Purpose of this session

• To provide an overview of the service and clinical priorities for 2015/16

• To provide an overview of the future plans for clinical and service development to support these priorities

• To provide an opportunity for Members to ask any questions they may have around the plans and priorities for 2015/16 and beyond
Our Hospitals

- University College Hospital
- Elizabeth Garrett Anderson Wing (maternity services)
- Hospital for Tropical Diseases
- Eastman Dental Hospital
- Royal National Throat, Nose and Ear Hospital
- National Hospital for Neurology and Neurosurgery
- Institute of Sport, Exercise and Health
- Heart Hospital
- Royal London Hospital for Integrated Medicine
Our key strategic priorities for providing specialist care are…

• Cancer
• Neurosciences
• Women’s Health

With a strong and high quality foundation in…

• Acute & emergency medicine
• Surgery
• Critical care

Providing a leading role in high quality local health care provision for the population of North Central and North East London
Our values

- We put your **safety** and wellbeing above everything
  - Deliver the best outcomes
  - Keep people safe
  - Reassuringly professional
  - Take personal responsibility

- We offer you the **kindness** we would want for a loved one
  - Respect individuals
  - Friendly and courteous
  - Attentive and helpful
  - Protect your dignity

- We achieve through **teamwork**
  - Listen and hear
  - Explain and involve
  - Work in partnership
  - Respect everyone’s time

- We strive to keep **improving**
  - Efficient and simplified
  - Courage to give and receive feedback
  - Develop through learning
  - Innovate and research
The NHS environment

• **Simon Stevens and the “Five Year Forward View”:**
  - Integration: new models of organisation / care
  - Prevention
  - Healthy NHS workforce
  - Renewed commitment to delivering short waits

• Continued drive to centralisation of specialised care

• Significant pressures on funding
Financial challenges for Providers

- Prices paid to hospitals reduced: NHS efficiency
- Specialist commissioners need to make big savings: significant overspend
- Some local CCGs have large deficits
- Withdrawal of money to compensate for treating the most complex patients
- Impact of contract penalties

- All leading to ……
- Significant savings target
The NHS is in the spotlight...like never before

The Telegraph

13,000 died needlessly at 14 worst NHS trusts

The Telegraph

NHS: No one is safe

Scandal of deaths: Trust could nowhere report says

Daily Mail

10 steps to heal NHS

- New criminal offences should be created to punish recipients, willful neglect or mistreatment by organisations or individuals
- Health bodies that withhold or obstruct relevant information should be subject to criminal sanctions
- A review of 'correct staffing levels should be held by the National Institute for Health and Care Excellence, but adequate staffing determined locally
- Over-complex regulations
- Patient voices must be heard at all times
- NHS must adopt a culture of learning and improvement by all staff
- Targets must not override interests of patients
Operational Priorities
Clinical Quality

Delivering quality for our patients

- Clinical outcomes
  - Patient safety
  - Patient Experience

Longer term developments

- Integrating care with partners’
- R&D and education
- Develop clinical services

Fundamentals

- Financial health
- Deliver cost savings
- Deliver wait times
- Develop staff
Clinical quality priorities for 2015/16

• Reduce hospital acquired pressure ulcers
• 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 infections
• Develop specialty outcome measures
Pressure ulcer management

- Reduction in pressure ulcers over the last year.
- Significant focus and drive on this issue led by the Chief Nurse, Katherine Fenton.
- Emphasis on risk assessments and learning
MRSA management

MRSA bacteraemia cases

- 2006-07: 45 cases
- 2007-08: 25 cases
- 2008-09: 15 cases
- 2009-10: 20 cases
- 2010-11: 10 cases
- 2011-12: 5 cases
- 2012-13: 5 cases
- 2013-14: 5 cases
- YTD 2014-15: 1 case

MRSA management
UCLH have reported 77 cases by the end of December 2014
57 of these cases have been determined as not being the result of lapses in care
Only 4 cases of C diff have been found to be a lapse in care by the Trust

Hospital acquired C difficile cases

- No of Cdiff cases
- Successfully appealed lapses of care
- Lapses of care

YTD 2014-15
### 2013 Inpatient Survey

<table>
<thead>
<tr>
<th>Peer London Teaching Hospital</th>
<th>Position against peers</th>
<th>Score out of 100</th>
<th>2012 score (position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guy’s &amp; St Thomas’</td>
<td>1</td>
<td>81.6</td>
<td>81.5 (1)</td>
</tr>
<tr>
<td>UCLH</td>
<td>2</td>
<td>79.5</td>
<td>79.6 (2)</td>
</tr>
<tr>
<td>Chelsea &amp; Westminster</td>
<td>2</td>
<td>79.5</td>
<td>78.2 (4)</td>
</tr>
<tr>
<td>King’s College</td>
<td>4</td>
<td>78.0</td>
<td>78.5 (3)</td>
</tr>
<tr>
<td>St George’s Healthcare</td>
<td>5</td>
<td>77.7</td>
<td>77.8 (5)</td>
</tr>
<tr>
<td>Imperial</td>
<td>6</td>
<td>77.5</td>
<td>77.6 (6)</td>
</tr>
<tr>
<td>Barts &amp; the London</td>
<td>7</td>
<td>76.3</td>
<td>75.9 (7)</td>
</tr>
<tr>
<td>Royal Free</td>
<td>8</td>
<td>76.3</td>
<td>75.8 (8)</td>
</tr>
</tbody>
</table>
Getting the basics right

