

University College London Hospitals NHS  
Foundation Trust

Update on performance for Islington HSC

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## 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

## Strategic developments



In October 2019 we opened our new £100 million Royal National ENT and Eastman Dental Hospitals. It is one of the biggest specialist centres in Europe for dental, ear, nose, throat and balancing services and will carry out more than 200,000 appointments each year..

# Our new electronic health record system (EHRs)

## What is included in our EHRs programme?



our new electronic health record system (EHRs)



### 1. One patient record

Epic's single, integrated, electronic patient record replacing most of our current systems (accessed by staff, patients through a secure patient portal, and external healthcare providers such as GPs through a secure link).

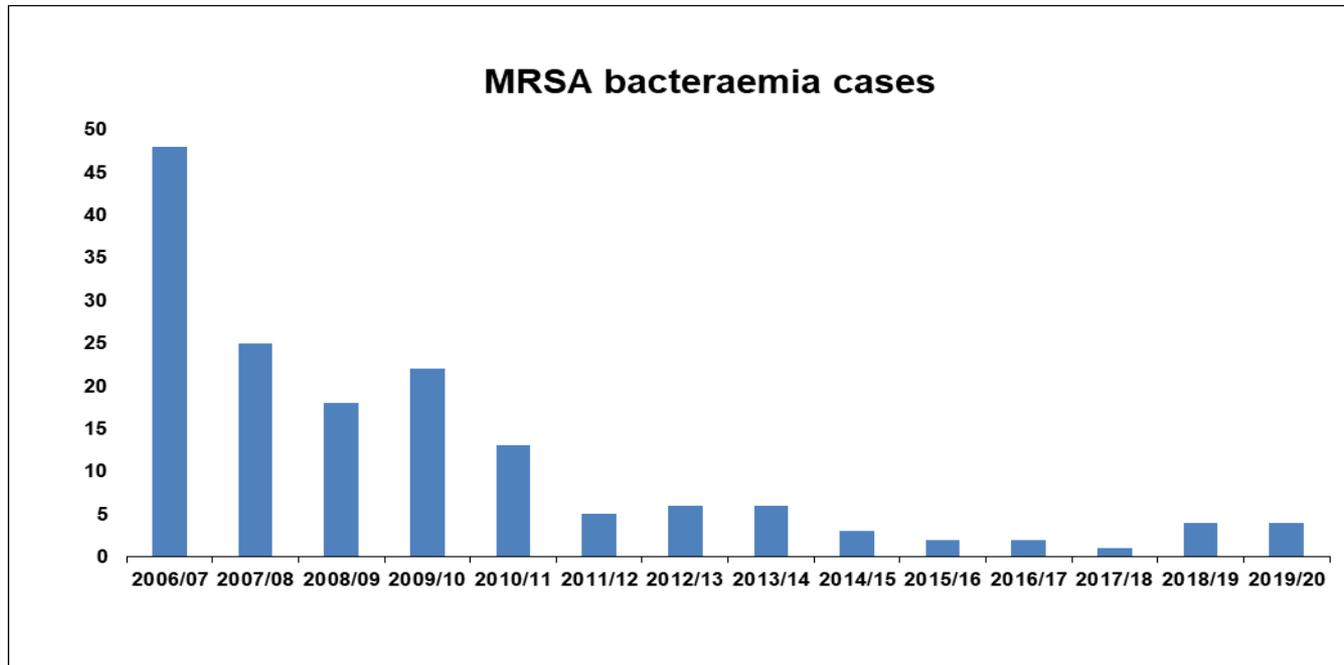
### 2. New end-user technology and IT infrastructure

New PCs, Workstations on Wheels, Rovers (mobile devices for nurses to view and enter patient data), barcode scanners, label printers and upgraded Wifi to access and use Epic.

### 3. Training programme and people readiness

How we will use Epic and the end-user technology to further improve patient safety and patient and staff experience.

