



## 1.0 Purpose

The purpose of this document is to provide for the Hammersmith & Fulham Health Adult & Social Care Scrutiny Committee:

- 1) A summary of the key achievements of the new organisation
- 2) A more detailed review of the progress of the Integration and Transformation programme, the Foundation Trust's *assurance to delivery*, which commenced on September 1<sup>st</sup> 2015 on completion of the acquisition. This is a five-year programme and was specifically developed to support delivery of a range of clinical, quality and financial benefits and will support the development of a thriving and sustainable organisation.
- 3) To respond to key points of enquiry from the Committee meeting in July 2015 including:
  - Evidence that the new organisation will retain its responsiveness to local population
  - Specific update on progress against the plans to deploy a new Electronic Patient Record (EPR) System which was identified as one of the key benefits and enablers of improved care and use of resource.
  - Evidence of reflection and lessons learned

## 2.0 Introduction

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) acquired West Middlesex University NHS Trust (WMUH) on 01<sup>st</sup> September 2015. The combination of the two trusts created a major, multi-site north-west London healthcare provider and teaching hospital of nearly 1,000 beds and almost £600m revenue. The new organisation offers sector-leading (and in some cases nationally and internationally leading) tertiary services, complemented by high-volume, high-quality secondary care services. It is the second-largest maternity unit by births (c. 11,000) in London, and one of the larger paediatric centres by inpatient spells (c. 20,000) in London. This enables it to provide a breadth of service that encompasses core local services and a more comprehensive offering to patients for more complex treatment. In time it is expected that the FT will further develop its research programmes for the benefit of future models of care.

CWFT, whilst historically successful, was one of the smallest acute FTs in London (operating expenditure of £370m) and operated in a fiercely competitive environment containing a number of large, multi-site, multi-specialty healthcare organisations. This created a series of risks to our strategic vision to strengthen our position as:

- A major health provider and teaching hospital in North West London – offering a mix of regional and, in some cases, national and international tertiary services and local secondary care – recognising our core role as a healthcare provider;
- A leader in the health system supporting the health of the population and developing the provision of Accountable (Integrated) Care – recognising our developing role as a partner in the emerging *New Models of Care* agenda.

The main focus for this strategic vision is the ambition to provide accessible, safe and high quality care for all patients and their carers. However, the Trust recognised that the healthcare provider landscape was (and is) changing dramatically and CWFT, along with a number of other providers, did not currently fit that profile in a sustainable way.

Starting from the first day of “operating” as a single legally constituted Trust, an approach was followed to realise the benefits of integration, whilst ensuring business continuity, legal compliance and safety of patients, staff and the organisations were maintained. The initial phase of integration commenced with the development of a new operating model followed by consultation across operations and nursing, leading to the subsequent introduction in early 2016. Detailed service line strategies to support clinical standardisation and improvements in clinical outcomes and productivity were progressed alongside the shaping of the operational model including alignment and embedding of relevant policies, Standard Operating Policies, performance standards, KPIs and other.

### **3.0 The New Organisation: Key Achievements and early progress of Benefits Realisation: September 2015-August 2016**

- Performance: Despite the pressure on performance seen across the NHS the new organisation **has met the key operating standards on A&E 4 hour waits, 18 week Referral to Treatment and key Cancer Access standards**. It places the Trust in the highest levels of performance in London and nationally.
- Finance & CIP delivery: This supported overall delivery of the Trust’s control totals. Despite the turbulence in the NHS more widely and the risks identified from other NHS acquisitions and mergers the post acquisition financial targets were met and **the Trust met its 2015/16 financial plan** and is on track to meet its 2016/17 plan **and achieve a surplus of £3m**.
- Corporate Synergies: A planned synergy was the reduction in corporate costs in moving to one set of management arrangements. **This delivered the planned saving of £1.3m in 2015/16** and is forecast to realise **a recurring £2.8m of benefit**. This covered areas such as Board and Executive Management, Operational leadership, Corporate Nursing leadership.

Further savings have been achieved in 2016/17 with a second phase of back office corporate restructures including Clinical Admin review, Finance/Information/Procurement, Human Resources, Estates and Facilities and IM&T. **There have been no redundancies to date** and savings have been realised through redeployment and release of interim/temporary staff, procurement and other process improvements; and estate improvements such as cessation of off-site leases.

- Clinical Benefits: A key principle of the acquisition was to develop clinical services and improve local access for patients and this was set out in the legally binding Transaction Agreement. In year 1 the Trust has delivered the flagship development of the cardiac catheter laboratory (at West Middlesex). This has seen a capital investment of over £2m and is the first of the developments which are projected to deliver patient benefits over the 5YR programme. **The service went live in September 2016** and the first patients have been treated. This is set out in more detail in Appendix 1 where we outline two case studies. Other service developments are being planned through the same PMO and commissioner/contract sign off process and include:
  - Surgical Assessment Unit at West Middlesex
  - FT wide rotas (eg Neo-natal Intensive Care to better match patient need with staff expertise
  - Fetal Medicine at West Middlesex
  - Development of integrated care programmes with Imperial, West London Mental Health Trust and Federation of GP’s in Hammersmith & Fulham
- Culture and Values Development, Leadership and Development: Reflecting on key lessons learnt from other Mergers & Acquisitions (NHS and other) a series of Clinical Summits were undertaken to begin the process of building the clinical community and clinical leadership in the period up to the 1<sup>st</sup> September day 1. This was a key enabler to the successful achievement of the new clinical and operational structures which were consulted up on the autumn and went live in January 2016

Post-acquisition and to continue the culture and organisation development there was a programme of engagement via a *Big Conversation* with staff, led by Executives. A review of that process was carried out after the first 100 days and allowed us to build in terms of strategy, communications and behaviours a new organisation's shared values framework, *PROUD*. This will be consulted on later this year.

