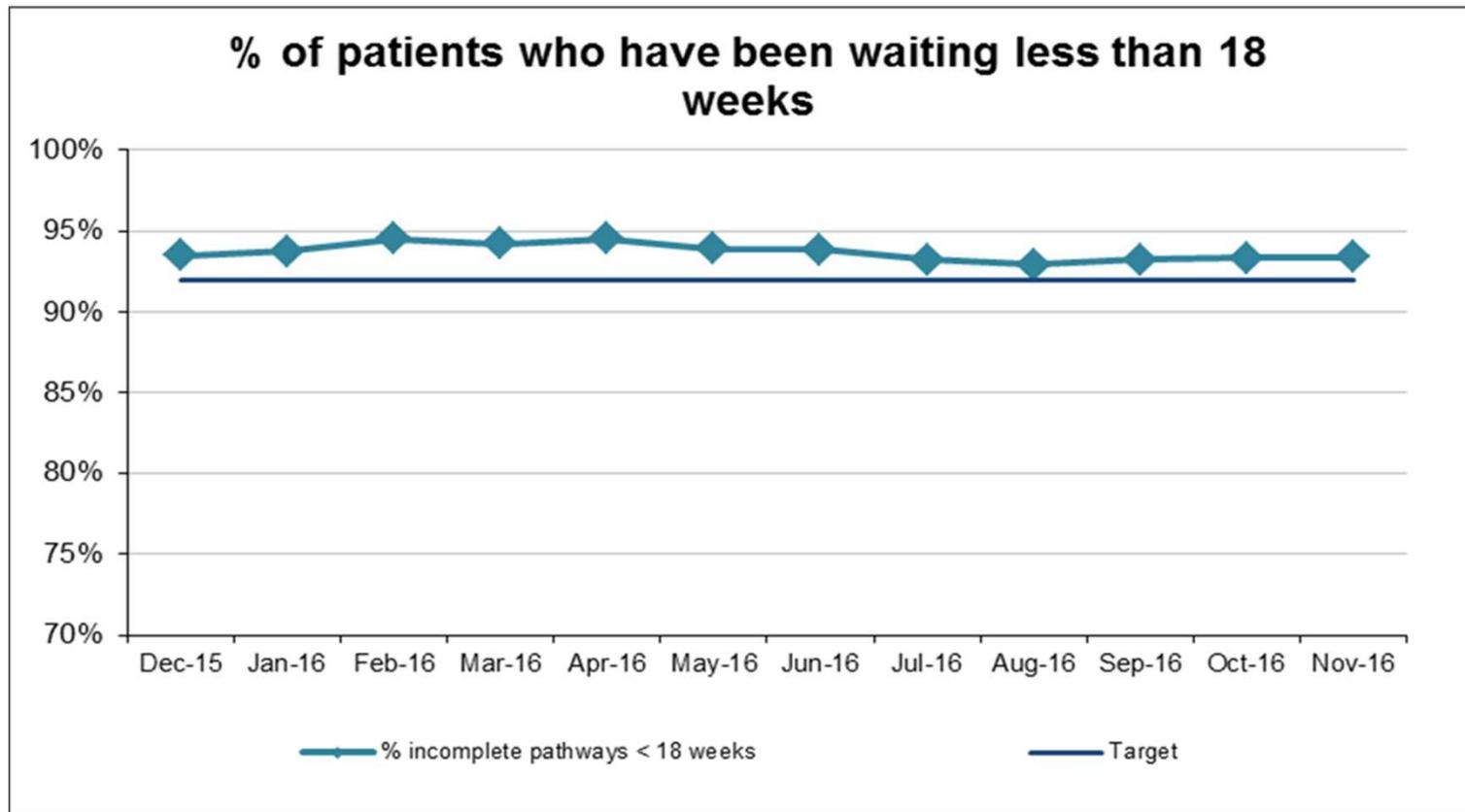
- UCLH have reported 63 cases by the end of November 2016
- Annual target of 90 cases
- Relatively low number confirmed to be as a result of lapses, so we are likely to meet our target



