

University College London Hospitals NHS  
Foundation Trust

Update on performance for Islington HSC

Simon Knight, Director of Planning and Performance

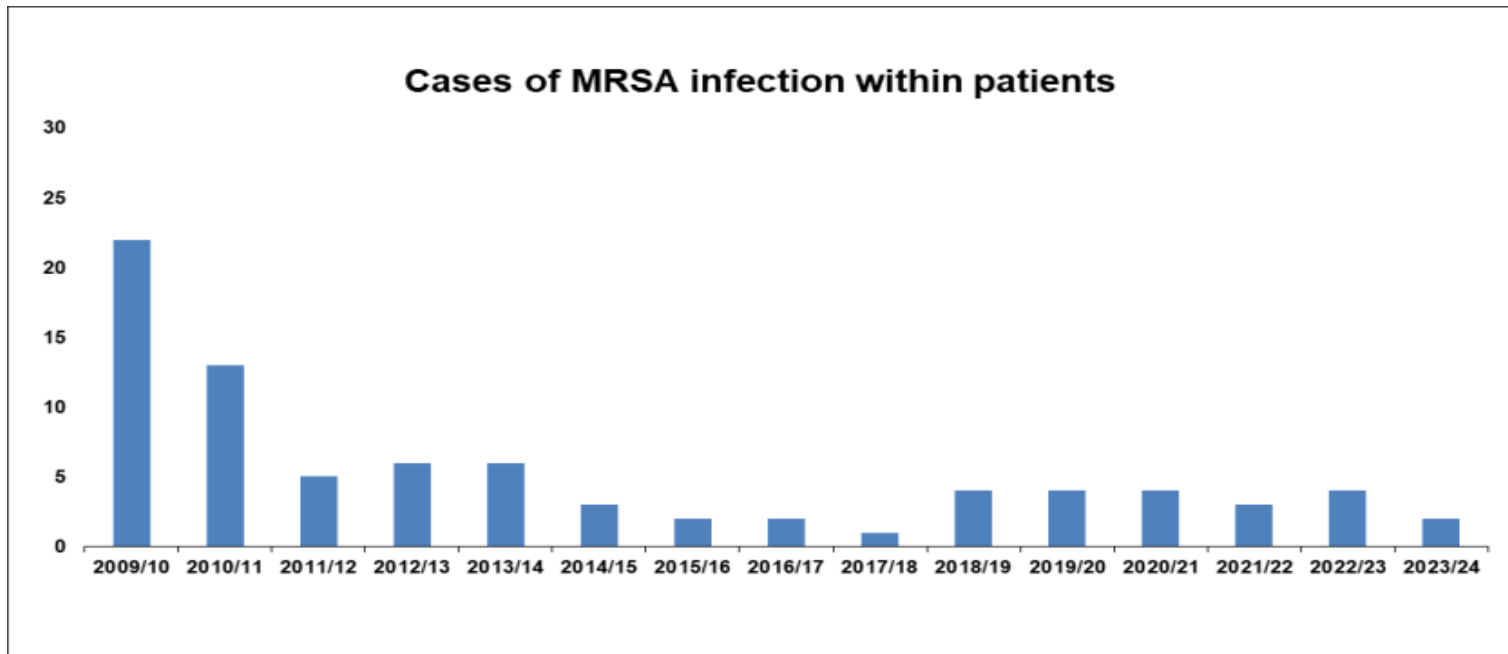
Liz O'Hara, Director of Workforce

UCLH

## Performance against key targets

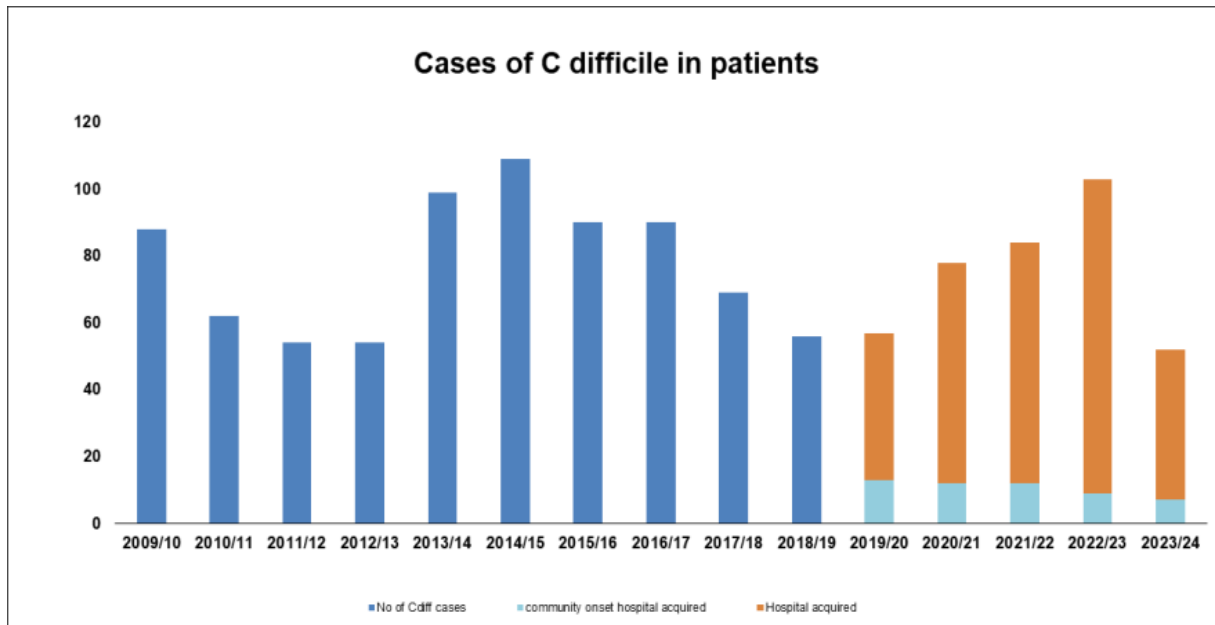
- Infection targets
- Patient surveys
- Referral to treatment times
- Cancer waiting times
- Waiting times in our emergency department
- Delayed transfers of care