- Staff Engagement: Prior to the acquisition a key risk was the impact on staff. This concern was noted and questioned by the Committee. In March 2016 the results of the NHS Staff Survey were released which were based on staff questionnaires from the post acquisition period and provide an early indication of staff engagement. Against the 2015 baseline the survey shows that the:
  1. **Overall Staff Engagement score for West Middlesex staff increased from 3.64 to 3.84** which the national benchmarks show is above (better than) the average compared to other Trusts. The DH analysis indicated this as a statistically significant increase.
  2. **Overall Staff Engagement score for Chelsea & Westminster staff increased from 3.81 to 3.84** which the national benchmarks show is above (better than) the average compared to other Trusts
- Patient Experience: The Trust was shortlisted by the national Family & Friends Test for 2 awards in March 2016. The Chelsea site for reducing waiting times in sexual health and the West Middlesex site for improving mealtimes and food experience on surgical wards. Our performance in the national survey showed that the trend of continuous improvement was maintained although it should be noted that this was in line with wider national trends.

Performance in national surveys is rightly used as key evidence of Patients and Staff satisfaction and the evidence shows that both groups recommend our new organisation as both a place to get treatment and a place to work. This positive engagement is also evidenced in our Star Awards ceremony for staff (with approximately 1,000 nominations submitted) and the huge numbers of local people who attend our Open Days (at each site) and the institution of *Perfect Days* where corporate members of staff – including the Executive Team - work in patient facing areas to sustain positive organisation development and support our most important services.

The early indicators are positive and the Foundation Trust is very proud that our new organisation has successfully met the cultural and system challenges that we set for our first year and – alongside the considerable challenge of integration – we have continued to provide NHS leading services. During the last 12 months we have been recognised for:

- Our world leading Sexual Health service continued to innovate (and alongside the opening of our new unit at 10 Hammersmith Broadway) the Dean Street Express won the *Best Product, Innovation or Service* at the national Patient Safety Congress;
- Our survivors of torture pain clinic won first prize in the Grünenthal Pain Awards, an innovative awards programme to recognise excellence in the field of pain management and significant improvement in patient care;
- We were awarded the Innovation award in Education across Primary and Secondary Care at Health Education North West London's first ever awards ceremony; and
- As a great place to work and develop your career:
  - One of the *Nursing Times* 'Best Places to Work in the NHS' 2015

- We were awarded two NHS Personal Fair Diverse Awards by the NHS Employers organisation and an Employers Network for Equality and Inclusion (ENEI) Benchmarking Diversity Silver Award 2015
- HPMA Excellence in HR Award 2015
- Shortlisted for ENEI Health and Wellbeing Award 2015 and for *Personnel Today* Health and Wellbeing Award 2015
- Ranked as one of the top 30 employers for working families in the UK by leading work life balance charity *Working Families*—**the only NHS organisation in this year’s top 30 list.**

#### 4.0 Electronic Patient Record

The Full Business Case (FBC) , approved by Trust Board in September 2016, details the scope for the replacement Electronic Patient Record (EPR) system to be implemented across the Trust. The recommendation of the FBC is to procure Cerner Millennium in a shared environment with Imperial College Healthcare NHS Trust (ICHT), contracting for a ten year period.

The forecast investment in Cerner Millennium is in excess of £37m and was negotiated as part of the Transaction Agreement. It includes:

- Total Capital cost c.£31.6m
- Total Revenue costs c.£5.6m
- Total Whole Life Costs c.£37.2m

These costs are now embedded within the Trusts Long Term Financial Model and are offset by a benefits framework that **provides a positive net impact of the Trust I&E position over the ten-year period of c.£13.1m;** and has a net impact on cash flow over the ten-year period of c.£43.5m and a net impact on the balance sheet over the ten-year period of c.£44.6m

The adoption of a shared environment with ICHT shares material cost savings as well as significant benefits to our patients, our staff, ICHT staff and stakeholders across the health and social care sector (primarily within our catchment area within H&F and across NW London). Some examples include:

<i>Safer Care</i>	Inpatient medication errors and near misses, Falls assessments, Tissue Viability and other safety assessments will be better systemised across the trust . The EPR system supports an audit trail and wider implementation of the latest guidelines on clinical care and safety to deliver and demonstrate <i>safer care</i> to our patients on an <i>Every Time</i> basis.
<i>Effective Care</i>	Supporting revised work-flow, automating pathways, scheduling and order management for outpatients, theatres and ward areas. Supports length of stay reductions and more efficient use of workforce.
<i>Higher- quality care through shared best practices</i>	Standardisation, using the best in clinical practices and high quality services from each site as a template, provides the opportunity to drive improvements in clinical outcomes and quality of patient care; and monitor compliance
<i>Supporting Innovation</i>	Patients will have greater access to high-quality, leading research programmes within the organisation, which will encourage innovation and improved quality of care for patients both locally and at a global level.

	To achieve this the CWFT research and development strategy will build on access to a wider populations base and emerging relationships with Accountable Care Groups; and include a service line component for Research and Innovation in annual business planning
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The FBC addresses the national strategic objectives set out in the Five Year Forward View (5YFV), particularly in terms of interoperability and digitisation of records and the local strategic objectives detailed within the NW London Sustainability and Transformation Plan (STP) and associated Local Digital Roadmap, particularly in terms of Patient access to their records and ability to engage proactively with managing their care.

The shared governance approach (including a Joint Chief Information Officer) and external assurance are being considered and worked through in line with the high level implementation timeline and project phasing which will see an initial go-live at WMUH in autumn 2017 and on Chelsea site in late spring 2018, which is in line with the assumptions set out in the Acquisition Business Case.

## 5.0 Analysis of CWFT as a Provider of Local Services for Hammersmith & Fulham

The Foundation Trust provides a range of core acute, ambulatory and specialist services to the population of Hammersmith & Fulham. **Across the combined CCG, Borough and NHS England contract portfolio the total value of clinical service is in excess of £50m.**

A direct comparison of contract activity and costs between April – September 2015/16 (the pre acquisition period) and the corresponding position in 2016/17 shows that activity levels are broadly consistent but that costs are currently lower – although the largest variance is in specialised services where contract prices and costs can be subject to greater volatility.