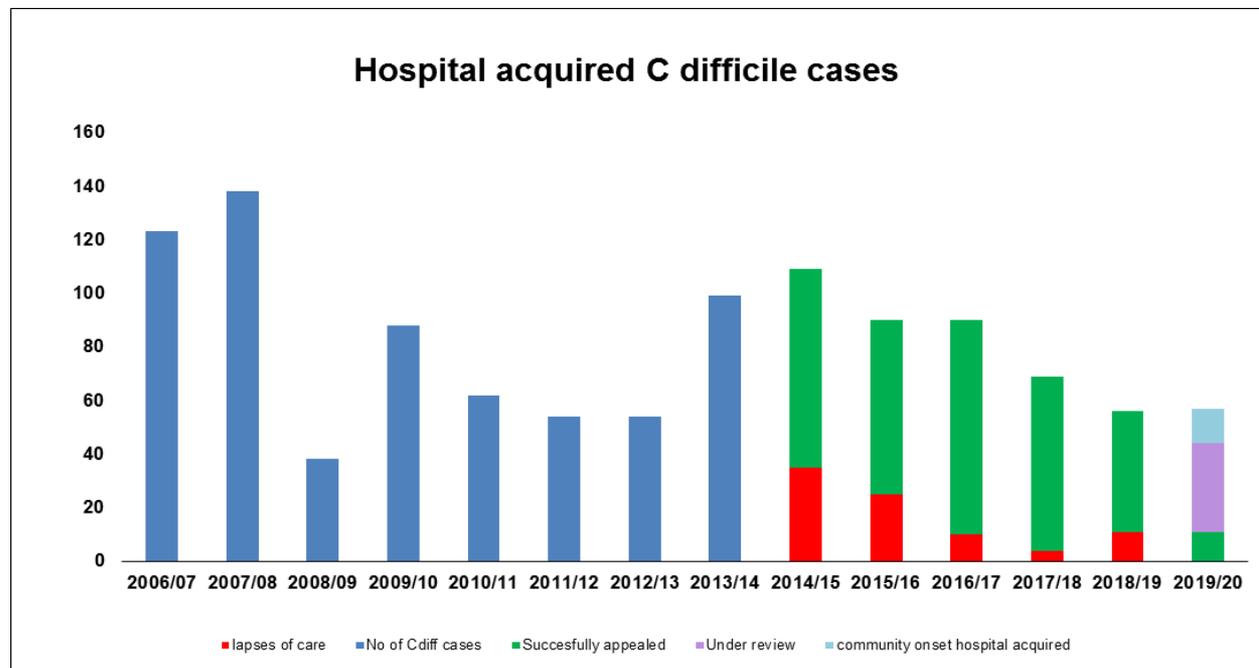
## MRSA management



- There have been four cases of MRSA up to December this year against a threshold of none.
- Careful investigation has shown that there were no lapses in care identified in the first two cases. The third case was a contaminated blood culture which identified lessons for staff learning. The fourth case is awaiting a post infection review