## MRSA infections



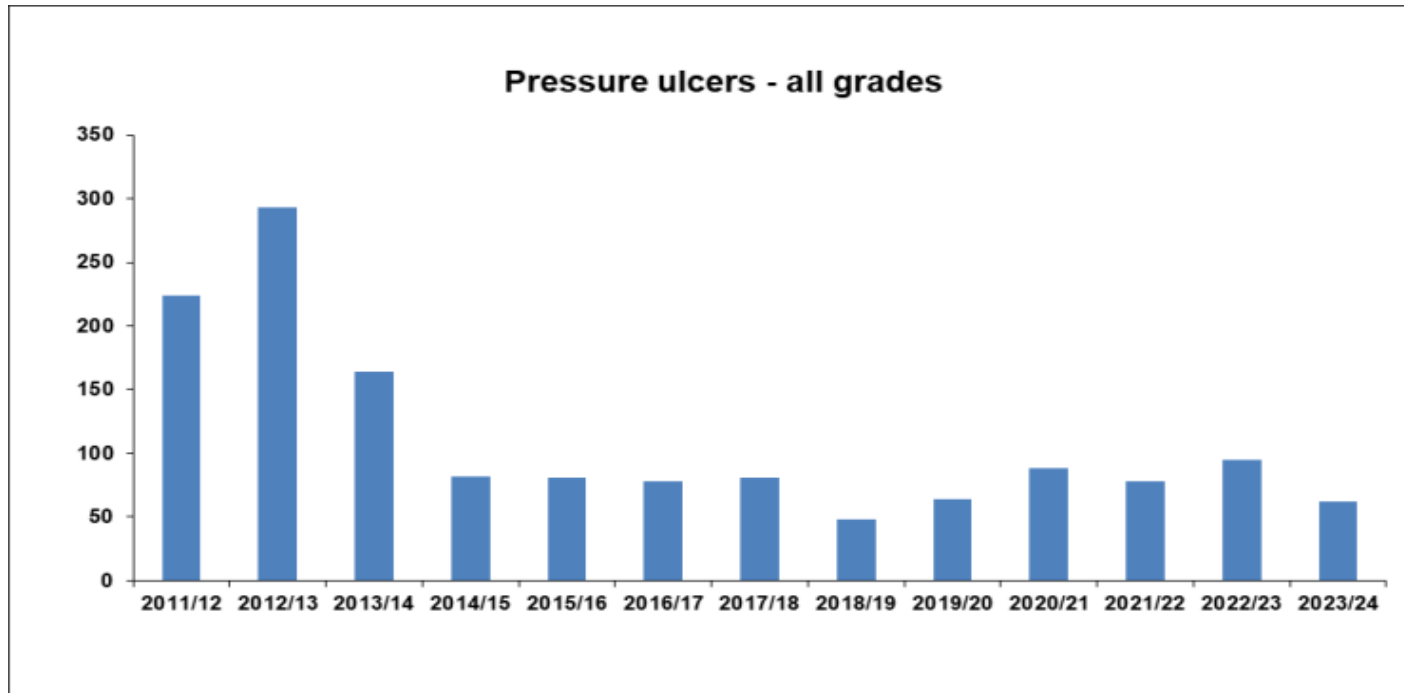
- Careful investigation has shown that there were no lapses in care identified for MRSA. The trust have learnt from these cases that further documentation for line assessments is required and appropriate risk assessments to be undertaken for screening.

## Clostridium difficile infections



- The majority of the C.Diff cases came from haematology, oncology and neurology. There will be careful observation of rates in the coming months but we are currently below our expected trajectory

## Hospital Acquired Pressure Ulcers



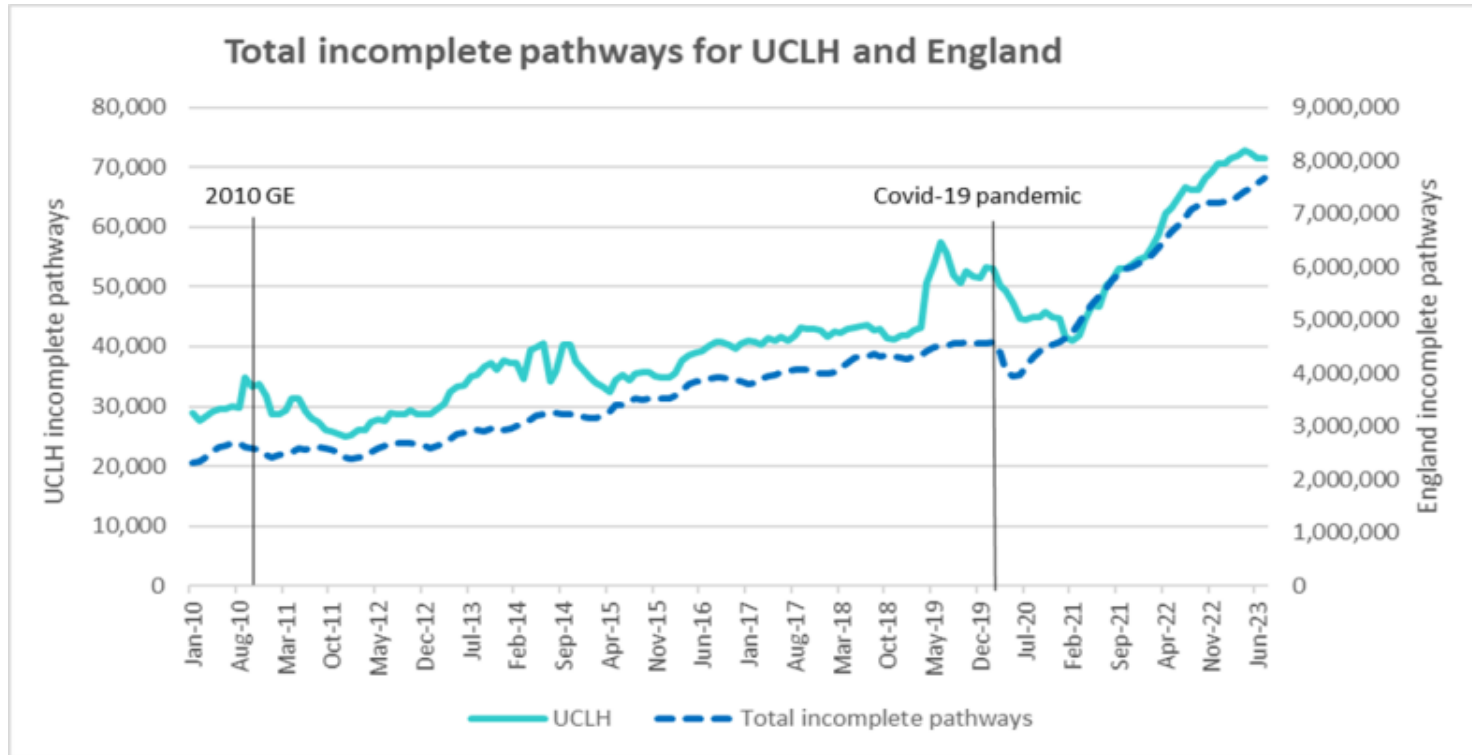
- All pressure ulcers are investigated and reviewed by the trust tissue viability team. There has been a significant reduction in hospital acquired pressure ulcers since 2013/14. A small rise was seen during Covid due to devices needed for treatment.
- The trust adhere to aSSKINg (a five step model to reduce pressure ulcers) which allows them to follow the best practice pressure ulcer management protocols. As well this the trust also use alternating pressure relieving mattresses to help prevent ulcers

