

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



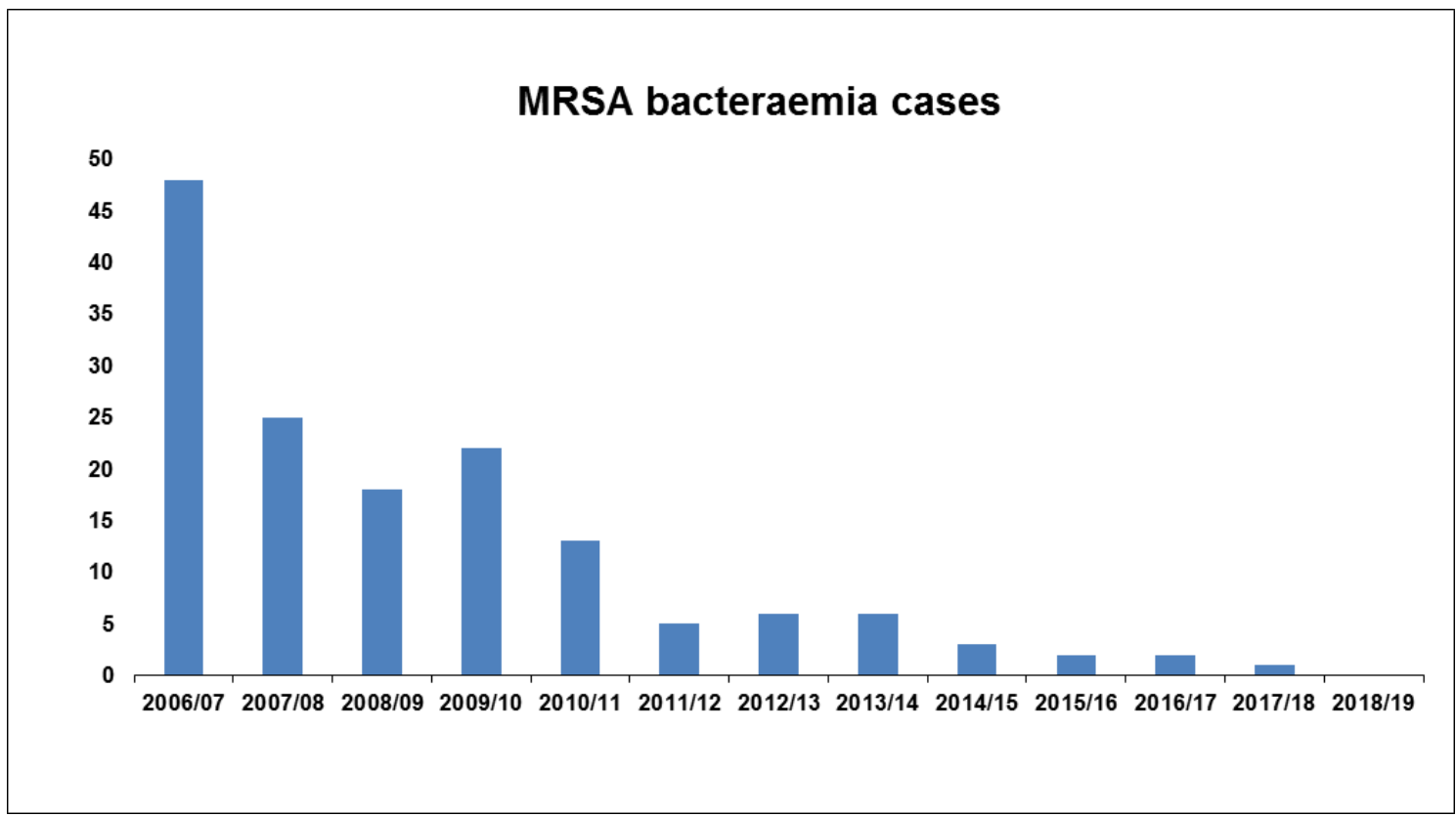
Royal London Hospital for Integrated Medicine