2015 Inpatient Survey

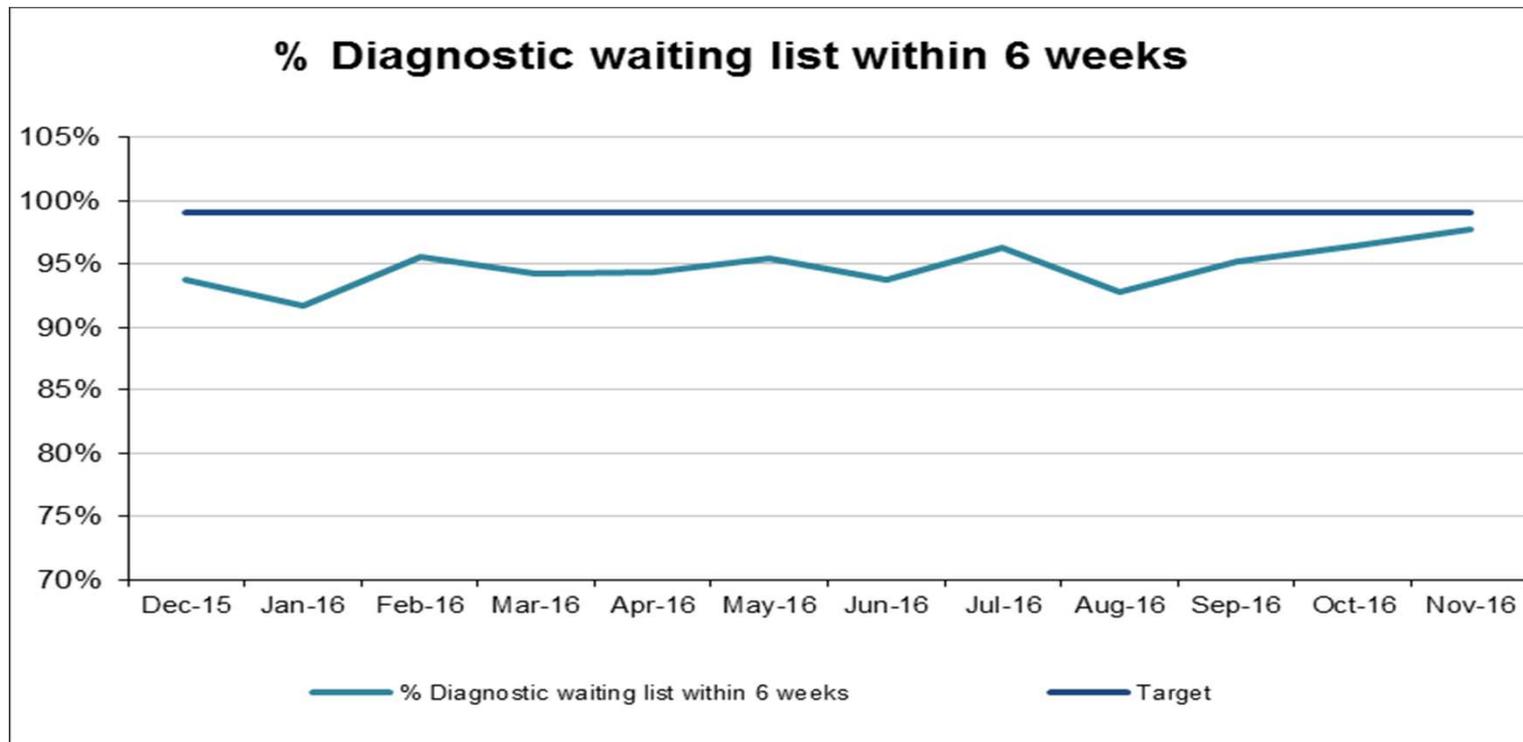
Peer London Teaching Hospital	Position against peers	Score	2014 Score & position
UCLH	1	8.4	8.1 (2)
Guy's & St Thomas	2	8.3	8.3 (1)
Chelsea & Westminster	3	8.2	8.0 (3)
Kings College	4	8.1	7.8 (7)
St George's	4	8.1	8.0 (3)
Royal Free	6	8	8.0 (3)
Imperial	7	7.9	8.0 (3)
Bart's	8	7.6	7.8 (7)

Referral to Treatment Time (RTT)



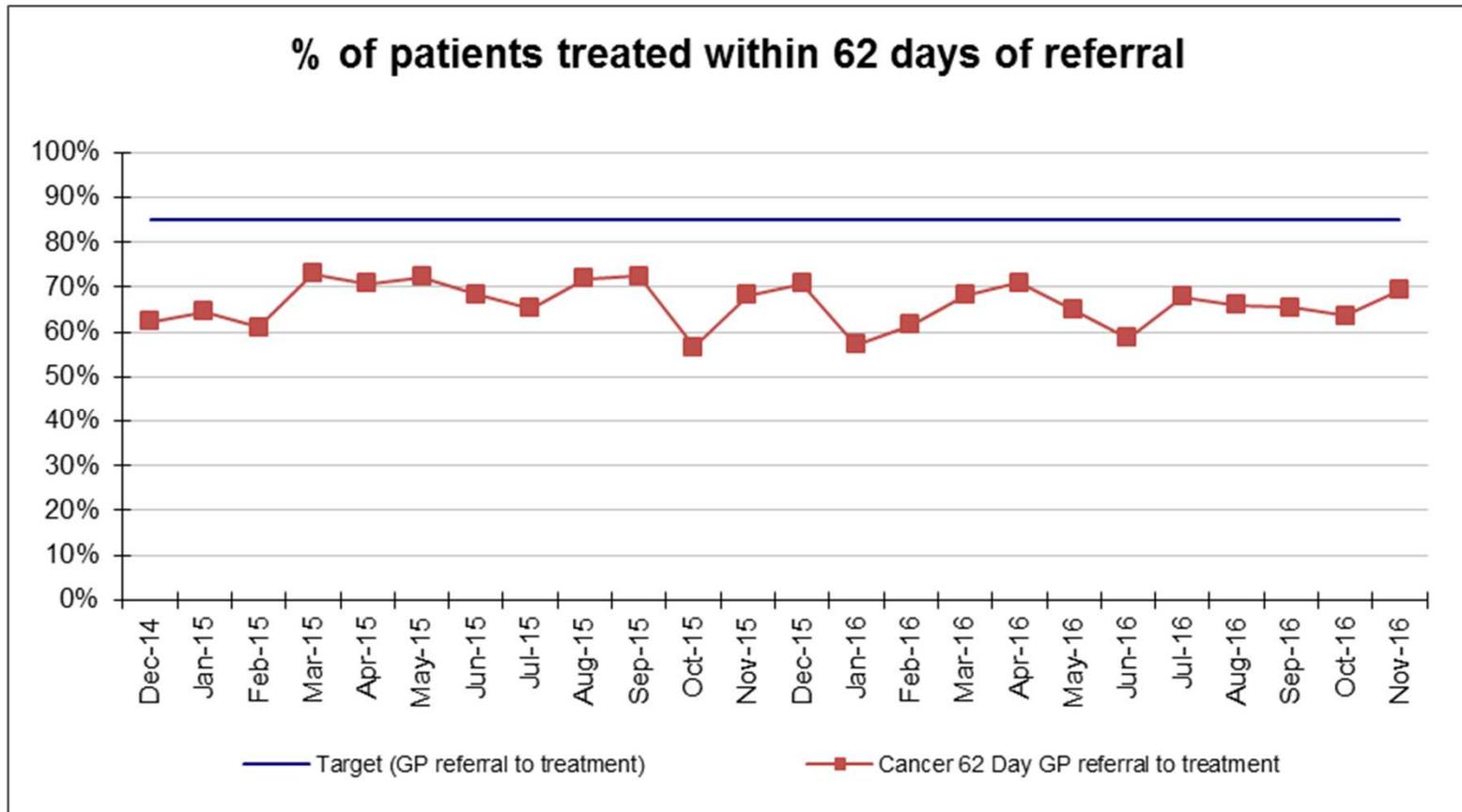
- Consistently achieving the standard since November 2014