	April to September		April to September	
	CW 2015/16	Activity	CW 2016/17	Activity
Hammersmith and Fulham CCG	£19,759,715	55386	£17,605,840	56628
Hammersmith and Fulham GUM	£1,835,393	14196	£1,698,003	12776
NHS England Dental for H&F patients	£367,051	1221	£215,278	888
NHS England Specialised Services for H&F patients	£3,688,750	5664	£1,891,126	5535
Totals	£25,650,909	76467	£21,410,247	75827

Alongside the ‘how many’ and ‘how much’ KPIs, the Foundation Trust’s compliance against the quality and performance standards provides assurance that the ‘how well’ metrics are also being delivered.

## 6.0 Integration & Transformation Programme Outline

The Integration & Transformation Programme has been developed to underpin the delivery of the organisation’s strategy (see Appendix 1) and, specifically, the realisation of the £122m of financial benefits which reflects the commitments made under the Transaction Agreement to deliver core NHS efficiencies. The £122m is derived against the required efficiencies across the 5 year period (see Appendix 2 & 3) and is the ‘golden thread’ of the new organisation’s Operating Plan.

The 5YR programme of work is based upon the following objectives and related benefits:

1. 'Cost Out' (CIPs & Synergies) - to deliver both a surplus and financial sustainability through delivery of CIPs & Synergies, Clinical standardisation and Corporate Synergies
2. 'One Organisation' (Integration) - to establish a Trust with a shared culture, ways of working and behaviours whilst delivering service developments and improvements
3. 'New Models of Care' (Transformation) - to transform clinical and corporate services for our patients and the communities that we serve, underpinned by investments in Workforce, Estate and IM&T

## 7.0 Benefits Realisation Plan

The projects that make up the Programme will together deliver a range of outcomes:

- Using our staff and capabilities more effectively, efficiently and economically
- Improving clinical and corporate processes throughout the organisation
- Integrating the structure of our organisation and developing a shared culture built around our vision of excellent experience and care
- Transforming clinical pathways to enhance experience and quality, whilst being more efficient and effective
- Developing new services, growing our income and capturing additional income.

These in turn drive five overarching benefits (See Table 1):

1. Financial benefits - **through delivering £122.4m financial savings** developed as part of the Integrated Business Plan and to successfully meet NHS Efficiency Requirements;
2. Staffing benefits - through higher retention and satisfaction rates;
3. Compliance/ Governance benefits - through exceeding expectations for all mandatory Trust indicators;
4. Patient benefits - including improved access, experience and patient advocacy for our communities served;
5. Clinical benefits - including improved quality of services (safety, effectiveness, experience), with better outcomes and reduced variation.

**Table 1 – Integration & Transformation Programme Governance Structure: Objectives to Benefits**

Programme Objectives	Projects within the Programme will deliver a number of outcomes:	The outcomes support the key benefits of the Programme	
<p><b>[1] Service improvement &amp; efficiency</b> "Cost out"</p> <p>Objective – to plan and deliver non-financial and financial benefits (including acquisition synergies &amp; corporate synergies whilst delivering the governance for managing the CIPs across the new Trust)</p>	<p><b>Staffing and staff mix</b></p> <p>1. Skill mix to be more efficient and/or effective 2. Decreased spend on temporary staffing</p>	<p><b>Financial benefits</b></p> <p>Delivering £122.4m financial savings in the Integrated Business Plan</p>	
<p><b>[2] Integration</b> "One Organisation"</p> <p>Objective – to plan and deliver the organisational integration to establish an integrated organisation and culture, and to deliver service development objectives and benefits in selected areas</p>	<p><b>Process improvement</b></p> <p>3. Clinical/ Corporate) standardised processes to address quality and regulatory requirements 4. Improved demand management of clinical support 5. More productive outpatient clinics 6. More productive theatres 7. Shorter length of stay</p>	<p><b>Staffing benefits</b></p> <p>Higher Staff retention rates and improved satisfaction scores</p>	
<p><b>[3] Transformation</b> "New Models of Care"</p> <p>Objective – to plan and deliver the clinical and corporate transformation of the organisation and the EPR to enable this</p>	<p><b>Income</b></p> <p>8. Income growth 9. Income capture</p>	<p><b>Compliance / Governance benefits</b></p> <p>Trust is meeting all mandatory guidelines and performance indicators</p>	
	<p><b>Structure</b></p> <p>10. Organisation re-structure to enable integrated efficient and effective management</p>	<p><b>Patient benefits</b></p> <p>Improved access, experience and patient advocacy for the communities served by the Trust</p>	<p><b>Clinical benefits</b></p> <p>Improved quality of services (safety, effectiveness, experience), with better outcomes and reduced variation</p>
	<p><b>Pathways</b></p> <p>11. Clinical pathways redesigned to enhance experience and quality of care</p>		

The benefits realisation process should facilitate the following:

- Support projects to ensure delivery of the desired benefit
- Confirm priorities given finite investment resources
- Create opportunity to learn what works and what doesn't

## **7.1 Tracking and Reporting**

This is driven by the Programme Management Office (PMO) and, in line with best practice, reports on a monthly basis against project milestones; financial month end results; satisfaction; progress against CQC domains and scores and reduction in serious incidents. On some projects the frequency of measurement will be dictated by the completion timescales of the various integration projects. For example Staff retention rates will only truly be measured once remaining corporate restructures are completed; Satisfaction score for patient and staff surveys take place periodically and are built into a 12 month schedule for 2016/17. It is important to have direct qualitative feedback as well as the primary quantitative measures that have been identified and are shown in more detail (see Appendix 5).

It is important to note that this is an iterative process over the 5YR programme. For example the Electronic Patient Record benefits realisation process is currently being developed separately given its significance and scope; and these will be built into the central programme register over time.

