Purpose of this session

• To give you an overview of UCLH’s priorities for 2016/17

• To give you a summary of future plans for development of our clinical services

• To give you a chance to ask questions about these plans
Our Hospitals

University College Hospital

Elizabeth Garrett Anderson Wing (maternity services)

University College Hospital Macmillan Cancer Centre

Hospital for Tropical Diseases

Institute of Sport, Exercise and Health

Eastman Dental Hospital

Royal National Throat, Nose and Ear Hospital

National Hospital for Neurology and Neurosurgery

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
New Planning Environment

• 5 Year Forward View
• Accountable Care Organisations
• Integrated Care
• Vanguards
• Sustainability and Transformation Plans to be submitted in July
The key drivers of the financial challenge next year include:

- £3.8bn additional monies pledged by the government in 16/17
- Prices that we get paid more generous than previously projected
- But we still have a very big challenge: prices for the treatments that we provide not as high
- Level of savings likely to be high
Significant pressure within the NHS on improved operational performance

• Increased scrutiny on trusts’ operational performance

• Key issues relate to access times:
  ➢ Treated in emergency department within 4 hours
  ➢ Treated within 62 days if you have cancer
  ➢ Treated within 18 weeks for all other conditions

• Demand for NHS services is growing faster than its capacity
Operational Priorities
<table>
<thead>
<tr>
<th>OPERATIONAL OBJECTIVES FOR 2016/17: DRAFT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide the highest quality of care within our resources</strong></td>
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<td>Achieve hospital acquired infection targets</td>
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<td>Deliver ‘Sign up to Safety’ campaign</td>
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<td>Deliver progress towards 24/7 working</td>
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<td>Maintain upper decile Standard Hospital Mortality Index results</td>
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<td>Maintain patient satisfaction ratings</td>
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<td>Meet 18 week and diagnostic waiting times targets</td>
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<tr>
<td>Meet A&amp;E waiting time targets</td>
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| **Improve patient pathways through collaboration with partners** |
| Establish and develop the cancer vanguard project |
| Meet cancer waiting times targets |
| Deliver new care pathways for frail patients and those with [COPD, MSK and diabetes] |
| Avoid increase in levels of emergency admissions |
| Deliver key phase 4 and phase 5 development milestones |
| Continue Emergency Department expansion project |
| Develop maternity expansion proposals |
| Complete Queen Square theatre refurbishment and expansion programme |
| (8) |

| **Right staff working in the right way** |
| Reduce staff vacancies |
| Maintain staff satisfaction scores |
| UCLH Institute develops comprehensive learning curriculum and quality improvement programme |
| Achieve 95% compliance with mandatory training |
| Improve the UCLH experience for junior doctors |
| Implement programmes to develop leadership and our capability to deliver change |
| (6) |

| **Achieve financial sustainability** |
| Contribute to sector’s sustainability and transformation plan |
| Agree preferred option for future IT infrastructure |
| Achieve financial budget targets |
| Improve cash-flow performance |
| Deliver cost improvement programme |
| Agree contracts with commissioners |
| Develop new models for provision of “enabling services” |
| (7) |

| **Generate world-class clinical research** |
| Increase recruitment of patients into early phase trials of innovative therapies |
| Achieve renewal of NIHR biomedical research centre designation |
| Progress clinical academic appointments with UCL in key strategic areas |
| Support the UCL bid for the development of the national Dementia Research Institute |
| Support the bid for the development of a Cancer Research UK centre at UCL/UCLH |
| Make research part of the performance framework for clinical teams |
| (6) |
OPERATIONAL OBJECTIVES FOR 2016/17: DRAFT

Provide the highest quality of care within our resources

- Achieve hospital acquired infection targets
- Deliver ‘Sign up to Safety’ campaign
- Deliver progress towards 24/7 working
- Maintain upper decile Standard Hospital Mortality Index results
- Maintain patient satisfaction ratings
- Meet 18 week and diagnostic waiting times targets
- Meet A&E waiting time targets
We will continue with the following priorities as part of our “sign-up to safety” pledges:

1. To reduce surgery related harm
2. To reduce harm from unrecognised deterioration
3. To reduce patient harm from sepsis

We will consider adding as priorities work on:
- management of acute kidney injury
- using measures of avoidable mortality
The CQC will conduct their inspection on 8-11 March
Pressure ulcer management

- Reduction in pressure ulcers
- Matron and tissue viability nurse dedicated to training and roll-out of best care methods
- Rapid review by executive team

![Bar chart showing pressure ulcers - all grades over different years](chart.png)
Achieve hospital acquired infection targets: MRSA
UCLH have reported 48 cases by the end of November 2015; 28 of these cases have been determined as not being the result of lapses in care.