Diagnostic waits

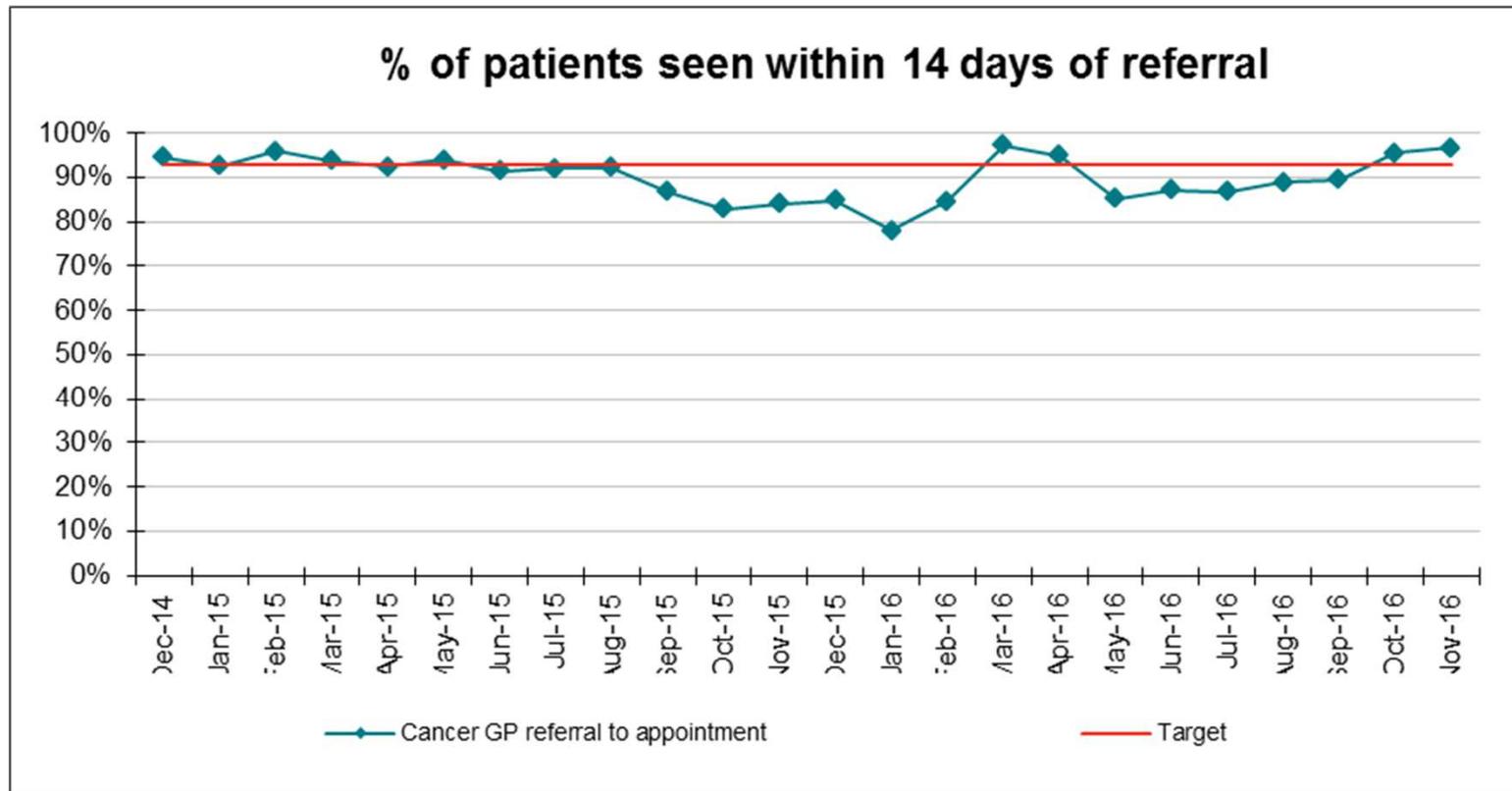


- Diagnostic waits have been too long in MRI, non-obstetric ultrasound and endoscopy
- We are projecting achievement in all modalities by end December (reported in January)