# Clostridium difficile

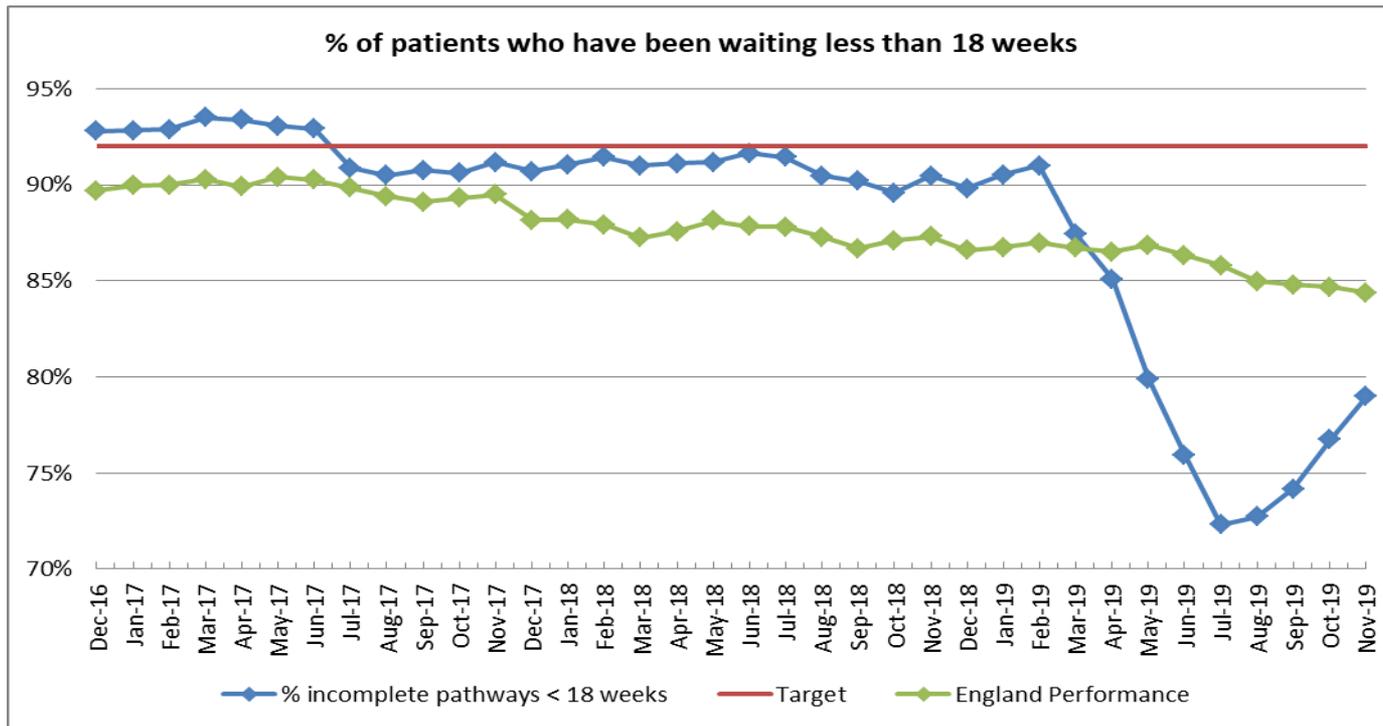
- We have had 57 cases of C diff as at the end of December 2019 against a year to date threshold of 64. 11 of these have been successfully appealed and 33 cases are under review.
- There are so far no lapses in care by the Trust.
- There were 13 community onset hospital acquired cases. Therefore our worst case position currently is 57 cases against the year to date threshold of 64.