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

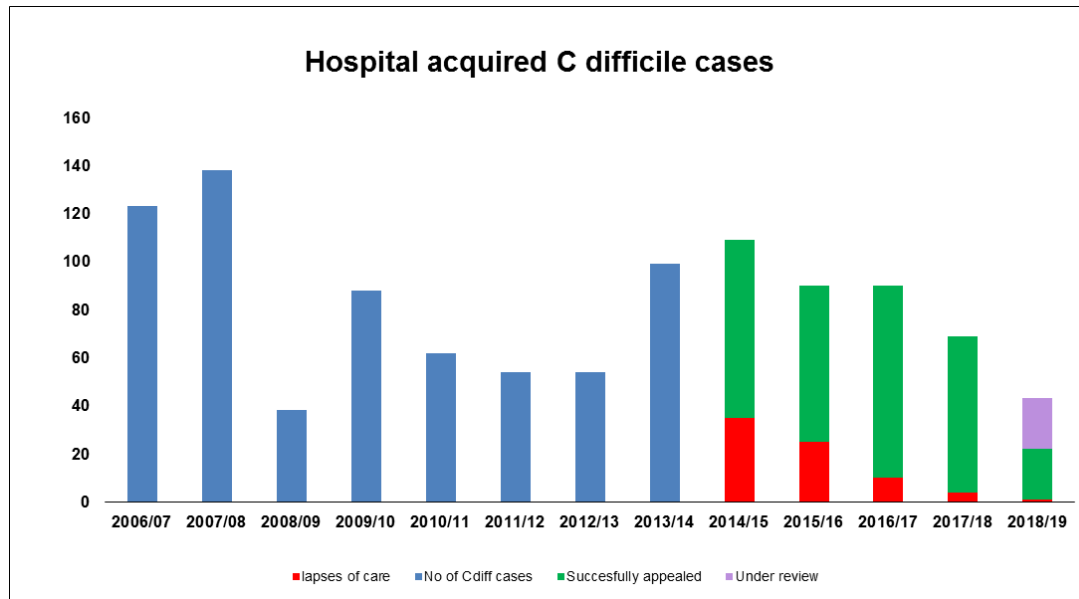
MRSA management



*Year to date figure Nov17

Clostridium difficile

- We have reported 43 cases as at the end of November 2018 against year to date threshold of 62.
- One case found to be a lapse in care by the Trust.
- Our current worst case position is 22 cases against the November year to date threshold of 62.