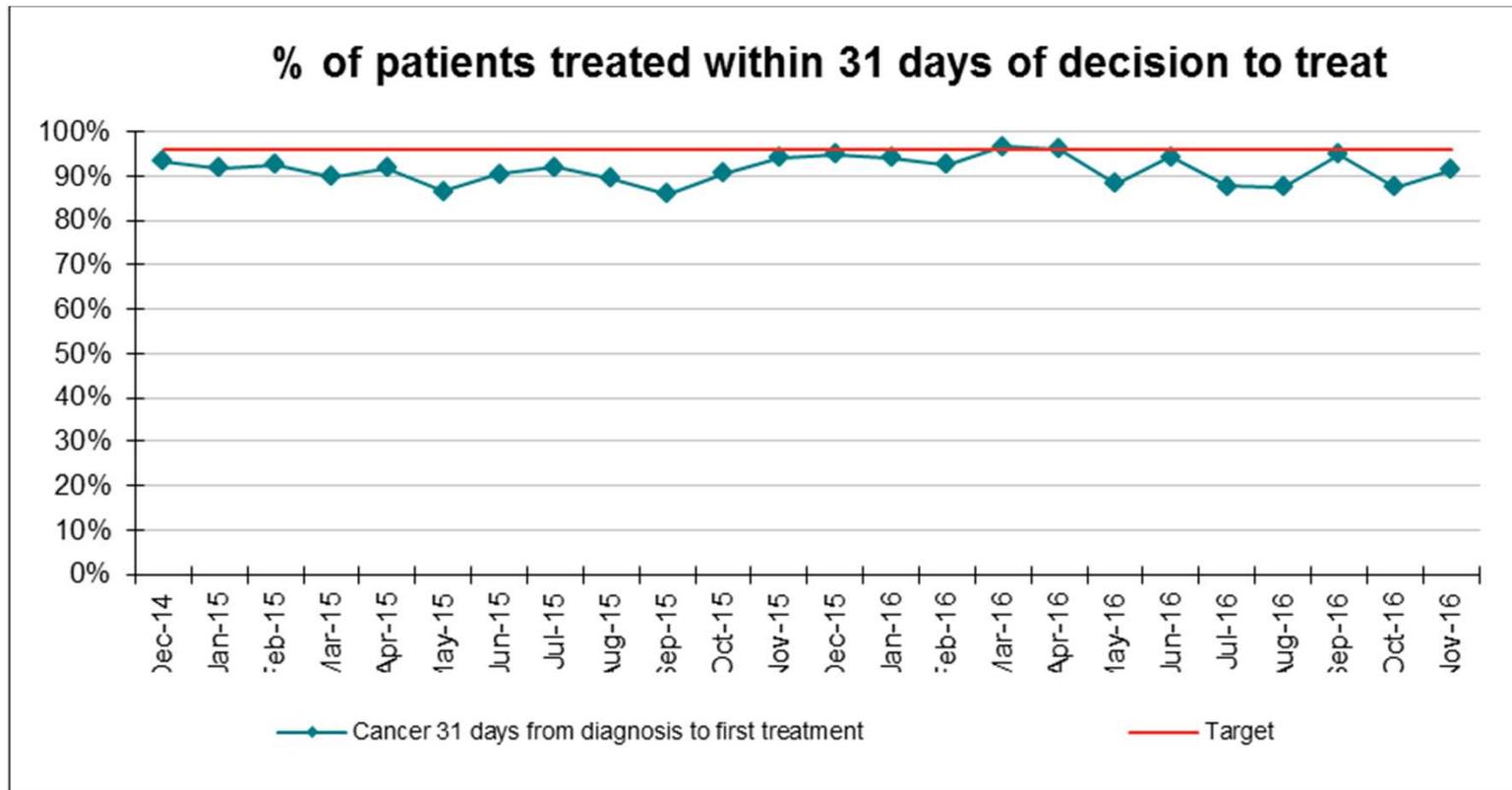
Access to timely cancer care



Access to timely cancer care



Access to timely cancer care



Access to timely cancer care

- Local and national challenges with cancer waiting times standards
- We have shown improved performance against the 2 week wait standard following work to increase capacity across all tumour sites
- Have a comprehensive recovery plan in place against the 31 and 62 day targets, actions include:
 - Improved suite of cancer reports to support management of pathways and early identification of patients that fall behind their target timed pathways
 - Late referrals: working with the NCL Cancer board to improve pathways and communication across the sector
 - Increase in capacity for prostate cancer treatment
 - increased diagnostic capacity in head and neck, lower gastrointestinal and breast
 - implementation of straight to test in lower gastrointestinal (implemented in December)

A&E access times

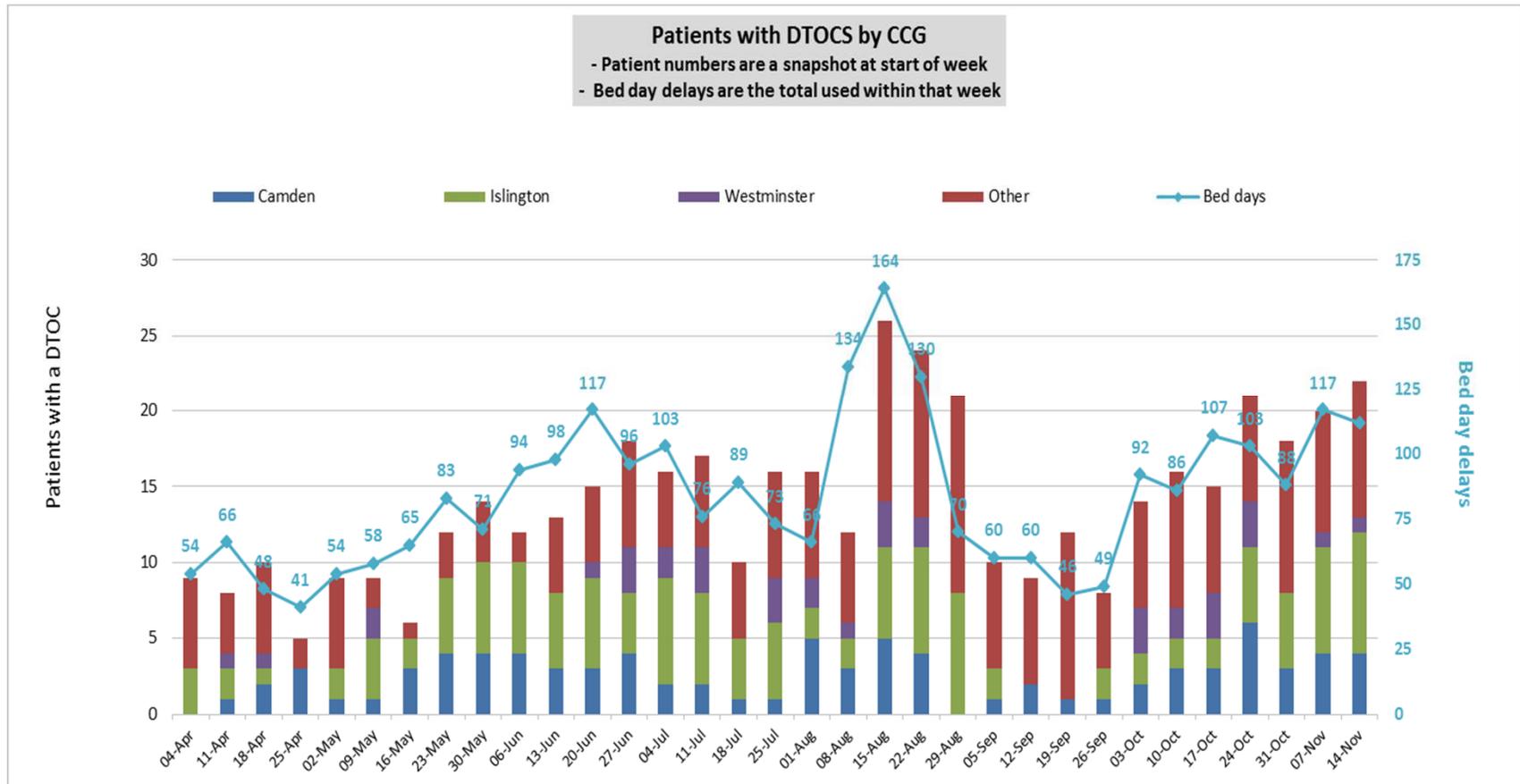
- Waiting times in A&E have been challenged, as has been the case for many trusts
- We have a recovery action plan in place and are working closely with the Camden and Islington emergency care boards to address the issues.
- One of the main issues has been high occupancy levels for beds at UCH