## 2022 Inpatient Survey

### Comparison with peers - London

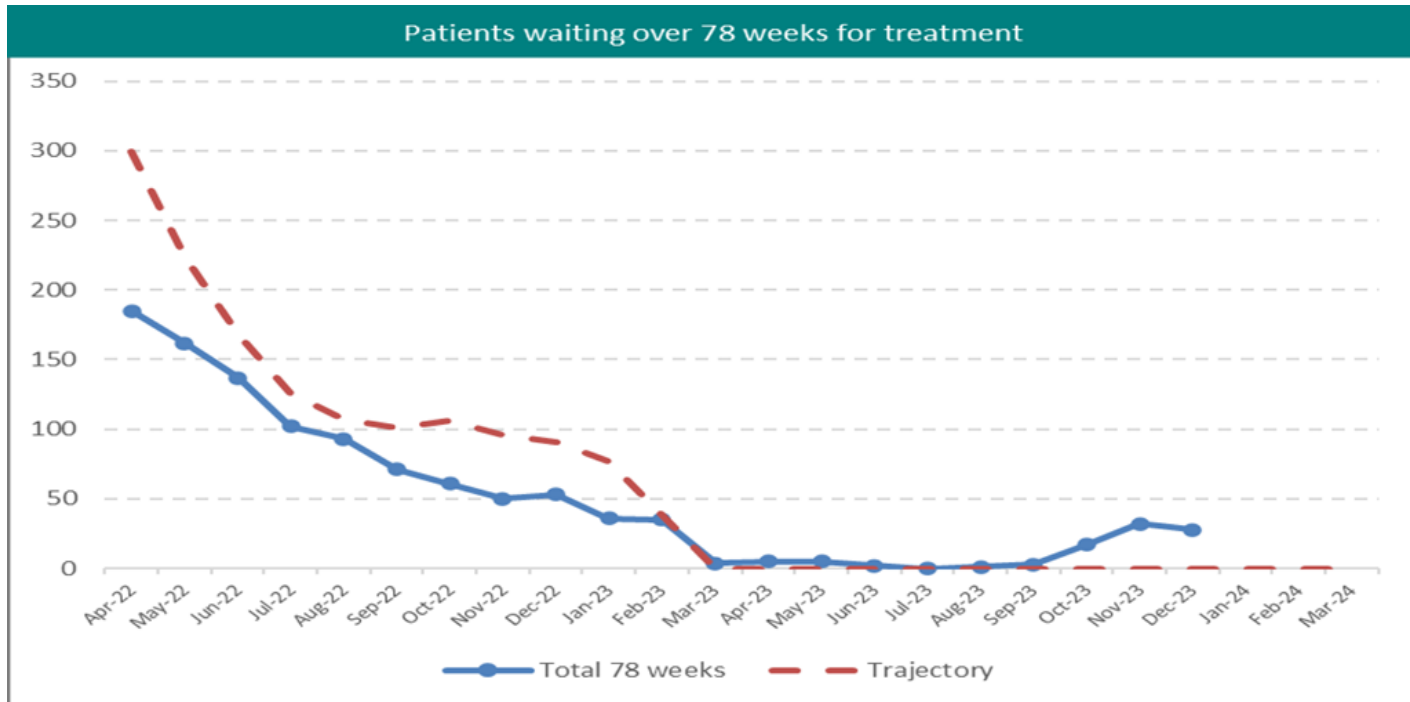
	Q: Overall experience	Q's <b>better</b> than other trusts	Q's <b>worse</b> than other trusts
UCLH	8.7	16	0
Guys & St Thomas's	8.3	3	0
imperial	8.3	1	1
St George's	8.1	0	1
Barts	8.0	1	4
Royal Free	8.0	0	4
Kings College	7.9	0	4
Chelsea & Westminster	7.9	0	13

# Referral to Treatment Time (RTT)



- UCLH and England have seen an increase in the number of incomplete pathways across this time period. There have been years in which there have been a slight decrease but the overall trend has been to increase.
- While there is a noticeable increase after Covid-19, it is worth noting that prior to the pandemic start there was an increase in pathways. As expected a dip for the pandemic, and then a large increase as we as a trust and a health service recover.

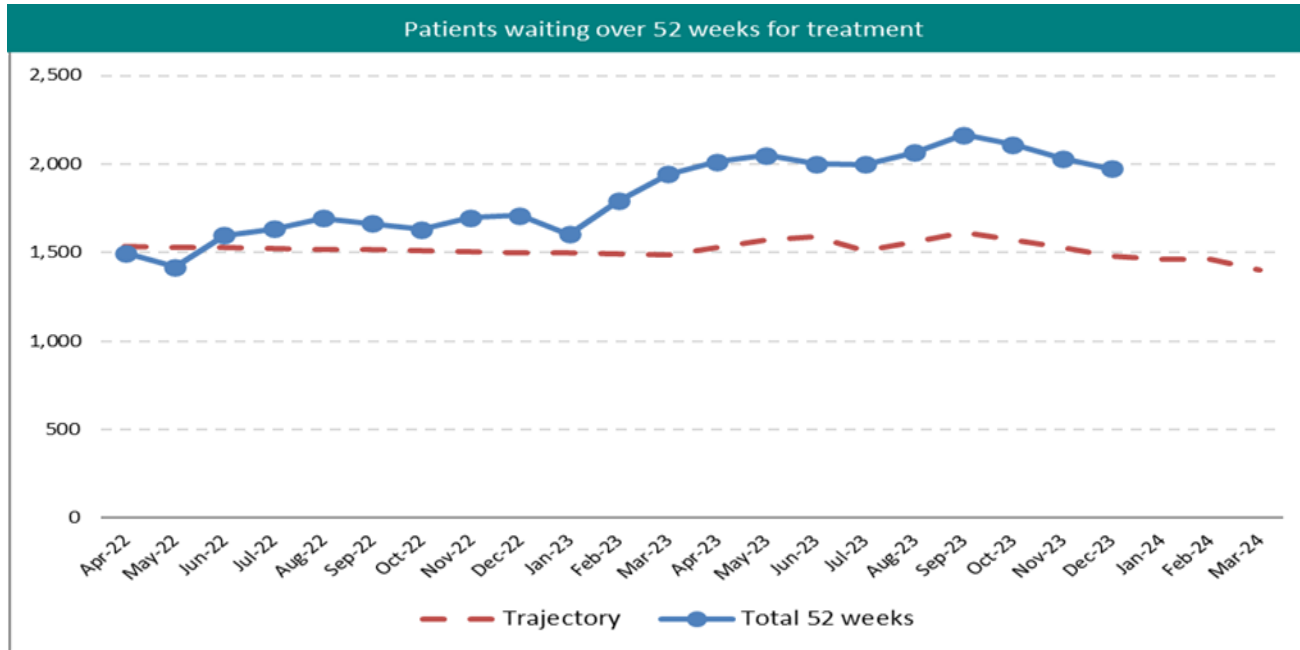
## Referral to Treatment Time (RTT)



- We focused on achieving the NHS England’s original target of eliminating 78 week waits by the end of Q4 2022/23. The cohort had steadily shrunk thanks to the efforts of operational teams and comprehensive tracking tools developed centrally. We reported 39, 78 week waits in December.