## 2018 Inpatient Survey

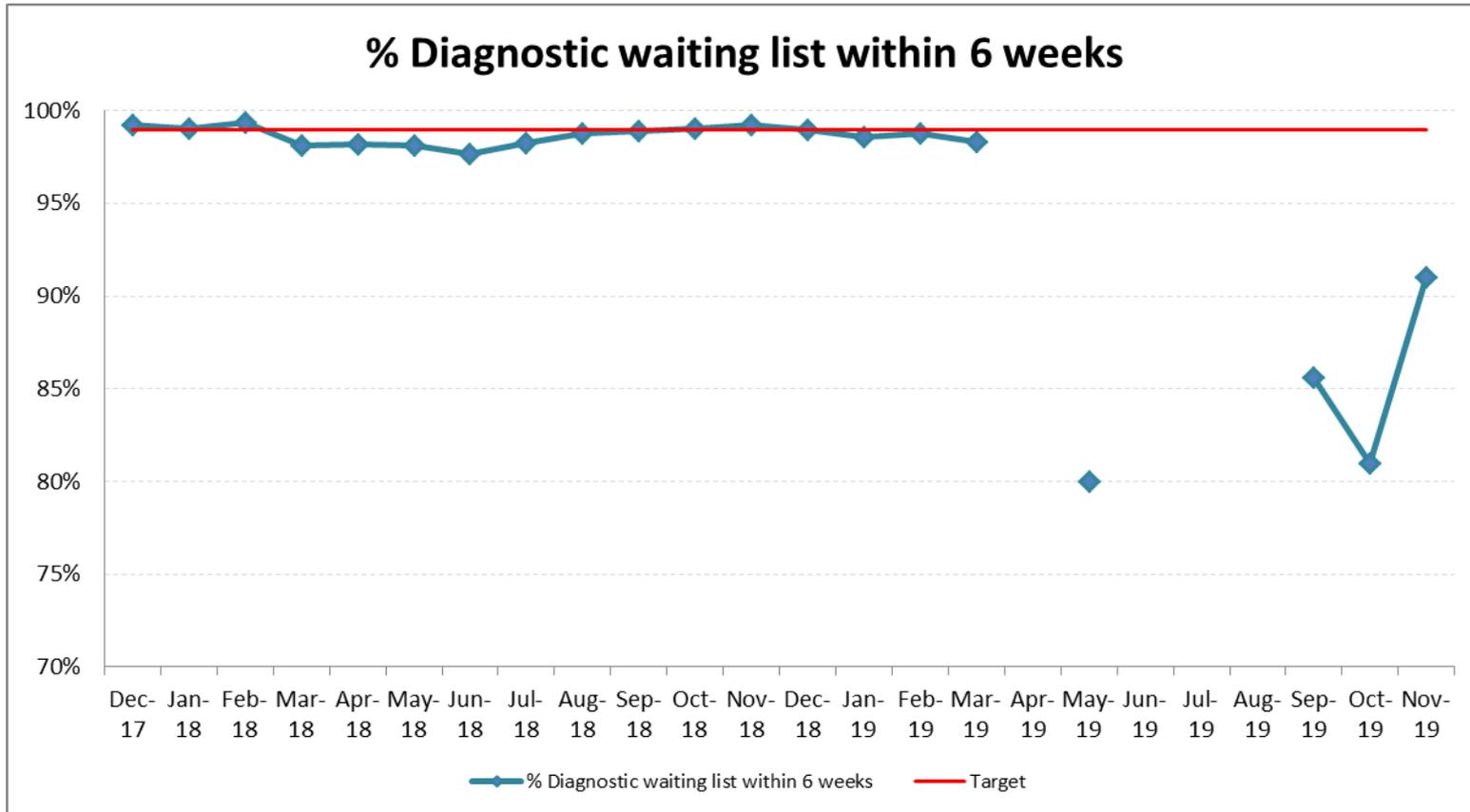
	Overall experience	Q's better than other trusts	Q's worse than other trusts
Guys and St Thomas'	8.5	8	0
<b>UCLH</b>	8.3	3	1
St Georges	8.0	1	0
Imperial College	8.0	1	4
Chelsea & Westminster	8.0	0	3
King's College	7.9	0	3
Barts Health	7.9	0	9
Royal Free	7.8	0	2