Key actions include:

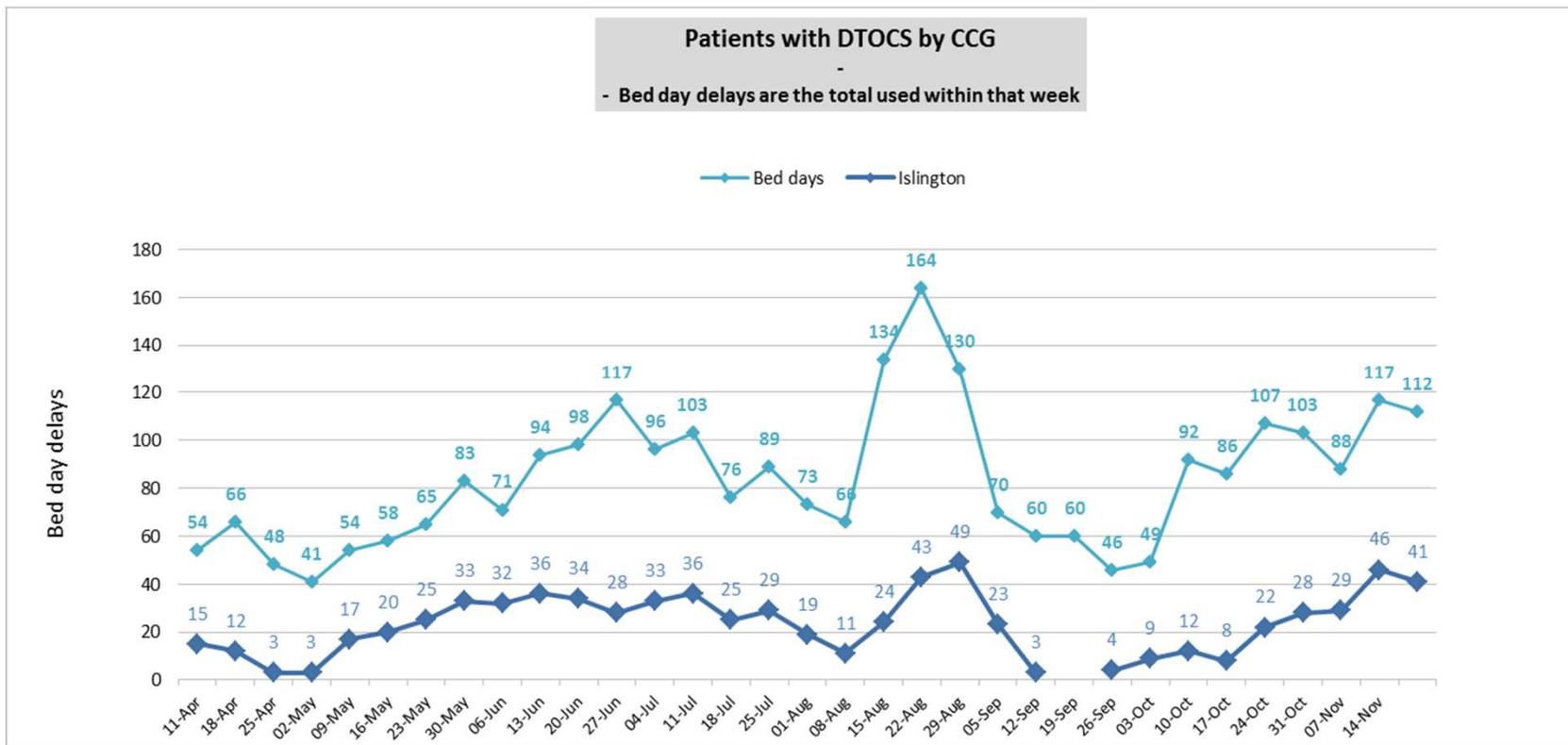
- A new primary care service in Emergency Department (started in November)
- Additional step down beds at St Pancras (opening on 16th Jan)
- Weekly senior level meetings with Camden and Islington partners to manage delayed transfers of care
- Discharging patients earlier in the day

Type 1 performance	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
UCLH	95.2%	94.2%	94.0%	95.1%	97.7%	94.9%	90.6%	86.9%	89.4%	89.1%	86.6% (as of Oct-16)
London	91.6%	91.8%	87.6%	87.9%	91.2%	93.1%	87.1%	82.2%	84.5%	86.7%	83.3% (as of Oct-16)

Delayed transfers of care



Delayed transfers of care



Significant financial challenges

In 2016/17 we are forecasting a year end deficit of around £11m. This is in line with our assigned control total and an improvement on the previous year when we reported a £31m deficit.