## **8.0 Communications & Engagement**

The Trust has developed integrated communications and engagement channels which are now firmly in place. There remains work to be done in order to deliver the vision and outcomes that can be realised by integration, for example:

- Supporting **our** understanding and ownership that we are now one organisation, with one joint identity and vision underpinned by the Clinical Services Strategy, which will deliver the best care and experience possible for patients and staff
- Ensuring **we** realise integration and transformation should be part of business as usual, as well as highlighting their personal responsibilities towards delivering the integration and transformation agenda
- Helping **us** to feel empowered to instigate changes in behaviours, clinical pathways and ways of working
- Flagging key longer term programmes of work to begin initial ground work for communications and engagement in these areas

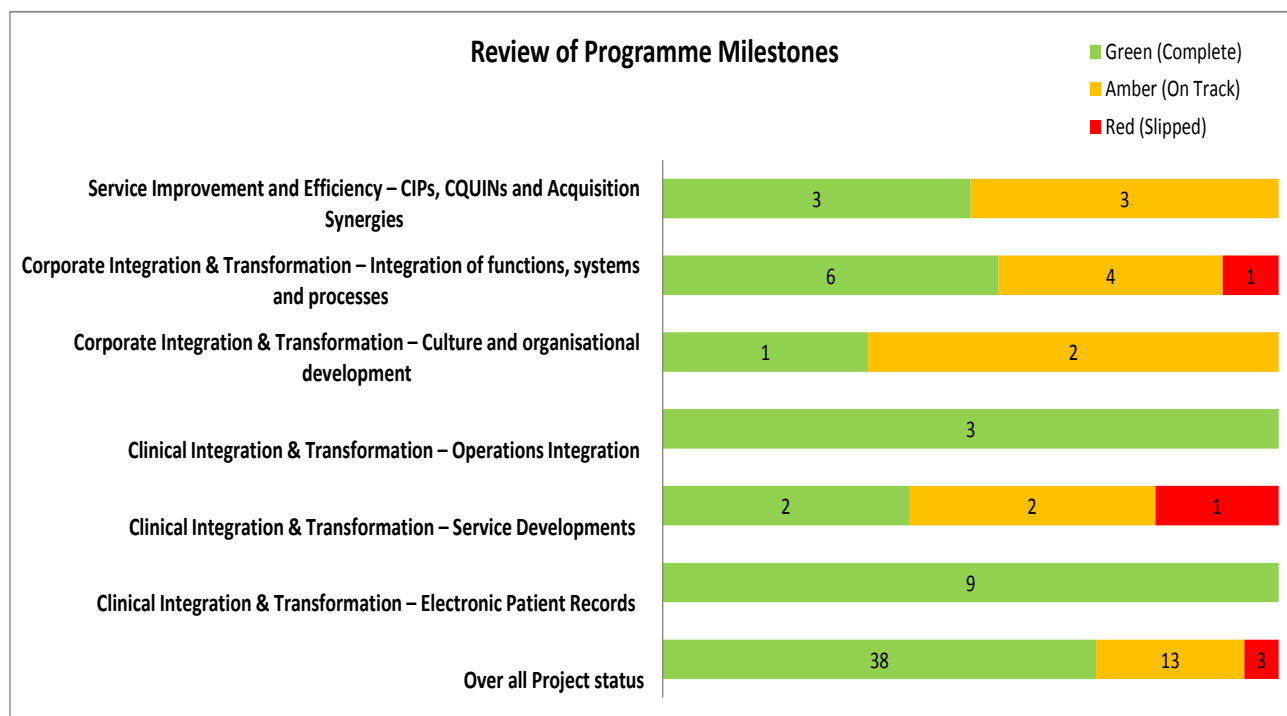
There has been some significant success in embedding the story of integration, setting the groundwork for transformation and identifying individuals and groups to support the programme.

## **9.0 Programme Governance and Budget**

The Programme is governed by an Integration & Transformation Programme Board (ITPB). This is chaired by the Chief Executive and is tasked by the Trust Board with assuring the delivery of the Programme. Committees of the Trust Board such as the Quality Committee and Finance and Investment Committee provide additional scrutiny of the corresponding aspects of the Programme. Terms of Reference of the Board's committee structure include oversight for the delivery of benefits (see Appendix 6). It is linked to day to day structures through the 3 Divisions.

The Trust (supported by commissioners and set out in the legally binding Transaction Agreement) has committed significant resource to support delivery of the programme. The budget across the 5YR programme is £23.6 million.

## Review of Programme Milestones (taken from year end review March 2016) and independently audited



2015/16 year end progress was achieved while delivering an underspend in 2015/16 of £1.8m (against plan of £6.4m). This underspend was achieved through reduced expenditure on external consultancy and slippage on some elements of standardisation (realisation of the finance single ledger and associated projects). Savings were redirected into future years to support large value projects including:

- Systems Development: Single Ledger, Integrated Data Repository, Single Staff Record (ESR);
- Electronic Patient Records: Clinical Design Authority: Procurement & Implementation Support (this will include external relationships in primary, community and social care);
- Support to a Recruitment & Retention Programme;
- Pathway Development;
- Legacy Projects e.g. Estates & Facilities.

### 10.0 Concluding remarks and lessons learned

Overall, excellent progress has been made in establishing the new organisation and delivering the Integration and Transformation Programme. Quick wins have been achieved against the 100 day plan around establishing cross-site teams, single governance structures (including for the programme itself) and agreeing a clear Design Authority and route to market for the procurement of an Electronic Patient Record programme. The regulator, Monitor, formally reviewed six month progress and:

- Has indicated approval of progress to date and high levels of assurance.
- Reported that CWFT is the only acute Trust in London to be 'green rated' at Q1 2016/17 on governance and finance

Executive buy-in to the programme remains strong, with clear responsibilities and accountability, and a strong leadership and line of sight to Board. This has been augmented through bi-weekly programme programme board meetings, attended by the entire executive team.