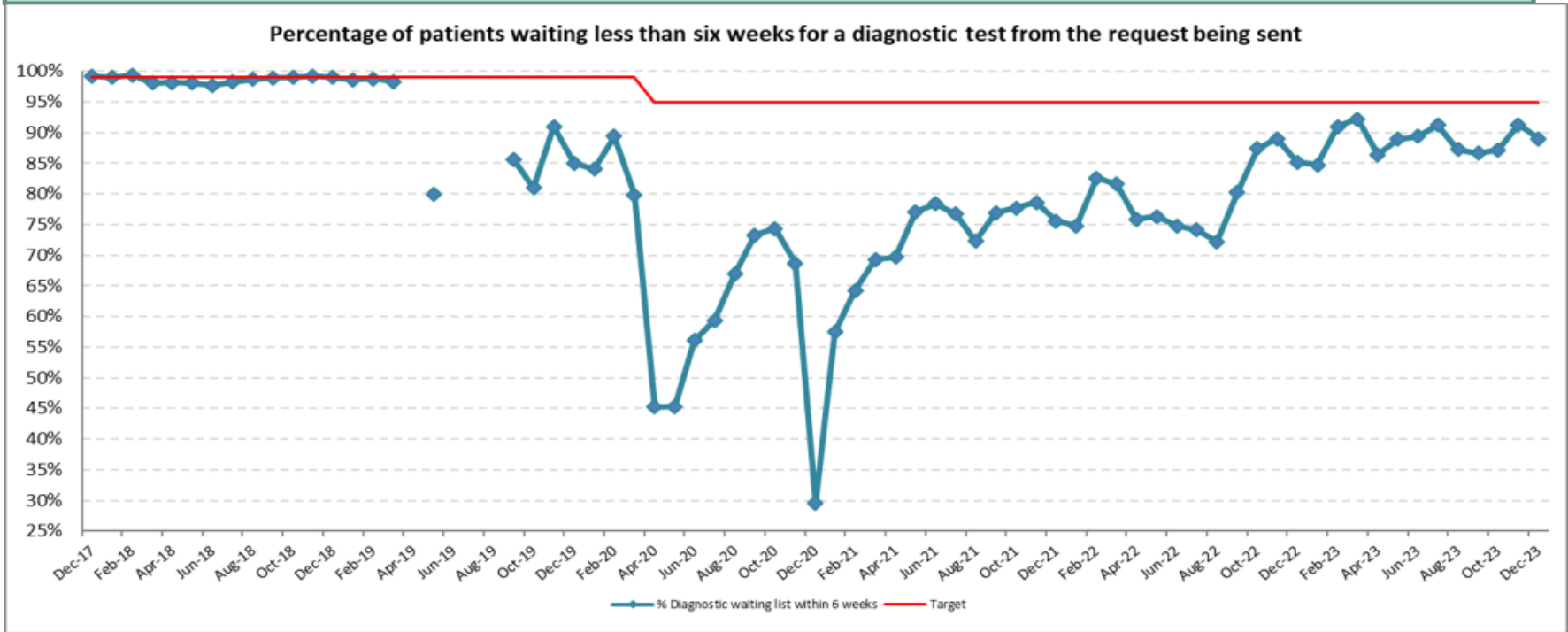


## Referral to Treatment Time (RTT)



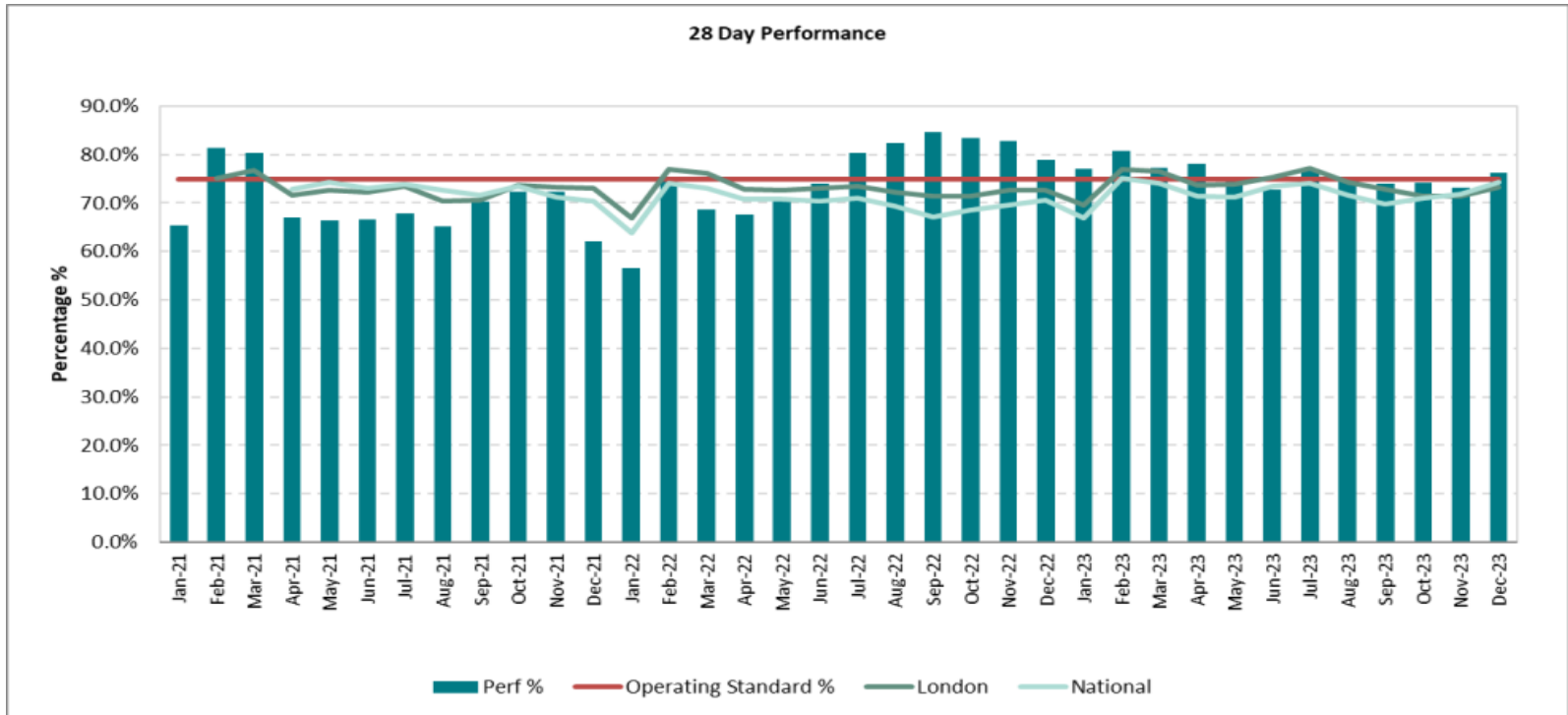
- We have modelled the number of 52-week waits we may have by March 2025 and where there may be peaks beyond into 2026. This early prediction has highlighted a small number of specialties where there is a risk of patients having to wait for more than 52 weeks which we are working on.

