



 Stronger
Together

London North West Healthcare



NHS Trust

***To provide excellent clinical care
in the right setting
by being compassionate,
responsive and innovative***

Harrow HWB, 11th September 2014

Simon Crawford, SRO Merger

Stronger Together – Rationale and Benefits

Achieving critical mass

- Resilient, strong and thriving hospital services
- 7-day working – early senior clinical input
- Varied, interesting roles to help recruit/retain high calibre staff

Fit with Shaping a Healthier Future

- Care in the right setting, closer to home where appropriate
- Sector plans for A&E, maternity, CMH
- Admission avoidance, early safe discharge.

Integrated care across Brent, Ealing & Harrow

- Flexible and responsive to needs of CCGs and 850,000 population - hospital at home services, community- and acute beds part of one capacity pool
- Seamless pathways, limiting handovers and referrals.

A sustainable organisation

- Financially viable response to SaHF – access to merger synergies
- Innovative response to service changes and less reliance on agency staff
- Effective utilisation of front-line staff, estate and back office

Stronger Together – Vision and Values

5-year Vision

- A large integrated care organisation, with well-established teaching and research capability
- A major acute hub at Northwick Park Hospital, two local hospital feeder units at Ealing Hospital and Central Middlesex Hospital and over 20 community sites in northwest London

Shared Values

- Right values to enable the organisation to deliver... Let leaders lead...
- Continuous improvement & learning... Openness...

Community Partnership

- Supporting SaHF objectives: reduced emergency pathway demand, care closer to home
- Borough Partnership Boards to ensure community services and relationships are focused and driven, with shared ownership

Governance

- Joint Board and Executive meetings, common objectives, aligned Board sub-committees
- Joint sign-off of estates and IT strategies, due diligence and Francis/Berwick/Keogh reviews

Education & Research

- Consolidate position in Imperial College AHSC - second largest medical training campus
- Strong platform for primary- and community-facing R&D

Managing Key Risks

Clinical quality of care

- Action plans: NWLHT A&E/emergency pathway, NWLHT & EHT RTT
- Medical staff recruitment & review of consultant job plans
- Additional bed capacity / new build of A&E / CMH A&E closure

Governance

- Alignment of BAF and risk registers and revised board sub-committees
- Strengthened information governance arrangements
- Divisional Governance posts/patient safety leads

Estate

- 6 facet survey completed and estates strategy developed
- Power supply improvements on NPH site, early implementation of capital cases
- Use of elective capacity at Ealing and other providers

Workforce

- Focus on workforce recruitment
- Freeing leadership capacity during transition
- Rotational posts and development opportunities across community & acute

Strategic change

- Merger FBC and stand-alone business cases for CMH, EH and NPH
- Treat and transfer arrangements to address clinical capacity/vacancies

EHT-ICO & NWLHT Integration

Pre-Merger

BAU change

- NEDs appointed, common objectives & sub-committees
- Joint Estates/IMT directorates; CIP PMO
- CMH A+E project plan
- IMT programme (PAS, A+E, RIS/PACS, order comms.)
- Management of cross-site operational priorities:
 - Em pathway capacity
 - RTT
 - Surge resilience
 - #NOF
- Integration/joint appts.: Urology, A+E and T&O
- Facilitation to develop of clinical service strategies

Day 1 Key Business Processes and Safe Handover

- Clinical service continuity- **No significant change**
- Corporate future states & integration plans
- Clear chains of command
- Tier 0 appointments
- Delivery of business critical system changes:
 - Clinical information
 - Pay-roll, Payments
 - Reporting
- Scenario-testing of business continuity plans
- Clear communication to all stakeholders
- Intranet
 - Policies/documentation
 - Access to local systems

Post-Merger Priorities

Detailed integration planning as new leadership beds in

- Full back-office integration
- Ealing maternity service
- New A+E NWP
- Tier 1 & 2 appointments
- Clinically-led divisional model
- Systematic review of service-specific clinical issues, risks and business intelligence by new leadership teams
- Joint rotas in targeted high-risk areas
- Community services development and integration
- Clinical service strategies
 - Review
 - Prioritisation

Integration & Transformation

Implementation of future state clinical services

- NPH emergency/major hospital hub
- Elective-emergency pathway separation
- Effective integrated out of hospital services
- Delivery of capital /service business cases solutions:
 - CMH end-state
 - Ealing local hospital
 - NWP

Financial Sustainability & Funding

Aligned Assumptions

- SaHF growth, demographics etc.
- CMH A&E closure Sep 14
- Ealing maternity closure Apr 15
- CMH service solution Apr 17
- Ealing Local Hospital Apr 18

£124m Funding Package

- Cash: £64.1m (14/15) & £21m (Y1)
 - Ealing Local Hospital: £38.5m (Y3-Y5)
- ### CCG Income Agreed
- Central Middlesex: £33.4 (Y1-Y3)

Downside

- £54.7m risks (7% revenue)
- £52.3m mitigations (pay & conditions; estate disposals)
- Reduces Y5 surplus to £9.8m

Merger Base Case

- 14/15 FOT (£35.1m) -5.4%
- Y2 Break-even
- Y5 £12.2m (2%) surplus

Major Capital Plans

- Ealing Local Hospital £114m
- Northwick Park £73m
- IT £33m

Savings

- CIP Y1-Y5: 5% 4.5% 4.3% 4% 4% (£139.6m)
- Synergies 3.8% by Y2 (£19m)
- IT-enabled 1% (£6.2m)

VFM

Y5 I&E benefit of £46.6m
5yr cash benefit of £164m