Work on: deep cleaning of environment; hand hygiene; control of antibiotic usage.

Achieve hospital acquired infection targets: Clostridium difficile
Meet 18 week and diagnostic waiting times targets

- Consistently achieving the standard since November 2014
Meet 18 week and diagnostic waiting times targets

- Diagnostic waits have been too long in MRI and endoscopy
- We are projecting achievement in MRI in January and in endoscopy in February
Meet A&E waiting time targets

- We are working closely with the Camden and Islington system resilience groups to address the issues.
- Aim to reach sustainable compliance by mid-February by:
  - Reducing demand on ED by improving primary care provision
  - Improving operational process in ED
  - Freeing up beds in UCH tower
  - Getting patients home or to more appropriate care setting ASAP

<table>
<thead>
<tr>
<th>Type 1 performance</th>
<th>Q1 14/15</th>
<th>Q2 14/15</th>
<th>Q3 14/15</th>
<th>Q4 14/15</th>
<th>Q1 15/16</th>
<th>Q2 15/16</th>
<th>Q3 15/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCLH</td>
<td>95.2%</td>
<td>94.2%</td>
<td>94.0%</td>
<td>95.1%</td>
<td>97.7%</td>
<td>94.9%</td>
<td>91.0% (as of Oct-15)</td>
</tr>
<tr>
<td>London</td>
<td>91.6%</td>
<td>91.8%</td>
<td>87.6%</td>
<td>87.9%</td>
<td>91.2%</td>
<td>93.1%</td>
<td>88.9% (as of Oct-15)</td>
</tr>
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</table>
Meet cancer waiting times targets

- Local and national challenges with cancer waiting times standards
- Have a comprehensive recovery plan in place, actions include:
  - Timed pathways developed and more rapid escalation of delayed pathways
  - Increases in bed and theatre capacity for prostate cancer
  - Late referrals: working with referring trusts to improve pathways and breach reallocation
  - Increasing outpatient capacity to improve our performance against the target to give an appointment within 2 weeks of referral
  - Standardised training for MDT co-ordinators and trackers
- Currently we are not offering a fast enough appointment for patients with breast symptoms / suspected breast cancer. We will be compliant with the two week standard by March.
Right staff working in the right way

- Reduce staff vacancies
- Maintain staff satisfaction scores
- UCLH Institute develops comprehensive learning curriculum and quality improvement programme
- Achieve 95% compliance with mandatory training
- Improve the UCLH experience for junior doctors
- Implement programmes to develop leadership and our capability to deliver change
<table>
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<tr>
<th>NHS Annual Staff Survey</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you be happy with the standard of care at UCLH if a</td>
<td>83%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>friend or relative needed treatment?</td>
<td>National average is 65%</td>
<td>National average is 64%</td>
<td>National average is 60%</td>
</tr>
<tr>
<td>Would you recommend UCLH as a place to work?</td>
<td>70%</td>
<td>73%</td>
<td>71%</td>
</tr>
<tr>
<td></td>
<td>National average is 58%</td>
<td>National average is 59%</td>
<td>National average is 55%</td>
</tr>
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OPERATIONAL OBJECTIVES FOR 2016/17: DRAFT

Achieve financial sustainability

- Contribute to sector’s sustainability and transformation plan
- Agree preferred option for future IT infrastructure
- Achieve financial budget targets
- Deliver cost improvement programme
- Improve cash-flow performance
- Agree contracts with commissioners
- Develop new models for provision of “enabling services”
Generate world-class clinical research