In 2017/18 we are planning for a **surplus position of £5.3m.**

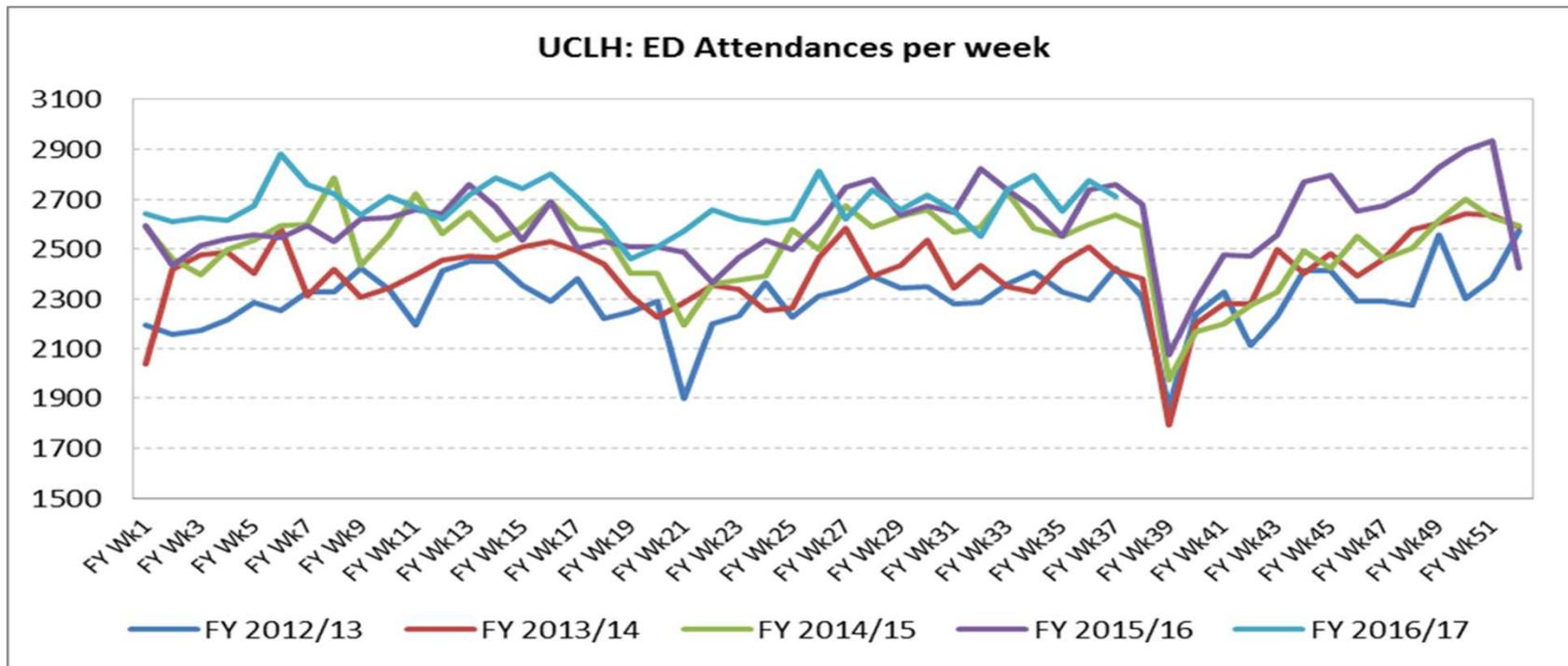
This is within the context of significant financial challenges- including:

- 2% tariff efficiency
- Loss of £3.1m of education funding
- £2m increase in PFI costs

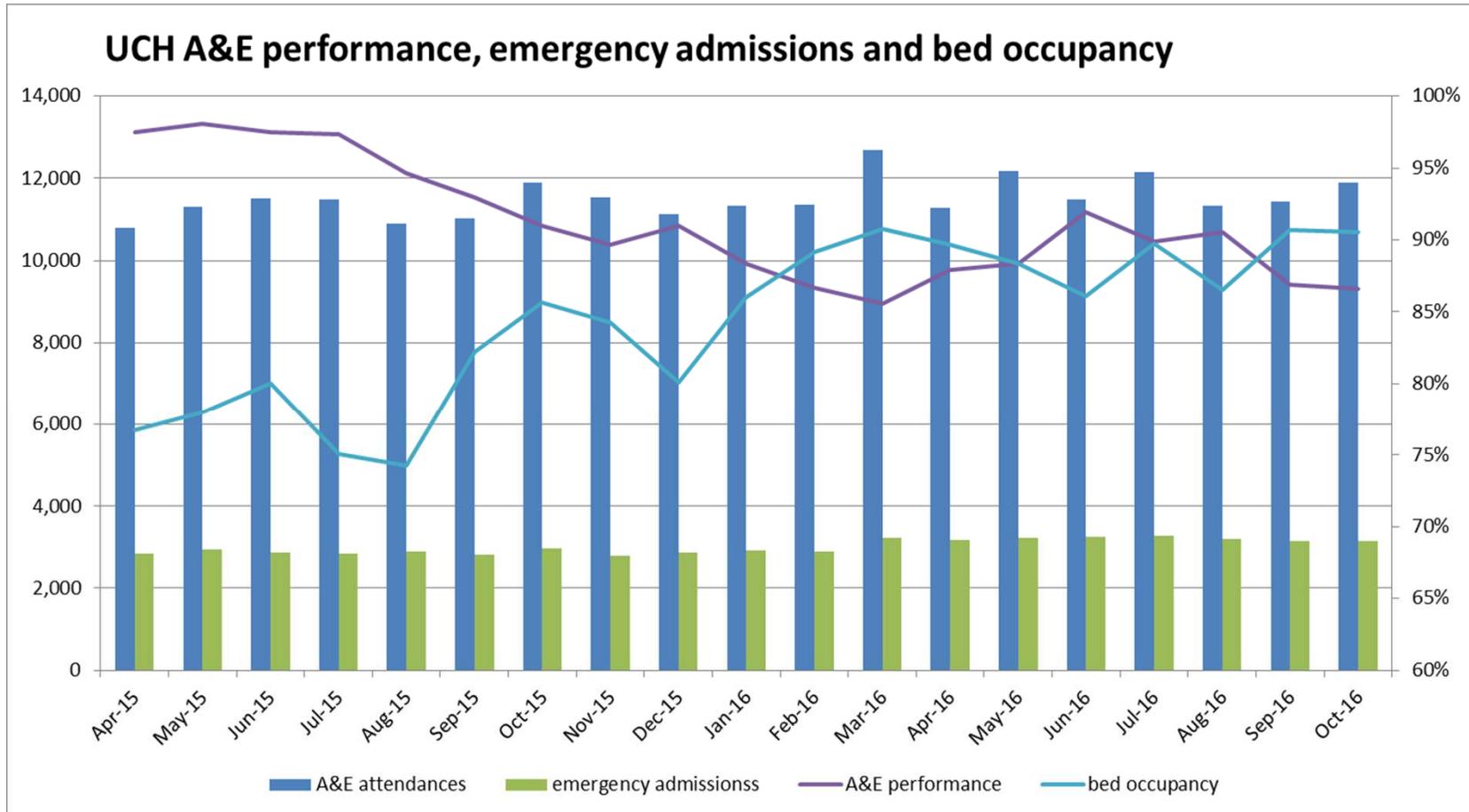
We have been set a £12.8m control total from NHSI. We are in discussion with NHSI about central support that could allow us to achieve this target (specifically, if we can borrow money to buy ourselves out of the PFI this would deliver a significant financial benefit).