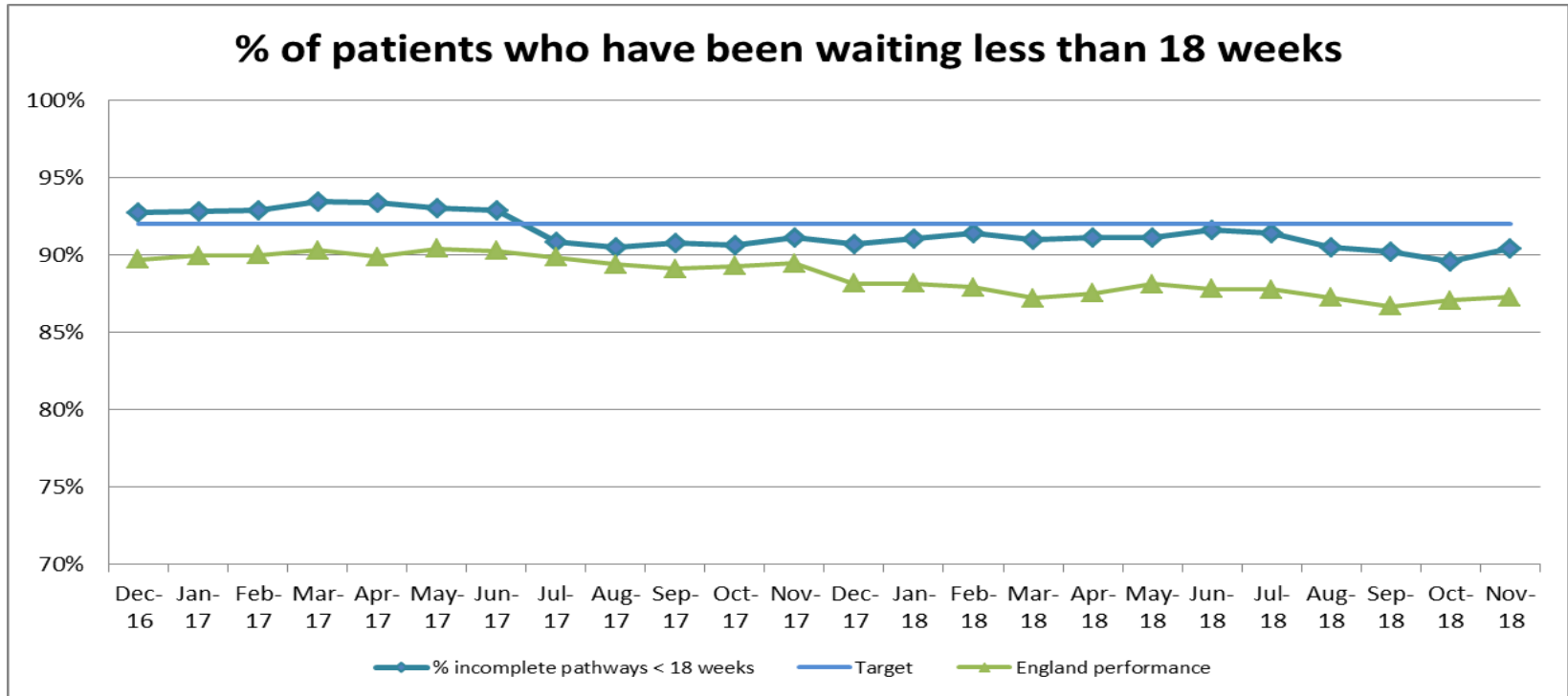


*Year to date figure Nov17

2017 Inpatient Survey

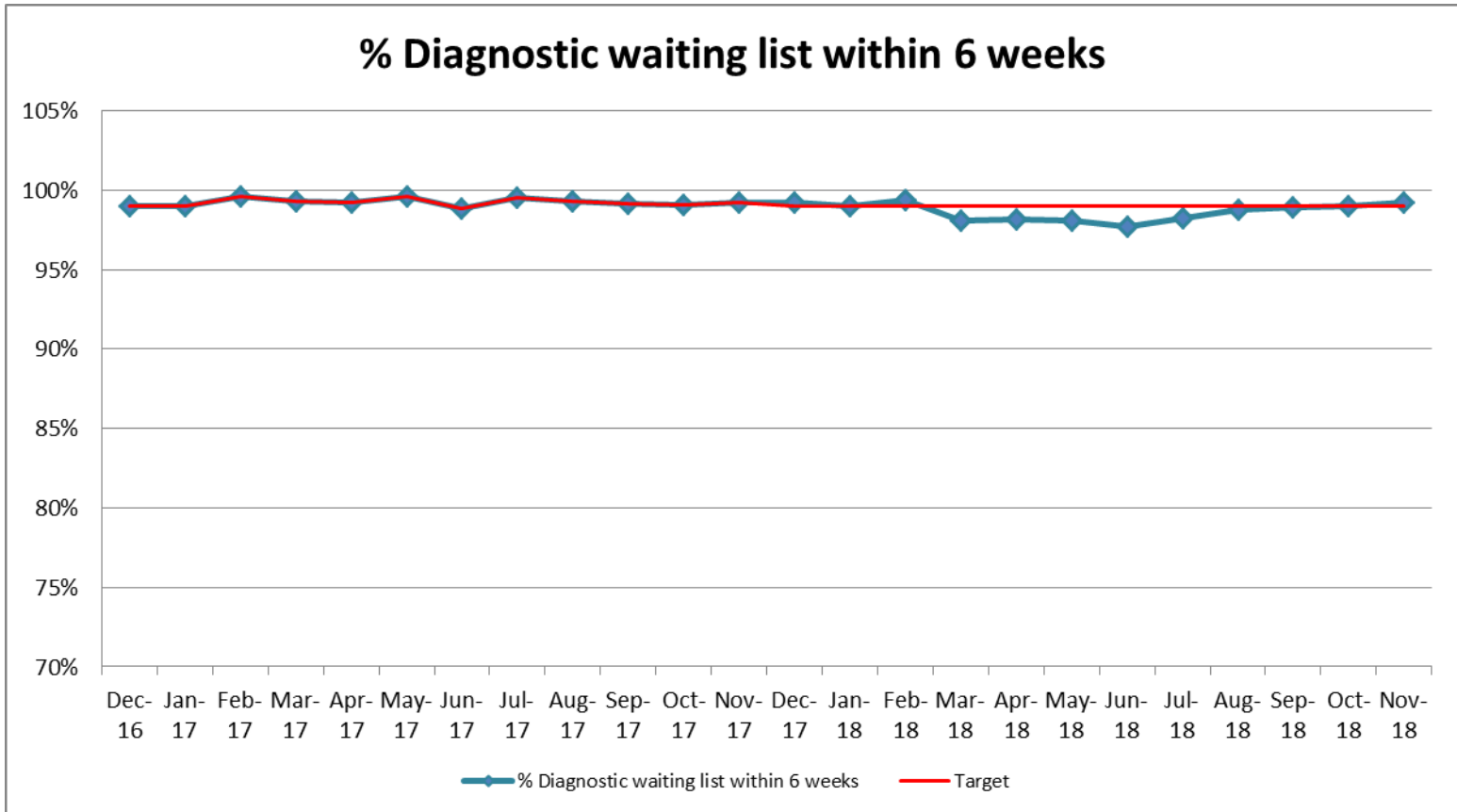
	Position against peers	Score	2016 scores (position)
UCLH	1	8.3	8.4 (1)
Guy's & St Thomas	2	8.2	8.3 (2)
Imperial	3	8.2	8.2 (4)
Royal Free	4	8.1	8.2 (3)
St George's	5	8.1	8.1 (5)
Chelsea & Westminster	6	8.0	8.1 (6)
Kings College	7	8.0	8.0 (7)
Bart's	8	7.7	7.7 (8)