## Referral to Treatment Time (RTT)



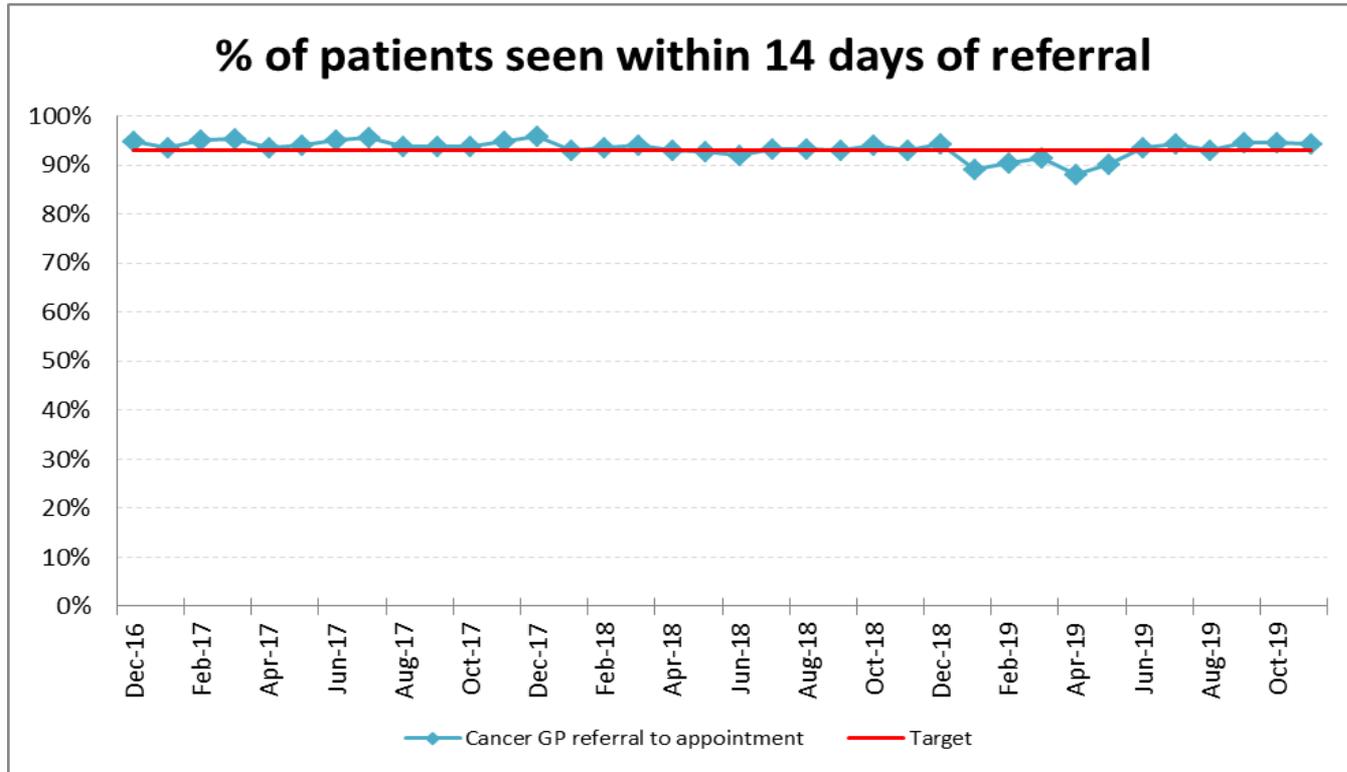
- We did not meet the standard in 2019. Performance remained above the national average until March 2019 when we launched our new electronic health records system.
- The new system will ultimately deliver benefits for patients. However some technical and booking issues that arose during the go-live period resulted in RTT challenges.
- We have improved our RTT data quality through technical fixes, manual validation, and enhancing booking efficiency. These actions are improving performance.