Against this overall position there has been reflection and the following lessons learned have been identified:



- Operational efficiency and effectiveness – continuation of delivery of national targets throughout the acquisition period has been a major achievement which will require ongoing focus and support to maintain the same high quality level of delivery.
- Communications – engaging with people at a time of change regarding the programme necessitates significantly more resource than was perhaps envisaged. This is currently under review, however the communications focus on Integration and Transformation plans now feature as a standing item in the monthly Chief Executive’s Brief.
- Operational and Nursing restructure - delivered at pace and implemented within 100 days of acquisition. However, other areas, such as corporate (finance & HR) did not progress at the same pace and were not implemented until 2016/17 – which had implications for provision of suitably integrated back office support.
- IM&T – a key enabler of other workstreams, particularly ease of cross-site working. There was some slippage with the main challenge establishing the right forums and process for clinical engagement while the organisation went through restructure and a demanding ‘business as usual’ winter pressure period.
- Major projects e.g. Single Ledger did not evolve at the originally envisaged pace, although this particular project had specific issues. However, other areas where plans were put in place have not materialised potentially because they have been displaced by more immediate priorities such as CIPs & Synergies raising key risks around bandwidth
- Cultural change – used to cement new ways of working comes as a by-product of the ongoing work to create single teams and structures. This has been a key success of the Divisional Integration Groups (DIGs) and also Corporate Steering Groups. It will become an area of increasing focus to provide the ‘glue’ required to bind new structures and underpin transformation and delivery of related benefits going forward.
- CIPs and synergies – responsibility for the Trust’s Cost Out agenda was transferred from a third party consultancy to an internally driven function within Chelsea & Westminster. This transfer combined with the need to extend the agenda to encompass a trust-wide approach has proven very challenging and has necessitated twice-weekly thematic ‘deep dive’ sessions with the Chief Executive
- Service developments - have had some success, such as the Cardiac Catheter lab at West Middlesex. However, other developments have been delayed owing to uncertainty in the national tariff changes, contracting round and the need to transition from commissioner support via Transaction Agreement to contract agreement.

**Case Study 1: Improving Access – Cardiac Catheterisation Service**

**Overview**

On the 23<sup>rd</sup> of September, Chelsea and Westminster Hospital Foundation Trust saw the first patients in the new Cardiac Catheter Suite at the West Middlesex site. The lab itself is a purpose built and state of the art, with a modern designed day unit.

**Background**

As part of the implementing the Acquisition business case, the Trust negotiated capital from the Department of Health to improve local cardiac services. The impact of heart disease on the population was a recognised risk in local Health & Wellbeing Strategies. The Trust has taken forward an implementation case to implement the service at West Middlesex. After an options appraisal, which recognised that financial projections would be lower than the original acquisition assumptions due to changes in national tariff prices, it was decided that the lab could be situated in one of the underused theatres, with the day unit to be built co-adjacently. At the time of acquisition, patients requiring acute diagnostic or interventional cardiology care (including angiography, angioplasty, pacemakers, and ICDs) were transferred or referred to other Trusts, such as Hammersmith from West Middlesex, and the Brompton from Chelsea and Westminster. This need for patient transfer typically led to a delay in accessing diagnostics, an extended hospital stay and poorer patient experience and outcomes. Building a lab at West Middlesex allows us to treat our patients within 24 hours of admission and reducing the need for bed to bed transfer. It is slightly different for patients at Chelsea and Westminster Hospital as transfer is still required and we will maintain choice and offer the new lab or a choice of the existing units at Hammersmith or the Brompton .

A summary of the impact and benefits for patients is set out below using the example of a patient admitted as an emergency with chest pain and for whom the appropriate diagnostic test is procedure to get information about the heart and its blood vessels (angiography):

<b>Patient Journey</b>	<b>Impact/Benefit</b>
Patient is transferred to the daycase unit attached to the cath lab at West Middlesex within 24 hours of emergency admission.	This will: <ol style="list-style-type: none"> <li>1) Meet best practice for high risk patientsre access to diagnostic angiogram within 24 hours</li> <li>2) Reduce length of stay by at least 24 hours compared to current</li> </ol>
Post procedure the patient is transferred back to C+W the same day.	Against current benchmarks this reduces overall length of stay in hospital by between 24-48 hours
Patient remains under care of single clinician taking responsibility for co-ordinating care including arrangements in the community	Evidence shows that more than half of heart failure readmissions are preventable and prompt access to high quality rehabilitation reduces death rates by 20-30%.

	<p>The reduced length of stay, quicker access and enhanced support improve her chances of recovery and quality of life.</p> <p>Improved pathway improves NHS financial effectiveness by approx £800,000 p.a.</p>
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The opening of the lab will also relieve pressures across London. As well as immediate transfer issues for CWFT patients this capacity should improve overall access to heart failure and treatment across North West London. We currently have good relationships with other Trusts and the development has been undertaken collaboratively. There are joint contracts in place between CW and Imperial for community cardiology and common pathways for rapid access chest pain and other conditions.

**Workforce**

One of the key risks identified in the business case was the ability to recruit appropriately skilled staff. Cardiac technicians in particular have proved difficult to recruit. We have been lucky to have internal support from the Physiology department at both our partner sites.

We have a full team of enthusiastic nurses and radiographers, and have also employed two new Cardiology Consultants, which means that there are five consultants running lists in the lab.

**The service**

The development has improved morale across the service and implementation has been a success with a very happy clinical team, and satisfied patients. Our first patient commented “I feel like a VIP! The service from everyone today has been faultless. I really can’t praise the team here enough. I was very nervous arriving here this morning but have been made to feel comfortable and put at ease.”

We are currently ramping up our activity through diagnostic and pacing cases, and in a few months will move onto the interventions.

## Case Study 2: Improving Local Sexual Health Services – 10 Hammersmith Broadway

### Background

The West London Centre for Sexual Health (WLCSH) was previously located in Charing Cross Hospital. It was a highly regarded clinical service in an extremely sub optimal Estate. The business case to move to 10 HB was predicated on improving access for patients, a more appealing clinical environment and an opportunity to develop improved pathways in line with other areas of the Directorate (eg bring benefits of Dean Street to a more local environment).