## Diagnostic waits



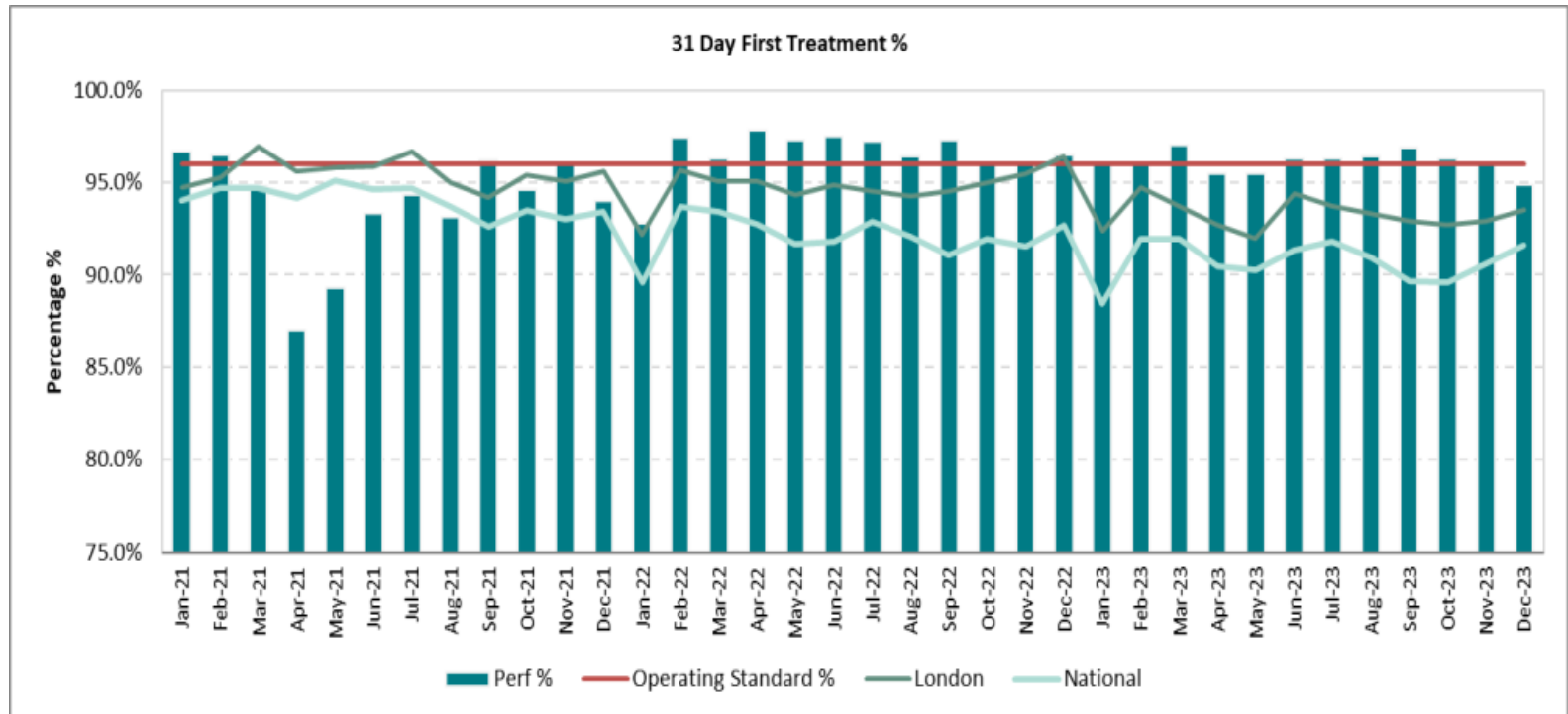
- We have achieved our highest performance during Q3.
- We remain on track to achieve early the sector wide target of 95% against the diagnostic waiting times despite the deterioration in performance in December.
- MRI performance, which accounts for the largest proportion of DM01 performance has worsened in the most recent quarter. The drop in performance was driven by the loss of a mobile scanner however some of the lost capacity will be recovered with the opening of a fifth scanner.
- Endoscopy has maintained strong performance and is continuing to support other local providers to reduce their backlogs

## Access to timely cancer care



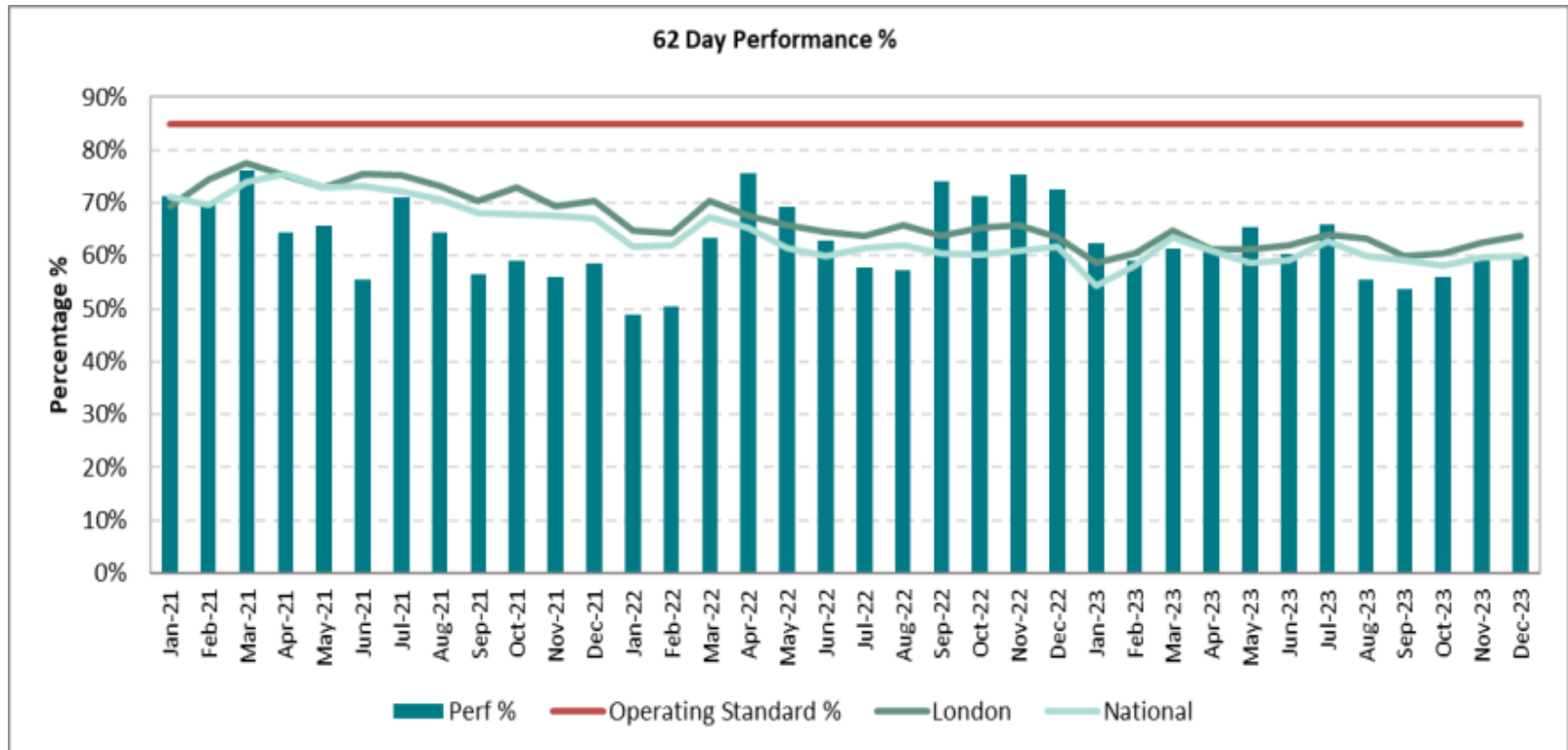
- Performance against the faster diagnosis standard has been challenging throughout 2023/24, but we were compliant at the end of Q3. Faster diagnosis standard requires that patients are receiving a diagnosis, or having cancer ruled out, within 28 days of referral
- We have remained better than the London and national position for Q3.
- Under the revised approach to performance tiering for cancer, trusts are being asked to ensure they deliver a performance of at least 70% for the faster diagnosis standard which will then increase to 72.5% in December which we have met.