Referral to Treatment Time (RTT)



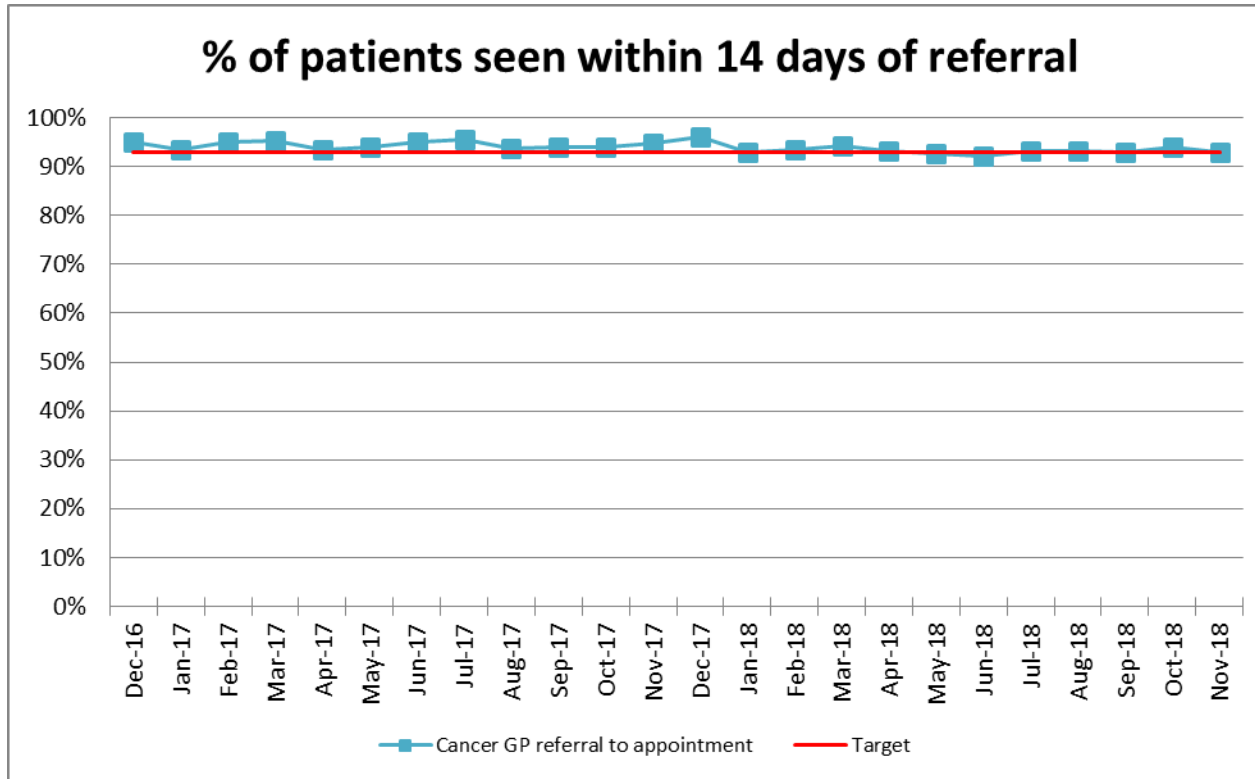
- We did not meet the standard in 2018. However, we continue to perform above national average.
- Performance has been particularly challenged by longer waiting times at the Eastman Dental Hospital and for national specialist services in neurosurgery and uro-gynaecology.
- We have a recovery plan in place to achieve the standard overall at trust level by March 2019.