### Implementation

A summary of key steps and timelines is outlined below:

Action	Date
New premises identified	03.04.2014
Business Case Approval	18.12.2014
Construction commences	15.10.2015
WLCSH Closes	24.03.2016
Planned date of 10 HB Opening	04.04.2016
Re-design of pathways, use of staff/estate and diagnostic flow – including use of local GPs to offer elements of the service	Ongoing
HIV Services open	04.04.2016
HIV/GUM (phased opening)/SRH/Express open	11.04.2016
HIV/GUM/10HB Express opened to 90% Capacity	10.08.2016
Continued mobilisation and joint scrutiny of kpi's with local commissioners	Ongoing

### PATIENT EXPERIENCE

Patient feedback on the service, recorded through the trust PALS office:

- *'Very positive, personal and super quick service. Very glad, it took 5 times less time to be seen than it was at Charing Cross Hospital. Thank you.'*
- *'I had a very comfortable screening today and conversation with the doctors was really nice and friendly. More of his team should be like him, because it makes it easy to give my personal information. Overall it's just nice to make people feel comfortable'*
- *I have been here twice and think it's a really great place. Well done to the people who work here for not making it awkward and making it easy going, safe and a non-judgemental environment. Thank you for being a reliable service (my GP is always busy and appointments are hard to come by), so it's nice to know that in an emergency I can rely on this service.'*
- *I've a really nice and smooth experience regarding my STD test. The whole process went so smoothly and I was seen by two very friendly lady nurses and one male nurse. I must say this is my best experience so far even better than Dean Street (express clinic)'*
- *'I had an appointment today as an emergency, and want to say how happy I was with my experience. They made every effort to make sure I was seen on the day and made me feel extremely comfortable, were very informative and helpful on so many levels. Additionally the whole building was great and all the staff were friendly.'*

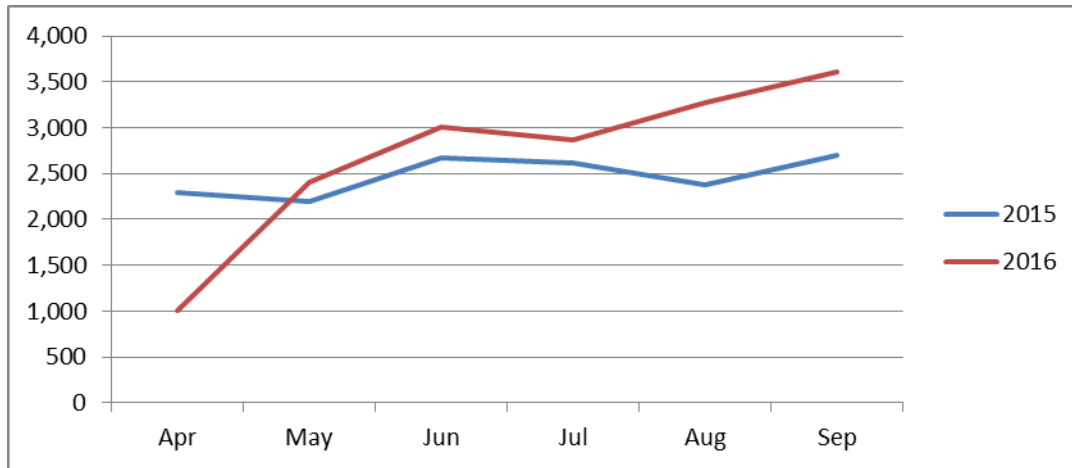
Overall patients are positive about the new clinical environment and very happy with the reduced time spent in clinic (previously an average of two hours, now reduced to 30 minutes).

### Have improved access assumptions been reached?

**Activity:**

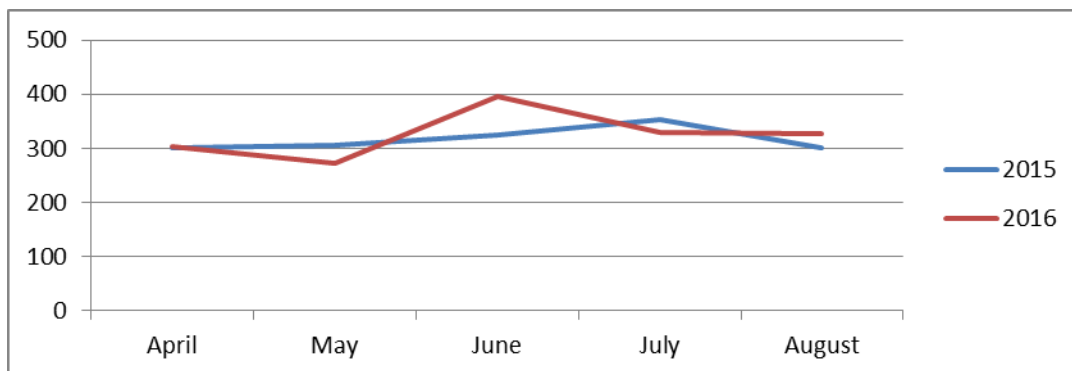
**GU Activity** – the GU Activity has been compared to the activity seen at the same time last year at the WLCSH.

	Apr	May	Jun	Jul	Aug	Sep
<b>2015</b>	2,300	2,196	2,670	2,612	2,374	2,706
<b>2016</b>	1,008	2,412	3,002	2,874	3,274	3,607
<b>Movement</b>	<b>(1,292)</b>	<b>216</b>	<b>332</b>	<b>262</b>	<b>900</b>	<b>901</b>
<b>Target Activity</b>	3,553	3,553	3,553	3,553	3,553	3,553
<b>Variance</b>	<b>(2,545)</b>	<b>(1,141)</b>	<b>(551)</b>	<b>(679)</b>	<b>(279)</b>	54



**HIV Activity** - HIV Activity has been compared to the number of booked appointments for HIV patients as seen at the same time as last year at the WLCSH.