## Diagnostic waits



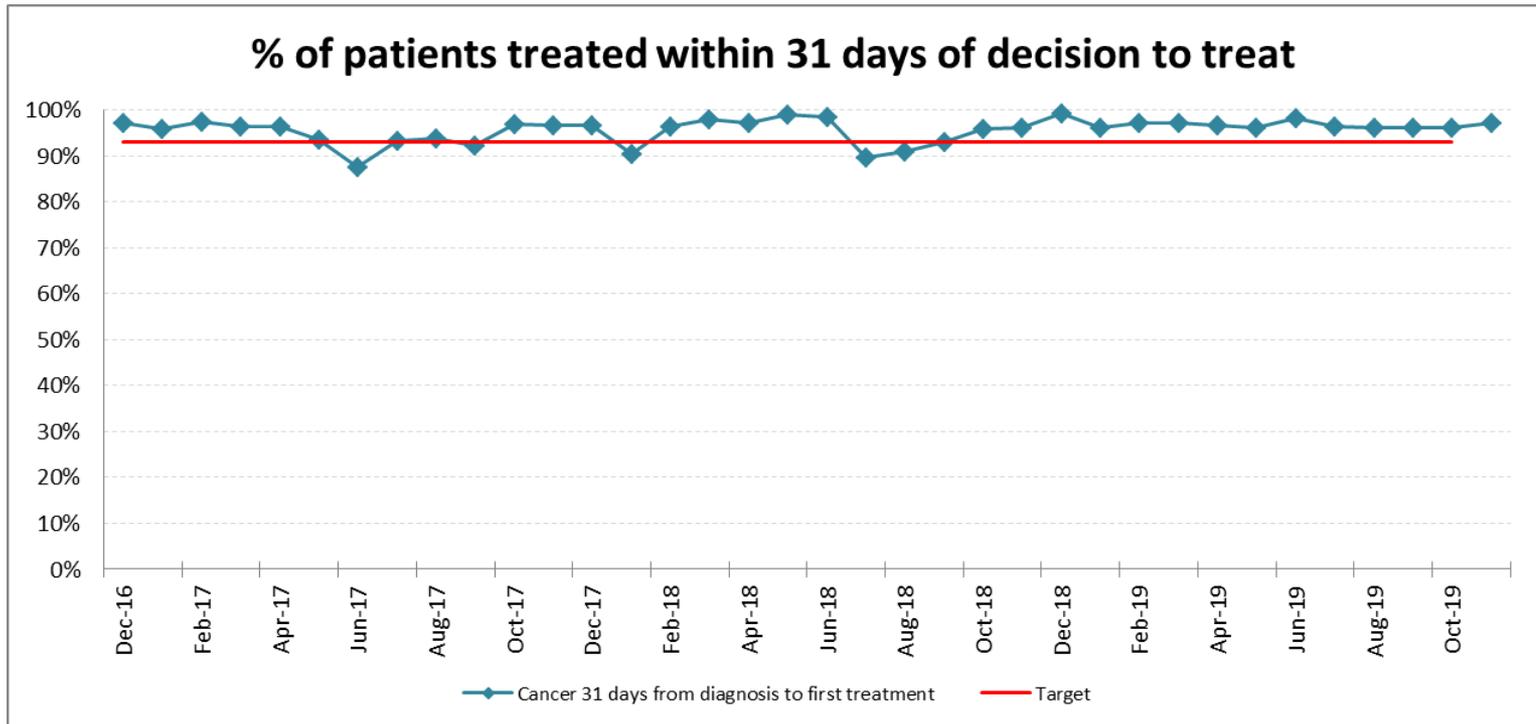
- We paused reporting of diagnostics waiting times during April to August 2019 due to issues with data quality after we went live with our new electronic health records system.
- We have recovery plans in place, with additional activity being carried out in imaging and endoscopy.