## Access to timely cancer care



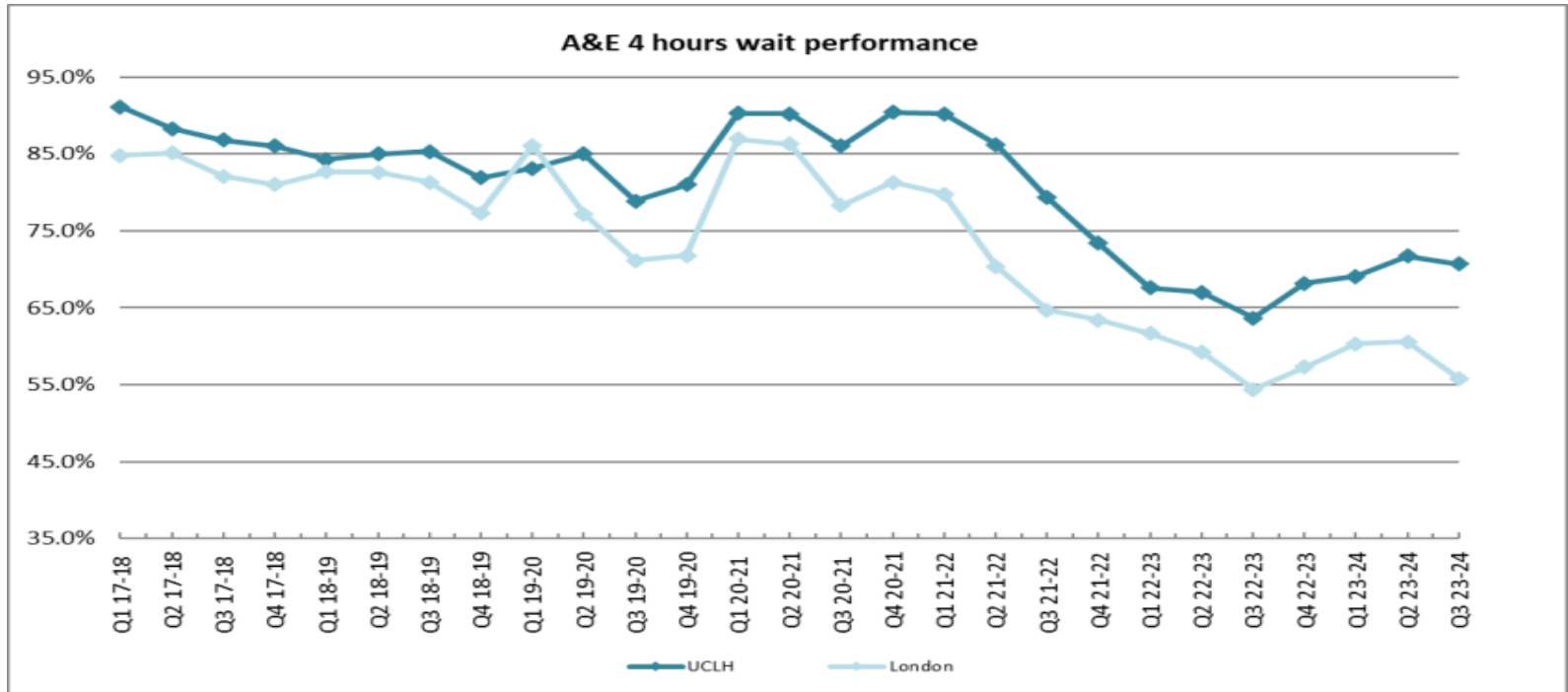
- UCLH's position against the revised standard that 96% of patients should be treated within 31 days of a decision to treat (across all points of delivery) was compliant for most of the year. Our position was above the London and national average.
- UCLH has performed well against the inter trust transfer target of 24 days from receipt of referral from the referring trust to treatment date. We have seen strong performance against this standard in urology with an average of 83% for the last six months.