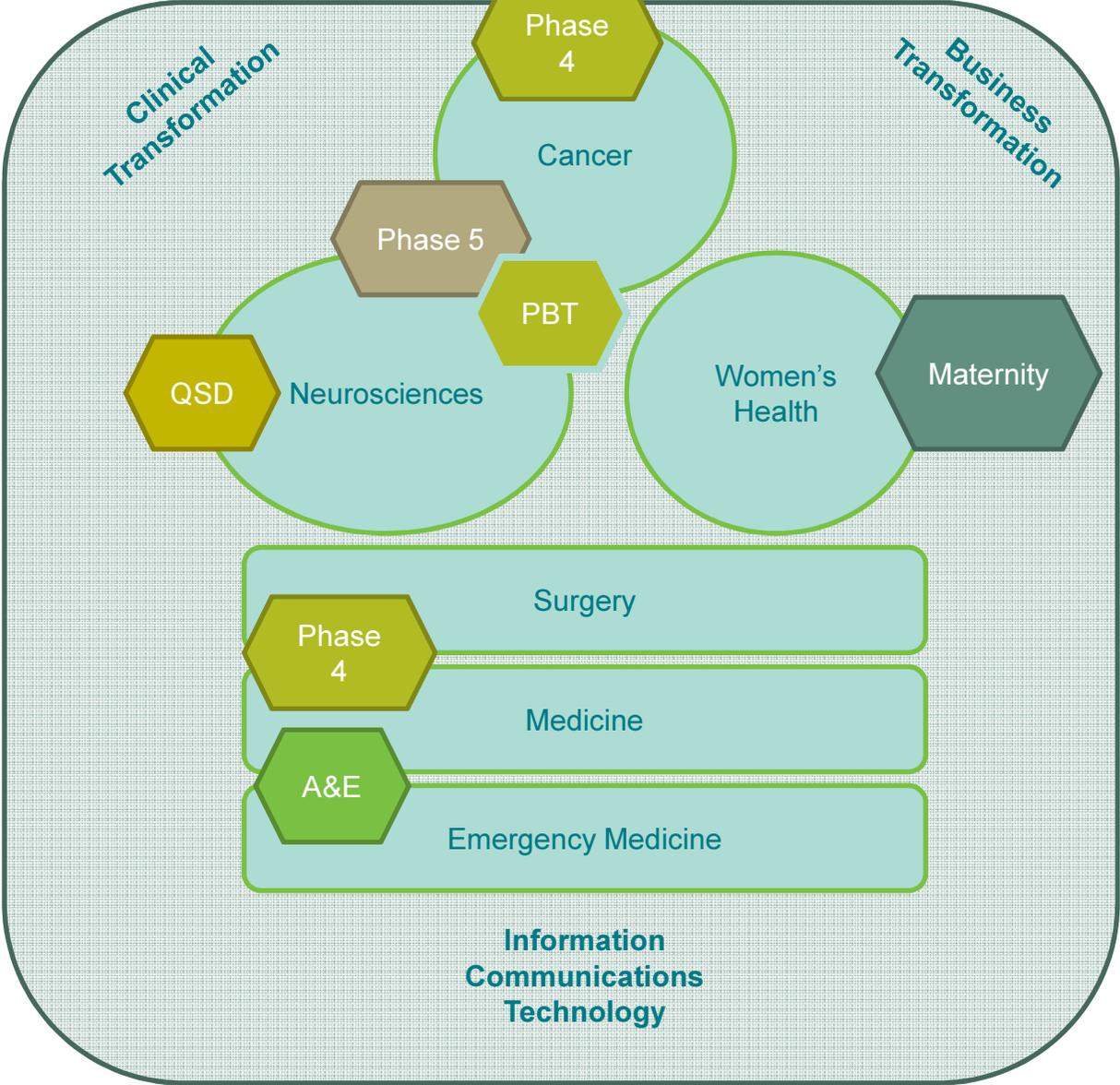
SUPPORTING MATERIALS

A&E Access Times



A&E Access Times - bed occupancy



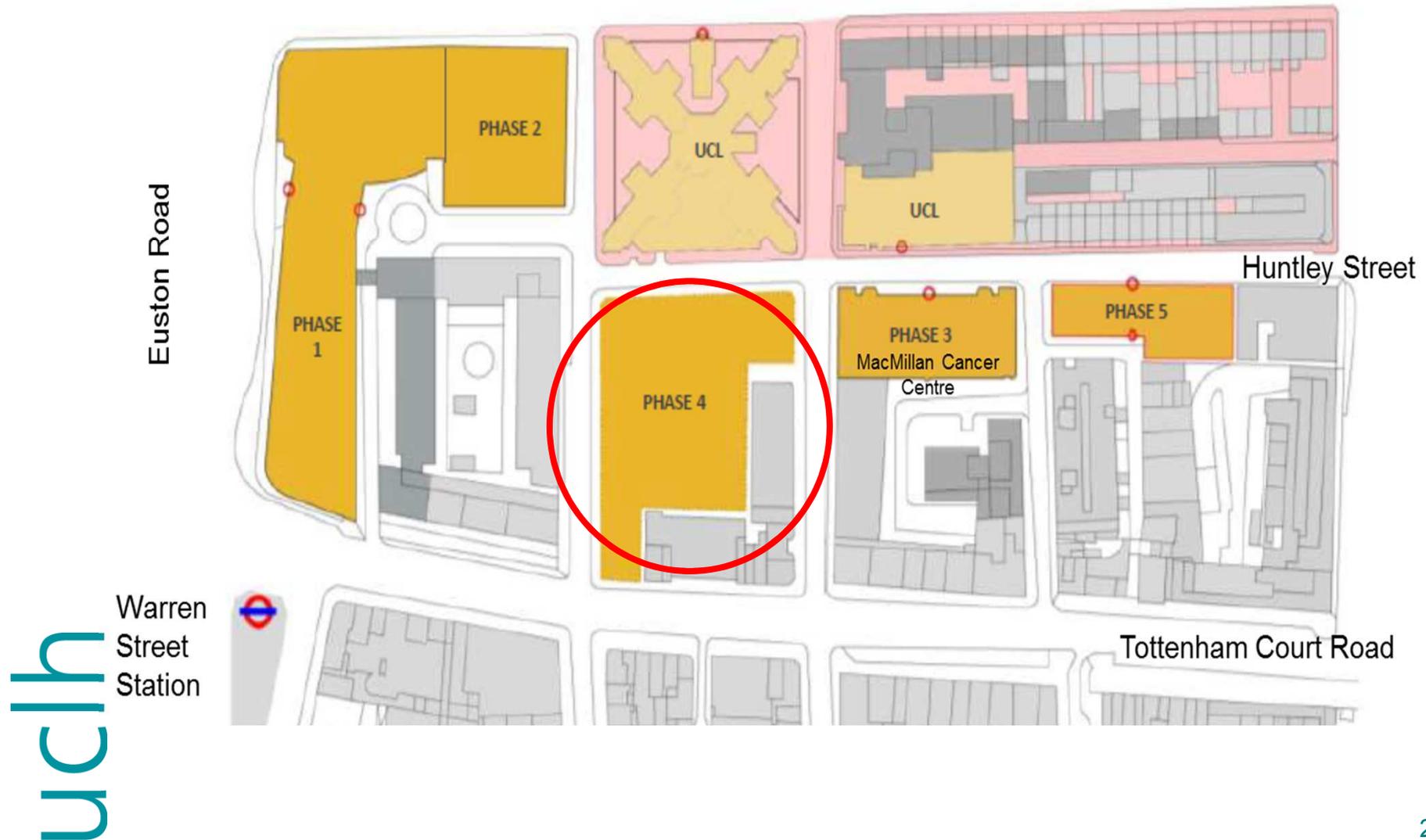




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Phase 