## Access to timely cancer care



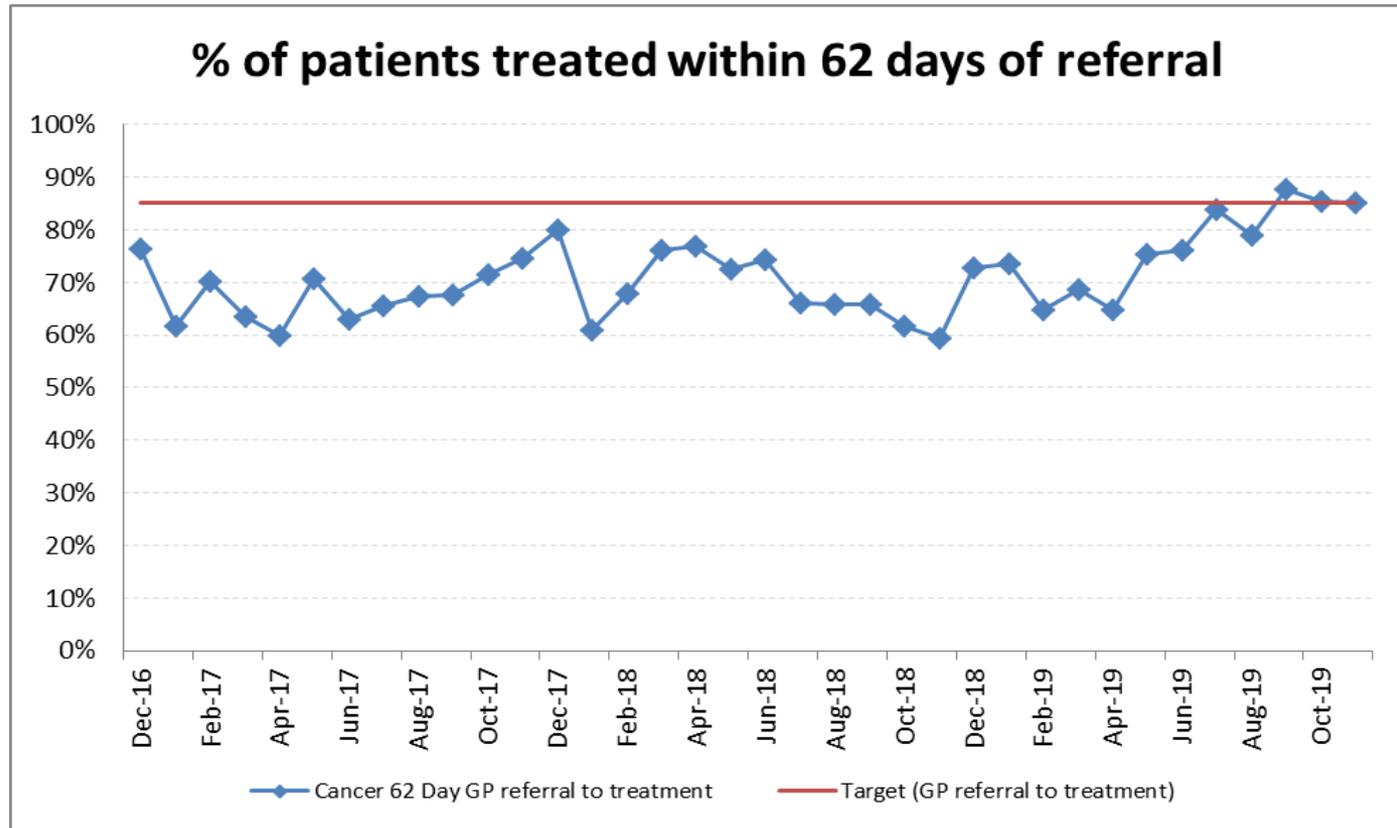
- We sustained performance against the two-week wait standard with the exception of 18/19 Q4 and 19/20 Q1. Breast and gynaecology were significantly below the standard which drove performance during the quarters.

## Access to timely cancer care



- We met the standard in most months of the year.
- Urology has continued to maintain flexible surgical capacity arrangements both in-house and with the private sector to maintain short waits for robotic prostatectomy treatments.

## Access to timely cancer care



- Like other major cancer centres, historically we have struggled to meet the target that 85 per cent of patients with cancer should begin their first treatment within 62 days of an urgent GP referral.
- We passed the standard for the first time in September, and maintained this in October and November.
- We continue to work closely with referring hospital trusts to speed up patients' movement through the healthcare system.