## Access to timely cancer care



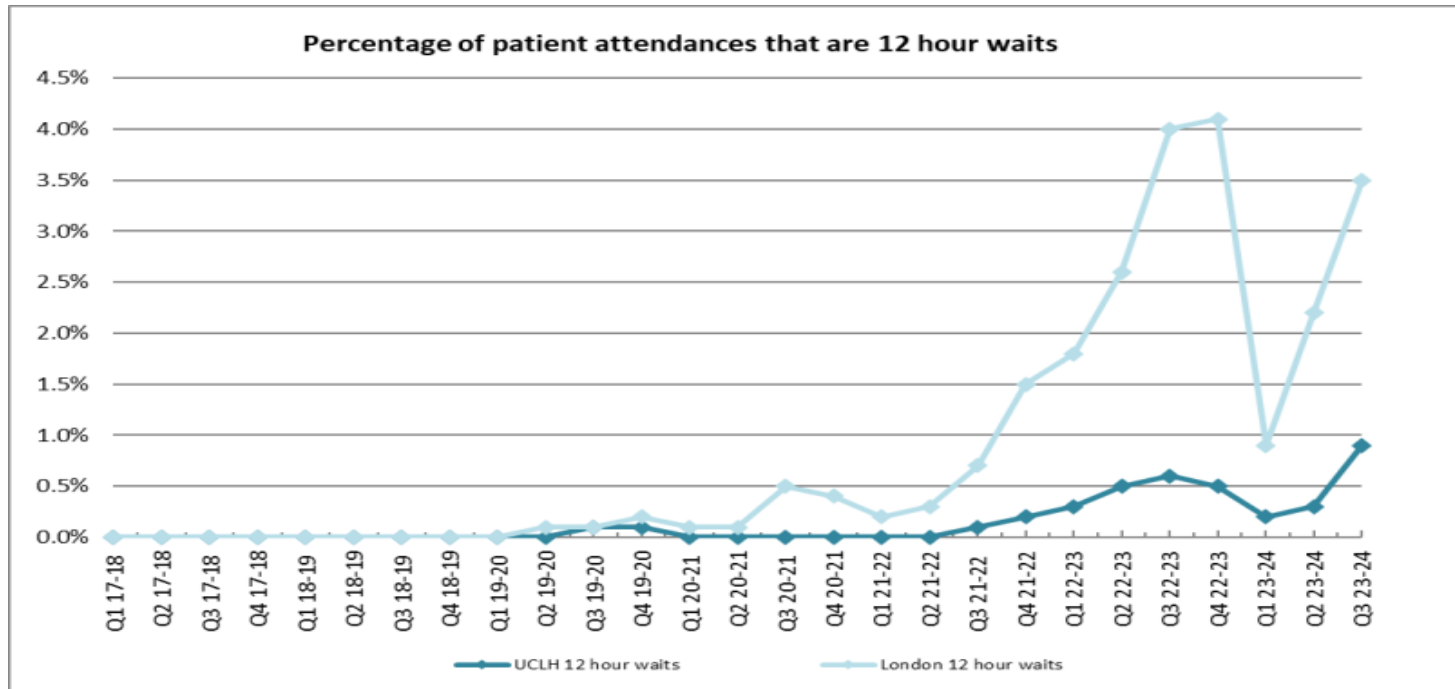
- Like other major cancer centres, historically we have struggled to meet the target that 85 per cent of patients with cancer should begin their first treatment within 62 days of an urgent GP referral.
- UCLH 62 day combined position was below the London average of 67%. The position at trust, London and national levels has become more challenged through quarter three due to the cumulative impact of industrial action on cancer waiting times

# A&E



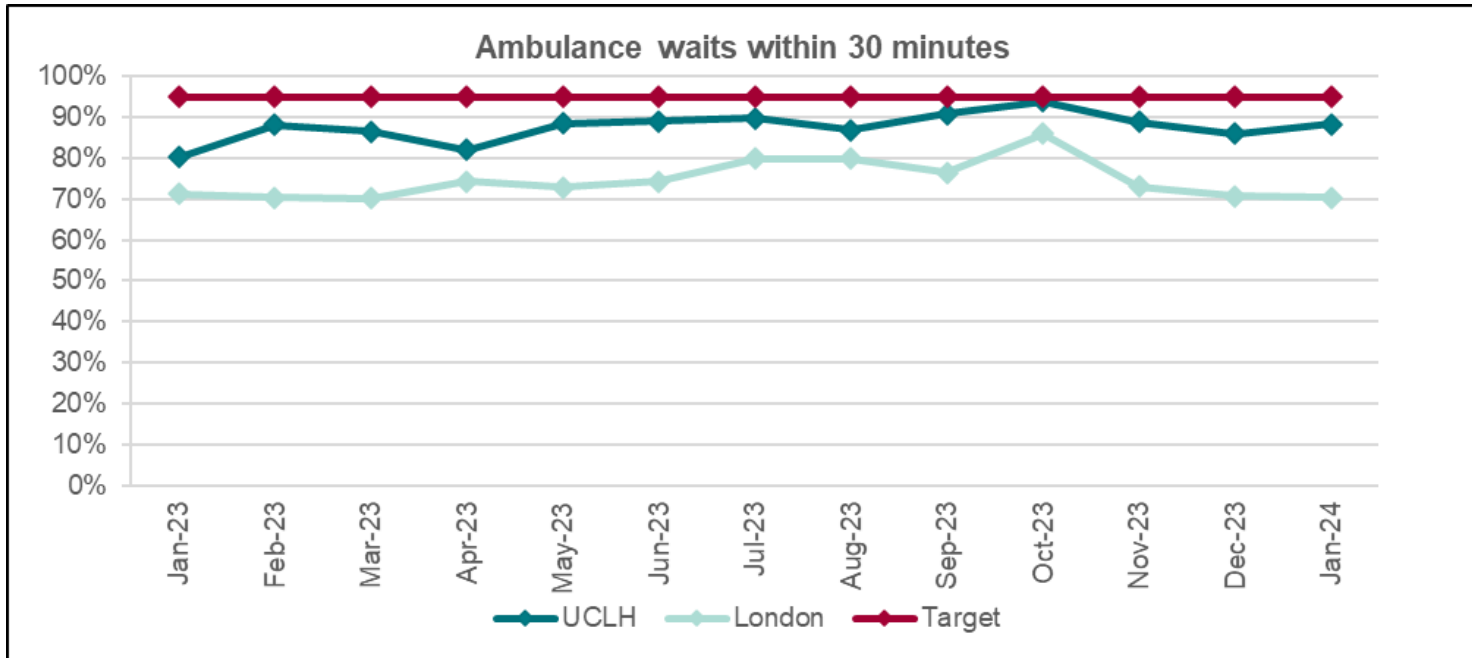
- UCLH has not met the four hour waits target of 76% in 2023/24 but has performed significantly better than the London average. Performance in 2023/24 has also been better than 2022/23.
- The emergency department is implementing a number of improvements plans including; improving flow and patient navigation through the department and reducing the number of patients waiting a long time by improving clinical review and escalation processes.
- The department is continuing to try and reduce the length of stay for patients with a mental health need. The right care right place model is being implemented which provides a framework for how the police and health services should improve the response to people with mental health needs.

## A&E 12 hour performance



- The number of 12-hour trolley waits has increased over the last two years at UCLH. This has also been an issue across London. While we have been affected, we have not been as adversely affected as other trusts within London.
- 0.9% of our attendances resulted in a 12 hour trolley wait in Q3 2023/24, compared to the London average of 3.5%.