Year	April	May	June	July	August	Total
<b>2015</b>	302	305	324	353	300	1584
<b>2016</b>	303	273	396	330	326	1624
<b>Variance</b>	1	<b>-32</b>	72	<b>-23</b>	26	40

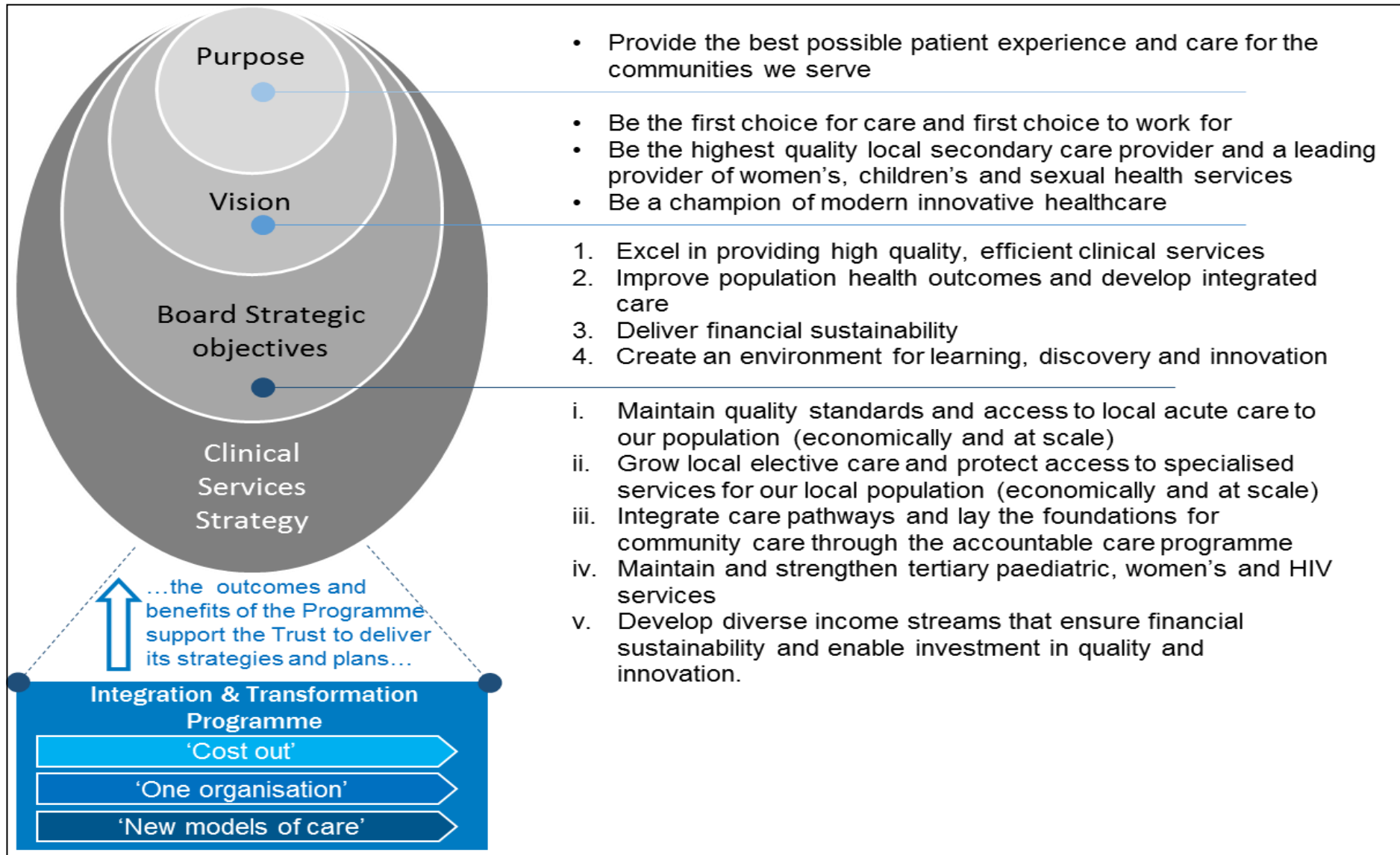


NB Activity is applied and billed to registered population and not to host.

**Conclusion**

Accepting that activity was lower than previous baselines during mobilisation there is now evidence that this locally focussed initiative is on trend to improve activity against previous levels and to improve user experience

## Appendix 2 – Integration & Transformation Programme Outline in context of Trust Clinical Services Strategy



**Appendix 3 – Integration & Transformation Programme Financial Benefits - £122m (Original submission to Monitor pre-acquisition)**

Theme	Value (£m, recurrent, nominal)			Further information available in:
	Years 1-2	Years 3-5	Total	
<u>Detailed standalone CIPS</u>				
CWFT standalone	23.0		23.0	Kingsgate report, CWFT CIP tracker/PIDs
WMUH standalone	9.9		9.9	WMUH CIP tracker/PIDs
<u>Acquisition synergies</u>				
Corporate	5.7	0.4	6.1	Acquisition synergy summary/PIDs
Service developments	2.4	7.5	9.9	Acquisition synergy summary/PIDs
Clinical standardisation	3.0		3.0	Acquisition synergy summary/PIDs
IMT/EPR enabled savings		21.0	21.0	Acquisition synergy summary/PIDs
Inflationary impact	(0.1)	(0.2)	(0.3)	Acquisition synergy summary/PIDs
<u>Further themes</u>				
2m per year CW procurement savings		6.0	6.0	
1m per year CW estates savings		3.0	3.0	
£0.5m per annum CW temp staffing savings		1.5	1.5	
NWL pathology JV (3m WMUH, 4m CW)		2.7	2.7	Pathology business case
Balance from gross CIP opportunity		8.6	8.6	Kingsgate report
Further productivity opportunity CW and WM		6.0	6.0	OBC benchmarking
Sphere (economies of scale new members)		1.0	1.0	
Additional opportunities*		21	21	
<b>Total</b>	<b>44.0</b>	<b>74.3</b>	<b>122.4</b>	



## Appendix 4 – Integration & Transformation Programme Financial Benefits - £122m (Updated for Finance & Investment Committee)

