Chelsea & Westminster and West Middlesex Hospitals

Transformation and integration

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This presentation is provided for Hounslow Overview and Scrutiny Committee and describes the vision to develop a new organisation that:

- Provides excellent care to our population
- Exerts significant ‘system influence’ in terms of shaping best care
- Is clinically and financially sustainable

It focuses on:

- Vision for the new organisation
- Additional commitments to the WMUH site and local population
- Current timelines of the programme
- The strategy behind the business case
- The benefits
- The integration programme
- Consultation process
Strategic vision: what we want

• The merged hospital will:
  • Be a major health provider and teaching hospital
  • Deliver high-quality, efficient, local secondary care
  • Be a leader in providing/supporting integrated care for specific patient populations
  • Offer a mix of regional (and in some cases national and international) tertiary services and research

• Five ‘routes’ to enable the vision are to:
  • Increase our reach into a larger catchment population area
  • Grow local acute and elective care
  • Integrate care pathways and lay the foundations for ‘whole systems’ care through the accountable care and other innovative partnership programmes
  • Maintain and strengthen tertiary services
  • Diversify income streams

Chelsea and Westminster Hospital NHS Foundation Trust and West Middlesex University Hospital NHS Trust
Vision for the new organisation

To create a major, multi-site healthcare provider and teaching hospital
  o 1,000 beds and more than £500m revenue

5,000 staff with better training and development opportunities
  o Wider choice of sub-specialties
  o Greater choice of location
  o More opportunity for sharing best practice

Eighth largest provider in London (and second in NW London)
  o Second largest maternity unit in London (11,000 births a year)
  o Second largest paediatric centre in London (20,000 spells a year)

High-volume, high-quality local secondary services
  o Both sites across new Trust designated and meeting SaHF ‘major acute’ standards
  o Combined acute admissions of over 100,000
  o Scale and catchment population to support strategic and clinical partnerships and develop significant influence in NWL (and wider)
The journey so far

- West Middlesex chose Chelsea and Westminster as its partner in April 2013

- Chelsea and Westminster has carried out ‘due diligence’ to explore whether the proposed acquisition would benefit the trust, its staff, patients and carers

- The CWFT Board approved the outline Acquirer Business Case in April 2014 and agreed that we should move forward subject to three tests:

  - **Financial support:** a support package has been established that, subject to Gateway 3 and final DH approvals, will address specified risks and enable transformation

  - **Competition assessment:** our formal submission asserted there is ‘no significant impact on choice and competition’ and agreement from Competition Market Authority was received in December

  - **Monitor assessment:** this will review our FBC and will provide a formal ‘Transaction Risk Rating’. It is this that our Board, Council of Governors and the Secretary of State will use to inform the final decision. We invited our regulator to assess our ABC. No ‘red flags’ but indicated specific key areas that required further work as part of the Full Business Case and final approval.
One Trust: two sites

Critical mass to innovate and work in partnership in the delivery of integrated care:
- enable care closer to home;
- improve market share in acute and specialist services;
- Meet CQC and other core quality standards underpinned by use of estate, workforce and integrated systems

‘Hot’ and specialist site at CWFT
- A&E and fixed points mandated by SaHF, maternity, other ‘star’ service lines
- Grow the volume of ‘targeted’ sub-specialist work at CWFT
- Align with Fulham Rd and other partnerships

‘Hot’ and elective site at WMUH
- A&E and fixed points mandated by SaHF, maternity and local elective services
- Grow planned care / lower complexity at WMUH
  - repatriate lower complexity planned care to WMUH
  - potentially build large elective centre at WMUH

Chelsea and Westminster Hospital NHS Foundation Trust and West Middlesex University Hospital NHS Trust
Commitment to WMUH site and local population: Northwest London reconfiguration and impact of SaHF

WMUH remains a Major Acute Hospital with expected increases in activity and investment in services

Major investment in clinical services

- 358 additional staff
- Clinical standards attained
- 72 new beds on site
- Extended A&E
- Purpose-built maternity unit extension to main site

Increased elective base, expanded paediatrics, maternity and A&E department

Improves scale of hospital services

| Standards met by 2017–18 | Maternity | 24/7 consultant cover | ✔️
|-------------------------|-----------|-----------------------|---
|                         | Maternity | 1:30 midwife ratio    | ✔️
|                         | Paediatrics | 14/7 consultant cover | ✔️
|                         | ED        | 16/7 consultant cover | ✔️
|                         | Medical / Surgery | 12/7 consultant cover | ✔️
**Proposed changes: estates overview**

- **Existing maternity** (incl. STM)
  5,000 (5,500) births
  5,227 (6,606) sqm

- **ED**
  Refurbish 1,100 sqm
  556 sqm extension

- **Paediatric inpatients**
  - 5 beds (3 singles) in East Wing (floor 3)
  - Refurbish 186 sqm

- **New build maternity**
  6000+ births capacity
  8,690 sqm

- **ITU/HDU**
  7 extra beds

- **Adult Inpatients**
  - 24 x adult beds (4 single) in Marjory Warren (floor LG)
  - 48 x adult beds (8 single) in East Wing (floor 2)
  - Refurbish 2,184 sqm

- **Other medical**
  - Haematology/oncology moved to East Wing (floor 4)
  - Refurbish 668 sqm
The merged organisation will deliver benefits to the overall population

- A single, larger organisation would be better placed to adapt to change and provide better quality, modern healthcare that addresses the needs of a changing population.

- Services could be planned more effectively across hospital sites and, working with GP and community services, would mean that patients would not have to visit hospital so often.