Diagnostic waits



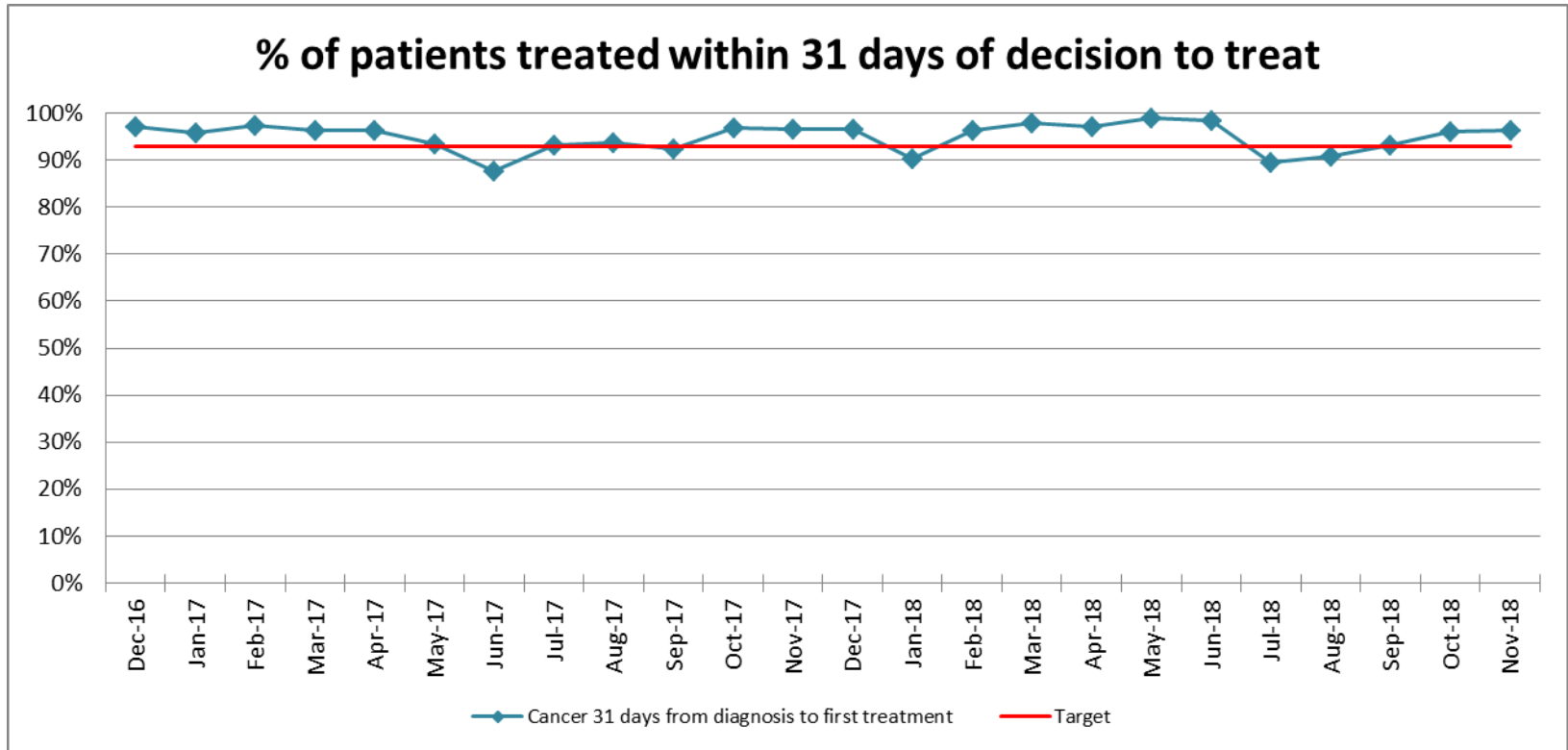
- This was driven by a combination of patient cancellations and DNAs due to the severe weather in March and scanner breakdown, as well as technical issues following upgrade of imaging software.
- We regained compliance from October 2018.