## A&E access times

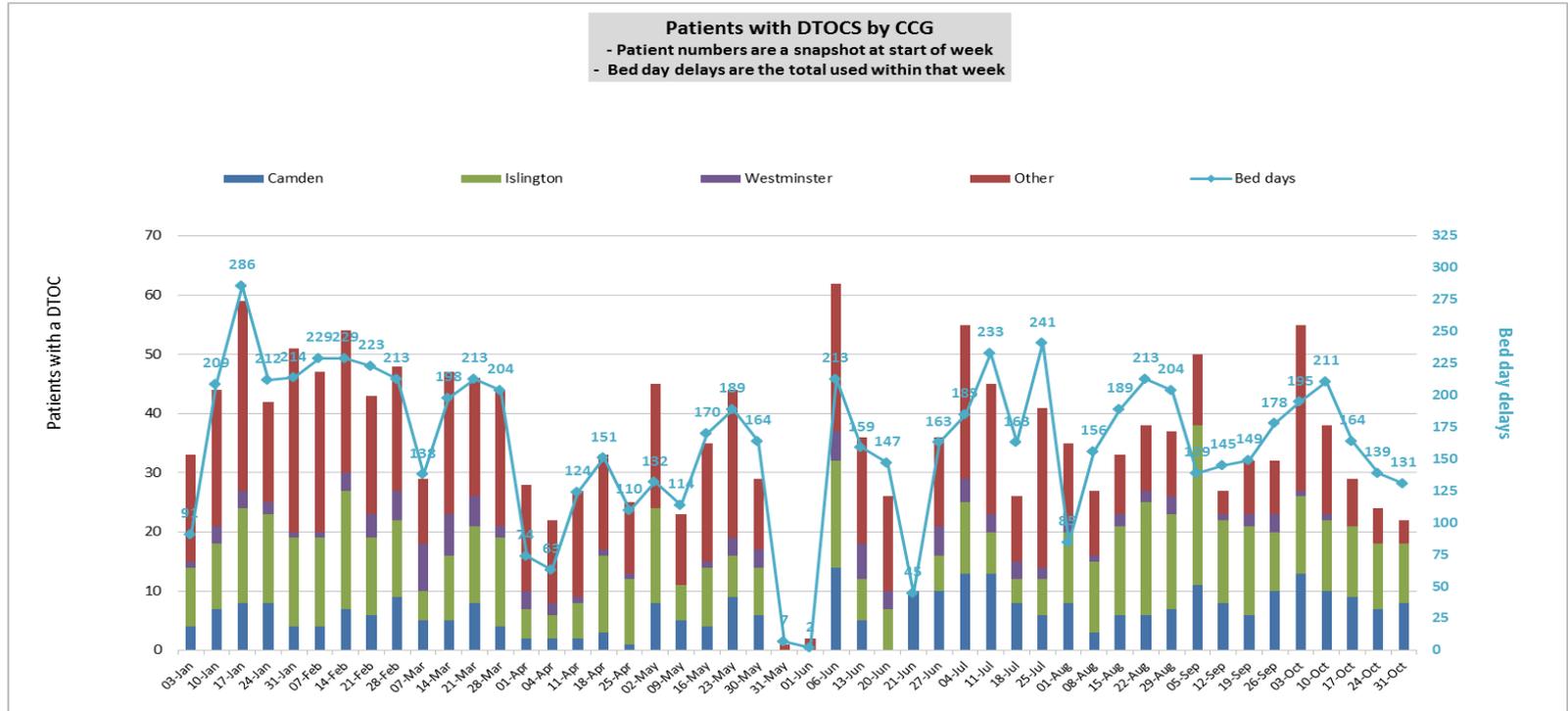
Type 1 performance	Q4 17-18	Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	Q1 19-20	Q2 19-20	Q3 19-20
UCLH	86.0%	84.3%	85.0%	85.3%	81.9%	83.1%	85.0%	78.9%
London	81.0%	82.7%	82.6%	81.3%	77.3%	86.1%	77.2%	71.1%

- 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 join 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:

- We have introduced an expanded area for Rapid Assess and Treat (RAT) of patients arriving via ambulance to reduce the time very sick patients wait to be seen.
- To improve bed availability several measures have been introduced: 12 beds made available at Queen Square for patients with neurological conditions; six additional flow co-ordinators in the wards to help with faster discharge; a pilot of a more efficient way of cleaning beds on the acute medical unit.
- We have worked closely with our mental health partners on a number of measures to reduce delays and 12 hour mental health trolley breaches. A safe space for patients introduced by Camden & Islington with three beds.

# Delayed transfers of care in 2019



- 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.
- Evergreen (step down ward) will close on 27<sup>th</sup> March. CCG partners are working to provide additional step down services

## Significant financial challenges

In 2019/20, the Trust is forecasting a deficit of £39.4m before sustainability and financial recovery funding of £25.2m (a net position of a £14.2m deficit).

The financial challenge for 2020/21 is unprecedented. We have costs relating to our strategic programmes, for example:

- The second year of the Electronic Health Records System implementation (£11.1m)
- The full year revenue costs of opening the new Royal National Throat Nose and Ear hospital at Huntley Street (£1m)
- the costs for opening the Phase 4 building which will ultimately incorporate Proton Beam Therapy (£10.3m)

These costs were planned but now coincide with a national requirement for all trusts and STPs to be moving at a faster pace on a trajectory towards a break even position

The Trust is working closely with the London NHSE/I team and with its STP partners to plan to close the gap between what is being required of the Trust