## Ambulance handover time

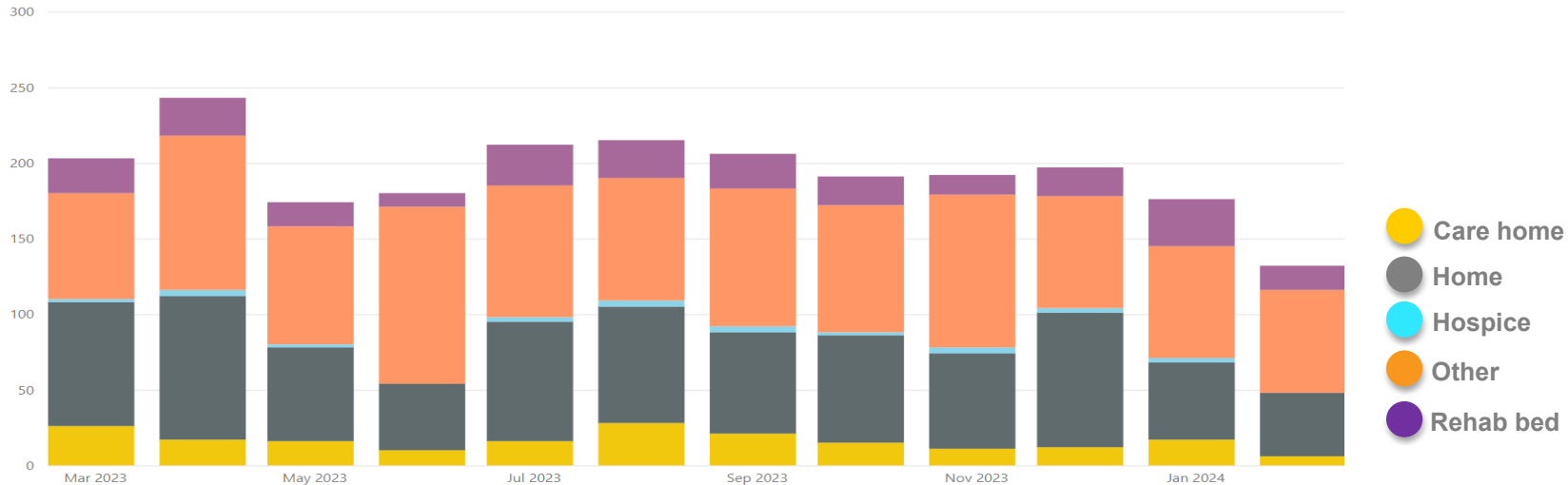


- Ambulance conveyances to UCLH remained high at the end of Q3 due to system pressures and increased ambulance divers to UCLH. However UCLH ambulance handover performance is one of the best in London with under 3% of handovers taking longer than 45 minutes compared to the London average of 10%.



## Delayed transfers of care in 2023

REVIEWS WHERE CRITERIA NOT MET BY MONTH - AINA EXTERNAL REASON



- The trust is aiming to reduce the number of patients with a length of stay (LoS) over 21 days to below 19% of all inpatients. For most of the year performance has been at or below target and in January 2024 17.7% of patients had a length of stay over 21 days.
- A significant proportion of delayed discharges are due to external factors like the availability of intermediate care services or waits for modifications to be made to the patient's home. There are however delays due to internal patient flow issues which the Trust is also trying to address.
- A wide range of high impact winter improvement actions are being implemented to improve patient flow focusing on: increasing the number of discharges before 12 and 5pm; increasing the proportion of patients discharged via the patient lounge and increasing the proportion of patients discharged at the weekend.

## Days of Action and Rescheduled Activity

Staff Group	No of Days
Nursing and Midwifery	4
Physiotherapists	1
Radiographers	3
Junior Doctors	34
Consultants	9
<b>Total</b>	<b>51</b>

- Electives was by far the most impacted activity type with 28.9% of activity lost due to strike action compared to an average of 7.3% for all activity types. Daycases was the least impacted of the elective activity types (4.8%).
- Most divisions which carry out significant amounts of elective activity lost between 10-15% of planned activity during industrial action.

## Health, Wellbeing, and Morale

We have a pro-active, staff-led approach to health, well-being and morale which is enabled by support from the UCLH Charity and through investment by the trust to tackle the issues that matter the most to our staff. We have a comprehensive programme, *Be Well*, which seeks to address the multiple factors that impact our staff within and outside of UCLH. Such factors include:

- End of the Pandemic: fatigue and adapting to returning to business as usual.
- Winter Pressures: this annual increase in patients was mitigated by social distancing during the pandemic.
- Cost of Living Crisis: impact on staff and affordability of staff to continue working at the trust.
- Industrial Action: continued disruption to work, focus on emergency pathway and then recovery, impact on relationships between staff

## Health and wellbeing indicators

- We regularly report on and review indicators that provide insight into the overall health, wellbeing and morale of our staff. We also pay attention to qualitative and informal feedback from our staff such as; staff sickness (which has increased as per the national trend), staff turnover (which is lower), and staff morale.
- Morale is one of two themes measured in the Annual Staff Survey alongside the *7 people promises*. Our results in 2023 (for 2022) demonstrated that staff at UCLH report an above average score of **5.9** for morale. This is an above average score when compared to like for like acute trusts (which we have achieved for three years running).
- In the national annual staff survey, three sub-scores are calculated to provide an overall morale score for the trust. They are *thinking about leaving*, *work pressure*, and *stressors*. Last year, we saw improvements in the sub-scores linked to morale. Early indications for the most recent staff survey results which will be published in March 2024 are that we have at least held our morale scores and may well have improved in some of the areas.

## What does UCLH do to enhance morale?

- We have a comprehensive, staff-led programme called Be Well. It has multiple strands to tackle different issues, including: i) Joy at Work; ii) staff break area uplifts (for staff kitchens/rest areas); iii) local wellbeing champions who signpost and support and iv) food and hydration initiatives including access to out of hours food that is nutritious.
- There are key workstreams to address our strategic workforce priorities (as per the staff survey) including, i) civility, respect and kindness, ii) violence and aggression from patients and the public, iii) flexible working, iv) equity, diversity and inclusion and v) health and wellbeing.
- We have dedicated Team Development Business Partners who provide support for team development and wellbeing.
- Specific services for listening to staff such as the Guardian Service, and other related services such as UCLH mediation services providing support for difficult behaviours.

## Continued...

- Consistent and ongoing engagement with staff via annual, quarterly and bespoke surveys, regular all staff briefings, Staff Networks, and local team engagement forums which include local Staff Experience Groups or Health and Wellbeing groups.
- Extensive range of health and wellbeing services including Staff Psychology, Occupational Health, Physical Wellbeing Lead, Arts & Wellbeing, Complimentary Therapies Spa Centre
- Specific Cost of Living initiatives including UCLH Hardship Fund, and a new Citizens Advice Bureau service commencing 2024, Rewards and Discounts platform for staff, and salary sacrifice schemes.
- New initiatives for 2024 supporting working parents and carers.
- Staff Recognition programme includes annual staff awards, long service awards, specific thank you and recognition days, local recognition awards for teams.