Access to timely cancer care



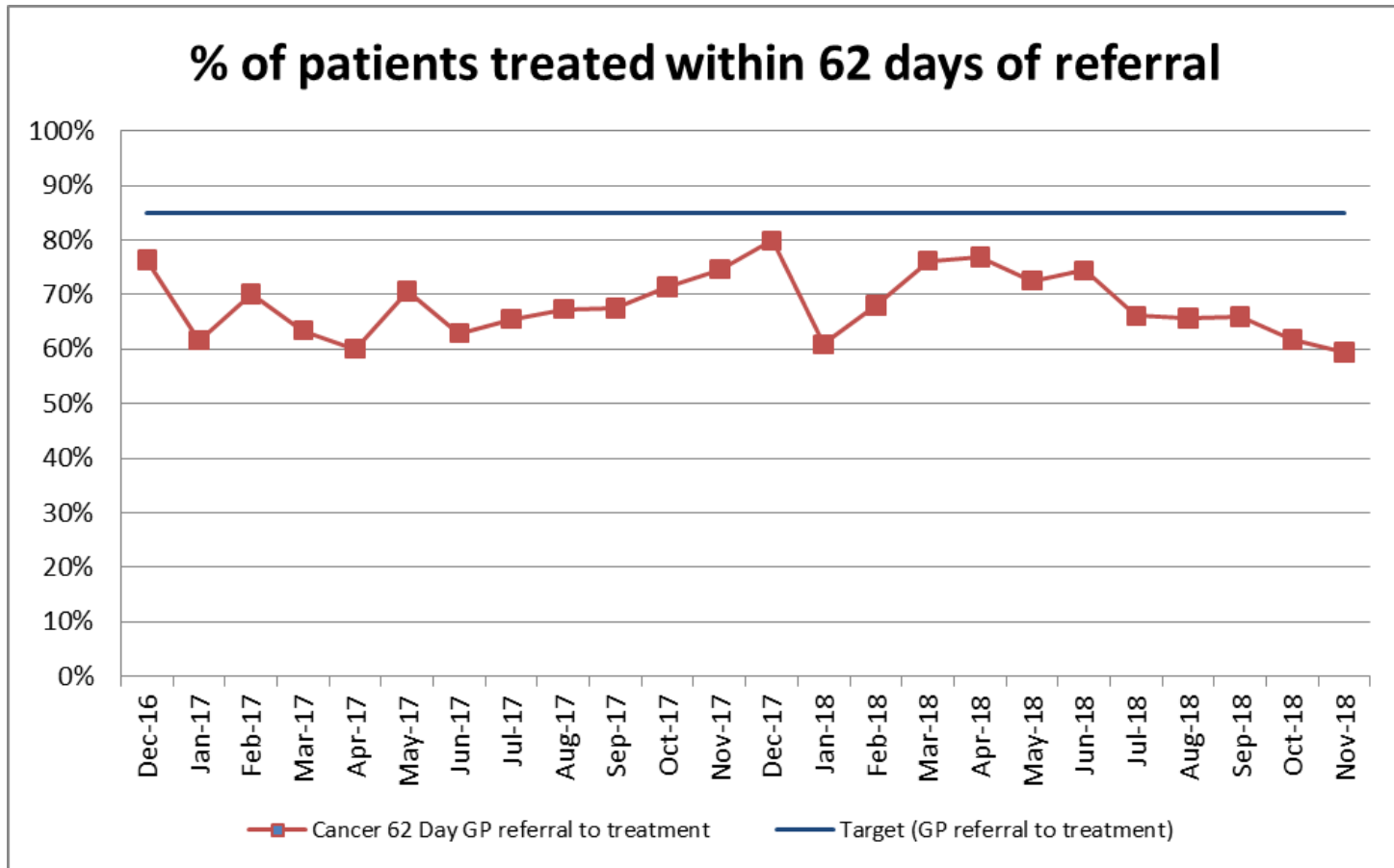
- We sustained performance against the two-week wait standard.