All figures taken from acquisition LTFM	15/16	TARGET	REVISED	CHANGE	17/18	18/19	19/20	Total
	£'k	16/17 £'k	16/17 £'k	16/17 £'k	£'k	£'k	£'k	£'k
<b>Section 1: Service Improvement and Efficiency</b>								
<u>2015/16 and 2016/17 CIP</u>								
CW two year CIP Plan	10,129	12,809						22,938
WM two year CIP plan	4,886	5,031						9,916
<b>Years 1 and 2 CIP Plans</b>	<b>15,014</b>	<b>17,840</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>32,854</b>
<u>2017/18 to 2019/20 CIP</u>								
Procurement Savings					2,000	2,000	2,000	6,000
Estates Savings					1,000	1,000	1,000	3,000
Temporary Staffing					500	500	500	1,500
NWL Pathology					1,996	365	369	2,730
Further productivity opportunity CW/WM					2,000	2,000	2,000	6,000
Sphere economies of scale							1,000	1,000
Additional opportunities					10,155	10,897	8,640	29,693
<b>Years 3 to 5 CIP themes</b>	<b>0</b>	<b>0</b>			<b>17,651</b>	<b>16,762</b>	<b>15,509</b>	<b>49,923</b>
<b>Total Service Improvement and Efficiency</b>	<b>15,014</b>	<b>17,840</b>	<b>19,150</b>	<b>1,310</b>	<b>17,651</b>	<b>16,762</b>	<b>15,509</b>	<b>82,777</b>
<b>Section 2: Acquisition Synergies</b>								
Clinical Standardisation	0	3,045	3,045	0	0	0	0	3,045
Corporate Synergies	1,275	4,526	4,526	0	198	38	188	6,226
<b>Total Acquisition Synergies</b>	<b>1,275</b>	<b>7,571</b>	<b>7,571</b>	<b>0</b>	<b>198</b>	<b>38</b>	<b>188</b>	<b>9,271</b>
<b>Section 3: Service Developments</b>								
Bariatric Surgery	0	(227)	0	227	23	503	0	299
Cardiology- Cath Lab	0	2,104	248	(1,856)	2,896	0	0	5,001
Ophthalmology	0	(31)	0	31	1,628	1,676	0	3,273
Physiological Measurement	0	347	347	0	411	0	0	757
Elective Orthopaedic Centre	0	0	0	0	0	(1,310)	1,078	(232)
Additional developments to be agreed			500	500				
<b>Total Service Developments</b>	<b>0</b>	<b>2,193</b>	<b>1,095</b>	<b>(1,098)</b>	<b>4,958</b>	<b>869</b>	<b>1,078</b>	<b>9,099</b>
<b>Section 4: Transformation</b>								
EPR enabled synergies	0	0	0	0	2,050	9,141	10,148	21,339
<b>Total Transformation</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,050</b>	<b>9,141</b>	<b>10,148</b>	<b>21,339</b>
<b>Total Integration and Transformation Programme - 5 years</b>	<b>16,290</b>	<b>27,604</b>	<b>27,816</b>	<b>212</b>	<b>24,858</b>	<b>26,810</b>	<b>26,923</b>	<b>122,486</b>
<i>Cumulative total</i>	<i>16,290</i>	<i>43,893</i>			<i>68,752</i>	<i>95,562</i>	<i>122,486</i>	

**Appendix 5 – Board Assurance and Benefits Framework (inc measures of success)**

CWFT Governance	Benefit Profiles	Benefit Category	Programme Workstream	Project Development Area(s)	Description	Programme Outcome	Programme Measures
<b><u>Quality Committee</u></b>	<b><u>Patient-Led Clinical Benefits</u></b>	Non-Financial	Corporate Integration	Quality Governance, Nursing & EPRR	Patient Care improves as the Trust creates Improved access, experience and patient advocacy for the communities it serves. Improved quality of services (safety, effectiveness, experience), with better outcomes and reduced variation.	2. Skill mix improved to be more efficient and/or effective	1) Increase in Patient Satisfaction scores
						4. Improved internal demand management of clinical support	2) Increase in Friends & Family Test (FFT) Scores
						5. More productive outpatient clinics	3) Reduction in Serious Untoward Incidents (SUIs)
						6. More productive theatres	
			7. Shorter length of stay	4) Increase in the number of, and usage of, digitised Patient Records as well as Individuals care plans.			
			8. Clinical pathways redesigned to enhance experience and quality of care and be more efficient and effective				
<b><u>Finance &amp; Investment Committee</u></b>	<b><u>Financial</u></b>	Financial	Service Improvement & Efficiency	Cost Improvement Programme	Patient Care improves as the Trust is financially sustainable having reduced its deficit, increased its income and improved productivity to meet its goal of making a surplus as set out in the LTFM.	1. Decreased spend on temporary staffing	5) Increased Patient, Research, Commercial and Private Patient Income received during the 12 month period in comparison on last year.
						2. Skill mix improved to be more efficient and/or effective	
						3. Processes (clinical / corporate) standardised to be more efficient and effective and to address quality and regulatory requirements	

CWFT Governance	Benefit Profiles	Benefit Category	Programme Workstream	Project Development Area(s)	Description	Programme Outcome	Programme Measures
				Clinical Synergies (Standardisation)		4. Improved internal demand management of clinical support	6) A reduction in recurrent budgeted costs and a reduction in unplanned expenditure & Fines during the 12 month period in comparison on last year.
						5. More productive outpatient clinics	
				Corporate Synergies		6. More productive theatres	
						7. Shorter length of stay	
						8. Clinical pathways redesigned to enhance experience and quality of care and be more efficient and effective	
						9. Sustained Income growth	
						10. Sustained Income capture	
<b><u>People &amp; Organisation Development Committee</u></b>	<b><u>Staff Benefits</u></b>	Non-Financial	Corporate Integration	Corporate Restructuring, Organisational/ Learning & Development	Patient Care improves as the Trusts' workforce is highly motivated, productive and goes above and beyond which leads to improved staff retention /satisfaction.	1. Decreased spend on temporary staffing	7) Increased staff satisfactions scores
						2. Skill mix improved to be more efficient and/or effective	8) Increase in staff retention rates (decrease in staff turnover)
<b><u>Quality Committee</u></b>	<b><u>Governance &amp; Compliance Benefits</u></b>	Non-Financial	Corporate Integration	Corporate & Quality Governance	Patient Care improves Trust is meeting all mandatory guidelines and compliance performance indicators.	3. Processes (clinical / corporate) standardised to be more efficient and effective and to address quality and regulatory requirements	9) Greater compliance with the CQC 5 Domains
							10) Improvement in Monitor Risk Rating score