- Larger clinical teams would offer the flexibility to deliver high-quality care and make sure that patients are always treated in the right place at the right time by the right people.

- Shared best practice, stronger research and innovation and more financial resilience.

- Establishes an organisation that will be responsive to the needs of the population: providing high quality services to patients and supporting health and wellbeing.
We believe there will be benefits to patients

- A greater choice of specialists and locations from which to receive treatment

- Increased access to local services (for WMUH population) Maintained access to local services (for CWFT population) against the risk of loss of service provision in the future

- Builds on the recommendations of the Shaping a Healthier Future where both sites are designated Major Acute and sets out a programme to develop services at both hospitals

- A focus on the best and most effective clinical practice at both hospitals

- Supported by deployment of estate, workforce and integrated systems to enable consistent high quality care

- A better patient experience based on the shared values of both hospitals

- Greater ability to attract research funding, to develop research programmes and provide access to these programmes

- Stronger local engagement and input into hospital plans through the broader membership of an enlarged foundation trust
We believe there will be benefits for staff which will improve services for patients

For staff, we believe we will offer improved recruitment, retention and career development through:

- Wider professional experience
- Rotation and opportunities to be involved in research
- Opportunities for greater sub-specialisation
- Greater security and organisational resilience
- Staff involvement in FT governance and leadership

Bigger services mean:

- More resilient services, opportunities for sub-specialisation and improved recruitment and retention
- Increased referral base and better ‘system management,’ with more opportunities to maintain skills in specialist areas
The merged trust will be a more financially resilient organisation

London Trust operating incomes

Source: NHS Trust annual reports (2012/13)
Integration Planning: Building on our Priorities

Standalone Portfolio Strategy

**Acute local care**
- High quality 24/7 consultant delivered care...
- ...that meets all latest best practice standards; e.g. Royal College, AES and SaHF rota standards, CQC

**Tertiary care**
- National HIV leader
- Top 3 London Children's Hospital
- Leading NWL provider for wider Sexual Health, Women's, Burns, Hand service

**Elective care**
- Leading NWL provider for selected elective services
- Sufficient scale to deliver high quality outcomes and efficiencies...
- ...with patient centered pathways

**Integrated care**
- Grow role in ‘out of hospital strategy’
- Seek tender/new business opportunities
- ... to manage the population's health and align with commissioner intentions

**Private patients**
- Leverage local population base to significantly grow revenues
- Develop estate, environment and incentives
- Use positive economics to support and invest in NHS services

Opportunity of Acquisition

**Acute local care**
- Under SaHF both sites are delivering major acute services
- Opportunity to grow and leverage improved scale to profitability and patient benefits
- Specific plans to develop cardiac services

**Tertiary care**
- National leader in HIV and sexual health
- Strategic Partnerships to supports Children's Hospital and consolidate position as NWL leader
- Specific plans to develop bariatric services

**Elective care**
- Scope to host EOC (to be set out in separate business case)
- Improves market share through Care Closer to Home
- WMUH accredited as bowel screening centre
- Specific plans to develop Opth services

**Integrated care**
- Wider population catchment using acute services as anchor
- Potential creation of integrated care/rehab hub
- Use to develop hub and spokes
- Significant back office and support to GP/Third sector partnerships

**Diversify/Enlarge income streams**
- Projected demographic growth in outer NWL
- Possible development of Estate

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Integration Planning: The approach

Mobilisation and integration plan

- Applies ‘best practice’ and lessons learned from previous acquisitions and mergers
- Supports formal assurance (DH Gateway 3 ‘assurance of a safe handover’)
- Structured around three divisions; with supporting clinical and managerial resource on both sites to ensure local responsiveness

Objectives of mobilisation and integration plan in three phases:

- Safe and effective organisation established (pre-integration to first 100 days);
- 24-36 month service standardisation programme and cultural/organisational fit;
- Year three onwards; leveraging and introducing strategic enablers to transform services and deliver long term clinical and financial sustainability

Transformation enabled by Workforce, Estates and IM&T

- Establish internal Clinical Design Authority to drive the clinically-led transformation of services and Clinical Reference Group comprised of primary and secondary care clinicians
- Encourage clinical dialogue and ownership of our plans
- Aligns quality and productivity opportunities
- Additional lay/patient voice on this group (to supplement revised FT membership and constitution)
Where are we now?

• The Competition and Markets Authority (CMA) has cleared the plans

• A pre-integration agreement – Heads of Terms – has also been signed. This sets out the expectations and responsibilities of the organisations involved.

• The TDA Trust Board will consider the CWFT business case Jan 22nd.

• If this is agreed this will trigger a formal consultation with Hounslow & Richmond HealthWatch and Staffside on the dissolution of WMUH and transfer to C&W.

• The Chelsea and Westminster Hospital Board will also consider a full business case, which will then be presented to the health service regulator, Monitor.

• Under the FT constitution, the final decision will be made by the Chelsea and Westminster Board and Governors

• TDA Gateway 4 approval; Transaction Agreement signed by all parties involved and by Secretary of State
Next Steps

• We are planning for a July start date for the new organisation

• The two Trusts have established a Project Board and are developing the Full Business Case (and supporting documents) for Monitor’s Assessment and final agreement by Boards and our Council of Governors

• We expect to make our formal submission to Monitor at end of February, including:
  • The benefits of the merged organisation for patients and staff
  • Risks of the transaction
  • Commissioner support for the transaction
  • CQC action plan and progress on implementation
  • CWFT position on Cost Improvement Programme
  • How we expect to manage transition and establish the new organisation and an Independent Audit of Integration Plan
Revised acquisition timeline and critical path