Access to timely cancer care



- We met the standard in most months of the year.
- Months of under-performance driven by sector-wide surge in demand for robotic prostate surgery.
- Urology team increased capacity to reduce waiting times following surge.

Access to timely cancer care



Access to timely cancer care

- We have continued to experience challenges in delivering the 62-day treatment standard. The primary drivers and our actions in response outlined in table below:

Pathway	Drivers	Actions
Urology- prostate	<ul style="list-style-type: none"> Sector-wide surge in demand for robotic prostate surgery. High volumes of late referrals due to diagnostic capacity constraints at referring trusts. Demand and late referrals impacted our ability to provide surgery within breach for patients. 	<ul style="list-style-type: none"> Increased existing robotic surgery capacity, including evening, weekend and independent sector lists. Established further SLA in private sector. Since December, able to offer surgery within 17 days of a patient's decision to proceed.
Breast	<ul style="list-style-type: none"> Internal breaches as a result of breast diagnostic pathway following breakdown of the second mammogram machine. 	<ul style="list-style-type: none"> Implemented SLA with independent sector Successfully commissioned new second mammogram machine. Operational from November. Increased breast radiologist and surgeon staffing.
Head and neck	<ul style="list-style-type: none"> Internal breaches as a result of pathway complexity in head and neck where dental input is required prior to radiotherapy. 	<ul style="list-style-type: none"> Identified a dental consultant with dedicated responsibility. This has also reduced the length of the pathway by a week.

Our action plans are overseen by the joint UCLH and NHS Improvement cancer steering group, as well as the North Central London Task & Finish Group.