- Increase recruitment of patients into early phase trials of innovative therapies
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OPERATIONAL OBJECTIVES FOR 2016/17:DRAFT

Improve patient pathways through collaboration with partners

• Establish and develop the cancer vanguard project
• Meet cancer waiting times targets
• Deliver new care pathways for frail patients and those with COPD, MSK and diabetes
• Avoid increase in levels of emergency admissions
• Deliver key phase 4 and phase 5 development milestones
• Continue Emergency Department expansion project
• Develop maternity expansion proposals
• Complete Queen Square theatre refurbishment and expansion programme
The clinical strategic objectives in 2016 remain consistent.
An evolving UCH Campus Vision and Strategy delivery

- **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
- **Phase 4**: Proton Beam Therapy, Short Stay Surgery and Specialist cancer facility
- **Phase 5**: A world leading Head, Neck and Dental Hospital on the UCH Campus
A brief reminder of Phase 4
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.

- 5 storeys below ground of the new development

- One of only two national centres (the other being the Christie in Manchester)
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.
In December 2015 all specialist cancer reconfiguration in North Central London was completed (*with the exception of brain cancer set to complete in early 2017)*

<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.
The Phase 4 facility

- Increased surgical capacity in the Tower (focus on paediatrics and complex care)

### 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)

Set to complete in late 2019
Phase 4
Phase 4
Phase 4
Phase 4 – Construction is well underway.....
The use of the Heart Hospital for Interim Capacity

- The Heart Hospital became vacant in May 2015 with the transfer of cardiac services to Bart's Health.
- It now operates with 7 operating theatres – up to 78 beds plus a CCU/PACU and recovery capacity.
- Interim clinical use until late 2019 and the opening of Phase 4.
- Its use has allowed the implementation of London Cancer work, supporting some growth in demand and helping manage access time challenges.
- Urological and thoracic surgical services now operate from the site.
A brief reminder of 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*
Phase 5 Development

The preferred option

- Ambulatory state of the art 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

Set to complete in late 2018
Phase 5 - Demolition is about to commence
Integration and working in partnership

- Using the principles of the 5 year forward view to drive change and closer working
- A stronger focus on working closely with our local CCGs and councils to avoid unnecessary admissions to hospital
- Redesigning services to focus on prevention care in community settings
- Diabetes (adult and children)
- Chronic obstructive pulmonary disease
- Musculo-skeletal services

- UCLH and the RFL playing a greater role in leading new models of care for the NCL Sector (e.g. planning the development of an ACO model)
Accountable care organisations

Sheffield organisations pitch £260m ‘vanguard’ care plan

Could Manchester pioneers save the NHS? Greater Manchester will begin taking control of its health budget from April, after a devolution agreement was signed by the Chancellor, George Osborne BBC
Cancer Vanguard

- Year 1 (15/16) funding signed off for the cancer vanguard bid
- Based on the principle of providing networks of care to deliver cancer services that align to cancer pathways
- Comprises 3 elements:
  - Improved access to diagnostics by rolling out early diagnostic pathways across the network
  - Standardised provision of chemotherapy across the network, and provision of radiotherapy in two centres
  - Investment in sector wide pathway management infrastructure
The Emergency Department (ED) Development

- The ED was designed to support around 60,000 attendances per annum. It now sees around 130,000 patients.
- We are already transforming pathways of care and ways of working
- A development scheme (9 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 and Urgent Treatment)
The new Clinical Research Facility (CRF)

The ED plans have resulted in the development of a new Clinical Research Facility away from the ED area located at 170 Tottenham Court Road. This move completes by 1\textsuperscript{st} April 2016 (with an interim move from 12 February).
Maternity services expansion

- **Context:** There has been significant growth in maternity activity and current and future demand for services at UCLH
- 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 6,700 per annum)
- This needs to be seen and reviewed in the wider sector context and by working with partners across NCL to determine the best model for maternity capacity growth in the sector
- 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)
Government pledge for new £150m dementia research institute

Long-term

- Our aim is to have the institute at Queen Square in collaboration with UCL
- Part of a long term investment into world leading clinical academic neuroscience services at Queen Square
Thank you........