Delivering quality for our patients

Longer term developments

Fundamentals

- Clinical outcomes
- Patient safety
- Patient Experience
- Transformation
- R&D and education
- Develop clinical services
- Financial health
- Deliver cost savings
- Deliver wait times
- Develop staff
Referral to Treatment Time (RTT)

- Good progress meeting one of the key standards
- Further work needed on access times for inpatient care
Difficult performance challenge locally and nationally to meet consistently and requires a sector wide solution.

<table>
<thead>
<tr>
<th>Type 1 performance</th>
<th>Q1 14/15</th>
<th>Q2 14/15</th>
<th>Q3 14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCLH</td>
<td>95.2%</td>
<td>94.2%</td>
<td>94.0%</td>
</tr>
<tr>
<td>London</td>
<td>91.6%</td>
<td>91.8%</td>
<td>87.6%</td>
</tr>
</tbody>
</table>
Access to timely cancer care

- Local and national challenges with cancer waiting times standards
- More rapid escalation of delayed pathways
- Increases in bed and theatre capacity
- Late referrals: working with referring trusts to improve pathways
- Lobbying for changes in rules around cancer waiting times to better reflect performance
- Patient choice for urology pathways
Developing staff and staff potential

- Improve the experience of staff by embedding the new UCLH values
- Make sure all staff get a good appraisal
- Make sure that staff are up to date with their training
- Developing leadership across all levels of the Trust
- Building the capability of all our staff and of the organisation as a whole
Planning for the Future
Longer Term Developments

Delivering quality for our patients

Clinical outcomes
Patient safety
Patient Experience

Transformation
R&D and education
Develop clinical services

Fundamentals
Financial health
Deliver cost savings
Deliver wait times
Develop staff
The Four Pillars of Transformation

1. Care Delivery System
   - Defines the standards and processes we use
   - Manages resources in real time
   - Actively matches capacity to meet demand

2. Academy / Institute
   - Train our people in the care delivery system
   - Develop leaders that others want to role-model
   - Home of quality improvement programmes

3. Informatics
   - Delivers technology to drive the efficiency of our processes
   - Delivers performance data to manage and plan
   - Business & clinical intelligence that reaches beyond our walls

4. Organisational Development
   - Develops a new level of engagement “owner mind set”
   - Create a deep resonance between culture and what organisation needs
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
The consistent growth in Emergency Department attendances may be further impacted by the pan London urgent care reconfigurations.
The ED was designed to support around 60,000 attendances per annum. It now sees around 140,000.

A development scheme (5 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).

The scheme is planned to complete in 2018.
Maternity services expansion

Context: There has been significant growth in maternity activity and current and future demand for services at UCLH
Maternity services expansion

- 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 6,000 per annum).
- 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).
UCH Campus Vision

- Phase 1: The UCH Tower (new build on Euston Road) opened 2005
- Phase 2: The Elizabeth Garrett Anderson Wing (maternity services) linked to the Phase 1 development opened 2007
- Phase 3: The Macmillan Cancer Centre (on Huntley Street) opened 2012
The Trust’s Estates Strategy is to centralise services around the main UCH campus and Queen Square.

Key principles to this approach include:

• Improving the patient environment by ensuring services operate from buildings in appropriate condition. This will contribute towards enhanced patient experience, higher service efficiency and better outcomes;

• Consolidate services onto the main UCH campus to enable focused development of services;

• Secure and maintain a modern, fit for purpose estate.
Investing in Cancer and Surgical Services

Phase 4 (Proton Beam Therapy and ‘Above Ground’)
Phase 4 & PBT Site: UCH Campus

University College London Hospitals
NHS Foundation Trust
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
PBT equipment solutions are primarily based on a standalone accelerator feeding multiple gantries.