A&E access times

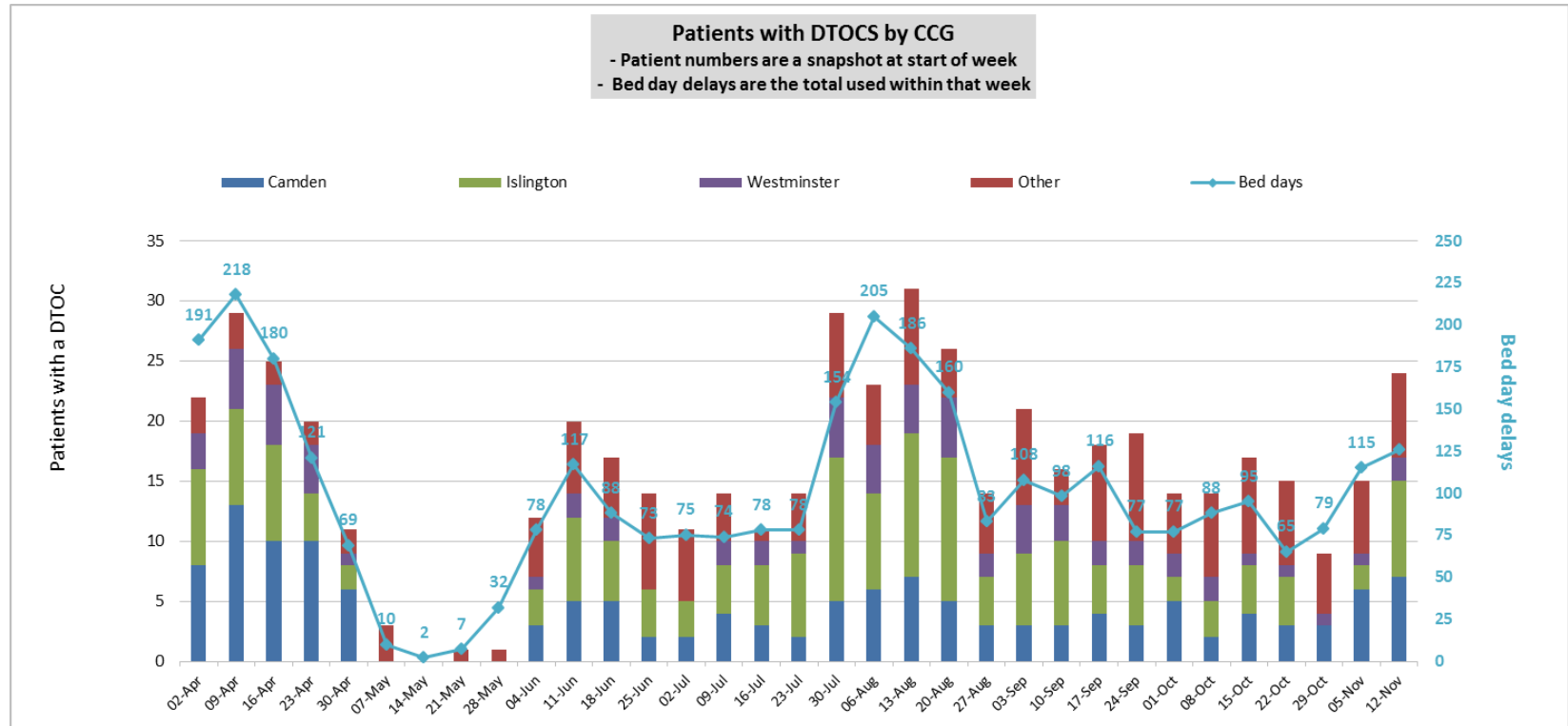
Type 1 performance	Q4 16-17	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	Q1 18-19	Q2 18-19	Q3 18-19
UCLH	88.4%	91.1%	88.3%	86.8%	86.0%	84.3%	85.0%	85.3% (as Nov 18)
London	80.6%	84.8%	85.1%	82.1%	81.0%	82.7%	82.6%	81.3% (as Nov 18)

- Waiting times in A&E continue to be challenged, as has been the case for many trusts.
- We continue to work closely with partners in Camden and Islington to address the multi-factorial issues through the A&E Delivery Board. This oversees our joint system improvement plan to deliver actions that will have maximum impact on improving processes within UCLH, as well as increasing discharges and admissions avoidance in the community.

Key actions include:

- Launch of rapid assessment and treatment model has led to substantial reduction in ambulance handover times.
- Revised staffing model for the urgent treatment centre to deliver more sustainable workforce through GPs and emergency nurse practitioner model.
- Reducing internal delays, using data from electronic patient flow tracking systems, as well as implementing weekly reviews of all patients with lengths of stay over 7 days.
- Reducing external delays through increased visibility, enhanced joint escalation processes and continuing increased use of 'discharge2assess pathways'.

Delayed transfers of care in 2018



- Camden and UCLH have improved shared understanding of demand for out of hospital services (shared with Islington).
- Good joint working with Camden on discharge to assess pathways and starting to replicate in other boroughs.
- Improved collaborative working with external partners to identify and resolve external delays.

Significant financial challenges

In 2018/19 the Trust is forecasting the Trust is forecasting a deficit of £6.2m before sustainability funding of £14.5m, a net position of an £8.3m surplus.

The financial challenge for 2019/20 is significant:

- estimated revenue costs of more than £20m for the introduction of the new patient administration system
- costs relating to the move of services into the Phase 5 building (estimated costs of £6m)
- loss of the final element of transition funding following the move of cardiac services to Bart's Health (£7.4m)
- loss of undergraduate training funding (£1.4m)
- efficiency factor of 1.6% built into the income we are paid.

Current in-depth review of the level of new expenditure required in 2019/20.

The Trust has also been working closely with NHSI to obtain relief (through reduced financial targets) to reflect some of our further funding losses.