4 – Completion date 2019

Phase 4 & PBT Site: UCH Campus

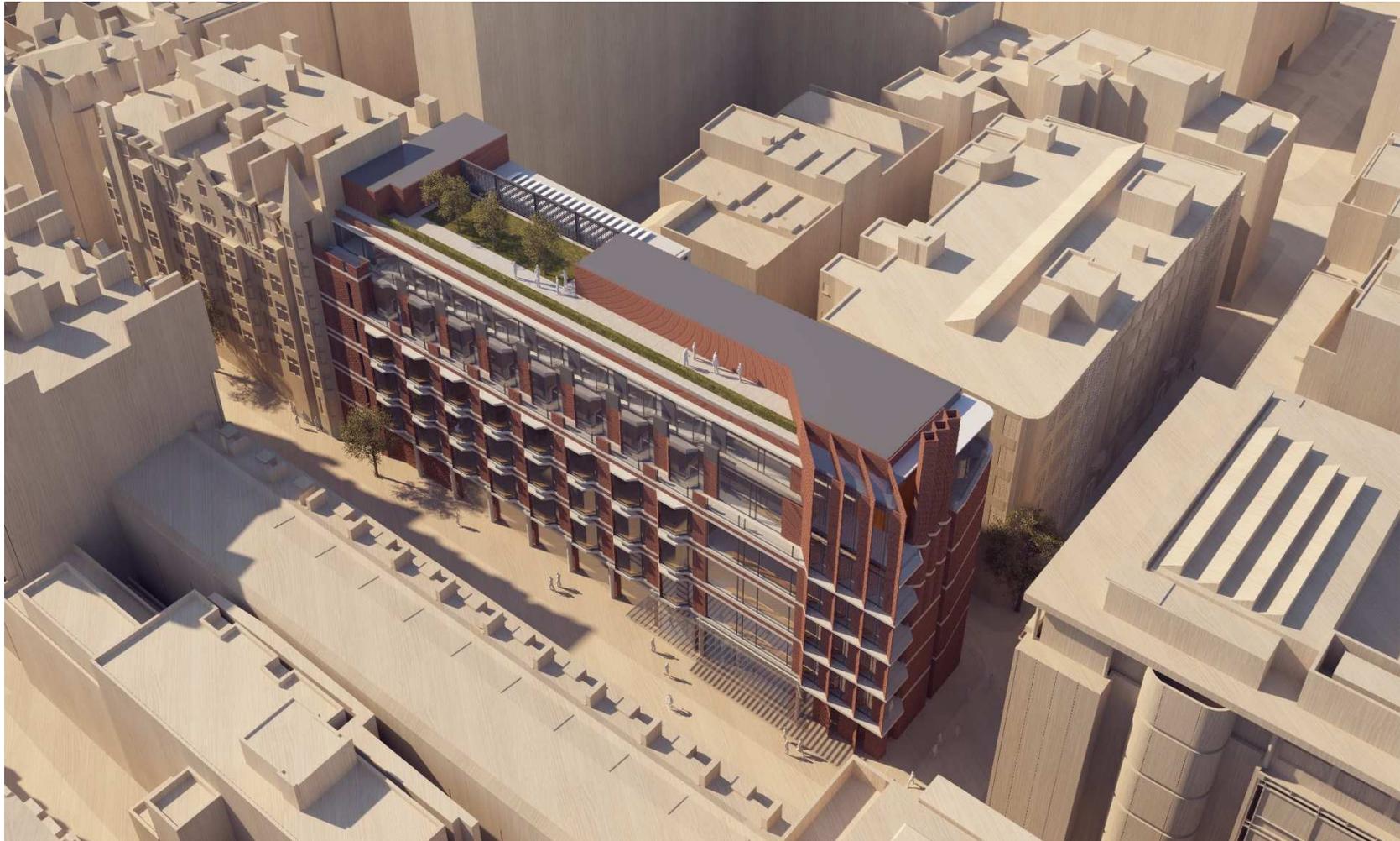


P4 - Summary

- 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