**Accelerator**
Using magnetic fields, the hydrogen protons are accelerated to two thirds the speed of light.

**Gantry**
Each of the three gantries is three-stories tall and weighs 200,000 lbs.

**Electromagnets**
The magnets focus and route the proton beams to the gantry.
Phase 4 Above Ground: Investing in Surgery and Cancer Care

<table>
<thead>
<tr>
<th>Tumour Group</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haematology – Oncology</td>
<td>Centralisation of intensive haematological cancer services (Intensive Acute leukaemia &amp; 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.</td>
</tr>
<tr>
<td>Urology (Bladder, Prostate and Kidney) Cancer</td>
<td>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.</td>
</tr>
<tr>
<td>Oesophago-gastric Cancer</td>
<td>Centralisation of Oesophago-gastric cancer services at two specialist centres, one at UCLH and one in outer north-east London, at Queens Hospital Romford.</td>
</tr>
<tr>
<td>Head and Neck Cancer</td>
<td>Centralisation of the three head and neck cancer surgical services into one specialist surgical site at UCLH.</td>
</tr>
<tr>
<td>Brain Cancer</td>
<td>The National Hospital of Neurology and Neurosciences (Queen Square) becomes the single centre for north east and north central London for Brain Cancer patients.</td>
</tr>
</tbody>
</table>
The vision of the Phase 4 investment in surgical services is to create the most effective and efficient environment to create world leading……

**New Pathways in Short Stay Surgery:**

- A new Short Stay Surgical Centre in Phase 4 will consolidate day surgery and short stay surgical services at UCLH. This will allow the surgical pathway to become more efficient and increase patient satisfaction by ensuring only those requiring inpatient stays have them. This facility is supported by a 23hr overnight stay facility to ensure that every opportunity of taken to improve the productivity and efficiency of the pathway.

**New Pathways for Specialist and Complex Surgery:**

- The relocation of current UCH short stay surgery activity and the enabling of the conversion of inpatient to additional short stay surgery work will release UCH theatres for more complex inpatient activity to deliver the UCLH cancer vision.

**New Pathways for Paediatric Surgery:**

- The consolidation of all children’s services from the Tower at UCH and the RNTEH and EDH to a dedicated children’s surgical unit on T2 with an efficient, standardised pathway for all children’s surgery.
P4 AG: Preferred Option - Summary

The preferred option includes:

• 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 4
Phase 4
The use of the Heart Hospital for Interim Capacity

- The Heart Hospital becomes vacant in mid’ 2015 (April 2015) with the transfer of cardiac services to Bart’s Health
- 7 operating theatres – up to 78 beds plus a CCU/PACU and recovery capacity
- Interim clinical use until late 2018 and the opening of Phase 4
- Allows the implementation of London Cancer work, supporting some growth in demand and helping manage access time challenges
- Current planning assumptions would create a Urology & an Integrated Thoracic Surgical Centre from the site
Investing in Head and Neck Services
Phase 5
Phase 5
The Need for the Phase 5 Development

- Business Transfer Agreement signed with Royal Free London Trust in March 2012 clearly outlines UCLH’s obligation to relocate RNTNEH services to the main campus
- RNTNEH site is held on two co-terminus leases that expire no later than 31 March 2019. Ability to extend assessed as limited due to commercial value of site
- Significant capital investment required to maintain EDH site in a satisfactory operational condition

- *Inability to radically transform or re-build on site due to planning constraints and current build*
Alignment with Trust strategic priorities

• Estates strategy to consolidate Trust services at two locations in modern and functional buildings
• UCL Brain Faculty (incorporating Institute of Neurology and the Ear Institute) focuses on Sensory Systems and Therapies, with hearing as a central theme
• Single largest adult caseload for PBT will be patients with Head & Neck malignancies
• Development of neuro-oncology enabled by strong skull base service, which is jointly provided by ENT surgeons and neurosurgeons
• Critical support will be provided for patients requiring restoration or preservation of hearing, balance and dental health following ototoxic cancer treatments
Phase 5 Development

The preferred option

- Ambulatory facility to accommodate all outpatient, diagnostic, dental treatment and minor surgical procedures
- 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
Context: Neuroscience services provided within UCLH are world leading both in terms of service delivery, teaching and research. There is limited opportunity for service or academic growth within the current Neuroscience location at Queens Square (W1) and activity and demand remains significant and growing.
Investing in Neurosciences

Shorter and Longer Term Planning

• Additional theatre and bed capacity required following significant increase in specialist work over past five years (Short term plans)
• Dementia services anticipated to be a key area of growth
• Collocation with UCL will facilitate and grow world leading early research trials and translational activity
• Opportunities to review new models of service provision closer to patients homes (i.e. Queens Square @)
• Longer term options for substantial redevelopment with UCL under consideration
The Heart Hospital and Cardiac Services

- As part of the London Cancer/Cardiac Agreement Cardiac services transfer to Bart’s Health from the Heart Hospital in late April 2015
- The Board have agreed the use of the Heart Hospital as an interim clinical facility from the summer/autumn 2015
- The facility will provide all urology services and thoracic surgical services until Phase 4 opens in 2018
Next steps

- Incorporate views from this meeting
- Further consultation within hospital
- Governors’ comments on annual plan
- Final version of objectives and annual plan for April 2015
Thank you

Questions and thoughts